VANDERBILT UNIVERSITY MEDICAL CENTER | Vanderbilt Medical Laboratories

LAB767

ORDERING INFO

Synonyms:

- HPA-la
- Indirect Platelet Antibody
- PLA-1
- Platelet Antibodies, Qualitative
- Platelet Antibody, Serum
- Circulating Platelet Antibody
- Antiplatelet Antibodies
- Antiplatelet, Circulating Platelet Antibodies
- LAB767-VML
- LAB767VML

ORDERING

Synonyms:

- HPA-la
- Indirect Platelet Antibody
- PLA-1
- Platelet Antibodies, Qualitative
- Platelet Antibody, Serum
- Circulating Platelet Antibody
- Antiplatelet Antibodies
- Antiplatelet, Circulating Platelet Antibodies
- LAB767-VML
- LAB767VML

ADDITIONAL INFORMATION

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Synonyms:

- HPA-la
- Indirect Platelet Antibody
- PLA-1
- Platelet Antibodies, Qualitative
- Platelet Antibody, Serum
- Circulating Platelet Antibody
- Antiplatelet Antibodies
- Antiplatelet, Circulating Platelet Antibodies
- LAB767-VML
- LAB767VML

Resulting Laboratory:
ARUP Laboratories

Section:
RF-ARUP

LAB856

ORDERING INFO

Synonyms:

- Aspergillus fumigatus
- A pullulan
- Allergic Lung Serology
- M. faeni
- Micropolyspora faeni
- Pigeon serum
- T. vulgaris
- Thermoactinomyces vulgaris
- A fumigatus
- Farmer's Lung Antibody
- LAB856-VML
- LAB856VML

ORDERING

Synonyms:

- Aspergillus fumigatus
- A pullulan
- Allergic Lung Serology
- M. faeni
- Micropolyspora faeni
- Pigeon serum
- T. vulgaris
- Thermoactinomyces vulgaris
- A fumigatus
- Farmer's Lung Antibody
- LAB856-VML
- LAB856VML

ADDITIONAL INFORMATION

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Synonyms:

- Aspergillus fumigatus
- A pullulan
- Allergic Lung Serology
- M. faeni
- Micropolyspora faeni
- Pigeon serum
- T. vulgaris
- Thermoactinomyces vulgaris
- A fumigatus
- Farmer's Lung Antibody
- LAB856-VML
- LAB856VML

Resulting Laboratory:
ARUP Laboratories

Section:
RF-ARUP

LAB5928

ORDERING INFO

Synonyms:

- LAB5928-VML
- LAB5928VML

ORDERING

Synonyms:

- LAB5928-VML
- LAB5928VML

ADDITIONAL INFORMATION

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Synonyms:

- LAB5928-VML
- LAB5928VML

Resulting Laboratory:
ARUP Laboratories

Section:
RF-ARUP

LAB3574

ORDERING INFO

Synonyms:

- European Hops
- Common Hops
- Humulus lupulus
- ImmunoCAP f324
- LAB3574-VML
- LAB3574VML

ORDERING

Synonyms:

- European Hops
- Common Hops
- Humulus lupulus
- ImmunoCAP f324
- LAB3574-VML
- LAB3574VML

ADDITIONAL INFORMATION

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Synonyms:

- European Hops
- Common Hops
- Humulus lupulus
- ImmunoCAP f324
- LAB3574-VML
- LAB3574VML

Resulting Laboratory:
ARUP Laboratories

Section:
RF-ARUP

LAB1247

ORDERING INFO

Synonyms:

- Flu A & B
- Flu A & B antibodies
- LAB1247-VML
- LAB1247VML

ORDERING

Synonyms:

- Flu A & B
- Flu A & B antibodies
- LAB1247-VML
- LAB1247VML

ADDITIONAL INFORMATION

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Synonyms:

- Flu A & B
- Flu A & B antibodies
- LAB1247-VML
- LAB1247VML

Resulting Laboratory:
ARUP Laboratories

Section:
RF-ARUP

LAB6125

ORDERING INFO

Synonyms:

- MuSK
- MuSK Autoantibody
- Muscle-Specific Receptor Tyrosine Kinase
- Muscle-Specific Kinase Antibody by RIA
- LAB6125-VML
- LAB6125VML

ORDERING

Synonyms:

- MuSK
- MuSK Autoantibody
- Muscle-Specific Receptor Tyrosine Kinase
- Muscle-Specific Kinase Antibody by RIA
- LAB6125-VML
- LAB6125VML

ADDITIONAL INFORMATION

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Synonyms:

- MuSK
- MuSK Autoantibody
- Muscle-Specific Receptor Tyrosine Kinase
- Muscle-Specific Kinase Antibody by RIA
- LAB6125-VML
- LAB6125VML

Resulting Laboratory:
ARUP Laboratories

Section:
RF-ARUP

LAB3501

ORDERING INFO

Synonyms:

- ACRP30
- Adipocyte Complement-Related Protein
- AdipoQ
- apM1
- GBP-28
- LAB3501-VML
- LAB3501VML

ORDERING

Synonyms:

- ACRP30
- Adipocyte Complement-Related Protein
- AdipoQ
- apM1
- GBP-28
- LAB3501-VML
- LAB3501VML

ADDITIONAL INFORMATION

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Synonyms:

- ACRP30
- Adipocyte Complement-Related Protein
- AdipoQ
- apM1
- GBP-28
- LAB3501-VML
- LAB3501VML

Resulting Laboratory:
ARUP Laboratories

Section:
RF-ARUP

LAB3863

ORDERING INFO

Synonyms:

- Cell Search
- Circulating Tumor Cells, Breast, Colon, Prostate
- CTC
- LAB3863-VML
- LAB3863VML

ORDERING

Synonyms:

- Cell Search
- Circulating Tumor Cells, Breast, Colon, Prostate
- CTC
- LAB3863-VML
- LAB3863VML

ADDITIONAL INFORMATION

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Synonyms:

- Cell Search
- Circulating Tumor Cells, Breast, Colon, Prostate
- CTC
- LAB3863-VML
- LAB3863VML

Resulting Laboratory:
ARUP Laboratories

Section:
RF-ARUP

Aspergillus Antibodies by Complement Fixation

LAB3697

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Aspergillosis
- LAB3697-VML
- LAB3697VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Aspergillosis
- LAB3697-VML
- LAB3697VML

Ordering Recommendations:
Aids in the diagnosis of allergic bronchopulmonary aspergillosis (ABPA) and aspergilloma. For more complete serologic testing, immunodiffusion should be performed in parallel with complement fixation; refer to Aspergillus Antibodies by Complement Fixation and Immunodiffusion (0050101). For diagnosis of invasive aspergillosis, consider ordering Aspergillus Galactomannan Antigen by EIA, Serum (0060068) or Aspergillus Galactomannan Antigen by EIA, Bronchoscopy (2003150).

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Complement Fixation

Reported:
2-5 days

RESULTS INTERPRETATION

Reference Interval:
Less than 1:8

Interpretive Data:
A titer of 1:8 or greater suggests Aspergillus infection or allergy. Cross-reactions with dimorphic fungi are not unusual within the genus Aspergillus.

Methodology:
Semi-Quantitative Complement Fixation

ADDITIONAL INFORMATION

CPT Codes:
86606

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Aspergillosis
- LAB3697-VML
- LAB3697VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
Aids in the diagnosis of allergic bronchopulmonary aspergillosis (ABPA) and aspergilloma. For more complete serologic testing, immunodiffusion should be performed in parallel with complement fixation; refer to Aspergillus Antibodies by Complement Fixation and Immunodiffusion (0050101). For diagnosis of invasive aspergillosis, consider ordering Aspergillus Galactomannan Antigen by EIA, Serum (0060068) or Aspergillus Galactomannan Antigen by EIA, Bronchoscopy (2003150).

Interpretive Data:
A titer of 1:8 or greater suggests Aspergillus infection or allergy. Cross-reactions with dimorphic fungi are not unusual within the genus Aspergillus.

Reference Interval:
Less than 1:8

Methodology:
Semi-Quantitative Complement Fixation

Section:
RF-ARUP

CPT Codes:
86606

Aspergillus Antibodies by Immunodiffusion

LAB3698

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Aspergillosis
- Aspergillus fumigatus
- Aspergillus flavus
- Aspergillus niger
- Aspergillus terreus
- Precipitin, mycelial-phase
- LAB3698-VML
- LAB3698VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum an ARUP Standard Transport Tube. (Min: 0.15 mL) Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Aspergillosis
- Aspergillus fumigatus
- Aspergillus flavus
- Aspergillus niger
- Aspergillus terreus
- Precipitin, mycelial-phase
- LAB3698-VML
- LAB3698VML

Ordering Recommendations:
Aids in the diagnosis of allergic bronchopulmonary aspergillosis (ABPA) and aspergilloma. For more complete serologic testing, immunodiffusion should be performed in parallel with complement fixation; refer to Aspergillus Antibodies by Complement Fixation and Immunodiffusion (0050101). For diagnosis of invasive aspergillosis, consider ordering Aspergillus Galactomannan Antigen by EIA, Serum (0060068) or Aspergillus Galactomannan Antigen by EIA, Bronchoscopy (2003150).

Performed:
Sun-Sat

Methodology:
Immunodiffusion

Reported:
3-6 days

Notes:
This immunodiffusion test uses pooled mycelial-phase culture filtrates of Aspergillus fumigatus, Aspergillus flavus, Aspergillus niger, and Aspergillus terreus.

RESULTS INTERPRETATION

Reference Interval:
Not Detected

Interpretive Data:
Refer to Report.

Methodology:
Immunodiffusion

ADDITIONAL INFORMATION

CPT Codes:
86606

Section:
RF-ARUP

Notes:
This immunodiffusion test uses pooled mycelial-phase culture filtrates of Aspergillus fumigatus, Aspergillus flavus, Aspergillus niger, and Aspergillus terreus.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum an ARUP Standard Transport Tube. (Min: 0.15 mL) Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Aspergillosis
- Aspergillus fumigatus
- Aspergillus flavus
- Aspergillus niger
- Aspergillus terreus
- Precipitin, mycelial-phase
- LAB3698-VML
- LAB3698VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
3-6 days

Ordering Recommendations:
Aids in the diagnosis of allergic bronchopulmonary aspergillosis (ABPA) and aspergilloma. For more complete serologic testing, immunodiffusion should be performed in parallel with complement fixation; refer to Aspergillus Antibodies by Complement Fixation and Immunodiffusion (0050101). For diagnosis of invasive aspergillosis, consider ordering Aspergillus Galactomannan Antigen by EIA, Serum (0060068) or Aspergillus Galactomannan Antigen by EIA, Bronchoscopy (2003150).

Interpretive Data:
Refer to Report.

Reference Interval:
Not Detected

Methodology:
Immunodiffusion

Section:
RF-ARUP

CPT Codes:
86606

Notes:

This immunodiffusion test uses pooled mycelial-phase culture filtrates of Aspergillus fumigatus, Aspergillus flavus, Aspergillus niger, and Aspergillus terreus.

Babesia microti Antibodies, IgG and IgM by IFA

LAB1257

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- B microti Ab
- B microti Ab panel
- Babesia microti Antibodies (IgG, IgM)
- Babesia Microti IgG/IgM Ab Panel
- Babesiosis Serology
- LAB1257-VML
- LAB1257VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred, and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon, Wed, Sat

ORDERING

Synonyms:

- B microti Ab
- B microti Ab panel
- Babesia microti Antibodies (IgG, IgM)
- Babesia Microti IgG/IgM Ab Panel
- Babesiosis Serology
- LAB1257-VML
- LAB1257VML

Ordering Recommendations:
Useful if Giemsa stain is negative but high suspicion of babesiosis exists. Will not detect B. duncani or strain MO-1.

Performed:
Mon, Wed, Sat

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Babesia microti IgG	Less than 1:16
Babesia microti IgM	Less than 1:20

Interpretive Data:

Component	Interpretation
Babesia microti Antibody, IgG by IFA	< 1:16 Negative - No significant level of detectable Babesia IgG antibody. 1:16 Equivocal - Repeat testing in 10-14 days may be helpful. > 1:16 Positive - IgG antibody to Babesia detected, which may indicate a current or past infection.
Babesia microti Antibody, IgM by IFA	< 1:20 Negative - No significant level of detectable Babesia IgM antibody. 1:20 Equivocal - Repeat testing in 10-14 days may be helpful. > 1:20 Positive - IgM antibody to Babesia detected, which may indicate a current or recent infection.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

ADDITIONAL INFORMATION

CPT Codes:
86753 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred, and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- B microti Ab
- B microti Ab panel
- Babesia microti Antibodies (IgG, IgM)
- Babesia Microti IgG/IgM Ab Panel
- Babesiosis Serology
- LAB1257-VML
- LAB1257VML

Performed:
Mon, Wed, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Useful if Giemsa stain is negative but high suspicion of babesiosis exists. Will not detect B. duncani or strain MO-1.

Interpretive Data:

Component	Interpretation
Babesia microti Antibody, IgG by IFA	< 1:16 Negative - No significant level of detectable Babesia IgG antibody. 1:16 Equivocal - Repeat testing in 10-14 days may be helpful. > 1:16 Positive - IgG antibody to Babesia detected, which may indicate a current or past infection.
Babesia microti Antibody, IgM by IFA	< 1:20 Negative - No significant level of detectable Babesia IgM antibody. 1:20 Equivocal - Repeat testing in 10-14 days may be helpful. > 1:20 Positive - IgM antibody to Babesia detected, which may indicate a current or recent infection.

Reference Interval:

Components	Reference Interval
Babesia microti IgG	Less than 1:16
Babesia microti IgM	Less than 1:20

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Section:
RF-ARUP

CPT Codes:
86753 x2

Bartonella Species by PCR

LAB1321

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA) or serum separator tube. Also acceptable: CSF or tissue.

Synonyms:

- Bartonella henselae
- Bartonella PCR
- Bartonella, Molecular Detection
- Cat Scratch Disease
- LAB1321-VML
- LAB1321VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA) or serum separator tube. Also acceptable: CSF or tissue.

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma, whole blood, or CSF to a sterile container. (Min: 0.5 mL). Tissue: Transfer to a sterile container and freeze immediately. Also acceptable: Formalin-fixed paraffin-embedded (FFPE) tissue.

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Storage/Transport Temperature:
Whole blood: Refrigerated. FFPE: Room temperature. All others: Frozen.

Stability (from collection to initiation):
Whole Blood: Ambient: 7 days; Refrigerated: 7 days: Frozen: 7 days.
Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month.
FFPE: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable.
All Others: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 1 month.

Performed:
Tue, Fri

Remarks:
Specimen source required.

ORDERING

Synonyms:

- Bartonella henselae
- Bartonella PCR
- Bartonella, Molecular Detection
- Cat Scratch Disease
- LAB1321-VML
- LAB1321VML

Ordering Recommendations:
Detect Bartonella species in blood, CSF, or tissue.

Performed:
Tue, Fri

Methodology:
Qualitative Polymerase Chain Reaction

Reported:
1-5 days

RESULTS INTERPRETATION

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
87471

Section:
RF-ARUP

Remarks:
Specimen source required.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA) or serum separator tube. Also acceptable: CSF or tissue.

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma, whole blood, or CSF to a sterile container. (Min: 0.5 mL). Tissue: Transfer to a sterile container and freeze immediately. Also acceptable: Formalin-fixed paraffin-embedded (FFPE) tissue.

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Stability (from collection to initiation):
Whole Blood: Ambient: 7 days; Refrigerated: 7 days: Frozen: 7 days.
Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month.
FFPE: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable.
All Others: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 1 month.

Storage/Transport Temperature:
Whole blood: Refrigerated. FFPE: Room temperature. All others: Frozen.

Synonyms:

- Bartonella henselae
- Bartonella PCR
- Bartonella, Molecular Detection
- Cat Scratch Disease
- LAB1321-VML
- LAB1321VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Detect Bartonella species in blood, CSF, or tissue.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
87471

Remarks:
Specimen source required.

Bartonella henselae (Cat Scratch) Antibodies, IgG & IgM by IFA

LAB785

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- B henselae IgG
- B henselae IgM
- Bartonella henselae Abs
- Cat Scratch Disease Ab Panel, Serum
- LAB785-VML
- LAB785VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon, Thu

ORDERING

Synonyms:

- B henselae IgG
- B henselae IgM
- Bartonella henselae Abs
- Cat Scratch Disease Ab Panel, Serum
- LAB785-VML
- LAB785VML

Ordering Recommendations:
May assist in diagnosing cat scratch disease in patient with typical signs and symptoms and a compatible exposure history.

Performed:
Mon, Thu

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Reported:
1-8 days

RESULTS INTERPRETATION

Interpretive Data:
Refer to individual components.

Component Result	Interpretation
Bartonella henselae Antibody, IgG by IFA	<1:64 Negative - No significant level of Bartonella henselae IgG antibody detected. 1:64-1:128 Equivocal - Questionable presence of Bartonella henselae IgG antibody detected. Repeat testing in 10-14 days may be helpful. >=1:256 Positive - Presence of IgG antibody to Bartonella henselae detected, suggestive of current or past infection.
Bartonella henselae Antibody, IgM by IFA	< 1:16 Negative - No significant level of Bartonella henselae IgM antibody detected. >= 1:16 Positive - Presence of IgM antibody to Bartonella henselae detected, suggestive of current or recent infection.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

ADDITIONAL INFORMATION

CPT Codes:
86611 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- B henselae IgG
- B henselae IgM
- Bartonella henselae Abs
- Cat Scratch Disease Ab Panel, Serum
- LAB785-VML
- LAB785VML

Performed:
Mon, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
May assist in diagnosing cat scratch disease in patient with typical signs and symptoms and a compatible exposure history.

Interpretive Data:

Refer to individual components.

Component Result	Interpretation
Bartonella henselae Antibody, IgG by IFA	<1:64 Negative - No significant level of Bartonella henselae IgG antibody detected. 1:64-1:128 Equivocal - Questionable presence of Bartonella henselae IgG antibody detected. Repeat testing in 10-14 days may be helpful. >=1:256 Positive - Presence of IgG antibody to Bartonella henselae detected, suggestive of current or past infection.
Bartonella henselae Antibody, IgM by IFA	< 1:16 Negative - No significant level of Bartonella henselae IgM antibody detected. >= 1:16 Positive - Presence of IgM antibody to Bartonella henselae detected, suggestive of current or recent infection.

Methodology:

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Section:

RF-ARUP

CPT Codes:

86611 x2

Blastomyces dermatitidis Antibodies by Immunoassay with Reflex to Immunodiffusion, Serum

LAB5992

ORDERING INFO

Collect:
Serum Separator Tube.

Synonyms:

- Blastomyces dermatitidis, yeast-phase
- Blastomycoses
- LAB5992-VML
- LAB5992VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Blastomyces dermatitidis, yeast-phase
- Blastomycoses
- LAB5992-VML
- LAB5992VML

Ordering Recommendations:
Use to detect Blastomyces antibodies in serum. For diagnosis of blastomycosis, consider testing in conjunction with histology or culture.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Immunodiffusion

Reported:
2-6 days

Notes:
This immunoassay detects total antibodies against yeast-phase antigens from Blastomyces dermatitidis.
If Blastomyces antibodies are equivocal or positive by immunoassay then Blastomyces dermatitidis Antibodies by Immunodiffusion will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Blastomyces Antibodies EIA, SER	0.9 IV or less

Interpretive Data:

Component	Interpretation
Blastomyces Antibody by EIA, SER	0.9 IV or less Negative 1.0-1.4 IV Equivocal 1.5 IV or greater Positive

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Immunodiffusion

ADDITIONAL INFORMATION

CPT Codes:
86612; if reflexed, add 86612

Section:
RF-ARUP

Notes:
This immunoassay detects total antibodies against yeast-phase antigens from Blastomyces dermatitidis.
If Blastomyces antibodies are equivocal or positive by immunoassay then Blastomyces dermatitidis Antibodies by Immunodiffusion will be added. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Blastomyces dermatitidis, yeast-phase
- Blastomycoses
- LAB5992-VML
- LAB5992VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-6 days

Ordering Recommendations:
Use to detect Blastomyces antibodies in serum. For diagnosis of blastomycosis, consider testing in conjunction with histology or culture.

Interpretive Data:

Component	Interpretation
Blastomyces Antibody by EIA, SER	0.9 IV or less Negative 1.0-1.4 IV Equivocal 1.5 IV or greater Positive

Reference Interval:

Components	Reference Interval
Blastomyces Antibodies EIA, SER	0.9 IV or less

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Immunodiffusion

Section:
RF-ARUP

CPT Codes:
86612; if reflexed, add 86612

Notes:
This immunoassay detects total antibodies against yeast-phase antigens from Blastomyces dermatitidis.
If Blastomyces antibodies are equivocal or positive by immunoassay then Blastomyces dermatitidis Antibodies by Immunodiffusion will be added. Additional charges apply.

Bordetella pertussis Antibodies, IgA, IgG, and IgM by ELISA with Reflex to Immunoblot

LAB3706

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- B. pertussis Abs panel reflex
- Pertussis Abs (IgA, IgG, IgM) reflex to immunoblot
- Pertussis Antibody
- LAB3706-VML
- LAB3706VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred, and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year
New York State Clients: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Tue, Fri

Remarks:
New York State Clients: There are no NY approved tests available for the IgM component of this assay. NYSDOH will not approve NPL requests for IgM.

ORDERING

Synonyms:

- B. pertussis Abs panel reflex
- Pertussis Abs (IgA, IgG, IgM) reflex to immunoblot
- Pertussis Antibody
- LAB3706-VML
- LAB3706VML

Ordering Recommendations:
If serology is used to assess late-stage pertussis (>4 weeks), the recommended test is Bordetella pertussis Antibodies, IgA and IgG by ELISA with Reflex to Immunoblot (2001774). CDC-recommended first-line tests for pertussis are Bordetella pertussis/parapertussis by PCR (0065080) and/or Bordetella pertussis Culture (0060117).

Performed:
Tue, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Qualitative Immunoblot

Reported:
1-5 days

Notes:
If Bordetella pertussis Antibody, IgA by ELISA is 1.2 IV or greater, then Bordetella pertussis IgA Immunoblot testing will be added; if Bordetella pertussis Antibody, IgG by ELISA is 1.05 IV or greater, then Bordetella pertussis IgG Immunoblot testing will be added; If Bordetella pertussis Antibody, IgM by ELISA is 1.2 IV or greater, then Bordetella pertussis IgM Immunoblot testing will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
B. pertussis Ab, IgA by ELISA	1.1 IV or less
B. pertussis Ab, IgG by ELISA	1.04 IV or less
B. pertussis Ab, IgM by ELISA	1.1 IV or less

Interpretive Data:

Recommend that treatment decisions be based on the result of the B. pertussis IgM immunoblot test instead of the ELISA test. B. pertussis IgM test by ELISA may produce false-positive results.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Bordetella pertussis Antibody, IgA by ELISA	0.9 IV or less: Negative - No significant level of detectable Bordetella pertussis IgA antibody. 1.0-1.1 IV: Equivocal - Repeat testing in 10-14 days may be helpful. 1.2 IV or greater: Positive - IgA antibody to Bordetella pertussis detected, which may indicate a current or past exposure/immunization to B. pertussis.
Bordetella pertussis Antibody IgG by ELISA	0.94 IV or less: Negative - No significant level of detectable B. pertussis IgG antibody. 0.95-1.04 IV: Equivocal - Repeat testing in 10-14 days may be helpful. 1.05 IV or greater: Positive - IgG antibody to B. pertussis detected, which may indicate a current or recent exposure/immunization to B. pertussis.
Bordetella pertussis Antibody IgM by ELISA	0.9 IV or less: Negative - No significant level of detectable B. pertussis IgM antibody. 1.0-1.1 IV: Equivocal - Repeat testing in 10-14 days may be helpful. 1.2 IV or greater: Positive - IgM antibody to B. pertussis detected, which may indicate a current or recent exposure/immunization to B. pertussis

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:

86615 x3; if reflexed, add 86615 for each Immunoblot

Section:

RF-ARUP

Remarks:

New York State Clients: There are no NY approved tests available for the IgM component of this assay. NYSDOH will not approve NPL requests for IgM.

Notes:

If Bordetella pertussis Antibody, IgA by ELISA is 1.2 IV or greater, then Bordetella pertussis IgA Immunoblot testing will be added; if Bordetella pertussis Antibody, IgG by ELISA is 1.05 IV or greater, then Bordetella pertussis IgG Immunoblot testing will be added; If Bordetella pertussis Antibody, IgM by ELISA is 1.2 IV or greater, then Bordetella pertussis IgM Immunoblot testing will be added. Additional charges apply.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred, and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:

Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year
New York State Clients: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- B. pertussis Abs panel reflex
- Pertussis Abs (IgA, IgG, IgM) reflex to immunoblot
- Pertussis Antibody
- LAB3706-VML
- LAB3706VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
If serology is used to assess late-stage pertussis (>4 weeks), the recommended test is Bordetella pertussis Antibodies, IgA and IgG by ELISA with Reflex to Immunoblot (2001774). CDC-recommended first-line tests for pertussis are Bordetella pertussis/parapertussis by PCR (0065080) and/or Bordetella pertussis Culture (0060117).

Interpretive Data:
Recommend that treatment decisions be based on the result of the B. pertussis IgM immunoblot test instead of the ELISA test. B. pertussis IgM test by ELISA may produce false-positive results.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Bordetella pertussis Antibody, IgA by ELISA	0.9 IV or less: Negative - No significant level of detectable Bordetella pertussis IgA antibody. 1.0-1.1 IV: Equivocal - Repeat testing in 10-14 days may be helpful. 1.2 IV or greater: Positive - IgA antibody to Bordetella pertussis detected, which may indicate a current or past exposure/immunization to B. pertussis.
Bordetella pertussis Antibody IgG by ELISA	0.94 IV or less: Negative - No significant level of detectable B. pertussis IgG antibody. 0.95-1.04 IV: Equivocal - Repeat testing in 10-14 days may be helpful. 1.05 IV or greater: Positive - IgG antibody to B. pertussis detected, which may indicate a current or recent exposure/immunization to B. pertussis.
Bordetella pertussis Antibody IgM by ELISA	0.9 IV or less: Negative - No significant level of detectable B. pertussis IgM antibody. 1.0-1.1 IV: Equivocal - Repeat testing in 10-14 days may be helpful. 1.2 IV or greater: Positive - IgM antibody to B. pertussis detected, which may indicate a current or recent exposure/immunization to B. pertussis

Reference Interval:

Components	Reference Interval
B. pertussis Ab, IgA by ELISA	1.1 IV or less
B. pertussis Ab, IgG by ELISA	1.04 IV or less
B. pertussis Ab, IgM by ELISA	1.1 IV or less

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Qualitative Immunoblot

Section:
RF-ARUP

CPT Codes:
86615 x3; if reflexed, add 86615 for each Immunoblot

Remarks:
New York State Clients: There are no NY approved tests available for the IgM component of this assay. NYSDOH will not approve NPL requests for IgM.

Notes:
If Bordetella pertussis Antibody, IgA by ELISA is 1.2 IV or greater, then Bordetella pertussis IgA Immunoblot testing will be added; if Bordetella pertussis Antibody, IgG by ELISA is 1.05 IV or greater, then Bordetella pertussis IgG Immunoblot testing will be added; If Bordetella pertussis Antibody, IgM by ELISA is 1.2 IV or greater, then Bordetella pertussis IgM Immunoblot testing will be added. Additional charges apply.

Bordetella pertussis Antibody, IgA by Immunoblot

LAB3704

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- B. pertussis IgA immunoblot
- Pertussis Antibody
- Pertussis IgA Ab Immunoblot
- Whooping Cough
- LAB3704-VML
- LAB3704VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Contaminated or heat-inactivated specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Tue, Fri

ORDERING

Synonyms:

- B. pertussis IgA immunoblot
- Pertussis Antibody
- Pertussis IgA Ab Immunoblot
- Whooping Cough
- LAB3704-VML
- LAB3704VML

Ordering Recommendations:
Not a stand-alone test. CDC-recommended first-line tests for pertussis are Bordetella pertussis/parapertussis by PCR (0065080) and/or Bordetella pertussis Culture (0060117). If serology is used to assess late-stage pertussis, the recommended test is Bordetella pertussis Antibodies, IgA and IgG by ELISA with Reflex to Immunoblot (2001774).

Performed:
Tue, Fri

Methodology:
Qualitative Immunoblot

Reported:
1-5 days

Notes:
This assay tests for the presence of pertussis toxin (PT) and filamentous hemagglutinin antibody (FHA).

RESULTS INTERPRETATION

Reference Interval:
Effective February 19, 2013

Bordetella pertussis Antibody, IgA by Immunoblot	
Components	**Reference Interval**
Bordetella pertussis Ab, IgA by Immunoblot Interp	Negative
B. pertussis, IgA Immunoblot PT	Negative
B. pertussis, IgA Immunoblot FHA	Negative

Methodology:
Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:
86615

Section:
RF-ARUP

Notes:
This assay tests for the presence of pertussis toxin (PT) and filamentous hemagglutinin antibody (FHA).

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Contaminated or heat-inactivated specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- B. pertussis IgA immunoblot
- Pertussis Antibody
- Pertussis IgA Ab Immunoblot
- Whooping Cough
- LAB3704-VML
- LAB3704VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Not a stand-alone test. CDC-recommended first-line tests for pertussis are Bordetella pertussis/parapertussis by PCR (0065080) and/or Bordetella pertussis Culture (0060117). If serology is used to assess late-stage pertussis, the recommended test is Bordetella pertussis Antibodies, IgA and IgG by ELISA with Reflex to Immunoblot (2001774).

Reference Interval:
Effective February 19, 2013

Bordetella pertussis Antibody, IgA by Immunoblot	
Components	**Reference Interval**
Bordetella pertussis Ab, IgA by Immunoblot Interp	Negative
B. pertussis, IgA Immunoblot PT	Negative
B. pertussis, IgA Immunoblot FHA	Negative

Methodology:
Qualitative Immunoblot

Section:
RF-ARUP

CPT Codes:
86615

Notes:
This assay tests for the presence of pertussis toxin (PT) and filamentous hemagglutinin antibody (FHA).

Bordetella pertussis Antibody, IgG by Immunoblot

LAB3705

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Pertussis Antibody
- B. pertussis IgG immunoblot
- Pertussis IgG Ab immunoblot
- LAB3705-VML
- LAB3705VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Heat-inactivated specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun, Tue, Fri

ORDERING

Synonyms:

- Pertussis Antibody
- B. pertussis IgG immunoblot
- Pertussis IgG Ab immunoblot
- LAB3705-VML
- LAB3705VML

Ordering Recommendations:
May be used to provide evidence of vaccination or past infection; test does not determine immunity to B. pertussis. CDC-recommended first-line tests for pertussis are Bordetella pertussis/parapertussis by PCR (0065080) and/or Bordetella pertussis Culture (0060117). If serology is used to assess late-stage pertussis, the recommended test is Bordetella pertussis Antibodies, IgA and IgG by ELISA with reflex to immunoblot (2001774).

Performed:
Sun, Tue, Fri

Methodology:
Qualitative Immunoblot

Reported:
1-4 days

Notes:
This assay tests for the presence of pertussis toxin (PT), pertussis toxin PT 100 (PT-100), and filamentous hemagglutinin antibody (FHA).

RESULTS INTERPRETATION

Reference Interval:
Effective February 19, 2013

Bordetella pertussis Antibody, IgG by Immunoblot	
Components	**Reference Interval**
Bordetella pertussis Ab, IgG by Immunoblot Interp	Negative
B. pertussis, IgG Immunoblot PT100	Negative
B. pertussis, IgG Immunoblot PT	Negative
B. pertussis, IgG Immunoblot FHA	Negative

Methodology:
Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:
86615

Section:
RF-ARUP

Notes:
This assay tests for the presence of pertussis toxin (PT), pertussis toxin PT 100 (PT-100), and filamentous hemagglutinin antibody (FHA).

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Heat-inactivated specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Pertussis Antibody
- B. pertussis IgG immunoblot
- Pertussis IgG Ab immunoblot
- LAB3705-VML
- LAB3705VML

Performed:
Sun, Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
May be used to provide evidence of vaccination or past infection; test does not determine immunity to B. pertussis. CDC-recommended first-line tests for pertussis are Bordetella pertussis/parapertussis by PCR (0065080) and/or Bordetella pertussis Culture (0060117). If serology is used to assess late-stage pertussis, the recommended test is Bordetella pertussis Antibodies, IgA and IgG by ELISA with reflex to immunoblot (2001774).

Reference Interval:

Effective February 19, 2013

Bordetella pertussis Antibody, IgG by Immunoblot	
Components	**Reference Interval**
Bordetella pertussis Ab, IgG by Immunoblot Interp	Negative
B. pertussis, IgG Immunoblot PT100	Negative
B. pertussis, IgG Immunoblot PT	Negative
B. pertussis, IgG Immunoblot FHA	Negative

Methodology:

Qualitative Immunoblot

Section:

RF-ARUP

CPT Codes:

86615

Notes:

This assay tests for the presence of pertussis toxin (PT), pertussis toxin PT 100 (PT-100), and filamentous hemagglutinin antibody (FHA).

Bordetella pertussis Antibody, IgM by Immunoblot

LAB3707

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Pertussis IgM Ab Immunoblot
- B. pertussis IgM immunoblot
- Pertussis Antibody
- LAB3707-VML
- LAB3707VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Heat-inactivated specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Tue, Fri

ORDERING

Synonyms:

- Pertussis IgM Ab Immunoblot
- B. pertussis IgM immunoblot
- Pertussis Antibody
- LAB3707-VML
- LAB3707VML

Ordering Recommendations:
Evaluation of IgM pertussis antibodies has little clinical utility. CDC-recommended first-line tests for pertussis are Bordetella pertussis/parapertussis by PCR (0065080) and/or Bordetella pertussis Culture (0060117).

Performed:
Tue, Fri

Methodology:
Qualitative Immunoblot

Reported:
1-5 days

Notes:
This assay tests for the presence of pertussis toxin (PT) and filamentous hemagglutinin antibody (FHA).

RESULTS INTERPRETATION

Reference Interval:
Effective February 19, 2013

Bordetella pertussis Antibody, IgM by Immunoblot	
Components	**Reference Interval**
Bordetella pertussis Ab, IgM by Immunoblot Interp	Negative
B. pertussis, IgM Immunoblot PT	Negative
B. pertussis, IgM Immunoblot FHA	Negative

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:
86615

Section:
RF-ARUP

Notes:
This assay tests for the presence of pertussis toxin (PT) and filamentous hemagglutinin antibody (FHA).

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Heat-inactivated specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Pertussis IgM Ab Immunoblot
- B. pertussis IgM immunoblot
- Pertussis Antibody
- LAB3707-VML
- LAB3707VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Evaluation of IgM pertussis antibodies has little clinical utility. CDC-recommended first-line tests for pertussis are Bordetella pertussis/parapertussis by PCR (0065080) and/or Bordetella pertussis Culture (0060117).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective February 19, 2013

Bordetella pertussis Antibody, IgM by Immunoblot	
Components	**Reference Interval**
Bordetella pertussis Ab, IgM by Immunoblot Interp	Negative
B. pertussis, IgM Immunoblot PT	Negative
B. pertussis, IgM Immunoblot FHA	Negative

Methodology:
Qualitative Immunoblot

Section:
RF-ARUP

CPT Codes:
86615

Notes:
This assay tests for the presence of pertussis toxin (PT) and filamentous hemagglutinin antibody (FHA).

Bordetella pertussis/*parapertussis* by PCR

LAB3155

ORDERING INFO

Collect:
Respiratory specimen: Aspirate, bronchoalveolar lavage (BAL) or swab.

Synonyms:

- Bordetella pertussis and parapertussis
- Bordetella Pertussis, parapertussis Molecular Detection
- Whooping Cough
- LAB3155-VML
- LAB3155VML

SPECIMEN REQUIREMENTS

Collect:
Respiratory specimen: Aspirate, bronchoalveolar lavage (BAL) or swab.

Specimen Preparation:
Fluid: Transfer 2 mL respiratory specimen to a sterile container. (Min: 0.5 mL) Also acceptable: Transfer to viral transport media (ARUP supply #12884). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787
Swabs: Place in viral transport media.

Unacceptable Conditions:
Calcium-alginate swabs.

Storage/Transport Temperature:
Frozen

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 5 days; Frozen: 2 weeks.

Performed:
Sun-Sat

Remarks:
Specimen source required.

ORDERING

Synonyms:

- Bordetella pertussis and parapertussis
- Bordetella Pertussis, parapertussis Molecular Detection
- Whooping Cough
- LAB3155-VML
- LAB3155VML

Ordering Recommendations:
CDC-recommended test for the diagnosis of pertussis in nasopharyngeal swab and nasal wash specimens.

Performed:
Sun-Sat

Methodology:
Qualitative Polymerase Chain Reaction

Reported:
1-4 days

RESULTS INTERPRETATION

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
87798 x2

Section:
RF-ARUP

Remarks:
Specimen source required.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Respiratory specimen: Aspirate, bronchoalveolar lavage (BAL) or swab.

Specimen Preparation:
Fluid: Transfer 2 mL respiratory specimen to a sterile container. (Min: 0.5 mL) Also acceptable: Transfer to viral transport media (ARUP supply #12884). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787
Swabs: Place in viral transport media.

Unacceptable Conditions:
Calcium-alginate swabs.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 5 days; Frozen: 2 weeks.

Storage/Transport Temperature:
Frozen

Synonyms:

- Bordetella pertussis and parapertussis
- Bordetella Pertussis, parapertussis Molecular Detection
- Whooping Cough
- LAB3155-VML
- LAB3155VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
CDC-recommended test for the diagnosis of pertussis in nasopharyngeal swab and nasal wash specimens.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
87798 x2

Remarks:
Specimen source required.

Borrelia Species by PCR (Lyme Disease)

LAB1205

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA) or serum separator tube. OR CSF, synovial fluid or tissue.

Synonyms:

- Lyme Disease PCR
- B. burgdorferi DNA detection
- Borrelia burgdorferi
- Lyme Disease
- Tick Borne Disease
- LAB1205-VML
- LAB1205VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA) or serum separator tube. OR CSF, synovial fluid or tissue.

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma, CSF or synovial fluid to a sterile container. (Min: 0.5 mL). Tissue: Transfer to a sterile container and freeze immediately.

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 year
All Others: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 1 year

Performed:
Mon, Wed, Fri

Remarks:
Specimen source required.

ORDERING

Synonyms:

- Lyme Disease PCR
- B. burgdorferi DNA detection
- Borrelia burgdorferi
- Lyme Disease
- Tick Borne Disease
- LAB1205-VML
- LAB1205VML

Ordering Recommendations:
Not a first-line test for Lyme disease. May be useful if strong suspicion of Lyme disease persists in spite of persistent negative serologic testing. Blood and CSF specimens have poor clinical sensitivity for detection of Borrelia burgdorferi by PCR.

Performed:
Mon, Wed, Fri

Methodology:
Qualitative Polymerase Chain Reaction

Reported:
1-4 days

RESULTS INTERPRETATION

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
87476

Section:
RF-ARUP

Remarks:
Specimen source required.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA) or serum separator tube. OR CSF, synovial fluid or tissue.

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma, CSF or synovial fluid to a sterile container. (Min: 0.5 mL). Tissue: Transfer to a sterile container and freeze immediately.

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Stability (from collection to initiation):
Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 year
All Others: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 1 year

Storage/Transport Temperature:
Frozen.

Synonyms:

- Lyme Disease PCR
- B. burgdorferi DNA detection
- Borrelia burgdorferi
- Lyme Disease
- Tick Borne Disease
- LAB1205-VML
- LAB1205VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Not a first-line test for Lyme disease. May be useful if strong suspicion of Lyme disease persists in spite of persistent negative serologic testing. Blood and CSF specimens have poor clinical sensitivity for detection of Borrelia burgdorferi by PCR.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
87476

Remarks:
Specimen source required.

Borrelia burgdorferi Antibodies, IgG and IgM by Immunoblot

LAB5769

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Lyme Antibodies
- Lyme Disease
- Lyme Disease Ab Western Blot
- Lyme Disease Antibodies (Serum), WB
- Lyme Disease antibodies WB
- LAB5769-VML
- LAB5769VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
CSF or plasma. Contaminated, heat-inactivated, severely hemolyzed, severely lipemic, and severely icteric specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Lyme Antibodies
- Lyme Disease
- Lyme Disease Ab Western Blot
- Lyme Disease Antibodies (Serum), WB
- Lyme Disease antibodies WB
- LAB5769-VML
- LAB5769VML

Ordering Recommendations:
Do not order in the absence of a positive or equivocal first-tier screening test for Lyme disease. Second-tier testing for use <=4 weeks after symptom onset.

Performed:
Sun-Sat

Methodology:
Qualitative Immunoblot

Reported:
1-4 days

Notes:
Per CDC guidelines, if ELISA test result is NEGATIVE, immunoblot should not be performed.

This test should be used for confirmation of an equivocal or positive B. burgdorferi total antibodies, IgG and/or IgM test performed on patients less than 4 weeks after appearance of erythema migrans.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
B. burgdorferi IgG Immunoblot	Negative
B. burgdorferi Antibody IgM Immunoblot	Negative

Interpretive Data:

IgG: For this assay, a positive result is reported when any 5 or more of the following 10 bands are present: 18, 23, 28, 30, 39, 41, 45, 58, 66, or 93 kDa. All other banding patterns are reported as negative.

IgM: For this assay, a positive result is reported when any 2 or more of the following bands are present: 23, 39, or 41 kDa. All other banding patterns are reported as negative.

Methodology:

Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:

86617 x2

Section:

RF-ARUP

Notes:

Per CDC guidelines, if ELISA test result is NEGATIVE, immunoblot should not be performed.

This test should be used for confirmation of an equivocal or positive B. burgdorferi total antibodies, IgG and/or IgM test performed on patients less than 4 weeks after appearance of erythema migrans.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:

CSF or plasma. Contaminated, heat-inactivated, severely hemolyzed, severely lipemic, and severely icteric specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Lyme Antibodies
- Lyme Disease
- Lyme Disease Ab Western Blot
- Lyme Disease Antibodies (Serum), WB
- Lyme Disease antibodies WB
- LAB5769-VML
- LAB5769VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

Do not order in the absence of a positive or equivocal first-tier screening test for Lyme disease. Second-tier testing for use <=4 weeks after symptom onset.

Interpretive Data:

IgG: For this assay, a positive result is reported when any 5 or more of the following 10 bands are present: 18, 23, 28, 30, 39, 41, 45, 58, 66, or 93 kDa. All other banding patterns are reported as negative.

IgM: For this assay, a positive result is reported when any 2 or more of the following bands are present: 23, 39, or 41 kDa. All other banding patterns are reported as negative.

Reference Interval:

Components	Reference Interval
B. burgdorferi IgG Immunoblot	Negative
B. burgdorferi Antibody IgM Immunoblot	Negative

Methodology:

Qualitative Immunoblot

Section:

RF-ARUP

CPT Codes:

86617 x2

Notes:

Per CDC guidelines, if ELISA test result is NEGATIVE, immunoblot should not be performed.

This test should be used for confirmation of an equivocal or positive B. burgdorferi total antibodies, IgG and/or IgM test performed on patients less than 4 weeks after appearance of erythema migrans.

Borrelia burgdorferi VlsE1/pepC10 Antibodies, Total by ELISA With Reflex to IgM and IgG by ELISA (Modified Two-Tier Testing)

LAB6575

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- MTTT
- VlsE lipoprotein, VlsE1/pepC10 assay
- Lyme disease C6 peptide Ab reflex panel, Modified 2-tier testing
- Lyme disease
- Lyme disease VlsE1/pepC10 Total Ab, ELISA reflex to IgM and IgM ELISAs
- LAB6575-VML
- LAB6575VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
CSF or plasma. Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Mon-Fri

ORDERING

Synonyms:

- MTTT
- VlsE lipoprotein, VlsE1/pepC10 assay
- Lyme disease C6 peptide Ab reflex panel, Modified 2-tier testing
- Lyme disease
- Lyme disease VlsE1/pepC10 Total Ab, ELISA reflex to IgM and IgM ELISAs
- LAB6575-VML
- LAB6575VML

Ordering Recommendations:
Preferred reflex test to diagnose Lyme disease in symptomatic individuals. Reflex pattern follows the modified two-tier testing (MTTT) approach; a positive or equivocal screen is confirmed by immunoassay.

Performed:
Mon-Fri

Methodology:
Semiquantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-4 days

Notes:
If VlsE1/pepC10 antibodies by ELISA is 0.91 IV or greater, then IgM and IgG by ELISA will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
B. burgdorferi VlsE1/pepC10 Abs, ELISA	0.90 IV or less

Interpretive Data:
Refer to report.

Component	Interpretation
B. Burgdorferi VlsE1/pepC10 Abs, ELISA	0.90 IV or less; Negative - VlsE1 and pepC10 antibodies to B. burgdorferi not detected. 0.91-1.09 IV; Equivocal - Repeat testing in 10-14 days may be helpful. 1.10 IV or greater; Positive - VlsE1 and pepC10 antibodies to B. burgdorferi detected.

Methodology:
Semiquantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86618; if reflexed, add 86618 x2

Section:
RF-ARUP

Notes:
If VlsE1/pepC10 antibodies by ELISA is 0.91 IV or greater, then IgM and IgG by ELISA will be added. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
CSF or plasma. Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- MTTT
- VlsE lipoprotein, VlsE1/pepC10 assay
- Lyme disease C6 peptide Ab reflex panel, Modified 2-tier testing
- Lyme disease
- Lyme disease VlsE1/pepC10 Total Ab, ELISA reflex to IgM and IgM ELISAs
- LAB6575-VML
- LAB6575VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Preferred reflex test to diagnose Lyme disease in symptomatic individuals. Reflex pattern follows the modified two-tier testing (MTTT) approach; a positive or equivocal screen is confirmed by immunoassay.

Interpretive Data:
Refer to report.

Component	Interpretation
B. Burgdorferi VlsE1/pepC10 Abs, ELISA	0.90 IV or less; Negative - VlsE1 and pepC10 antibodies to B. burgdorferi not detected. 0.91-1.09 IV; Equivocal - Repeat testing in 10-14 days may be helpful. 1.10 IV or greater; Positive - VlsE1 and pepC10 antibodies to B. burgdorferi detected.

Reference Interval:

Components	Reference Interval
B. burgdorferi VlsE1/pepC10 Abs, ELISA	0.90 IV or less

Methodology:
Semiquantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86618; if reflexed, add 86618 x2

Notes:
If VlsE1/pepC10 antibodies by ELISA is 0.91 IV or greater, then IgM and IgG by ELISA will be added. Additional charges apply.

Brucella Antibody (Total) by Agglutination

LAB221

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- Brucella Serology
- Brucella Total Antibody Agglutination, Serum
- Febrile Agglutinins
- LAB221-VML
- LAB221VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 6 months (avoid repeated freeze/thaw cycles)

Performed:
Mon-Fri

Remarks:
Mark specimens plainly as "acute" or "convalescent."

ORDERING

Synonyms:

- Brucella Serology
- Brucella Total Antibody Agglutination, Serum
- Febrile Agglutinins
- LAB221-VML
- LAB221VML

Ordering Recommendations:
Recommended serology test to detect recent infection from Brucella in the context of a clinically compatible illness and exposure history.

Performed:
Mon-Fri

Methodology:
Semi-Quantitative Agglutination

Reported:
2-4 days

RESULTS INTERPRETATION

Reference Interval:
Less than 1:20 Negative

Interpretive Data:
Cross-reactions may occur between Brucella and F. tularensis antigens and antisera; therefore, parallel tests should be run with these antigens. A fourfold rise in titer is considered diagnostic. A single serum titer of 1:80 or 1:160 is suggestive of brucellosis when accompanied by a compatible clinical course in a patient with a history of potential exposures.

Methodology:
Semi-Quantitative Agglutination

ADDITIONAL INFORMATION

CPT Codes:
86622

Section:
RF-ARUP

Remarks:
Mark specimens plainly as "acute" or "convalescent."

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 6 months (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Brucella Serology
- Brucella Total Antibody Agglutination, Serum
- Febrile Agglutinins
- LAB221-VML
- LAB221VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
2-4 days

Ordering Recommendations:
Recommended serology test to detect recent infection from Brucella in the context of a clinically compatible illness and exposure history.

Interpretive Data:
Cross-reactions may occur between Brucella and F. tularensis antigens and antisera; therefore, parallel tests should be run with these antigens. A fourfold rise in titer is considered diagnostic. A single serum titer of 1:80 or 1:160 is suggestive of brucellosis when accompanied by a compatible clinical course in a patient with a history of potential exposures.

Reference Interval:
Less than 1:20 Negative

Methodology:
Semi-Quantitative Agglutination

Section:
RF-ARUP

CPT Codes:
86622

Remarks:
Mark specimens plainly as "acute" or "convalescent."

Chlamydia trachomatis Culture

LAB3131

ORDERING INFO

Collect:
Cervical, eye, rectal, urethral swab, or peritoneal fluid. Also acceptable for newborns: Nasopharyngeal aspirate, swab or washing.

Synonyms:

- C. Trachomatis
- Chlamydia Trachomatis
- LAB3131-VML
- LAB3131VML

SPECIMEN REQUIREMENTS

Collect:
Cervical, eye, rectal, urethral swab, or peritoneal fluid. Also acceptable for newborns: Nasopharyngeal aspirate, swab or washing.

Specimen Preparation:
Immediately place swab, fluid, or washing in 3 mL universal transport medium such as M4, M4RT, M5, M6, UniTranz-RT, or UTM (ARUP supply #12884). Available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787.

Unacceptable Conditions:
Urine. Specimens in any transport media other than indicated. Calcium alginate, dry, or wood swabs.

Storage/Transport Temperature:
Frozen on dry ice.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 48 hours; Frozen at -20°C: Unacceptable; Frozen at -70°C: 1 month

Performed:
Sun-Sat

Remarks:
Specimen source preferred.

ORDERING

Synonyms:

- C. Trachomatis
- Chlamydia Trachomatis
- LAB3131-VML
- LAB3131VML

Ordering Recommendations:
Not recommended for routine detection of Chlamydia trachomatis (CT). Use to assess suspected treatment failure. May be considered for anatomic locations for which amplified testing has not been validated.

Performed:
Sun-Sat

Methodology:
Cell Culture/Immunofluorescence

Reported:
2-5 days

Notes:
Nucleic acid amplification testing is recommended for detection of Chlamydia trachomatis from endocervical or urethral specimens. Refer to Chlamydia trachomatis by Transcription-Medicated Amplification (TMA) (ARUP test code 0060243). Specimen must be collected and transported with test-specific kit (ARUP supply #55224).

Positive Chlamydia cultures are confirmed for trachomatis by Chlamydia trachomatis by Transcription-Mediated Amplification (TMA) at no additional charge. Some specimen types acceptable for the Chlamydia trachomatis Culture may require a disclaimer for the TMA confirmation assay.

RESULTS INTERPRETATION

Reference Interval:
Culture negative for Chlamydia trachomatis.

Methodology:
Cell Culture/Immunofluorescence

ADDITIONAL INFORMATION

CPT Codes:
87110; 87140

Section:
RF-ARUP

Remarks:
Specimen source preferred.

Notes:
Nucleic acid amplification testing is recommended for detection of Chlamydia trachomatis from endocervical or urethral specimens. Refer to Chlamydia trachomatis by Transcription-Medicated Amplification (TMA) (ARUP test code 0060243). Specimen must be collected and transported with test-specific kit (ARUP supply #55224).

Positive Chlamydia cultures are confirmed for trachomatis by Chlamydia trachomatis by Transcription-Mediated Amplification (TMA) at no additional charge. Some specimen types acceptable for the Chlamydia trachomatis Culture may require a disclaimer for the TMA confirmation assay.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Cervical, eye, rectal, urethral swab, or peritoneal fluid. Also acceptable for newborns: Nasopharyngeal aspirate, swab or washing.

Specimen Preparation:
Immediately place swab, fluid, or washing in 3 mL universal transport medium such as M4, M4RT, M5, M6, UniTranz-RT, or UTM (ARUP supply #12884). Available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787.

Unacceptable Conditions:
Urine. Specimens in any transport media other than indicated. Calcium alginate, dry, or wood swabs.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 48 hours; Frozen at -20°C: Unacceptable; Frozen at -70°C: 1 month

Storage/Transport Temperature:
Frozen on dry ice.

Synonyms:

- C. Trachomatis
- Chlamydia Trachomatis
- LAB3131-VML
- LAB3131VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
Not recommended for routine detection of Chlamydia trachomatis (CT). Use to assess suspected treatment failure. May be considered for anatomic locations for which amplified testing has not been validated.

Reference Interval:
Culture negative for Chlamydia trachomatis.

Methodology:
Cell Culture/Immunofluorescence

Section:
RF-ARUP

CPT Codes:
87110; 87140

Remarks:
Specimen source preferred.

Notes:

Nucleic acid amplification testing is recommended for detection of Chlamydia trachomatis from endocervical or urethral specimens. Refer to Chlamydia trachomatis by Transcription-Medicated Amplification (TMA) (ARUP test code 0060243). Specimen must be collected and transported with test-specific kit (ARUP supply #55224).

Positive Chlamydia cultures are confirmed for trachomatis by Chlamydia trachomatis by Transcription-Mediated Amplification (TMA) at no additional charge. Some specimen types acceptable for the Chlamydia trachomatis Culture may require a disclaimer for the TMA confirmation assay.

Chlamydia Antibody Differentiation (Lymphogranuloma Venereum) by Microimmunofluorescence

LAB1252

ORDERING INFO

Collect:
Plain red or serum separator tube (SST).

Synonyms:

- LGV
- LAB1252-VML
- LAB1252VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Varies

ORDERING

Synonyms:

- LGV
- LAB1252-VML
- LAB1252VML

Performed:
Varies

Methodology:
Semi-Quantitative Immunofluorescence

Reported:
3-6 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Semi-Quantitative Immunofluorescence

ADDITIONAL INFORMATION

CPT Codes:
86631 x8; 86632 x4

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- LGV
- LAB1252-VML
- LAB1252VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-6 days

Reference Interval:
By report

Methodology:
Semi-Quantitative Immunofluorescence

Section:
RF-ARUP

CPT Codes:
86631 x8; 86632 x4

Chlamydia Antibody Panel, IgG & IgM by IFA

LAB790

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- Chlamydia IgG, IgM Ab
- CT IgG, IgM Ab
- LAB790-VML
- LAB790VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or hyperlipemic sera.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Fri

ORDERING

Synonyms:

- Chlamydia IgG, IgM Ab
- CT IgG, IgM Ab
- LAB790-VML
- LAB790VML

Ordering Recommendations:
Differentiate between Chlamydophila species (C. psittaci, C. pneumoniae). Differentiate early IgM response to infection from persistent low-level titer. Because of cross-reactivity, a C. pneumoniae-specific reaction will exhibit titers two-fold or greater than C. trachomatis or C. psittaci serology. Limited value in the diagnosis of most oculogenital (eg, eyes, genitalia) chlamydial infections.

Performed:
Sun-Fri

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
< 1:64 C. pneumoniae IgG.
< 1:64 C. psittaci IgG.
< 1:64 C. trachomatis IgG.
< 1:20 C. pneumoniae IgM.
< 1:20 C. psittaci IgM.
< 1:20 C. trachomatis IgM.

Interpretive Data:
Refer to individual components.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

ADDITIONAL INFORMATION

CPT Codes:
86631 x3; 86632 x3

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or hyperlipemic sera.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Chlamydia IgG, IgM Ab
- CT IgG, IgM Ab
- LAB790-VML
- LAB790VML

Performed:
Sun-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Differentiate between Chlamydophila species (C. psittaci, C. pneumoniae). Differentiate early IgM response to infection from persistent low-level titer. Because of cross-reactivity, a C. pneumoniae-specific reaction will exhibit titers two-fold or greater than C. trachomatis or C. psittaci serology. Limited value in the diagnosis of most oculogenital (eg, eyes, genitalia) chlamydial infections.

Interpretive Data:
Refer to individual components.

Reference Interval:
< 1:64 C. pneumoniae IgG.
< 1:64 C. psittaci IgG.
< 1:64 C. trachomatis IgG.
< 1:20 C. pneumoniae IgM.
< 1:20 C. psittaci IgM.
< 1:20 C. trachomatis IgM.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Section:
RF-ARUP

CPT Codes:
86631 x3; 86632 x3

Chlamydia Antibody Panel, IgM by IFA

LAB1208

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- Chlamydia IgM Ab
- CT IgM Ab
- LAB1208-VML
- LAB1208VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or hyperlipemic sera.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon-Sat

ORDERING

Synonyms:

- Chlamydia IgM Ab
- CT IgM Ab
- LAB1208-VML
- LAB1208VML

Ordering Recommendations:
A combined IgG and IgM antibody panel is available (refer to Chlamydia Antibody Panel, IgG & IgM by IFA (0065100)). Differentiate between Chlamydophila species (C. psittaci, C. pneumoniae). Differentiate early IgM response to infection from persistent low-level titer. Because of cross-reactivity, a C. pneumoniae-specific reaction will exhibit titers two-fold or greater than C. trachomatis or C. psittaci serology. Limited value in the diagnosis of most oculogenital (eg, eyes, genitalia) chlamydial infections.

Performed:
Mon-Sat

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
< 1:20 C. trachomatis IgM.
< 1:20 C. pneumoniae IgM.
< 1:20 C. psittaci IgM.

Interpretive Data:

The Chlamydia antibody test contains both species- and genus-specific antigens, and serological cross-reactions may be seen in both acute and convalescent samples (less than 1:128). A C. pneumoniae-specific reaction will exhibit titers twofold or greater than titers observed with C. trachomatis or C. psittaci serology. Ideally, acute and convalescent samples should be tested simultaneously at the same facility. If the sample submitted was collected during the acute-phase of illness, submit a marked convalescent sample within 25 days for paired testing. Seroconversion, a fourfold or greater rise in antibody titer between acute and convalescent sera, is considered strong evidence of recent infection.

The Chlamydia microimmunofluorescent assay utilizes C. psittaci, C. pneumoniae, and nine serotypes of C. trachomatis. It does not include the LGV strains of C. trachomatis.

Methodology:

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

ADDITIONAL INFORMATION

CPT Codes:

86632 x3

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red or serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:

Contaminated, hemolyzed, or hyperlipemic sera.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Chlamydia IgM Ab
- CT IgM Ab
- LAB1208-VML
- LAB1208VML

Performed:

Mon-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

A combined IgG and IgM antibody panel is available (refer to Chlamydia Antibody Panel, IgG & IgM by IFA (0065100)). Differentiate between Chlamydophila species (C. psittaci, C. pneumoniae). Differentiate early IgM response to infection from persistent low-level titer. Because of cross-reactivity, a C. pneumoniae-specific reaction will exhibit titers two-fold or greater than C. trachomatis or C. psittaci serology. Limited value in the diagnosis of most oculogenital (eg, eyes, genitalia) chlamydial infections.

Interpretive Data:

The Chlamydia antibody test contains both species- and genus-specific antigens, and serological cross-reactions may be seen in both acute and convalescent samples (less than 1:128). A C. pneumoniae-specific reaction will exhibit titers twofold or greater than titers observed with C. trachomatis or C. psittaci serology. Ideally, acute and convalescent samples should be tested simultaneously at the same facility. If the sample submitted was collected during the acute-phase of illness, submit a marked convalescent sample within 25 days for paired testing. Seroconversion, a fourfold or greater rise in antibody titer between acute and convalescent sera, is considered strong evidence of recent infection.

The Chlamydia microimmunofluorescent assay utilizes C. psittaci, C. pneumoniae, and nine serotypes of C. trachomatis. It does not include the LGV strains of C. trachomatis.

Reference Interval:

< 1:20 C. trachomatis IgM.
< 1:20 C. pneumoniae IgM.
< 1:20 C. psittaci IgM.

Methodology:

Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Section:

RF-ARUP

CPT Codes:

86632 x3

Coccidioides Antibodies, IgM and IgG by Immunoassay, Serum

LAB791

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- Valley fever
- CF
- Coccidioides immitis
- Coccidioidomycosis
- Precipitin
- TP
- LAB791-VML
- LAB791VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

Unacceptable Conditions:
Other body fluids. Contaminated, hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

Remarks:
Mark specimens plainly as "acute" or "convalescent."

ORDERING

Synonyms:

- Valley fever
- CF
- Coccidioides immitis
- Coccidioidomycosis
- Precipitin
- TP
- LAB791-VML
- LAB791VML

Ordering Recommendations:
Use to screen for the presence of coccidioidal IgM and IgG antibodies in serum. Not recommended as a standalone test. For screening with confirmation, refer to Coccidioides Antibodies Reflexive Panel, Serum (3001982).

Performed:
Sun-Sat

Methodology:
Enzyme-Linked Immunosorbent Assay (ELISA)

Reported:
1-3 days

Notes:
This immunoassay uses recombinant and native Coccidioides antigens, including CF and TP antigens.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Coccidioides Antibody, IgG by ELISA	0.9 IV or less
Coccidioides Antibody, IgM by ELISA	0.9 IV or less

Interpretive Data:
Refer to report.

Component	Unit Of Measure	Interpretation
Coccidioides Antibody, IgG by ELISA	0.9 IV or less 1.0-1.4 IV 1.5 IV or greater	Negative - No significant level of Coccidioides IgG antibody detected. Equivocal - Questionable presence of Coccidioides IgG antibody detected. Repeat testing in 10-14 days may be helpful. Positive - Presence of IgG antibody to Coccidioides detected, suggestive of current or past infection.
Coccidioides Antibody, IgM by ELISA	0.9 IV or less 1.0-1.4 IV 1.5 IV or greater	Negative - No significant level of Coccidioides IgM antibody detected. Equivocal - Questionable presence of Coccidioides IgM antibody detected. Repeat testing in 10-14 days may be helpful. Positive - Presence of IgM antibody to Coccidioides detected, suggestive of current or recent infection.

Methodology:
Enzyme-Linked Immunosorbent Assay (ELISA)

ADDITIONAL INFORMATION

CPT Codes:
86635 x2

Section:
RF-ARUP

Remarks:
Mark specimens plainly as "acute" or "convalescent."

Notes:
This immunoassay uses recombinant and native Coccidioides antigens, including CF and TP antigens.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

Unacceptable Conditions:
Other body fluids. Contaminated, hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Valley fever
- CF
- Coccidioides immitis
- Coccidioidomycosis
- Precipitin
- TP
- LAB791-VML
- LAB791VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Use to screen for the presence of coccidioidal IgM and IgG antibodies in serum. Not recommended as a standalone test. For screening with confirmation, refer to Coccidioides Antibodies Reflexive Panel, Serum (3001982).

Interpretive Data:
Refer to report.

Component	Unit Of Measure	Interpretation
Coccidioides Antibody, IgG by ELISA	0.9 IV or less 1.0-1.4 IV 1.5 IV or greater	Negative - No significant level of Coccidioides IgG antibody detected. Equivocal - Questionable presence of Coccidioides IgG antibody detected. Repeat testing in 10-14 days may be helpful. Positive - Presence of IgG antibody to Coccidioides detected, suggestive of current or past infection.
Coccidioides Antibody, IgM by ELISA	0.9 IV or less 1.0-1.4 IV 1.5 IV or greater	Negative - No significant level of Coccidioides IgM antibody detected. Equivocal - Questionable presence of Coccidioides IgM antibody detected. Repeat testing in 10-14 days may be helpful. Positive - Presence of IgM antibody to Coccidioides detected, suggestive of current or recent infection.

Reference Interval:

Components	Reference Interval
Coccidioides Antibody, IgG by ELISA	0.9 IV or less
Coccidioides Antibody, IgM by ELISA	0.9 IV or less

Methodology:
Enzyme-Linked Immunosorbent Assay (ELISA)

Section:
RF-ARUP

CPT Codes:
86635 x2

Remarks:
Mark specimens plainly as "acute" or "convalescent."

Notes:
This immunoassay uses recombinant and native Coccidioides antigens, including CF and TP antigens.

Coxiella burnetii (Q-Fever) Antibody IgG, Phase I and II with Reflex to Titer

LAB1209

ORDERING INFO

Collect:
Serum separator tube (SST).

Synonyms:

- Coxiella burnetii
- Q Fever Phases I and II antibody
- Coxiella Titer
- LAB1209-VML
- LAB1209VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" and "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Coxiella burnetii
- Q Fever Phases I and II antibody
- Coxiella Titer
- LAB1209-VML
- LAB1209VML

Ordering Recommendations:
Confirm infectious agent as C. burnetii (Q-fever) in symptomatic patients. Recommend testing of acute and convalescent sera.

Performed:
Mon, Wed, Fri

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Reported:
1-6 days

Notes:
If either C. Burnetii Abs IgG Phase I and/or Phase II result is indeterminate or positive, then titer(s) will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

Component	Reference Interval
C. burnetii (Q-Fever) Ab, Phase I IgG	Negative
C. burnetii (Q-Fever) Ab, Phase II IgG	Negative

Interpretive Data:
Single phase II IgG titers of 1:256 and greater are considered evidence of C. burnetii infection at some time prior to the date of the serum specimen. Phase I antibody titers of 1:16 and greater are consistent with chronic infection or convalescent phase of Q-fever.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

ADDITIONAL INFORMATION

CPT Codes:
86638 x2; if reflexed add 86638 per titer

Section:
RF-ARUP

Notes:
If either C. Burnetii Abs IgG Phase I and/or Phase II result is indeterminate or positive, then titer(s) will be added. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" and "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Coxiella burnetii
- Q Fever Phases I and II antibody
- Coxiella Titer
- LAB1209-VML
- LAB1209VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Confirm infectious agent as C. burnetii (Q-fever) in symptomatic patients. Recommend testing of acute and convalescent sera.

Interpretive Data:
Single phase II IgG titers of 1:256 and greater are considered evidence of C. burnetii infection at some time prior to the date of the serum specimen. Phase I antibody titers of 1:16 and greater are consistent with chronic infection or convalescent phase of Q-fever.

Reference Interval:

Component	Reference Interval
C. burnetii (Q-Fever) Ab, Phase I IgG	Negative
C. burnetii (Q-Fever) Ab, Phase II IgG	Negative

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Section:
RF-ARUP

CPT Codes:

86638 x2; if reflexed add 86638 per titer

Notes:

If either C. Burnetii Abs IgG Phase I and/or Phase II result is indeterminate or positive, then titer(s) will be added. Additional charges apply.

Cryptosporidium Antigen by EIA

LAB907

ORDERING INFO

Collect:
Stool.

Synonyms:

- Coccidia
- Cryptosporidium Antigen
- Cryptosporidium Antigen, Feces
- Ova and Parasite Exam by EIA
- LAB907-VML
- LAB907VML

SPECIMEN REQUIREMENTS

Collect:
Stool.

Specimen Preparation:
Transport 5 g stool in unpreserved stool transport vial (ARUP Supply #40910) available online through eSupply using ARUP Connect or contact ARUP Client Services at(800) 522-2787. (Min: 1 g) Preserving in 10 percent formalin (within 1 hour of collection) is also acceptable.

Unacceptable Conditions:
Specimens in any other preservative than indicated above.

Storage/Transport Temperature:
Unpreserved: Frozen.
Preserved: Room temperature.

Stability (from collection to initiation):
Unpreserved: Ambient: 2 hours; Refrigerated: 24 hours; Frozen: 1 week
Preserved: Ambient: 9 months; Refrigerated: 9 months; Frozen: Unacceptable

Performed:
Sun-Sat

ORDERING

Synonyms:

- Coccidia
- Cryptosporidium Antigen
- Cryptosporidium Antigen, Feces
- Ova and Parasite Exam by EIA
- LAB907-VML
- LAB907VML

Ordering Recommendations:
Test for persistent diarrhea (>14 days) or known risk factors if Cryptosporidium spp is the suspected infectious agent.

Performed:
Sun-Sat

Methodology:
Qualitative Enzyme Immunoassay

Reported:
1-2 days

Notes:
This immunoassay is not a substitute for comprehensive testing. Refer to Ova & Parasite Exam, Fecal (Immunocompromised or Travel History) (ARUP test code 3001662).

RESULTS INTERPRETATION

Reference Interval:
Negative

Methodology:
Qualitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
87328

Section:
RF-ARUP

Notes:
This immunoassay is not a substitute for comprehensive testing. Refer to Ova & Parasite Exam, Fecal (Immunocompromised or Travel History) (ARUP test code 3001662).

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Stool.

Specimen Preparation:
Transport 5 g stool in unpreserved stool transport vial (ARUP Supply #40910) available online through eSupply using ARUP Connect or contact ARUP Client Services at(800) 522-2787. (Min: 1 g) Preserving in 10 percent formalin (within 1 hour of collection) is also acceptable.

Unacceptable Conditions:
Specimens in any other preservative than indicated above.

Stability (from collection to initiation):
Unpreserved: Ambient: 2 hours; Refrigerated: 24 hours; Frozen: 1 week
Preserved: Ambient: 9 months; Refrigerated: 9 months; Frozen: Unacceptable

Storage/Transport Temperature:
Unpreserved: Frozen.
Preserved: Room temperature.

Synonyms:

- Coccidia
- Cryptosporidium Antigen
- Cryptosporidium Antigen, Feces
- Ova and Parasite Exam by EIA
- LAB907-VML
- LAB907VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Test for persistent diarrhea (>14 days) or known risk factors if Cryptosporidium spp is the suspected infectious agent.

Reference Interval:
Negative

Methodology:
Qualitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
87328

Notes:
This immunoassay is not a substitute for comprehensive testing. Refer to Ova & Parasite Exam, Fecal (Immunocompromised or Travel History) (ARUP test code 3001662).

Echinococcus Antibody, IgG

LAB1234

ORDERING INFO

Collect:
Serum separator tube (SST) or plain red.

Synonyms:

- Echinococcosis
- Hydatiosis
- Hydatic disease
- Tapeworm
- LAB1234-VML
- LAB1234VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST) or plain red.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens. Mark specimens plainly as acute or convalescent.

Unacceptable Conditions:
Contaminated, heat-inactivated, grossly hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Preferred transport temp: Refrigerated. Also acceptable: Frozen

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Mon, Thu

ORDERING

Synonyms:

- Echinococcosis
- Hydatiosis
- Hydatic disease
- Tapeworm
- LAB1234-VML
- LAB1234VML

Ordering Recommendations:
Adjunct to other diagnostic tests (eg, imaging) for echinococcosis. Patient's travel history is necessary to aid in test interpretation.

Performed:
Mon, Thu

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Echinococcus Antibody IgG	8 U or less

Interpretive Data:

Patients with collagen vascular diseases, hepatic cirrhosis, schistosomiasis, and other parasitic infections can produce false-positive results. There is a strong cross-reaction between echinococcosis- and cysticercosis-positive sera.

Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.

Component	Interpretation
Echinococcus Antibody IgG	0-8 U.....Negative: No significant level of Echinococcus IgG antibodies detected. 9-11 U.....Equivocal: Recommend repeat testing in 2-4 weeks with fresh sample. 12 U or greater.....Positive: IgG antibodies to Echinococcus detected, indicating current or past infection.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

ADDITIONAL INFORMATION

CPT Codes:

86682

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube (SST) or plain red.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens. Mark specimens plainly as acute or convalescent.

Unacceptable Conditions:

Contaminated, heat-inactivated, grossly hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Preferred transport temp: Refrigerated. Also acceptable: Frozen

Synonyms:

- Echinococcosis
- Hydatiosis
- Hydatic disease
- Tapeworm
- LAB1234-VML
- LAB1234VML

Performed:

Mon, Thu

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Adjunct to other diagnostic tests (eg, imaging) for echinococcosis. Patient's travel history is necessary to aid in test interpretation.

Interpretive Data:

Patients with collagen vascular diseases, hepatic cirrhosis, schistosomiasis, and other parasitic infections can produce false-positive results. There is a strong cross-reaction between echinococcosis- and cysticercosis-positive sera.

Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.

Component	Interpretation
Echinococcus Antibody IgG	0-8 U.....Negative: No significant level of Echinococcus IgG antibodies detected. 9-11 U.....Equivocal: Recommend repeat testing in 2-4 weeks with fresh sample. 12 U or greater.....Positive: IgG antibodies to Echinococcus detected, indicating current or past infection.

Reference Interval:

Components	Reference Interval
Echinococcus Antibody IgG	8 U or less

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Section:

RF-ARUP

CPT Codes:

86682

Ehrlichia chaffeensis Antibodies, IgG & IgM by IFA

LAB794

ORDERING INFO

Collect:
Serum Separator Tube.

Synonyms:

- E. chaffeensis antibodies
- E. Chaffeensis IgG, IgM Ab
- Ehrlichiosis IFA test
- LAB794-VML
- LAB794VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as acute or convalescent.

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Tue, Fri

ORDERING

Synonyms:

- E. chaffeensis antibodies
- E. Chaffeensis IgG, IgM Ab
- Ehrlichiosis IFA test
- LAB794-VML
- LAB794VML

Ordering Recommendations:
Diagnose infection from Ehrlichia chaffeensis.

Performed:
Tue, Fri

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Reported:
1-5 days

Notes:
Human ehrlichiosis is a tick-borne disease caused by rickettsial-like agents. Two forms, human monocytic ehrlichiosis (HME) and human granulocytic ehrlichiosis (HGE), have been described. HME is often referred to as "spotless" or rashless Rocky Mountain spotted fever, and has been reported in various regions of the United States. The causative agent of HME has been identified as Ehrlichia chaffeensis. Infected individuals produce specific antibodies to Ehrlichia chaffeensis which can be detected by an immunofluorescent antibody (IFA) test.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Ehrlichia chaffeensis Antibody, IgG	Less than 1:64
Ehrlichia chaffeensis Antibody, IgM	Less than 1:16

Interpretive Data:

Component	Interpretation
Ehrlichia chaffeensis Antibody, IgG by IFA	< 1:64 Negative-No significant level of Ehrlichia chaffeensis IgG antibody detected. 1:64-1:128 Equivocal-Questionable presence of Ehrlichia chaffeensis IgG antibody detected. Repeat testing in 10-14 days may be helpful. >=1:256 Positive-Presence of IgG antibody to Ehrlichia chaffeensis detected, suggestive of current or past infection.
Ehrlichia chaffeensis Antibody, IgM by IFA	< 1:16 Negative-No significant level of Ehrlichia chaffeensis IgM antibody detected. >= 1:16 Positive-Presence of IgM antibody to Ehrlichia chaffeensis detected, suggestive of current or recent infection.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

ADDITIONAL INFORMATION

CPT Codes:
86666 x2

Section:
RF-ARUP

Notes:
Human ehrlichiosis is a tick-borne disease caused by rickettsial-like agents. Two forms, human monocytic ehrlichiosis (HME) and human granulocytic ehrlichiosis (HGE), have been described. HME is often referred to as "spotless" or rashless Rocky Mountain spotted fever, and has been reported in various regions of the United States. The causative agent of HME has been identified as Ehrlichia chaffeensis. Infected individuals produce specific antibodies to Ehrlichia chaffeensis which can be detected by an immunofluorescent antibody (IFA) test.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as acute or convalescent.

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- E. chaffeensis antibodies
- E. Chaffeensis IgG, IgM Ab
- Ehrlichiosis IFA test
- LAB794-VML
- LAB794VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Diagnose infection from Ehrlichia chaffeensis.

Interpretive Data:

Component	Interpretation
Ehrlichia chaffeensis Antibody, IgG by IFA	< 1:64 Negative-No significant level of Ehrlichia chaffeensis IgG antibody detected. 1:64-1:128 Equivocal-Questionable presence of Ehrlichia chaffeensis IgG antibody detected. Repeat testing in 10-14 days may be helpful. >=1:256 Positive-Presence of IgG antibody to Ehrlichia chaffeensis detected, suggestive of current or past infection.
Ehrlichia chaffeensis Antibody, IgM by IFA	< 1:16 Negative-No significant level of Ehrlichia chaffeensis IgM antibody detected. >= 1:16 Positive-Presence of IgM antibody to Ehrlichia chaffeensis detected, suggestive of current or recent infection.

Reference Interval:

Components	Reference Interval
Ehrlichia chaffeensis Antibody, IgG	Less than 1:64
Ehrlichia chaffeensis Antibody, IgM	Less than 1:16

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Section:
RF-ARUP

CPT Codes:
86666 x2

Notes:
Human ehrlichiosis is a tick-borne disease caused by rickettsial-like agents. Two forms, human monocytic ehrlichiosis (HME) and human granulocytic ehrlichiosis (HGE), have been described. HME is often referred to as "spotless" or rashless Rocky Mountain spotted fever, and has been reported in various regions of the United States. The causative agent of HME has been identified as Ehrlichia chaffeensis. Infected individuals produce specific antibodies to Ehrlichia chaffeensis which can be detected by an immunofluorescent antibody (IFA) test.

Entamoeba histolytica (amebiasis), Antibody, IgG

LAB3737

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Amebiasis histolytica Antibody
- E histolytica IgG Antibody
- E. histolytica Antibody
- Ova and Parasite Exam
- LAB3737-VML
- LAB3737VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Tue, Fri

ORDERING

Synonyms:

- Amebiasis histolytica Antibody
- E histolytica IgG Antibody
- E. histolytica Antibody
- Ova and Parasite Exam
- LAB3737-VML
- LAB3737VML

Ordering Recommendations:
Aid in the detection of amebic liver abscess. Test is not useful for intestinal infection.

Performed:
Tue, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-5 days

Notes:
In the case of extraintestinal complications, a positive antibody can indicate amebiasis even though stool findings are negative.

RESULTS INTERPRETATION

Reference Interval:
Effective February 6, 2017

8 U or less: Negative - No significant level of detectable E. histolytica IgG antibody.
9 - 11 U: Equivocal - Repeat testing in 10-14 days may be helpful.
12 U or greater: Positive - IgG antibody to E. histolytica detected, suggestive of a current or past infection.

Interpretive Data:
Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86753

Section:
RF-ARUP

Notes:
In the case of extraintestinal complications, a positive antibody can indicate amebiasis even though stool findings are negative.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Amebiasis histolytica Antibody
- E histolytica IgG Antibody
- E. histolytica Antibody
- Ova and Parasite Exam
- LAB3737-VML
- LAB3737VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Aid in the detection of amebic liver abscess. Test is not useful for intestinal infection.

Interpretive Data:
Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.

Reference Interval:
Effective February 6, 2017

8 U or less: Negative - No significant level of detectable E. histolytica IgG antibody.
9 - 11 U: Equivocal - Repeat testing in 10-14 days may be helpful.
12 U or greater: Positive - IgG antibody to E. histolytica detected, suggestive of a current or past infection.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:

86753

Notes:

In the case of extraintestinal complications, a positive antibody can indicate amebiasis even though stool findings are negative.

Entamoeba histolytica Antigen, EIA

LAB3165

ORDERING INFO

Collect:
Stool.

Synonyms:

- E. histolytica Ag
- Entamoeba histolitica Antigen
- LAB3165-VML
- LAB3165VML

SPECIMEN REQUIREMENTS

Collect:
Stool.

Specimen Preparation:
Transfer 5g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min 1g)

Unacceptable Conditions:
Specimens in media or preservatives.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: 2 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- E. histolytica Ag
- Entamoeba histolitica Antigen
- LAB3165-VML
- LAB3165VML

Ordering Recommendations:
Test for persistent diarrhea (>14 days) or known risk factors if E. histolytica is the suspected infectious agent.

Performed:
Sun-Sat

Methodology:
Qualitative Enzyme Immunoassay

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
Negative

Methodology:
Qualitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
87337

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Stool.

Specimen Preparation:
Transfer 5g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min 1g)

Unacceptable Conditions:
Specimens in media or preservatives.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: 2 weeks

Storage/Transport Temperature:
Frozen.

Synonyms:

- E. histolytica Ag
- Entamoeba histolitica Antigen
- LAB3165-VML
- LAB3165VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Test for persistent diarrhea (>14 days) or known risk factors if E. histolytica is the suspected infectious agent.

Reference Interval:
Negative

Methodology:
Qualitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
87337

Giardia lamblia Antibodies Panel by ELISA

LAB1231

ORDERING INFO

Collect:
Plain red or serum separator tube (SST).

Synonyms:

- LAB1231-VML
- LAB1231VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Remove serum from cells within one hour. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Frozen

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 5 weeks

Performed:
Varies

ORDERING

Synonyms:

- LAB1231-VML
- LAB1231VML

Performed:
Varies

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
3-10 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86674 x3

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Remove serum from cells within one hour. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 5 weeks

Storage/Transport Temperature:
Frozen

Synonyms:

- LAB1231-VML
- LAB1231VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-10 days

Reference Interval:
By report

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86674 x3

Giardia Antigen by EIA

LAB1319

ORDERING INFO

Collect:
Stool.

Synonyms:

- G lamblia antigaten EIA
- Giardia EIA
- Giardia lamblia Antigen
- Ova and Parasite Exam by EIA
- LAB1319-VML
- LAB1319VML

SPECIMEN REQUIREMENTS

Collect:
Stool.

Specimen Preparation:
Transport 5 g stool in unpreserved stool transport vial (ARUP Supply #40910) available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787. (Min: 1 g) Preserving in 10 percent formalin (within 1 hour of collection) is also acceptable.

Storage/Transport Temperature:
Unpreserved: Frozen. Preserved: Room temperature.

Stability (from collection to initiation):
Unpreserved: Ambient: 2 hours; Refrigerated: 24 hours; Frozen: 1 week
Preserved: Ambient: 9 months; Refrigerated: 9 months; Frozen: Unacceptable

Performed:
Sun-Sat

ORDERING

Synonyms:

- G lamblia antigaten EIA
- Giardia EIA
- Giardia lamblia Antigen
- Ova and Parasite Exam by EIA
- LAB1319-VML
- LAB1319VML

Ordering Recommendations:
Test for persistent diarrhea (>14 days) or known risk factors if Giardia duodenalis (synonyms Giardia lamblia, Giardia intestinalis) is the suspected infectious agent.

Performed:
Sun-Sat

Methodology:
Qualitative Enzyme Immunoassay

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
Negative

Methodology:
Qualitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
87329

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Stool.

Specimen Preparation:
Transport 5 g stool in unpreserved stool transport vial (ARUP Supply #40910) available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787. (Min: 1 g) Preserving in 10 percent formalin (within 1 hour of collection) is also acceptable.

Stability (from collection to initiation):
Unpreserved: Ambient: 2 hours; Refrigerated: 24 hours; Frozen: 1 week
Preserved: Ambient: 9 months; Refrigerated: 9 months; Frozen: Unacceptable

Storage/Transport Temperature:
Unpreserved: Frozen. Preserved: Room temperature.

Synonyms:

- G lamblia antigaten EIA
- Giardia EIA
- Giardia lamblia Antigen
- Ova and Parasite Exam by EIA
- LAB1319-VML
- LAB1319VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Test for persistent diarrhea (>14 days) or known risk factors if Giardia duodenalis (synonyms Giardia lamblia, Giardia intestinalis) is the suspected infectious agent.

Reference Interval:
Negative

Methodology:
Qualitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
87329

Haemophilus influenzae b Antibody, IgG

LAB1237

ORDERING INFO

Collect:
Serum separator tube. "Pre" and 30-day "post" Haemophilus influenzae b vaccination specimens should be submitted together for testing. "Post" specimen should be drawn 30 days after immunization and must be received within 60 days of "pre" specimen.

Synonyms:

- HIB (Haemophilus influenzae Type B) Vaccine Response
- H. influenzae Antibody
- Haemophilus influenzae b Vaccine Response
- Vaccine Response
- LAB1237-VML
- LAB1237VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. "Pre" and 30-day "post" Haemophilus influenzae b vaccination specimens should be submitted together for testing. "Post" specimen should be drawn 30 days after immunization and must be received within 60 days of "pre" specimen.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Mark specimens clearly as "Pre-Vaccine" or "Post-Vaccine".

Unacceptable Conditions:
Plasma or other body fluids. Contaminated, hemolyzed or, severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- HIB (Haemophilus influenzae Type B) Vaccine Response
- H. influenzae Antibody
- Haemophilus influenzae b Vaccine Response
- Vaccine Response
- LAB1237-VML
- LAB1237VML

Ordering Recommendations:
Evaluate the ability of a patient to produce antibody to a protein conjugated bacterial (H. influenza) vaccine to rule out antibody deficiency.

Performed:
Sun-Sat

Methodology:
Quantitative Multiplex Bead Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
< 1.0 µg/mL = Antibody concentration not protective.
>= 1.0 µg/mL = Antibody to H. influenzae b detected. Suggestive of protection.

Interpretive Data:

Responder status is determined according to the ratio of post-vaccination concentration to pre-vaccination concentration of Haemophilus influenza b antibody, IgG as follows:
1. If the post-vaccination concentration is less than 3.0 µg/mL, the patient is considered to be a nonresponder.
2. If the post-vaccination concentration is greater than or equal to 3.0 µg/mL, a patient with a ratio of greater than or equal to 4 is a good responder, a ratio of 2-4 is a weak responder, and a ratio of less than 2 is considered a nonresponder.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:

86317

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. "Pre" and 30-day "post" Haemophilus influenzae b vaccination specimens should be submitted together for testing. "Post" specimen should be drawn 30 days after immunization and must be received within 60 days of "pre" specimen.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Mark specimens clearly as "Pre-Vaccine" or "Post-Vaccine".

Unacceptable Conditions:

Plasma or other body fluids. Contaminated, hemolyzed or, severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- HIB (Haemophilus influenzae Type B) Vaccine Response
- H. influenzae Antibody
- Haemophilus influenzae b Vaccine Response
- Vaccine Response
- LAB1237-VML
- LAB1237VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Evaluate the ability of a patient to produce antibody to a protein conjugated bacterial (H. influenza) vaccine to rule out antibody deficiency.

Interpretive Data:

Responder status is determined according to the ratio of post-vaccination concentration to pre-vaccination concentration of Haemophilus influenza b antibody, IgG as follows:
1. If the post-vaccination concentration is less than 3.0 µg/mL, the patient is considered to be a nonresponder.
2. If the post-vaccination concentration is greater than or equal to 3.0 µg/mL, a patient with a ratio of greater than or equal to 4 is a good responder, a ratio of 2-4 is a weak responder, and a ratio of less than 2 is considered a nonresponder.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

< 1.0 µg/mL = Antibody concentration not protective.
>= 1.0 µg/mL = Antibody to H. influenzae b detected. Suggestive of protection.

Methodology:

Quantitative Multiplex Bead Assay

Section:

RF-ARUP

CPT Codes:

86317

Helicobacter pylori, Breath Test

LAB6570

ORDERING INFO

Collect:

Breath Test Kit IDkit Hp Two (ARUP Supply #58132) available online through e-Supply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.

Synonyms:

- 13C Urea Breath Test
- BreathID
- H. pylori Urea Breath Test
- Helicobactor
- Helicobactor pylori Breath Test
- UBT
- Ulcer Breath Test
- Urea Breath Test
- H pylori
- Pylori
- UBIT
- LAB6570-VML
- LAB6570VML

SPECIMEN REQUIREMENTS

Patient Preparation:

Remind the patient that there is 84 mg of phenylalanine per packet of Citrica Powder. Phenylketonurics restrict dietary phenylalanine.

The patient should have fasted at least one hour before administering the solution. The patient should not have taken antimicrobials, proton pump inhibitors (e.g., Prilosec, Prevacid, Aciphex, Nexium), or bismuth preparations (e.g., Pepto Bismol) within two weeks prior to administering the test.

Collect:

Breath Test Kit IDkit Hp Two (ARUP Supply #58132) available online through e-Supply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.

Specimen Preparation:

1) Label breath collection bags with patient name, MRN, date and time of collection, and indicate Baseline (blue) or Post Ingestion (gray).
2) Collect the blue Baseline specimen according to the instructions in the Breath Test Kit, IDkit Hp (TM) Two. Instruct the patient to hold their breath for 4-5 seconds, and then exhale into the blue Baseline collection bag until the bag is full.
3) Prepare the test drink by adding 150 to 200 mL (5.1 to 6.8 oz.) water, the Citrica Powder, and the urea tablet to the provided drinking cup, closing the lid firmly, and shaking thoroughly until the powder and tablet are completely dissolved.
4) Administer the test drink within two hours of preparation per kit instructions and precautions. Regardless of age and body weight, the patient must consume the entire solution through the provided straw within 2 minutes.
5) Collect the gray Post Ingestion specimen 15 minutes after ingestion of the test drink, but no later than 20 minutes post ingestion. Instruct the patient to hold their breath for 4-5 seconds, and then exhale into the gray Post Ingestion collection bag until the bag is full.
6) Ensure the caps on the bag mouthpieces are secured (push until they click).

Unacceptable Conditions:

Underinflated or uncapped bags. Specimens from patients younger than 3 years. Specimens collected using the BreathTek UBT Kit (blue and pink collection bags).

Storage/Transport Temperature:

CRITICAL ROOM TEMPERATURE. Do not freeze. Protect bags from sharp objects and direct sunlight. Refrain from applying any external pressure on the breath sample bags.

Stability (from collection to initiation):

Ambient: 2 weeks; Refrigerated: Unacceptable; Frozen: Unacceptable.

Performed:

Sun-Sat

ORDERING

Synonyms:

- 13C Urea Breath Test
- BreathID
- H. pylori Urea Breath Test
- Helicobactor
- Helicobactor pylori Breath Test
- UBT
- Ulcer Breath Test
- Urea Breath Test
- H pylori
- Pylori
- UBIT
- LAB6570-VML
- LAB6570VML

Ordering Recommendations:
Aids in the initial diagnosis and posttreatment monitoring of Helicobacter pylori infection in adult patients and in pediatric patients 3-17 years of age.Posttreatment monitoring of H. pylori should be performed no sooner than 6 weeks after treatment for H. pylori infection. Earlier assessment may give false results.

Performed:
Sun-Sat

Methodology:
Qualitative Spectrophotometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A negative result does not rule out the possibility of Helicobacter pylori infection. If clinical signs are suggestive of H. pylori infection, retest with a new specimen or an alternate method.

Known causes of false-negative results include:

1. Ingestion of antimicrobials, proton pump inhibitors, and bismuth preparations during the preceding 2 weeks.

2. Administration of the breath test less than 6 weeks after completion of definitive therapy to eradicate H. pylori.

3. Premature or late collection of the postdose specimen.

Known causes of false-positive results include:

1. Patients with achlorhydria.

2. Rinsing the testing solution in the mouth or not using the straw provided in the kit, which can allow contact with urease-positive bacteria.

3. The presence of other gastric spiral organisms such as Helicobacter heilmannii.

Methodology:
Qualitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
83013

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Breath Test Kit IDkit Hp Two (ARUP Supply #58132) available online through e-Supply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.

Specimen Preparation:

1) Label breath collection bags with patient name, MRN, date and time of collection, and indicate Baseline (blue) or Post Ingestion (gray).
2) Collect the blue Baseline specimen according to the instructions in the Breath Test Kit, IDkit Hp (TM) Two. Instruct the patient to hold their breath for 4-5 seconds, and then exhale into the blue Baseline collection bag until the bag is full.
3) Prepare the test drink by adding 150 to 200 mL (5.1 to 6.8 oz.) water, the Citrica Powder, and the urea tablet to the provided drinking cup, closing the lid firmly, and shaking thoroughly until the powder and tablet are completely dissolved.
4) Administer the test drink within two hours of preparation per kit instructions and precautions. Regardless of age and body weight, the patient must consume the entire solution through the provided straw within 2 minutes.
5) Collect the gray Post Ingestion specimen 15 minutes after ingestion of the test drink, but no later than 20 minutes post ingestion. Instruct the patient to hold their breath for 4-5 seconds, and then exhale into the gray Post Ingestion collection bag until the bag is full.
6) Ensure the caps on the bag mouthpieces are secured (push until they click).

Patient Preparation:

Remind the patient that there is 84 mg of phenylalanine per packet of Citrica Powder. Phenylketonurics restrict dietary phenylalanine.
The patient should have fasted at least one hour before administering the solution. The patient should not have taken antimicrobials, proton pump inhibitors (e.g., Prilosec, Prevacid, Aciphex, Nexium), or bismuth preparations (e.g., Pepto Bismol) within two weeks prior to administering the test.

Unacceptable Conditions:

Underinflated or uncapped bags. Specimens from patients younger than 3 years. Specimens collected using the BreathTek UBT Kit (blue and pink collection bags).

Stability (from collection to initiation):

Ambient: 2 weeks; Refrigerated: Unacceptable; Frozen: Unacceptable.

Storage/Transport Temperature:

CRITICAL ROOM TEMPERATURE. Do not freeze. Protect bags from sharp objects and direct sunlight. Refrain from applying any external pressure on the breath sample bags.

Synonyms:

- 13C Urea Breath Test
- BreathID
- H. pylori Urea Breath Test
- Helicobactor
- Helicobactor pylori Breath Test
- UBT
- Ulcer Breath Test
- Urea Breath Test
- H pylori
- Pylori
- UBIT
- LAB6570-VML
- LAB6570VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

Aids in the initial diagnosis and posttreatment monitoring of Helicobacter pylori infection in adult patients and in pediatric patients 3-17 years of age.Posttreatment monitoring of H. pylori should be performed no sooner than 6 weeks after treatment for H. pylori infection. Earlier assessment may give false results.

Interpretive Data:

A negative result does not rule out the possibility of Helicobacter pylori infection. If clinical signs are suggestive of H. pylori infection, retest with a new specimen or an alternate method.

Known causes of false-negative results include:

1. Ingestion of antimicrobials, proton pump inhibitors, and bismuth preparations during the preceding 2 weeks.

2. Administration of the breath test less than 6 weeks after completion of definitive therapy to eradicate H. pylori.

3. Premature or late collection of the postdose specimen.

Known causes of false-positive results include:

1. Patients with achlorhydria.

2. Rinsing the testing solution in the mouth or not using the straw provided in the kit, which can allow contact with urease-positive bacteria.

3. The presence of other gastric spiral organisms such as Helicobacter heilmannii.

Reference Interval:

Negative

Methodology:

Qualitative Spectrophotometry

Section:

RF-ARUP

CPT Codes:

83013

Histoplasma Antibodies by Complement Fixation and Immunodiffusion

LAB909

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Histoplasma capsulatum
- Histoplasmosis
- M antigen
- H antigen
- Precipitin
- LAB909-VML
- LAB909VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP standard transport tube. (Min: 0.8 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Histoplasma capsulatum
- Histoplasmosis
- M antigen
- H antigen
- Precipitin
- LAB909-VML
- LAB909VML

Ordering Recommendations:
Aids in the diagnosis of histoplasmosis. Testing in conjunction with Histoplasma Antigen Quantitative by EIA, Serum (0092522) and Histoplasma Galactomannan Antigen Quantitative by EIA, Urine (2009418) is recommended.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Complement Fixation/Qualitative Immunodiffusion

Reported:
3-6 days

Notes:
The immunodiffusion component of this test detects total antibodies against the H and M antigens of Histoplasma capsulatum. The complement fixation component of this test detects total antibodies to mycelial and yeast antigens of Histoplasma.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Histoplasma Antibodies by ID	Not detected.
Histoplasma Mycelia Antibodies by CF	Less than 1:8
Histoplasma Yeast Antibodies by CF	Less than 1:8

Interpretive Data:
Refer to report.

Methodology:
Semi-Quantitative Complement Fixation/Qualitative Immunodiffusion

ADDITIONAL INFORMATION

CPT Codes:
86698 x3

Section:
RF-ARUP

Notes:
The immunodiffusion component of this test detects total antibodies against the H and M antigens of Histoplasma capsulatum. The complement fixation component of this test detects total antibodies to mycelial and yeast antigens of Histoplasma.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP standard transport tube. (Min: 0.8 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Histoplasma capsulatum
- Histoplasmosis
- M antigen
- H antigen
- Precipitin
- LAB909-VML
- LAB909VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
3-6 days

Ordering Recommendations:
Aids in the diagnosis of histoplasmosis. Testing in conjunction with Histoplasma Antigen Quantitative by EIA, Serum (0092522) and Histoplasma Galactomannan Antigen Quantitative by EIA, Urine (2009418) is recommended.

Interpretive Data:
Refer to report.

Reference Interval:

Components	Reference Interval
Histoplasma Antibodies by ID	Not detected.
Histoplasma Mycelia Antibodies by CF	Less than 1:8
Histoplasma Yeast Antibodies by CF	Less than 1:8

Methodology:
Semi-Quantitative Complement Fixation/Qualitative Immunodiffusion

Section:
RF-ARUP

CPT Codes:
86698 x3

Notes:
The immunodiffusion component of this test detects total antibodies against the H and M antigens of Histoplasma capsulatum. The complement fixation component of this test detects total antibodies to mycelial and yeast antigens of Histoplasma.

IGHV Mutation Analysis by Sequencing

LAB3264

ORDERING INFO

Collect:
Lavender (EDTA) or bone marrow (EDTA).

Synonyms:

- IGHV genes
- IGHV mutation status
- IgVH gene mutation
- LAB3264-VML
- LAB3264VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or bone marrow (EDTA).

Specimen Preparation:
Whole Blood: Transport 5 mL whole blood. (Min: 1 mL)
Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)
Specimens must be received within 48 hours of collection due to lability of RNA.

Unacceptable Conditions:
Serum, plasma, CSF, bone core, or FFPE tissue. Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens.

Storage/Transport Temperature:
Whole Blood or Bone Marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 48 hours; Frozen: Unacceptable

Performed:
Varies

ORDERING

Synonyms:

- IGHV genes
- IGHV mutation status
- IgVH gene mutation
- LAB3264-VML
- LAB3264VML

Ordering Recommendations:
Determine risk group in newly diagnosed CLL.

Performed:
Varies

Methodology:
Sequencing

Reported:
8-12 days

Notes:
This assay is designed for individuals with a confirmed diagnosis of CLL, and for these individuals testing will include sequencing. All other diagnoses will terminate after amplification and will not have the sequencing component.

RESULTS INTERPRETATION

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Sequencing

ADDITIONAL INFORMATION

CPT Codes:
81263

Section:
RF-ARUP

Notes:
This assay is designed for individuals with a confirmed diagnosis of CLL, and for these individuals testing will include sequencing. All other diagnoses will terminate after amplification and will not have the sequencing component.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA) or bone marrow (EDTA).

Specimen Preparation:
Whole Blood: Transport 5 mL whole blood. (Min: 1 mL)
Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)
Specimens must be received within 48 hours of collection due to lability of RNA.

Unacceptable Conditions:
Serum, plasma, CSF, bone core, or FFPE tissue. Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 48 hours; Frozen: Unacceptable

Storage/Transport Temperature:
Whole Blood or Bone Marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- IGHV genes
- IGHV mutation status
- IgVH gene mutation
- LAB3264-VML
- LAB3264VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-12 days

Ordering Recommendations:
Determine risk group in newly diagnosed CLL.

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Sequencing

Section:
RF-ARUP

CPT Codes:
81263

Notes:
This assay is designed for individuals with a confirmed diagnosis of CLL, and for these individuals testing will include sequencing. All other diagnoses will terminate after amplification and will not have the sequencing component.

JAK2 Exon 12 Mutation Analysis by PCR

LAB5854

ORDERING INFO

Collect:
Whole blood or bone marrow in lavender (EDTA).

Synonyms:

- Janus Kinase 2 Gene
- Janus Kinase 2 Gene Sequencing
- MPN JAK2 testing
- Tyrosine Kinase Gene Sequencing
- JAK 2 exon 12
- LAB5854-VML
- LAB5854VML

SPECIMEN REQUIREMENTS

Collect:
Whole blood or bone marrow in lavender (EDTA).

Specimen Preparation:
Whole Blood: Do not freeze. Transport 5 mL whole blood. (Min: 1 mL)
Bone Marrow: Do not freeze. Transport 3 mL bone marrow. (Min: 1 mL)

Unacceptable Conditions:
Plasma, serum, FFPE tissue blocks/slides, or frozen tissue. Specimens collected in anticoagulants other than EDTA. Clotted or grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
Refrigerated: 7 days; Frozen: Unacceptable

Performed:
Varies

ORDERING

Synonyms:

- Janus Kinase 2 Gene
- Janus Kinase 2 Gene Sequencing
- MPN JAK2 testing
- Tyrosine Kinase Gene Sequencing
- JAK 2 exon 12
- LAB5854-VML
- LAB5854VML

Ordering Recommendations:
Most appropriate in cases of high suspicion of polycythemia vera with negative JAK2 V617F mutation status.

Performed:
Varies

Methodology:
Polymerase Chain Reaction (PCR)

Reported:
3-9 days

RESULTS INTERPRETATION

Interpretive Data:
Refer to report.

Methodology:
Polymerase Chain Reaction (PCR)

ADDITIONAL INFORMATION

CPT Codes:
81279

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Whole blood or bone marrow in lavender (EDTA).

Specimen Preparation:
Whole Blood: Do not freeze. Transport 5 mL whole blood. (Min: 1 mL)
Bone Marrow: Do not freeze. Transport 3 mL bone marrow. (Min: 1 mL)

Unacceptable Conditions:
Plasma, serum, FFPE tissue blocks/slides, or frozen tissue. Specimens collected in anticoagulants other than EDTA. Clotted or grossly hemolyzed specimens.

Stability (from collection to initiation):
Refrigerated: 7 days; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated

Synonyms:

- Janus Kinase 2 Gene
- Janus Kinase 2 Gene Sequencing
- MPN JAK2 testing
- Tyrosine Kinase Gene Sequencing
- JAK 2 exon 12
- LAB5854-VML
- LAB5854VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-9 days

Ordering Recommendations:
Most appropriate in cases of high suspicion of polycythemia vera with negative JAK2 V617F mutation status.

Interpretive Data:
Refer to report.

Methodology:
Polymerase Chain Reaction (PCR)

Section:
RF-ARUP

CPT Codes:
81279

Legionella pneumophila DFA

LAB1352

ORDERING INFO

Collect:
Pericardial fluid, respiratory, or tissue specimens.

Synonyms:

- L. pneumophilia DFA
- Legionella Smear, DFA
- LAB1352-VML
- LAB1352VML

SPECIMEN REQUIREMENTS

Collect:
Pericardial fluid, respiratory, or tissue specimens.

Specimen Preparation:
Fluid: Prepare two duplicate slides. OR transfer 1 mL fluid to a sterile container.
Tissue: Transfer tissue to a sterile container and place on gauze moistened with sterile non-bacteriostatic saline to prevent drying.

Unacceptable Conditions:
Non-respiratory specimens. Specimens in preservatives or viral transport medium.

Storage/Transport Temperature:
Refrigerated. OR frozen if transport occurs more than 48 hours after collection.

Stability (from collection to initiation):
Fluid or Tissue: Ambient: 12 hours; Refrigerated: 48 hours; Frozen: 1 week
Slides: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 week

Performed:
Sun-Sat

Remarks:
Specimen source preferred.

ORDERING

Synonyms:

- L. pneumophilia DFA
- Legionella Smear, DFA
- LAB1352-VML
- LAB1352VML

Ordering Recommendations:
Use for the rapid identification of L. pneumophila; sensitivity is dependent on patient population and specimen type. Molecular testing is generally preferred; refer to Legionella Species by Qualitative PCR (2010125).

Performed:
Sun-Sat

Methodology:
Direct Fluorescent Antibody Stain

Reported:
1-2 days

Notes:
A negative stain result does not exclude the possibility of infection. False-negative results may occur due to sampling errors or a low number of organisms in the specimen. DFA is not recommended for diagnosing Legionella pneumophila-caused infections. For diagnosing Legionella pneumophila-caused infections, refer to Legionella Species, Culture (ARUP test code 0060113), Legionella Species by Qualitative PCR (ARUP test code 2010125) for amplified DNA testing of respiratory specimens, or Legionella pneumophila Antigen, Urine (ARUP test code 0070322) for urine specimens.

RESULTS INTERPRETATION

Reference Interval:
Negative

Methodology:
Direct Fluorescent Antibody Stain

ADDITIONAL INFORMATION

CPT Codes:
87278

Section:
RF-ARUP

Remarks:
Specimen source preferred.

Notes:
A negative stain result does not exclude the possibility of infection. False-negative results may occur due to sampling errors or a low number of organisms in the specimen. DFA is not recommended for diagnosing Legionella pneumophila-caused infections. For diagnosing Legionella pneumophila-caused infections, refer to Legionella Species, Culture (ARUP test code 0060113), Legionella Species by Qualitative PCR (ARUP test code 2010125) for amplified DNA testing of respiratory specimens, or Legionella pneumophila Antigen, Urine (ARUP test code 0070322) for urine specimens.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Pericardial fluid, respiratory, or tissue specimens.

Specimen Preparation:
Fluid: Prepare two duplicate slides. OR transfer 1 mL fluid to a sterile container.
Tissue: Transfer tissue to a sterile container and place on gauze moistened with sterile non-bacteriostatic saline to prevent drying.

Unacceptable Conditions:
Non-respiratory specimens. Specimens in preservatives or viral transport medium.

Stability (from collection to initiation):
Fluid or Tissue: Ambient: 12 hours; Refrigerated: 48 hours; Frozen: 1 week
Slides: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 week

Storage/Transport Temperature:
Refrigerated. OR frozen if transport occurs more than 48 hours after collection.

Synonyms:

- L. pneumophilia DFA
- Legionella Smear, DFA
- LAB1352-VML
- LAB1352VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Use for the rapid identification of L. pneumophila; sensitivity is dependent on patient population and specimen type. Molecular testing is generally preferred; refer to Legionella Species by Qualitative PCR (2010125).

Reference Interval:
Negative

Methodology:
Direct Fluorescent Antibody Stain

Section:
RF-ARUP

CPT Codes:
87278

Remarks:
Specimen source preferred.

Notes:
A negative stain result does not exclude the possibility of infection. False-negative results may occur due to sampling errors or a low number of organisms in the specimen. DFA is not recommended for diagnosing Legionella pneumophila-caused infections. For diagnosing Legionella pneumophila-caused infections, refer to Legionella Species, Culture (ARUP test code 0060113), Legionella Species by Qualitative PCR (ARUP test code 2010125) for amplified DNA testing of respiratory specimens, or Legionella pneumophila Antigen, Urine (ARUP test code 0070322) for urine specimens.

Legionella pneumophila Antigen, Urine

LAB886

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Urine Legionella antigen
- Legionella Antigen, Urine
- Legionella Urinary Antigen
- LAB886-VML
- LAB886VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Mix specimen well. Transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Specimens in preservatives.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- Urine Legionella antigen
- Legionella Antigen, Urine
- Legionella Urinary Antigen
- LAB886-VML
- LAB886VML

Ordering Recommendations:
Provide retrospective evidence of suspected Legionella pneumophila infection.

Performed:
Sun-Sat

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
This assay detects Legionella pneumophila serogroup one (1) antigen. A negative test result does not rule out the possibility of Legionella infection due to other serogroups or species of Legionella. A positive result may indicate a recent or remote infection with serogroup 1.

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
87449

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Mix specimen well. Transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Specimens in preservatives.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Urine Legionella antigen
- Legionella Antigen, Urine
- Legionella Urinary Antigen
- LAB886-VML
- LAB886VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Provide retrospective evidence of suspected Legionella pneumophila infection.

Interpretive Data:
This assay detects Legionella pneumophila serogroup one (1) antigen. A negative test result does not rule out the possibility of Legionella infection due to other serogroups or species of Legionella. A positive result may indicate a recent or remote infection with serogroup 1.

Reference Interval:
Negative

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
87449

Mycoplasma pneumoniae Antibodies, IgG & IgM

LAB656

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- M pneumoniae antibodies IgG, IgM
- M. pneumoniae antibodies
- LAB656-VML
- LAB656VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- M pneumoniae antibodies IgG, IgM
- M. pneumoniae antibodies
- LAB656-VML
- LAB656VML

Ordering Recommendations:
May aid in the diagnosis of Mycoplasma pneumoniae in patient with persistent pneumonia that is outside of the expected acute phase.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Mycoplasma Pneumoniae Antibody IgG	Less than or equal to 0.09 U/L
Mycoplasma Pneumoniae Antibody IgM	Less than or equal to 0.76 U/L

Interpretive Data:

Component	Interpretation
Mycoplasma pneumoniae Antibody, IgG	< 0.10 U/L: Negative 0.10-0.32 U/L: Equivocal > 0.32 U/L: Positive
Mycoplasma pneumoniae Antibody, IgM	0.76 U/L or less: Negative - No clinically significant amount of M. pneumoniae IgM antibody detected. 0.77-0.95 U/L: Low Positive - M. pneumoniae-specific IgM presumptively detected. Collection of a follow-up sample in one to two weeks is recommended to assure reactivity. 0.96 U/L or greater: Positive - Highly significant amount of M. pneumoniae-specific IgM antibody detected. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86738 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- M pneumoniae antibodies IgG, IgM
- M. pneumoniae antibodies
- LAB656-VML
- LAB656VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
May aid in the diagnosis of Mycoplasma pneumoniae in patient with persistent pneumonia that is outside of the expected acute phase.

Interpretive Data:

Component	Interpretation
Mycoplasma pneumoniae Antibody, IgG	< 0.10 U/L: Negative 0.10-0.32 U/L: Equivocal > 0.32 U/L: Positive
Mycoplasma pneumoniae Antibody, IgM	0.76 U/L or less: Negative - No clinically significant amount of M. pneumoniae IgM antibody detected. 0.77-0.95 U/L: Low Positive - M. pneumoniae-specific IgM presumptively detected. Collection of a follow-up sample in one to two weeks is recommended to assure reactivity. 0.96 U/L or greater: Positive - Highly significant amount of M. pneumoniae-specific IgM antibody detected. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Reference Interval:

Components	Reference Interval
Mycoplasma Pneumoniae Antibody IgG	Less than or equal to 0.09 U/L
Mycoplasma Pneumoniae Antibody IgM	Less than or equal to 0.76 U/L

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86738 x2

Mycoplasma pneumoniae by PCR

LAB3170

ORDERING INFO

Collect:
Respiratory specimen: Bronchoalveolar lavage (BAL), bronchial brushings, nasopharyngeal swab, sputum, tracheal aspirates or pleural fluid. OR CSF.

Synonyms:

- Mycoplasma by PCR
- Mycoplasma pneumoniae DNA PCR
- LAB3170-VML
- LAB3170VML

SPECIMEN REQUIREMENTS

Collect:
Respiratory specimen: Bronchoalveolar lavage (BAL), bronchial brushings, nasopharyngeal swab, sputum, tracheal aspirates or pleural fluid. OR CSF.

Specimen Preparation:
CSF: Transfer 1 mL CSF to a sterile container. (Min: 0.5 mL).
Fluid: Transfer 2 mL respiratory specimen to a sterile container. (Min: 0.5 mL) Also acceptable: Transfer to viral transport media (ARUP supply #12884). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787
Swabs: Place in viral transport media. Place each specimen in an individually sealed bag.

Unacceptable Conditions:
Tissues in optimal cutting temperature compound.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 5 days; Frozen: 1 year.

Performed:
Mon, Wed, Fri

Remarks:
Specimen source required.

ORDERING

Synonyms:

- Mycoplasma by PCR
- Mycoplasma pneumoniae DNA PCR
- LAB3170-VML
- LAB3170VML

Ordering Recommendations:
Detect M. pneumoniae bacteria.

Performed:
Mon, Wed, Fri

Methodology:
Qualitative Polymerase Chain Reaction

Reported:
1-4 days

RESULTS INTERPRETATION

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
87581

Section:
RF-ARUP

Remarks:
Specimen source required.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Respiratory specimen: Bronchoalveolar lavage (BAL), bronchial brushings, nasopharyngeal swab, sputum, tracheal aspirates or pleural fluid. OR CSF.

Specimen Preparation:
CSF: Transfer 1 mL CSF to a sterile container. (Min: 0.5 mL).
Fluid: Transfer 2 mL respiratory specimen to a sterile container. (Min: 0.5 mL) Also acceptable: Transfer to viral transport media (ARUP supply #12884). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787
Swabs: Place in viral transport media. Place each specimen in an individually sealed bag.

Unacceptable Conditions:
Tissues in optimal cutting temperature compound.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 5 days; Frozen: 1 year.

Storage/Transport Temperature:
Frozen.

Synonyms:

- Mycoplasma by PCR
- Mycoplasma pneumoniae DNA PCR
- LAB3170-VML
- LAB3170VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Detect M. pneumoniae bacteria.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
87581

Remarks:
Specimen source required.

Neisseria meningitidis Tetravalent Antibodies (Serogroups A, C, W-135 and Y), IgG

LAB1254

ORDERING INFO

Collect:
Serum separator tube. Postimmunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of preimmunization specimen.

Synonyms:

- Neisseria meningitidis
- Meningococcal IgG Vaccine Response
- N. Meningitidis IgG Vaccine Response
- Vaccine Response
- LAB1254-VML
- LAB1254VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Postimmunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of preimmunization specimen.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) MARK SPECIMENS CLEARLY AS PRE- OR POSTPNEUMOCOCCAL VACCINE SO SPECIMENS WILL BE SAVED AND TESTED SIMULTANEOUSLY.

Unacceptable Conditions:
Plasma or other body fluids. Contaminated, hemolyzed or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated. Pre- and postpneumococcal vaccine specimens can be submitted separately or together for testing.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles).

Performed:
Mon

ORDERING

Synonyms:

- Neisseria meningitidis
- Meningococcal IgG Vaccine Response
- N. Meningitidis IgG Vaccine Response
- Vaccine Response
- LAB1254-VML
- LAB1254VML

Ordering Recommendations:
Use to assess immunocompetence following Neisseria meningitidis vaccination. To assess suspected immunodeficiency, use pre- and postvaccination serology. Do not use for diagnosis of infection or serotyping.

Performed:
Mon

Methodology:
Quantitative Multiplex Bead Assay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

N. meningitidis A, C, W-135 and Y, IgG:
0.9 µg/mL or less: Antibody concentration not protective.
1.0-2.0 µg/mL: Equivocal.
2.1 µg/mL or greater: Antibody to Neisseria meningitidis detected. Suggestive of protection.

Responder status is determined according to the ratio of the one month post-vaccination concentration to pre-vaccination concentration of IgG antibodies to N. meningitidis (Types A, C, Y, and W-135) as follows:

1. If the one month post-vaccination concentration is less than 3.0 µg/mL, the patient is considered to be a non-responder.
2. If the one month post-vaccination concentration is greater than or equal to 3.0 µg/mL, a patient with a ratio of greater than or equal to 4 is a good responder, a ratio of 2-4 is a weak responder, and a ratio of less than 2 is considered a non-responder

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:

86741 x4

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Postimmunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of preimmunization specimen.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) MARK SPECIMENS CLEARLY AS PRE- OR POSTPNEUMOCOCCAL VACCINE SO SPECIMENS WILL BE SAVED AND TESTED SIMULTANEOUSLY.

Unacceptable Conditions:

Plasma or other body fluids. Contaminated, hemolyzed or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles).

Storage/Transport Temperature:

Refrigerated. Pre- and postpneumococcal vaccine specimens can be submitted separately or together for testing.

Synonyms:

- Neisseria meningitidis
- Meningococcal IgG Vaccine Response
- N. Meningitidis IgG Vaccine Response
- Vaccine Response
- LAB1254-VML
- LAB1254VML

Performed:

Mon

Resulting Laboratory:

ARUP Laboratories

Reported:

1-8 days

Ordering Recommendations:

Use to assess immunocompetence following Neisseria meningitidis vaccination. To assess suspected immunodeficiency, use pre- and postvaccination serology. Do not use for diagnosis of infection or serotyping.

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

N. meningitidis A, C, W-135 and Y, IgG:
0.9 µg/mL or less: Antibody concentration not protective.
1.0-2.0 µg/mL: Equivocal.
2.1 µg/mL or greater: Antibody to Neisseria meningitidis detected. Suggestive of protection.

Responder status is determined according to the ratio of the one month post-vaccination concentration to pre-vaccination concentration of IgG antibodies to N. meningitidis (Types A, C, Y, and W-135) as follows:

1. If the one month post-vaccination concentration is less than 3.0 µg/mL, the patient is considered to be a non-responder.
2. If the one month post-vaccination concentration is greater than or equal to 3.0 µg/mL, a patient with a ratio of greater than or equal to 4 is a good responder, a ratio of 2-4 is a weak responder, and a ratio of less than 2 is considered a non-responder

Methodology:

Quantitative Multiplex Bead Assay

Section:

RF-ARUP

CPT Codes:

86741 x4

Saccharomyces cerevisiae Antibodies, IgG & IgA

LAB548

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ASCA
- ASCA Abs
- ASCA IgA
- ASCA IgG
- S. cerevisiae
- LAB548-VML
- LAB548VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- ASCA
- ASCA Abs
- ASCA IgA
- ASCA IgG
- S. cerevisiae
- LAB548-VML
- LAB548VML

Ordering Recommendations:
May aid in the diagnosis of Crohn disease. Test by itself is not diagnostic and should be used in conjunction with other parameters to confirm disease. Inflammatory Bowel Disease Differentiation Panel (3003748) is the preferred test.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-2 days

Notes:
This test may be a useful tool for distinguishing ulcerative colitis (UC) from Crohn disease (CD) in patients with suspected inflammatory bowel disease.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval	
S. cerevisiae Antibody, IgG	20.0 Units or less	Negative
	20.1-24.9 Units	Equivocal
	25.0 Units or greater	Positive
S. cerevisiae Antibody, IgA	20.0 Units or less	Negative
	20.1-24.9 Units	Equivocal
	25.0 Units or greater	Positive

Interpretive Data:
Saccharomyces cerevisiae IgG antibodies are found in 60-70% of Crohn disease (CD) patients and 10-15% of ulcerative colitis (UC) patients. Saccharomyces cerevisiae IgA antibodies are found in about 35% of CD patients but less than 1% in UC patients. Detection of both Saccharomyces IgG and IgA antibodies in the same serum specimen is highly specific for CD.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86671 x2

Section:
RF-ARUP

Notes:
This test may be a useful tool for distinguishing ulcerative colitis (UC) from Crohn disease (CD) in patients with suspected inflammatory bowel disease.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- ASCA
- ASCA Abs
- ASCA IgA
- ASCA IgG
- S. cerevisiae
- LAB548-VML
- LAB548VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:

May aid in the diagnosis of Crohn disease. Test by itself is not diagnostic and should be used in conjunction with other parameters to confirm disease. Inflammatory Bowel Disease Differentiation Panel (3003748) is the preferred test.

Interpretive Data:

Saccharomyces cerevisiae IgG antibodies are found in 60-70% of Crohn disease (CD) patients and 10-15% of ulcerative colitis (UC) patients. Saccharomyces cerevisiae IgA antibodies are found in about 35% of CD patients but less than 1% in UC patients. Detection of both Saccharomyces IgG and IgA antibodies in the same serum specimen is highly specific for CD.

Reference Interval:

Components	Reference Interval	
S. cerevisiae Antibody, IgG	20.0 Units or less	Negative
	20.1-24.9 Units	Equivocal
	25.0 Units or greater	Positive
S. cerevisiae Antibody, IgA	20.0 Units or less	Negative
	20.1-24.9 Units	Equivocal
	25.0 Units or greater	Positive

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

86671 x2

Notes:

This test may be a useful tool for distinguishing ulcerative colitis (UC) from Crohn disease (CD) in patients with suspected inflammatory bowel disease.

Salmonella typhi and *paratyphi* Antibodies

LAB1267

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Typhoid Fever
- S typhi H and O antibodies
- S. typhii, s. paratyphi antibodies
- LAB1267-VML
- LAB1267VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolytic, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- Typhoid Fever
- S typhi H and O antibodies
- S. typhii, s. paratyphi antibodies
- LAB1267-VML
- LAB1267VML

Ordering Recommendations:
May be used to determine past exposure to S. typhii (eg, infection or vaccination) and S. paratyphi. This test cannot be used to confirm acute salmonellosis. If systemic symptoms of acute salmonellosis are present, the preferred tests are Stool Culture and E. coli Shiga-like Toxin by EIA (0060134) and Blood Culture (0060102) if typhoid fever is suspected.

Performed:
Tue, Thu, Sat

Methodology:
Qualitative Immunoblot

Reported:
2-5 days

Notes:
This assay detects antibodies directed against 5 Salmonella typhi and paratyphi antigens: O Type D, O Type Vi, H Type A, H Type B or H Type D.

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Refer to report.

Methodology:
Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:
86768 x5

Section:
RF-ARUP

Notes:
This assay detects antibodies directed against 5 Salmonella typhi and paratyphi antigens: O Type D, O Type Vi, H Type A, H Type B or H Type D.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolytic, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Typhoid Fever
- S typhi H and O antibodies
- S. typhii, s. paratyphi antibodies
- LAB1267-VML
- LAB1267VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
May be used to determine past exposure to S. typhii (eg, infection or vaccination) and S. paratyphi. This test cannot be used to confirm acute salmonellosis. If systemic symptoms of acute salmonellosis are present, the preferred tests are Stool Culture and E. coli Shiga-like Toxin by EIA (0060134) and Blood Culture (0060102) if typhoid fever is suspected.

Interpretive Data:
Refer to report.

Reference Interval:
Negative

Methodology:
Qualitative Immunoblot

Section:
RF-ARUP

CPT Codes:
86768 x5

Notes:
This assay detects antibodies directed against 5 Salmonella typhi and paratyphi antigens: O Type D, O Type Vi, H Type A, H Type B or H Type D.

Streptococcus pneumoniae Antibodies, IgG (14 Serotypes)

LAB3812

ORDERING INFO

Collect:
Serum separator tube. Postimmunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of preimmunization specimen.

Synonyms:

- Immune Response
- pneumo conjugate vaccine
- Pneumo polysaccharide vaccine
- Pneumococcal Antibodies
- Strep Antibodies 14 serotypes
- Strep Pneumo Antibodies
- S. Pneumoniae Vaccine
- Strep Pneumoniae Antibody
- Strep Vaccine
- Streptococcus pneumoniae Immune Response
- Streptococcus pneumoniae Vaccine Response
- Vaccine Response
- LAB3812-VML
- LAB3812VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Postimmunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of preimmunization specimen.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to an ARUP standard transport tube. (Min: 0.25 mL) MARK SPECIMENS CLEARLY AS "PRE" OR "POST" SO SPECIMENS WILL BE SAVED AND TESTED SIMULTANEOUSLY.

Unacceptable Conditions:
Plasma or other body fluids. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 60 days (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Immune Response
- pneumo conjugate vaccine
- Pneumo polysaccharide vaccine
- Pneumococcal Antibodies
- Strep Antibodies 14 serotypes
- Strep Pneumo Antibodies
- S. Pneumoniae Vaccine
- Strep Pneumoniae Antibody
- Strep Vaccine
- Streptococcus pneumoniae Immune Response
- Streptococcus pneumoniae Vaccine Response
- Vaccine Response
- LAB3812-VML
- LAB3812VML

Ordering Recommendations:
Use to evaluate antibody production and rule out antibody deficiency in patients vaccinated with a pure polysaccharide vaccine (eg, Pneumovax) or protein conjugated vaccine (eg, Prevnar or Vaxneuvance).

Performed:
Sun-Sat

Methodology:
Quantitative Multiplex Chemiluminescent Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Interpretive Data:
A pre- and postvaccination comparison is required to adequately assess the humoral immune response to the pure polysaccharide Pneumovax 23 (PNX) and/or the protein conjugated Prevnar 7 (P7), Prevnar 13 (P13), Prevnar 20 (P20), and Vaxneuvance (V15) Streptococcus pneumoniae vaccines. Prevaccination samples should be collected prior to vaccine administration. Postvaccination samples should be obtained at least 4 weeks after immunization. Testing of postvaccination samples alone will provide only general immune status of the individual to various pneumococcal serotypes.

In the case of pure polysaccharide vaccine, indication of immune system competence is further delineated as an adequate response to at least 50 percent of the serotypes in the vaccine challenge for those 2-5 years of age and to at least 70 percent of the serotypes in the vaccine challenge for those 6-65 years of age. Individual immune response may vary based on age, past exposure, immunocompetence, and pneumococcal serotype.

Responder Status Antibody Ratio

Nonresponder . . . . . Less than twofold increase and postvaccination concentration less than 1.3 ug/mL

Good responder . . . . . .At least a twofold increase and/or a postvaccination concentration greater than or equal to 1.3 ug/mL

A response to 50-70 percent or more of the serotypes in the vaccine challenge is considered a normal humoral response. (Daly, 2014) Antibody concentration greater than 1.0-1.3 ug/mL is generally considered long-term protection. (Daly, 2015)

References:

1. Daly TM, Pickering JW, Zhang X, et al. Multilaboratory assessment of threshold versus fold-change algorithms for minimizing analytical variability in multiplexed pneumococcal IgG measurements. Clin Vaccine Immunol. 2014;21(7):982-988.

2. Daly TM, Hill HR. Use and clinical interpretation of pneumococcal antibody measurements in the evaluation of humoral immune function. Clin Vaccine Immunol. 2015;22(2):148-152.

Methodology:
Quantitative Multiplex Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86317 x14

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Postimmunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of preimmunization specimen.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to an ARUP standard transport tube. (Min: 0.25 mL) MARK SPECIMENS CLEARLY AS "PRE" OR "POST" SO SPECIMENS WILL BE SAVED AND TESTED SIMULTANEOUSLY.

Unacceptable Conditions:
Plasma or other body fluids. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 60 days (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Immune Response
- pneumo conjugate vaccine
- Pneumo polysaccharide vaccine
- Pneumococcal Antibodies
- Strep Antibodies 14 serotypes
- Strep Pneumo Antibodies
- S. Pneumoniae Vaccine
- Strep Pneumoniae Antibody
- Strep Vaccine
- Streptococcus pneumoniae Immune Response
- Streptococcus pneumoniae Vaccine Response
- Vaccine Response
- LAB3812-VML
- LAB3812VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Use to evaluate antibody production and rule out antibody deficiency in patients vaccinated with a pure polysaccharide vaccine (eg, Pneumovax) or protein conjugated vaccine (eg, Prevnar or Vaxneuvance).

Interpretive Data:
A pre- and postvaccination comparison is required to adequately assess the humoral immune response to the pure polysaccharide Pneumovax 23 (PNX) and/or the protein conjugated Prevnar 7 (P7), Prevnar 13 (P13), Prevnar 20 (P20), and Vaxneuvance (V15) Streptococcus pneumoniae vaccines. Prevaccination samples should be collected prior to vaccine administration. Postvaccination samples should be obtained at least 4 weeks after immunization. Testing of postvaccination samples alone will provide only general immune status of the individual to various pneumococcal serotypes.

In the case of pure polysaccharide vaccine, indication of immune system competence is further delineated as an adequate response to at least 50 percent of the serotypes in the vaccine challenge for those 2-5 years of age and to at least 70 percent of the serotypes in the vaccine challenge for those 6-65 years of age. Individual immune response may vary based on age, past exposure, immunocompetence, and pneumococcal serotype.

Responder Status Antibody Ratio

Nonresponder . . . . . Less than twofold increase and postvaccination concentration less than 1.3 ug/mL

Good responder . . . . . .At least a twofold increase and/or a postvaccination concentration greater than or equal to 1.3 ug/mL

A response to 50-70 percent or more of the serotypes in the vaccine challenge is considered a normal humoral response. (Daly, 2014) Antibody concentration greater than 1.0-1.3 ug/mL is generally considered long-term protection. (Daly, 2015)

References:

1. Daly TM, Pickering JW, Zhang X, et al. Multilaboratory assessment of threshold versus fold-change algorithms for minimizing analytical variability in multiplexed pneumococcal IgG measurements. Clin Vaccine Immunol. 2014;21(7):982-988.

2. Daly TM, Hill HR. Use and clinical interpretation of pneumococcal antibody measurements in the evaluation of humoral immune function. Clin Vaccine Immunol. 2015;22(2):148-152.

Methodology:
Quantitative Multiplex Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
86317 x14

Streptococcus pneumoniae Antibodies, IgG (23 Serotypes)

LAB778

ORDERING INFO

Collect:
Serum separator tube. Postimmunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of preimmunization specimen.

Synonyms:

- pneumo conjugate vaccine
- Strep Vaccine
- Pneumo polysaccharide vaccine
- S. Pneumoniae Vaccine
- Strep Antibodies 23 serotypes
- Strep Pneumo Antibodies
- Strep Pneumoniae Antibody
- LAB778-VML
- LAB778VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Postimmunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of preimmunization specimen.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to an ARUP standard transport tube. (Min: 0.25 mL) MARK SPECIMENS CLEARLY AS "PRE" OR "POST" SO SPECIMENS WILL BE SAVED AND TESTED SIMULTANEOUSLY

Unacceptable Conditions:
Plasma or other body fluids. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated. "Pre" and "post" pneumococcal vaccine specimens can be submitted separately or together for testing.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 60 days (avoid repeated freeze/thaw cycles).

Performed:
Tue, Fri

ORDERING

Synonyms:

- pneumo conjugate vaccine
- Strep Vaccine
- Pneumo polysaccharide vaccine
- S. Pneumoniae Vaccine
- Strep Antibodies 23 serotypes
- Strep Pneumo Antibodies
- Strep Pneumoniae Antibody
- LAB778-VML
- LAB778VML

Ordering Recommendations:
Use to evaluate antibody production and rule out antibody deficiency in patients vaccinated with a pure polysaccharide vaccine (eg, Pneumovax) or protein conjugated vaccine (eg, Prevnar or Vaxneuvance).

Performed:
Tue, Fri

Methodology:
Quantitative Multiplex Chemiluminescent Immunoassay

Reported:
1-5 days

RESULTS INTERPRETATION

Interpretive Data:

A pre- and postvaccination comparison is required to adequately assess the humoral immune response to the pure polysaccharide Pneumovax 23 (PNX) and/or the protein conjugated Prevnar 7 (P7), Prevnar 13 (P13), Prevnar 20 (P20), and Vaxneuvance (V15) Streptococcus pneumoniae vaccines. Prevaccination samples should be collected prior to vaccine administration. Postvaccination samples should be obtained at least 4 weeks after immunization. Testing of postvaccination samples alone will provide only general immune status of the individual to various pneumococcal serotypes.

In the case of pure polysaccharide vaccine, indication of immune system competence is further delineated as an adequate response to at least 50 percent of the serotypes in the vaccine challenge for those 2-5 years of age and to at least 70 percent of the serotypes in the vaccine challenge for those 6-65 years of age. Individual immune response may vary based on age, past exposure, immunocompetence, and pneumococcal serotype.

Responder Status Antibody Ratio

Nonresponder . . . . . .Less than twofold increase and postvaccination concentration less than 1.3 ug/mL

Good responder . . . . . .At least a twofold increase and/or a postvaccination concentration greater than or equal to 1.3 ug/mL

A response to 50-70 percent or more of the serotypes in the vaccine challenge is considered a normal humoral response. (Daly, 2014) Antibody concentration greater than 1.0-1.3 ug/mL is generally considered long-term protection. (Daly, 2015)

References:

1. Daly TM, Pickering JW, Zhang X, et al. Multilaboratory assessment of threshold versus fold-change algorithms for minimizing analytical variability in multiplexed pneumococcal IgG measurements. Clin Vaccine Immunol. 2014;21(7):982-988.

2. Daly TM, Hill HR. Use and clinical interpretation of pneumococcal antibody measurements in the evaluation of humoral immune function. Clin Vaccine Immunol. 2015;22(2):148-152.

Methodology:

Quantitative Multiplex Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86317 x23

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Postimmunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of preimmunization specimen.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to an ARUP standard transport tube. (Min: 0.25 mL) MARK SPECIMENS CLEARLY AS "PRE" OR "POST" SO SPECIMENS WILL BE SAVED AND TESTED SIMULTANEOUSLY

Unacceptable Conditions:

Plasma or other body fluids. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 60 days (avoid repeated freeze/thaw cycles).

Storage/Transport Temperature:

Refrigerated. "Pre" and "post" pneumococcal vaccine specimens can be submitted separately or together for testing.

Synonyms:

- pneumo conjugate vaccine
- Strep Vaccine
- Pneumo polysaccharide vaccine
- S. Pneumoniae Vaccine
- Strep Antibodies 23 serotypes
- Strep Pneumo Antibodies
- Strep Pneumoniae Antibody
- LAB778-VML
- LAB778VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Use to evaluate antibody production and rule out antibody deficiency in patients vaccinated with a pure polysaccharide vaccine (eg, Pneumovax) or protein conjugated vaccine (eg, Prevnar or Vaxneuvance).

Interpretive Data:
A pre- and postvaccination comparison is required to adequately assess the humoral immune response to the pure polysaccharide Pneumovax 23 (PNX) and/or the protein conjugated Prevnar 7 (P7), Prevnar 13 (P13), Prevnar 20 (P20), and Vaxneuvance (V15) Streptococcus pneumoniae vaccines. Prevaccination samples should be collected prior to vaccine administration. Postvaccination samples should be obtained at least 4 weeks after immunization. Testing of postvaccination samples alone will provide only general immune status of the individual to various pneumococcal serotypes.

In the case of pure polysaccharide vaccine, indication of immune system competence is further delineated as an adequate response to at least 50 percent of the serotypes in the vaccine challenge for those 2-5 years of age and to at least 70 percent of the serotypes in the vaccine challenge for those 6-65 years of age. Individual immune response may vary based on age, past exposure, immunocompetence, and pneumococcal serotype.

Responder Status Antibody Ratio

Nonresponder . . . . . .Less than twofold increase and postvaccination concentration less than 1.3 ug/mL

Good responder . . . . . .At least a twofold increase and/or a postvaccination concentration greater than or equal to 1.3 ug/mL

A response to 50-70 percent or more of the serotypes in the vaccine challenge is considered a normal humoral response. (Daly, 2014) Antibody concentration greater than 1.0-1.3 ug/mL is generally considered long-term protection. (Daly, 2015)

References:

1. Daly TM, Pickering JW, Zhang X, et al. Multilaboratory assessment of threshold versus fold-change algorithms for minimizing analytical variability in multiplexed pneumococcal IgG measurements. Clin Vaccine Immunol. 2014;21(7):982-988.

2. Daly TM, Hill HR. Use and clinical interpretation of pneumococcal antibody measurements in the evaluation of humoral immune function. Clin Vaccine Immunol. 2015;22(2):148-152.

Methodology:
Quantitative Multiplex Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
86317 x23

Streptococcus pneumoniae Antigen, CSF

LAB3182

ORDERING INFO

Collect:
CSF.

Synonyms:

- Pneumococcal Antigen
- S. pneumoniae Antigen
- S. pneumoniae antigen CSF
- LAB3182-VML
- LAB3182VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimen types other than CSF.

Storage/Transport Temperature:
Refrigerated or frozen.

Stability (from collection to initiation):
Stability: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 week

Performed:
Sun-Sat

ORDERING

Synonyms:

- Pneumococcal Antigen
- S. pneumoniae Antigen
- S. pneumoniae antigen CSF
- LAB3182-VML
- LAB3182VML

Ordering Recommendations:
Aid in the diagnosis of pneumococcal meningitis.

Performed:
Sun-Sat

Methodology:
Qualitative Immunochromatography

Reported:
Within 24 hours

Notes:
Patients who have received the S. pneumoniae vaccines may test positive in the 48 hours following vaccination. Avoid antigen detection testing for at least 5 days after receiving vaccination.

The College of American Pathologists (CAP) requires that bacterial antigen detection testing performed on CSF specimens be confirmed by culture (CAP MIC.22550). When S. pneumoniae antigen detection on CSF specimens is ordered by the University of Utah Hospital, Huntsman Cancer Hospital, or the VA Hospital of Salt Lake City, a CSF culture will be added automatically (see 0060106 for submission requirements). All other CSF specimens will be processed with the assumption that a culture was performed before sending to ARUP unless a specific request for culture is included with the test order. Additional charges apply

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
False-positives may occur because of cross-reactivity with other members of S. mitis group. Clinical correlation is recommended.

Methodology:
Qualitative Immunochromatography

ADDITIONAL INFORMATION

CPT Codes:
87899

Section:
RF-ARUP

Notes:
Patients who have received the S. pneumoniae vaccines may test positive in the 48 hours following vaccination. Avoid antigen detection testing for at least 5 days after receiving vaccination.

The College of American Pathologists (CAP) requires that bacterial antigen detection testing performed on CSF specimens be confirmed by culture (CAP MIC.22550). When S. pneumoniae antigen detection on CSF specimens is ordered by the University of Utah Hospital, Huntsman Cancer Hospital, or the VA Hospital of Salt Lake City, a CSF culture will be added automatically (see 0060106 for submission requirements). All other CSF specimens will be processed with the assumption that a culture was performed before sending to ARUP unless a specific request for culture is included with the test order. Additional charges apply

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
CSF.

Specimen Preparation:
Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimen types other than CSF.

Stability (from collection to initiation):
Stability: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 week

Storage/Transport Temperature:
Refrigerated or frozen.

Synonyms:

- Pneumococcal Antigen
- S. pneumoniae Antigen
- S. pneumoniae antigen CSF
- LAB3182-VML
- LAB3182VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Aid in the diagnosis of pneumococcal meningitis.

Interpretive Data:
False-positives may occur because of cross-reactivity with other members of S. mitis group. Clinical correlation is recommended.

Reference Interval:
Negative

Methodology:
Qualitative Immunochromatography

Section:
RF-ARUP

CPT Codes:
87899

Notes:

Patients who have received the S. pneumoniae vaccines may test positive in the 48 hours following vaccination. Avoid antigen detection testing for at least 5 days after receiving vaccination.

The College of American Pathologists (CAP) requires that bacterial antigen detection testing performed on CSF specimens be confirmed by culture (CAP MIC.22550). When S. pneumoniae antigen detection on CSF specimens is ordered by the University of Utah Hospital, Huntsman Cancer Hospital, or the VA Hospital of Salt Lake City, a CSF culture will be added automatically (see 0060106 for submission requirements). All other CSF specimens will be processed with the assumption that a culture was performed before sending to ARUP unless a specific request for culture is included with the test order. Additional charges apply

Streptococcus pneumoniae Antigen, Urine

LAB3240

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Urinary S. pneumoniae Ag
- Pneumococcal Antigen
- S. pneumoniae Antigen
- S. pneumoniae antigen urine
- LAB3240-VML
- LAB3240VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Mix specimen well. Transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Specimen types other than urine.

Storage/Transport Temperature:
Refrigerated or frozen.

Stability (from collection to initiation):
Stability: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- Urinary S. pneumoniae Ag
- Pneumococcal Antigen
- S. pneumoniae Antigen
- S. pneumoniae antigen urine
- LAB3240-VML
- LAB3240VML

Ordering Recommendations:
Aid in the diagnosis of pneumococcal pneumonia.

Performed:
Sun-Sat

Methodology:
Qualitative Immunochromatography

Reported:
Within 24 hours

Notes:
Patients who have received the S. pneumoniae vaccines may test positive in the 48 hours following vaccination. It is recommended to avoid testing within five days of receiving vaccination.

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
False-positives may occur because of cross-reactivity with other members of S. mitis group. Clinical correlation is recommended.

Methodology:
Qualitative Immunochromatography

ADDITIONAL INFORMATION

CPT Codes:
87899

Section:
RF-ARUP

Notes:
Patients who have received the S. pneumoniae vaccines may test positive in the 48 hours following vaccination. It is recommended to avoid testing within five days of receiving vaccination.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Mix specimen well. Transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Specimen types other than urine.

Stability (from collection to initiation):
Stability: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Storage/Transport Temperature:
Refrigerated or frozen.

Synonyms:

- Urinary S. pneumoniae Ag
- Pneumococcal Antigen
- S. pneumoniae Antigen
- S. pneumoniae antigen urine
- LAB3240-VML
- LAB3240VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Aid in the diagnosis of pneumococcal pneumonia.

Interpretive Data:
False-positives may occur because of cross-reactivity with other members of S. mitis group. Clinical correlation is recommended.

Reference Interval:
Negative

Methodology:
Qualitative Immunochromatography

Section:
RF-ARUP

CPT Codes:
87899

Notes:
Patients who have received the S. pneumoniae vaccines may test positive in the 48 hours following vaccination. It is recommended to avoid testing within five days of receiving vaccination.

Strongyloides Antibody, IgG by ELISA, Serum

LAB3831

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- Ova and Parasite Exam
- Strongyloides IgG
- LAB3831-VML
- LAB3831VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min. 0.3 mL)

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Ova and Parasite Exam
- Strongyloides IgG
- LAB3831-VML
- LAB3831VML

Ordering Recommendations:
Aid in the diagnosis of Strongyloides infection. Positive results in patients from endemic areas may not represent active infection.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 20, 2018

0.9 IV or less	Negative - No significant level of Strongyloides IgG antibody detected.
1.0 IV	Equivocal - The Strongyloides IgG antibody result is borderline and therefore inconclusive. Recommend retesting the patient in 2-4 weeks, if clinically indicated.
1.1 IV or greater	Positive - IgG antibodies to Strongyloides detected, which may suggest current or past infection.

Interpretive Data:
False-positive results may occur with prior exposure to other helminth infections. Testing low-prevalence populations may also result in false-positive results.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86682

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min. 0.3 mL)

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Ova and Parasite Exam
- Strongyloides IgG
- LAB3831-VML
- LAB3831VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Aid in the diagnosis of Strongyloides infection. Positive results in patients from endemic areas may not represent active infection.

Interpretive Data:
False-positive results may occur with prior exposure to other helminth infections. Testing low-prevalence populations may also result in false-positive results.

Reference Interval:
Effective August 20, 2018

0.9 IV or less	Negative - No significant level of Strongyloides IgG antibody detected.
1.0 IV	Equivocal - The Strongyloides IgG antibody result is borderline and therefore inconclusive. Recommend retesting the patient in 2-4 weeks, if clinically indicated.
1.1 IV or greater	Positive - IgG antibodies to Strongyloides detected, which may suggest current or past infection.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86682

Toxoplasma gondii by PCR

LAB3866

ORDERING INFO

Collect:
Lavender (EDTA), pink (K2EDTA) or serum separator tube. OR Amniotic fluid, CSF, ocular fluid or tissue.

Synonyms:

- T. gondii PCR
- Coccidia
- T gondi DNA detection
- Toxoplasma gondii, Molecular Detection, PCR
- LAB3866-VML
- LAB3866VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K2EDTA) or serum separator tube. OR Amniotic fluid, CSF, ocular fluid or tissue.

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma, amniotic fluid, CSF or ocular fluid to a sterile container. (Min: 0.5 mL) OR Tissue: Transfer to a sterile container and freeze immediately.

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months
All Others: Ambient: 8 hours; Refrigerated: 5 days; Frozen: 3 months

Performed:
Tue, Fri

Remarks:
Specimen source required.

ORDERING

Synonyms:

- T. gondii PCR
- Coccidia
- T gondi DNA detection
- Toxoplasma gondii, Molecular Detection, PCR
- LAB3866-VML
- LAB3866VML

Ordering Recommendations:
Confirm toxoplasmosis infection in immunocompromised hosts as well as fetuses and newborns. May be used to confirm equivocal antibody testing.

Performed:
Tue, Fri

Methodology:
Qualitative Polymerase Chain Reaction

Reported:
1-5 days

RESULTS INTERPRETATION

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
87798

Section:
RF-ARUP

Remarks:
Specimen source required.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K2EDTA) or serum separator tube. OR Amniotic fluid, CSF, ocular fluid or tissue.

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma, amniotic fluid, CSF or ocular fluid to a sterile container. (Min: 0.5 mL) OR Tissue: Transfer to a sterile container and freeze immediately.

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Stability (from collection to initiation):
Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months
All Others: Ambient: 8 hours; Refrigerated: 5 days; Frozen: 3 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- T. gondii PCR
- Coccidia
- T gondi DNA detection
- Toxoplasma gondii, Molecular Detection, PCR
- LAB3866-VML
- LAB3866VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Confirm toxoplasmosis infection in immunocompromised hosts as well as fetuses and newborns. May be used to confirm equivocal antibody testing.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
87798

Remarks:
Specimen source required.

Toxoplasma gondii IgG Antibody, ELISA (CSF)

LAB3183

ORDERING INFO

Collect:
CSF.

Synonyms:

- Toxoplasma gondii IgG
- LAB3183-VML
- LAB3183VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.25 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or Frozen.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Varies

ORDERING

Synonyms:

- Toxoplasma gondii IgG
- LAB3183-VML
- LAB3183VML

Ordering Recommendations:
Limited utility for routine clinical use. Serology has low sensitivity for detecting CNS toxoplasmosis.

Performed:
Varies

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Reported:
3-12 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86777

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
CSF.

Specimen Preparation:
Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.25 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or Frozen.

Synonyms:

- Toxoplasma gondii IgG
- LAB3183-VML
- LAB3183VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-12 days

Ordering Recommendations:
Limited utility for routine clinical use. Serology has low sensitivity for detecting CNS toxoplasmosis.

Reference Interval:
By report

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86777

Treponema pallidum Antibody by TP-PA

LAB3848

ORDERING INFO

Collect:
Serum separator tube or plasma separator tube.

Synonyms:

- MHA-TP
- Syphilis Antibody by MHA
- Syphilis TPPA
- T pallidum TPPA
- TP-PA
- Treponema Pallidum AB, Particle Agglutination
- T. pallidum Antibody by MHA
- Treponema pallidum Particle Agglutination Assay
- LAB3848-VML
- LAB3848VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plasma separator tube.

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.4 mL)

Unacceptable Conditions:
CSF or other body fluids.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon-Fri

ORDERING

Synonyms:

- MHA-TP
- Syphilis Antibody by MHA
- Syphilis TPPA
- T pallidum TPPA
- TP-PA
- Treponema Pallidum AB, Particle Agglutination
- T. pallidum Antibody by MHA
- Treponema pallidum Particle Agglutination Assay
- LAB3848-VML
- LAB3848VML

Ordering Recommendations:
CDC-recommended confirmatory test for syphilis. Order if initial screening (eg, RPR, VDRL) is reactive.

Performed:
Mon-Fri

Methodology:
Qualitative Particle Agglutination

Reported:
1-4 days

Notes:
TP-PA is a helpful diagnostic aid for the patient with a reactive reagin test, but presents with atypical signs of primary, secondary, or late syphilis. TP-PA compares favorably with the FTA test, but appears slightly less sensitive in cases of untreated early primary syphilis. In late syphilis, the agreement with FTA is 99%.

VDRL is the preferred test for cerebrospinal fluid. Treponemal tests (TP-PA or FTA) are not recommended for CSF. FTAs on CSF may be tested, but TP-PA cannot be tested on CSF.

RESULTS INTERPRETATION

Reference Interval:
Nonreactive

Methodology:
Qualitative Particle Agglutination

ADDITIONAL INFORMATION

CPT Codes:
86780

Section:
RF-ARUP

Notes:
TP-PA is a helpful diagnostic aid for the patient with a reactive reagin test, but presents with atypical signs of primary, secondary, or late syphilis. TP-PA compares favorably with the FTA test, but appears slightly less sensitive in cases of untreated early primary syphilis. In late syphilis, the agreement with FTA is 99%.

VDRL is the preferred test for cerebrospinal fluid. Treponemal tests (TP-PA or FTA) are not recommended for CSF. FTAs on CSF may be tested, but TP-PA cannot be tested on CSF.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plasma separator tube.

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.4 mL)

Unacceptable Conditions:
CSF or other body fluids.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- MHA-TP
- Syphilis Antibody by MHA
- Syphilis TPPA
- T pallidum TPPA
- TP-PA
- Treponema Pallidum AB, Particle Agglutination
- T. pallidum Antibody by MHA
- Treponema pallidum Particle Agglutination Assay
- LAB3848-VML
- LAB3848VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
CDC-recommended confirmatory test for syphilis. Order if initial screening (eg, RPR, VDRL) is reactive.

Reference Interval:
Nonreactive

Methodology:
Qualitative Particle Agglutination

Section:
RF-ARUP

CPT Codes:
86780

Notes:

TP-PA is a helpful diagnostic aid for the patient with a reactive reagin test, but presents with atypical signs of primary, secondary, or late syphilis. TP-PA compares favorably with the FTA test, but appears slightly less sensitive in cases of untreated early primary syphilis. In late syphilis, the agreement with FTA is 99%.

VDRL is the preferred test for cerebrospinal fluid. Treponemal tests (TP-PA or FTA) are not recommended for CSF. FTAs on CSF may be tested, but TP-PA cannot be tested on CSF.

Treponema pallidum (VDRL), Cerebrospinal Fluid with Reflex to Titer

LAB207

ORDERING INFO

Collect:
CSF.

Synonyms:

- VDRL CSF Reflex to titer
- VDRL CSF Titer reflex
- VDRL, Spinal Fluid
- LAB207-VML
- LAB207VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Other body fluids. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- VDRL CSF Reflex to titer
- VDRL CSF Titer reflex
- VDRL, Spinal Fluid
- LAB207-VML
- LAB207VML

Ordering Recommendations:
Preferred diagnostic assay for CSF specimens in suspected neurosyphilis.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Flocculation

Reported:
1-2 days

Notes:
If VDRL is weakly reactive or reactive, then a titer will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:
Nonreactive

Methodology:
Semi-Quantitative Flocculation

ADDITIONAL INFORMATION

CPT Codes:
86592; if reflexed, add 86593

Section:
RF-ARUP

Notes:
If VDRL is weakly reactive or reactive, then a titer will be added. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
CSF.

Specimen Preparation:
Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Other body fluids. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- VDRL CSF Reflex to titer
- VDRL CSF Titer reflex
- VDRL, Spinal Fluid
- LAB207-VML
- LAB207VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Preferred diagnostic assay for CSF specimens in suspected neurosyphilis.

Reference Interval:
Nonreactive

Methodology:
Semi-Quantitative Flocculation

Section:
RF-ARUP

CPT Codes:
86592; if reflexed, add 86593

Notes:
If VDRL is weakly reactive or reactive, then a titer will be added. Additional charges apply.

Trypanosoma cruzi Antibody, IgG

LAB1260

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Chagas Antibody, IgG
- Tcruzi IgG Ab
- Trypanosoma cruzi Antibody, Total
- LAB1260-VML
- LAB1260VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Plasma. Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Wed

ORDERING

Synonyms:

- Chagas Antibody, IgG
- Tcruzi IgG Ab
- Trypanosoma cruzi Antibody, Total
- LAB1260-VML
- LAB1260VML

Ordering Recommendations:
Aid in the diagnosis of non-acute (chronic phase) Chagas disease (T. cruzi).

Performed:
Wed

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Trypanosoma cruzi Antibody, IgG	1.0 IV or less

Interpretive Data:

This assay should not be used for blood donor screening or associated re-entry protocols, or for screening Human Cell and Cellular Tissue-Based Products (HCT/Ps). According to the CDC, at least two different serologic tests should be used to make the laboratory diagnosis of chronic Chagas Disease, as no single serologic test is sufficiently sensitive and specific.

Component	Unit Of Measure	Interpretation
Trypanosoma cruzi Antibody, IgG	1.0 IV or less 1.1 IV 1.2 IV or greater	Negative - No significant level of Trypanosoma cruzi IgG antibody detected. Equivocal - Questionable presence of Trypanosoma cruzi IgG antibody detected. Repeat testing in 10-14 days may be helpful. Positive - IgG antibodies to Trypanosoma cruzi detected, which may suggest current or past infection.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86753

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:

Plasma. Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Chagas Antibody, IgG
- Tcruzi IgG Ab
- Trypanosoma cruzi Antibody, Total
- LAB1260-VML
- LAB1260VML

Performed:

Wed

Resulting Laboratory:

ARUP Laboratories

Reported:

1-8 days

Ordering Recommendations:

Aid in the diagnosis of non-acute (chronic phase) Chagas disease (T. cruzi).

Interpretive Data:

This assay should not be used for blood donor screening or associated re-entry protocols, or for screening Human Cell and Cellular Tissue-Based Products (HCT/Ps). According to the CDC, at least two different serologic tests should be used to make the laboratory diagnosis of chronic Chagas Disease, as no single serologic test is sufficiently sensitive and specific.

Component	Unit Of Measure	Interpretation
Trypanosoma cruzi Antibody, IgG	1.0 IV or less 1.1 IV 1.2 IV or greater	Negative - No significant level of Trypanosoma cruzi IgG antibody detected. Equivocal - Questionable presence of Trypanosoma cruzi IgG antibody detected. Repeat testing in 10-14 days may be helpful. Positive - IgG antibodies to Trypanosoma cruzi detected, which may suggest current or past infection.

Reference Interval:

Components	Reference Interval
Trypanosoma cruzi Antibody, IgG	1.0 IV or less

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

86753

Yersinia enterocolitica Antibodies, IgA and IgG by Immunoblot

LAB1271

ORDERING INFO

Collect:
Serum separator tube (SST).

Synonyms:

- Y enterocolitica IgA, IgG Immunoblot
- Yersinia IgA & IgG by Immunoblot
- LAB1271-VML
- LAB1271VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Tue

ORDERING

Synonyms:

- Y enterocolitica IgA, IgG Immunoblot
- Yersinia IgA & IgG by Immunoblot
- LAB1271-VML
- LAB1271VML

Ordering Recommendations:
Immunoblot can be used as an adjunct tool in the diagnosis of Yersinia enterocolitica infection. The presence of IgA and IgG antibodies to Y. enterocolitica Yop proteins can also aid in the diagnosis of post-infectious autoimmune disorders associated with Y. enterocolitica (eg, reactive arthritis, erythema nodosum, Graves Disease, and Hashimoto thyroiditis).

Performed:
Tue

Methodology:
Qualitative Immunoblot

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Yersinia enterocolitica, IgA Immunoblot	Negative
Yersinia enterocolitica, IgG Immunoblot	Negative

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:
86793 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Y enterocolitica IgA, IgG Immunoblot
- Yersinia IgA & IgG by Immunoblot
- LAB1271-VML
- LAB1271VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Immunoblot can be used as an adjunct tool in the diagnosis of Yersinia enterocolitica infection. The presence of IgA and IgG antibodies to Y. enterocolitica Yop proteins can also aid in the diagnosis of post-infectious autoimmune disorders associated with Y. enterocolitica (eg, reactive arthritis, erythema nodosum, Graves Disease, and Hashimoto thyroiditis).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Yersinia enterocolitica, IgA Immunoblot	Negative
Yersinia enterocolitica, IgG Immunoblot	Negative

Methodology:
Qualitative Immunoblot

Section:
RF-ARUP

CPT Codes:
86793 x2

Yersinia enterocolitica Antibody, IgG by Immunoblot

LAB3861

ORDERING INFO

Collect:
Serum separator tube (SST).

Synonyms:

- Y enterocolitica IgG Immunoblot
- Yersinia IgG by Immunoblot
- LAB3861-VML
- LAB3861VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Tue

ORDERING

Synonyms:

- Y enterocolitica IgG Immunoblot
- Yersinia IgG by Immunoblot
- LAB3861-VML
- LAB3861VML

Ordering Recommendations:
Immunoblot can be used as an adjunct tool in the diagnosis of Yersinia enterocolitica infection. The presence of IgA and IgG antibodies to Y. enterocolitica Yop proteins can also aid in the diagnosis of post-infectious autoimmune disorders associated with Y. enterocolitica (eg, reactive arthritis, erythema nodosum, Graves Disease, and Hashimoto thyroiditis).

Performed:
Tue

Methodology:
Qualitative Immunoblot

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 19, 2012

Negative

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:
86793

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Y enterocolitica IgG Immunoblot
- Yersinia IgG by Immunoblot
- LAB3861-VML
- LAB3861VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Immunoblot can be used as an adjunct tool in the diagnosis of Yersinia enterocolitica infection. The presence of IgA and IgG antibodies to Y. enterocolitica Yop proteins can also aid in the diagnosis of post-infectious autoimmune disorders associated with Y. enterocolitica (eg, reactive arthritis, erythema nodosum, Graves Disease, and Hashimoto thyroiditis).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective November 19, 2012

Negative

Methodology:
Qualitative Immunoblot

Section:
RF-ARUP

CPT Codes:
86793

Aspergillus fumigatus Antibody IgG

LAB5989

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- Aspergillus fumigatus
- Aspergillosis
- A fumigatus
- IgG Antibodies
- IgG Serum
- Aspergillus Fumigatus IgG
- ABPA
- Allergic bronchopulmonary aspergillosis
- LAB5989-VML
- LAB5989VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun

ORDERING

Synonyms:

- Aspergillus fumigatus
- Aspergillosis
- A fumigatus
- IgG Antibodies
- IgG Serum
- Aspergillus Fumigatus IgG
- ABPA
- Allergic bronchopulmonary aspergillosis
- LAB5989-VML
- LAB5989VML

Ordering Recommendations:
Aid in diagnosing allergic bronchopulmonary aspergillosis (ABPA). Not appropriate for diagnosing invasive aspergillosis.

Performed:
Sun

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Aspergillus fumigatus Ab IgG	Less than or equal to 99.99 mcg/mL

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Unit of Measure	Interpretation
Aspergillus fumigatus Ab IgG	0.00-90.00 mcg/mL 90.01-99.99 mcg/mL 100.00 mcg/mL or greater	Negative - No significant level of A. fumigatus IgG antibody detected. Equivocal - Questionable presence of A. fumigatus IgG antibody. Positive - A. fumigatus IgG antibody detected. A positive result satisfies a single criterion in the determination of allergic bronchopulmonary aspergillosis (ABPA).

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86317

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Aspergillus fumigatus
- Aspergillosis
- A fumigatus
- IgG Antibodies
- IgG Serum
- Aspergillus Fumigatus IgG
- ABPA
- Allergic bronchopulmonary aspergillosis
- LAB5989-VML
- LAB5989VML

Performed:
Sun

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Aid in diagnosing allergic bronchopulmonary aspergillosis (ABPA). Not appropriate for diagnosing invasive aspergillosis.

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Unit of Measure	Interpretation
Aspergillus fumigatus Ab IgG	0.00-90.00 mcg/mL 90.01-99.99 mcg/mL 100.00 mcg/mL or greater	Negative - No significant level of A. fumigatus IgG antibody detected. Equivocal - Questionable presence of A. fumigatus IgG antibody. Positive - A. fumigatus IgG antibody detected. A positive result satisfies a single criterion in the determination of allergic bronchopulmonary aspergillosis (ABPA).

Reference Interval:

Components	Reference Interval
Aspergillus fumigatus Ab IgG	Less than or equal to 99.99 mcg/mL

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86317

PML-RARA Detection by RT-PCR, Quantitative (Test on Referral as of 1/17/2023)

LAB6216

ORDERING INFO

Collect:
Whole blood or bone marrow in lavender (EDTA).

Synonyms:

- AMPL' APL
- APL MRD
- PML-RARA S, L, V forms
- PML-RARA long, short, variable types
- Quantitative PML
- PML-RARA fusion types, A, B, B variant
- APL Post-consolidation therapy testing
- t(15;17)
- PML_RARA fusion types
- t(15
- 17)
- LAB6216-VML
- LAB6216VML

SPECIMEN REQUIREMENTS

Collect:
Whole blood or bone marrow in lavender (EDTA).

Specimen Preparation:
Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)
Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)
Refrigerate immediately. Specimens must be received within 48 hours of collection due to lability of RNA.

Unacceptable Conditions:
Serum, plasma, ambient or frozen bone marrow, or whole blood, CSF, or FFPE tissue. Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens.
Ambient whole blood and ambient bone marrow specimens past 7 days will be canceled. Refrigerated whole blood or bone marrow past 7 days will be canceled.

Storage/Transport Temperature:
Whole Blood and Bone Marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable

Performed:
Varies

ORDERING

Synonyms:

- AMPL' APL
- APL MRD
- PML-RARA S, L, V forms
- PML-RARA long, short, variable types
- Quantitative PML
- PML-RARA fusion types, A, B, B variant
- APL Post-consolidation therapy testing
- t(15;17)
- PML_RARA fusion types
- t(15
- 17)
- LAB6216-VML
- LAB6216VML

Ordering Recommendations:
Use to detect and quantitate PML-RARA fusion transcripts in patients with acute promyelocytic leukemia. Use to monitor minimal residual disease and assess the risk of disease relapse.

Performed:
Varies

Methodology:
Reverse Transcription Polymerase Chain Reaction

Reported:
2-9 days

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to report.

Methodology:
Reverse Transcription Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
81315

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Whole blood or bone marrow in lavender (EDTA).

Specimen Preparation:
Whole Blood: Transport 5 mL whole blood. (Min: 3 mL)
Bone Marrow: Transport 3 mL bone marrow. (Min: 1 mL)
Refrigerate immediately. Specimens must be received within 48 hours of collection due to lability of RNA.

Unacceptable Conditions:
Serum, plasma, ambient or frozen bone marrow, or whole blood, CSF, or FFPE tissue. Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens.
Ambient whole blood and ambient bone marrow specimens past 7 days will be canceled. Refrigerated whole blood or bone marrow past 7 days will be canceled.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable

Storage/Transport Temperature:
Whole Blood and Bone Marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- AMPL' APL
- APL MRD
- PML-RARA S, L, V forms
- PML-RARA long, short, variable types
- Quantitative PML
- PML-RARA fusion types, A, B, B variant
- APL Post-consolidation therapy testing
- t(15;17)
- PML_RARA fusion types
- t(15
- 17)
- LAB6216-VML
- LAB6216VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
2-9 days

Ordering Recommendations:
Use to detect and quantitate PML-RARA fusion transcripts in patients with acute promyelocytic leukemia. Use to monitor minimal residual disease and assess the risk of disease relapse.

Interpretive Data:
Refer to report.

Reference Interval:
By report

Methodology:
Reverse Transcription Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
81315

Rickettsia typhi (Typhus Fever) Antibodies, IgG & IgM by IFA

LAB3853

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- Murine Typhus Antibodies
- R. typhi antibodies
- Typhus Fever Group Antibody, IgG and IgM, Serum
- LAB3853-VML
- LAB3853VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

Remarks:
Mark specimens plainly as "acute" or "convalescent."

ORDERING

Synonyms:

- Murine Typhus Antibodies
- R. typhi antibodies
- Typhus Fever Group Antibody, IgG and IgM, Serum
- LAB3853-VML
- LAB3853VML

Ordering Recommendations:
Confirm presence of Rickettsia typhi. Requires comparison of acute- to convalescent-phase serology.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Typhus Fever Antibody, IgG	Less than 1:64
Typhus Fever Antibody, IgM	Less than 1:64

Interpretive Data:

Component	Unit Of Measure	Interpretation
Typhus Fever Antibody, IgG	Less than 1:64 1:64-1:128 1:256 or greater	Negative - No significant level of IgG antibody detected. Equivocal - Questionable presence of IgG antibody detected. Repeat testing in 10-14 days may be helpful. Positive - Presence of IgG antibody detected, suggestive of current or past infection.
Typhus Fever Antibody, IgM	Less than 1:64 1:64 or greater	Negative - No significant level of IgM antibody detected. Positive - Presence of IgM antibody to detected, which may indicate a current or recent infection; however, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

ADDITIONAL INFORMATION

CPT Codes:
86757 x2

Section:
RF-ARUP

Remarks:
Mark specimens plainly as "acute" or "convalescent."

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Murine Typhus Antibodies
- R. typhi antibodies
- Typhus Fever Group Antibody, IgG and IgM, Serum
- LAB3853-VML
- LAB3853VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Confirm presence of Rickettsia typhi. Requires comparison of acute- to convalescent-phase serology.

Interpretive Data:

Component	Unit Of Measure	Interpretation
Typhus Fever Antibody, IgG	Less than 1:64 1:64-1:128 1:256 or greater	Negative - No significant level of IgG antibody detected. Equivocal - Questionable presence of IgG antibody detected. Repeat testing in 10-14 days may be helpful. Positive - Presence of IgG antibody detected, suggestive of current or past infection.
Typhus Fever Antibody, IgM	Less than 1:64 1:64 or greater	Negative - No significant level of IgM antibody detected. Positive - Presence of IgM antibody to detected, which may indicate a current or recent infection; however, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Reference Interval:

Components	Reference Interval
Typhus Fever Antibody, IgG	Less than 1:64
Typhus Fever Antibody, IgM	Less than 1:64

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Section:
RF-ARUP

CPT Codes:
86757 x2

Remarks:
Mark specimens plainly as "acute" or "convalescent."

TPMT and *NUDT15*

LAB6002

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA), or yellow (ACD solution A or B).

Synonyms:

- 6-TG
- 6-MP
- nudix
- 6-mercaptopurine
- 6-thioguanine
- AZA toxicity
- Azathioprine
- nucleoside diphosphate linked moiety X
- NUDT15 mutation
- S-adenosyl-L-methionine genotype
- Thioguanine
- Thiopurine
- Thiopurine S-methyltransferase genotype
- TPMT mutation
- TPMT genetics
- LAB6002-VML
- LAB6002VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA), or yellow (ACD solution A or B).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Plasma or serum. Specimens collected in sodium heparin or lithium heparin. Frozen specimens in glass collection tubes.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Varies

ORDERING

Synonyms:

- 6-TG
- 6-MP
- nudix
- 6-mercaptopurine
- 6-thioguanine
- AZA toxicity
- Azathioprine
- nucleoside diphosphate linked moiety X
- NUDT15 mutation
- S-adenosyl-L-methionine genotype
- Thioguanine
- Thiopurine
- Thiopurine S-methyltransferase genotype
- TPMT mutation
- TPMT genetics
- LAB6002-VML
- LAB6002VML

Ordering Recommendations:
Use this genotyping test to assess genetic risk for severe myelosuppression with standard dosing of thiopurine drugs in individuals for whom thiopurine therapy is being considered or who have had an adverse reaction to thiopurine therapy. This test may be performed irrespective of whether thiopurine therapy is currently being administered. For enzyme phenotyping prior to thiopurine treatment, refer to Thiopurine Methyltransferase, RBC (0092066). For thiopurine dosing optimization, refer to Thiopurine Metabolites in Red Blood Cells (3016503).

Performed:
Varies

Methodology:
Polymerase Chain Reaction (PCR)/Fluorescence Monitoring

Reported:
5-10 days

Notes:
Whole blood is the preferred specimen. Saliva samples that yield inadequate DNA quality and/or quantity will be reported as inconclusive if test performance does not meet laboratory-determined criteria for reporting.

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to report

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Methodology:
Polymerase Chain Reaction (PCR)/Fluorescence Monitoring

ADDITIONAL INFORMATION

CPT Codes:
81335; 81306

Section:
RF-ARUP

Notes:
Whole blood is the preferred specimen. Saliva samples that yield inadequate DNA quality and/or quantity will be reported as inconclusive if test performance does not meet laboratory-determined criteria for reporting.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA), or yellow (ACD solution A or B).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Plasma or serum. Specimens collected in sodium heparin or lithium heparin. Frozen specimens in glass collection tubes.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- 6-TG
- 6-MP
- nudix
- 6-mercaptopurine
- 6-thioguanine
- AZA toxicity
- Azathioprine
- nucleoside diphosphate linked moiety X
- NUDT15 mutation
- S-adenosyl-L-methionine genotype
- Thioguanine
- Thiopurine
- Thiopurine S-methyltransferase genotype
- TPMT mutation
- TPMT genetics
- LAB6002-VML
- LAB6002VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-10 days

Ordering Recommendations:
Use this genotyping test to assess genetic risk for severe myelosuppression with standard dosing of thiopurine drugs in individuals for whom thiopurine therapy is being considered or who have had an adverse reaction to thiopurine therapy. This test may be performed irrespective of whether thiopurine therapy is currently being administered. For enzyme phenotyping prior to thiopurine treatment, refer to Thiopurine Methyltransferase, RBC (0092066). For thiopurine dosing optimization, refer to Thiopurine Metabolites in Red Blood Cells (3016503).

Interpretive Data:
Refer to report

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Reference Interval:
By report

Methodology:
Polymerase Chain Reaction (PCR)/Fluorescence Monitoring

Section:
RF-ARUP

CPT Codes:
81335; 81306

Notes:
Whole blood is the preferred specimen. Saliva samples that yield inadequate DNA quality and/or quantity will be reported as inconclusive if test performance does not meet laboratory-determined criteria for reporting.

Allergen, Region 5 Respiratory Panel IgE, Ohio Valley (IN, OH, TN, WV, KY)

LAB6018

ORDERING INFO

Collect:
Serum Separator Tube (SST). Multiple specimen tubes should be avoided.

Synonyms:

- LAB6018-VML
- LAB6018VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum Separator Tube (SST). Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 1.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB6018-VML
- LAB6018VML

Ordering Recommendations:
Allergen testing for patients in the Ohio valley region (Indiana, Ohio, Tennessee, West Virginia, Kentucky).

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

Notes:
Allergens included in this panel: Alternaria alternata (tenuis), Aspergillus fumigatus, Bermuda Grass, Birch Tree, Box Elder/Maple Tree, Cat Dander, Cockroach (German), Common Short Ragweed, Cottonwood Tree, D. farinae (mites), D. Pteronyssinus (mites), Dog Dander, Elm Tree, Hormodendrum (Cladosporium), Mouse Epithelium, Mountain Cedar (Juniper) Tree, Mucor racemosus, Oak Tree, Pecan (White Hickory) Tree, Penicillium notatum, Pigweed, Russian Thistle, Sheep Sorrel (Dock), Sycamore Tree, Timothy Grass, Walnut Tree, White Ash Tree, White Mulberry Tree, and IgE Serum Total.

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Immunoglobulin E</td><td>
<table>
<tr><th>Age</th><th>Reference Interval (kU/L)</th></tr>
<tr><td>0-5 months</td><td>13 or less</td></tr>
<tr><td>6-12 months</td><td>34 or less</td></tr>
<tr><td>1-2 years</td><td>97 or less</td></tr>
<tr><td>3 years</td><td>199 or less</td></tr>
<tr><td>4-6 years</td><td>307 or less</td></tr>
<tr><td>7-8 years</td><td>403 or less</td></tr>
<tr><td>9-12 years</td><td>696 or less</td></tr>
<tr><td>13-15 years</td><td>629 or less</td></tr>
<tr><td>16-17 years</td><td>537 or less</td></tr>
<tr><td>18 years and older</td><td>214 or less</td></tr>
</table>
</td></tr>
<tr><td>Allergen, Fungi/Mold, A. alternata IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, Box Elder/Maple Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Animal, Cat Dander IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, Mountain Cedar Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, Cottonwood Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Weed, Pigweed IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Weed, Russian Thistle IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Grass, Timothy Grass IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Fungi/Mold, Hormodendrum IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, Elm Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, Oak Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, Birch Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Fungi/Mold, A. fumigatus IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Mites, D. pteronyssinus IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Mites, D. farinae IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Grass, Bermuda Grass IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, White Ash Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Fungi/Mold, P. notatum IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Weed, Common/Short Ragweed IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Insect, Cockroach, German IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, Sycamore Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, Walnut Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, Pecan Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Animal, Mouse Epithelium IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Fungi/Mold, M. racemosus IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Tree, White Mulberry Tree IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Animal, Dog Dander IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
<tr><td>Allergen, Weed, Sheep Sorrel IgE</td><td>Less than or equal to 0.34 kU/L</td></tr>
</table>

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003 x28; 82785

Section:

RF-ARUP

Notes:

Allergens included in this panel: Alternaria alternata (tenuis), Aspergillus fumigatus, Bermuda Grass, Birch Tree, Box Elder/Maple Tree, Cat Dander, Cockroach (German), Common Short Ragweed, Cottonwood Tree, D. farinae (mites), D. Pteronyssinus (mites), Dog Dander, Elm Tree, Hormodendrum (Cladosporium), Mouse Epithelium, Mountain Cedar (Juniper) Tree, Mucor racemosus, Oak Tree, Pecan (White Hickory) Tree, Penicillium notatum, Pigweed, Russian Thistle, Sheep Sorrel (Dock), Sycamore Tree, Timothy Grass, Walnut Tree, White Ash Tree, White Mulberry Tree, and IgE Serum Total.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum Separator Tube (SST). Multiple specimen tubes should be avoided.

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 1.4 mL)

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB6018-VML
- LAB6018VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Allergen testing for patients in the Ohio valley region (Indiana, Ohio, Tennessee, West Virginia, Kentucky).

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Reference Interval:

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Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003 x28; 82785

Notes:

Allergens included in this panel: Alternaria alternata (tenuis), Aspergillus fumigatus, Bermuda Grass, Birch Tree, Box Elder/Maple Tree, Cat Dander, Cockroach (German), Common Short Ragweed, Cottonwood Tree, D. farinae (mites), D. Pteronyssinus (mites), Dog Dander, Elm Tree, Hormodendrum (Cladosporium), Mouse Epithelium, Mountain Cedar (Juniper) Tree, Mucor racemosus, Oak Tree, Pecan (White Hickory) Tree, Penicillium notatum, Pigweed, Russian Thistle, Sheep Sorrel (Dock), Sycamore Tree, Timothy Grass, Walnut Tree, White Ash Tree, White Mulberry Tree, and IgE Serum Total.

Allergen, Region 8 Respiratory Panel IgE, Central Midwest (IL, MO, IA)

LAB6019

ORDERING INFO

Collect:
Serum Separator Tube (SST). Multiple specimen tubes should be avoided.

Synonyms:

- LAB6019-VML
- LAB6019VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided

Collect:
Serum Separator Tube (SST). Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 1.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB6019-VML
- LAB6019VML

Ordering Recommendations:
Allergen testing for patients in the central Midwest region (Illinois, Missouri, Iowa).

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

Notes:
Allergens included in this panel: Alternaria alternata (tenuis), Aspergillus fumigatus, Bermuda Grass, Box Elder/Maple Tree, Cat Dander, Cockroach (German), Common Short Ragweed, Cottonwood Tree, D. farinae (mites), D. Pteronyssinus (mites), Dog Dander, Elm Tree, Hormodendrum (Cladosporium), Marsh Elder, Mouse Epithelium, Mountain Cedar (Juniper) Tree, Mucor racemosus, Oak Tree, Pecan (White Hickory) Tree, Penicillium notatum, Pigweed, Russian Thistle, Sycamore Tree, Timothy Grass, Walnut Tree, White Ash Tree, White Mulberry Tree, and IgE Serum Total.

RESULTS INTERPRETATION

Reference Interval:

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Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003 x27; 82785

Section:

RF-ARUP

Notes:

Allergens included in this panel: Alternaria alternata (tenuis), Aspergillus fumigatus, Bermuda Grass, Box Elder/Maple Tree, Cat Dander, Cockroach (German), Common Short Ragweed, Cottonwood Tree, D. farinae (mites), D. Pteronyssinus (mites), Dog Dander, Elm Tree, Hormodendrum (Cladosporium), Marsh Elder, Mouse Epithelium, Mountain Cedar (Juniper) Tree, Mucor racemosus, Oak Tree, Pecan (White Hickory) Tree, Penicillium notatum, Pigweed, Russian Thistle, Sycamore Tree, Timothy Grass, Walnut Tree, White Ash Tree, White Mulberry Tree, and IgE Serum Total.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum Separator Tube (SST). Multiple specimen tubes should be avoided.

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 1.4 mL)

Patient Preparation:

Multiple patient encounters should be avoided

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB6019-VML
- LAB6019VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Allergen testing for patients in the central Midwest region (Illinois, Missouri, Iowa).

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

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Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x27; 82785

Notes:

Allergens included in this panel: Alternaria alternata (tenuis), Aspergillus fumigatus, Bermuda Grass, Box Elder/Maple Tree, Cat Dander, Cockroach (German), Common Short Ragweed, Cottonwood Tree, D. farinae (mites), D. Pteronyssinus (mites), Dog Dander, Elm Tree, Hormodendrum (Cladosporium), Marsh Elder, Mouse Epithelium, Mountain Cedar (Juniper) Tree, Mucor racemosus, Oak Tree, Pecan (White Hickory) Tree, Penicillium notatum, Pigweed, Russian Thistle, Sycamore Tree, Timothy Grass, Walnut Tree, White Ash Tree, White Mulberry Tree, and IgE Serum Total.

Diuretic Screen, Urine

LAB3232

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Thiazide
- LAB3232-VML
- LAB3232VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 10 mL urine to ARUP Standard Transport Tubes. (Min: 1.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 6 months

Performed:
Varies

ORDERING

Synonyms:

- Thiazide
- LAB3232-VML
- LAB3232VML

Performed:
Varies

Methodology:
Qualitative High performance Liquid chromatography with ultraviolet detection (HPLC/UV)

Reported:
5-14 days

Notes:
Includes: benzthiazide, bumetanide, chlorothiazide, chlorthalidone, furosemide, hydrochlorothiazide, hydroflumethiazide, and metolazone.

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Qualitative High performance Liquid chromatography with ultraviolet detection (HPLC/UV)

ADDITIONAL INFORMATION

CPT Codes:
80377 (Alt code: G0480)

Section:
RF-ARUP

Notes:
Includes: benzthiazide, bumetanide, chlorothiazide, chlorthalidone, furosemide, hydrochlorothiazide, hydroflumethiazide, and metolazone.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Transfer 10 mL urine to ARUP Standard Transport Tubes. (Min: 1.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Synonyms:

- Thiazide
- LAB3232-VML
- LAB3232VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-14 days

Reference Interval:
By report

Methodology:
Qualitative High performance Liquid chromatography with ultraviolet detection (HPLC/UV)

Section:
RF-ARUP

CPT Codes:
80377 (Alt code: G0480)

Notes:
Includes: benzthiazide, bumetanide, chlorothiazide, chlorthalidone, furosemide, hydrochlorothiazide, hydroflumethiazide, and metolazone.

Drug Profile, Targeted with Interpretation by Tandem Mass Spectrometry and Enzyme Immunoassay, Urine

LAB6100

ORDERING INFO

Collect:
Random urine.

Synonyms:

- addiction management
- Comprehensive hybrid
- high res
- hybrid
- medication adherence
- Pain management, (drug screen, targeted, urine)
- prenatal drug screen
- substance use disorder
- high-res
- medication compliance
- abstinence verification
- LAB6100-VML
- LAB6100VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Information on the patient's current medications must be submitted with the order. Include trade name, generic name, dosing frequency, and date of last dose, if known. Alternatively, please indicate if no prescription medication or drugs are being taken.

Collect:
Random urine.

Specimen Preparation:
Transfer 4 mL each into two (2) ARUP standard transport tubes of urine with no additives or preservatives. (Min: 2 mL each)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
Ambient: 1 week (Clonazepam may be unstable at ambient condition beyond three days); Refrigerated: 1 month; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- addiction management
- Comprehensive hybrid
- high res
- hybrid
- medication adherence
- Pain management, (drug screen, targeted, urine)
- prenatal drug screen
- substance use disorder
- high-res
- medication compliance
- abstinence verification
- LAB6100-VML
- LAB6100VML

Ordering Recommendations:

Qualitative test to monitor medication compliance and to detect undisclosed drug/substance use in support of pain management, substance use disorders treatment, and other pharmacotherapies involving controlled substances. Expert result interpretation is provided by a faculty clinical toxicologist.Submission of a medication history is required to optimize reporting; refer to ARUP's Medication Submission Guidelines for details. If a medication history is not available or interpretation is not desired, refer to Drug Profile, Targeted by Tandem Mass Spectrometry and Enzyme Immunoassay, Urine (2007479).This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

Performed:

Sun-Sat

Methodology:

Quantitative Tandem Mass Spectrometry/Qualitative Enzyme Multiplied Immunoassay Technique (EMIT)/Quantitative Spectrophotometry

Reported:

1-4 days

Notes:

Creatinine concentration is also provided. The carisoprodol immunoassay has cross-reactivity to carisoprodol and meprobamate.

RESULTS INTERPRETATION

Reference Interval:

Drugs covered and range of cutoff concentrations. Note: Some drugs are identified based on the presence of unique drug metabolites not listed below.	
Drugs/Drug Classes	**Range of Cutoff Concentrations**
Barbiturates	200 ng/mL
Benzodiazepine-like: alprazolam, clonazepam, diazepam, lorazepam, midazolam, nordiazepam, oxazepam, temazepam, zolpidem	20 - 60 ng/mL
Cannabinoids (11-nor-9-carboxy-THC)	50 ng/mL
Ethyl Glucuronide	500 ng/mL
Muscle Relaxant(s): carisoprodol, meprobamate	100 ng/mL
Opiates/Opioids: buprenorphine, codeine, fentanyl, heroin, hydrocodone, hydromorphone, meperidine, methadone, morphine, naloxone, oxycodone, oxymorphone, tapentadol, tramadol	2-200 ng/mL
GABA analogues: Gabapentin, pregabalin	3,000 ng/mL
Phencyclidine (PCP)	25 ng/mL
Stimulants: amphetamine, cocaine, methamphetamine, methylphenidate, MDMA (Ecstasy), MDEA (Eve), MDA, phentermine	50-200 ng/mL

Interpretive Data:

Methodology: Qualitative Enzyme Immunoassay and Qualitative Liquid Chromatography-Tandem Mass Spectrometry, Quantitative Spectrophotometry

The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration must be greater than or equal to the cutoff concentration to be reported as present. If specific drug concentrations are required, contact the laboratory within two weeks of specimen collection to request confirmation and quantification by a second analytical technique. Interpretive questions should be directed to the laboratory.

Results based on immunoassay detection that do not match clinical expectations should be interpreted with caution. Confirmatory testing by mass spectrometry for immunoassay-based results is available if ordered within two weeks of specimen collection. Additional charges apply.

For medical purposes only; not valid for forensic use.

Methodology:

Quantitative Tandem Mass Spectrometry/Qualitative Enzyme Multiplied Immunoassay Technique (EMIT)/Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
80326; 80347; 80364; 80355; 80307 (Alt code: G0481)

Section:
RF-ARUP

Notes:
Creatinine concentration is also provided. The carisoprodol immunoassay has cross-reactivity to carisoprodol and meprobamate.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Transfer 4 mL each into two (2) ARUP standard transport tubes of urine with no additives or preservatives. (Min: 2 mL each)

Patient Preparation:
Information on the patient's current medications must be submitted with the order. Include trade name, generic name, dosing frequency, and date of last dose, if known. Alternatively, please indicate if no prescription medication or drugs are being taken.

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):
Ambient: 1 week (Clonazepam may be unstable at ambient condition beyond three days); Refrigerated: 1 month; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated

Synonyms:

- addiction management
- Comprehensive hybrid
- high res
- hybrid
- medication adherence
- Pain management, (drug screen, targeted, urine)
- prenatal drug screen
- substance use disorder
- high-res
- medication compliance
- abstinence verification
- LAB6100-VML
- LAB6100VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Qualitative test to monitor medication compliance and to detect undisclosed drug/substance use in support of pain management, substance use disorders treatment, and other pharmacotherapies involving controlled substances. Expert result interpretation is provided by a faculty clinical toxicologist.Submission of a medication history is required to optimize reporting; refer to ARUP's Medication Submission Guidelines for details. If a medication history is not available or interpretation is not desired, refer to Drug Profile, Targeted by Tandem Mass Spectrometry and Enzyme Immunoassay, Urine (2007479).This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

Interpretive Data:

Methodology: Qualitative Enzyme Immunoassay and Qualitative Liquid Chromatography-Tandem Mass Spectrometry, Quantitative Spectrophotometry

The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration must be greater than or equal to the cutoff concentration to be reported as present. If specific drug concentrations are required, contact the laboratory within two weeks of specimen collection to request confirmation and quantification by a second analytical technique. Interpretive questions should be directed to the laboratory.

Results based on immunoassay detection that do not match clinical expectations should be interpreted with caution. Confirmatory testing by mass spectrometry for immunoassay-based results is available if ordered within two weeks of specimen collection. Additional charges apply.

For medical purposes only; not valid for forensic use.

Reference Interval:

Drugs covered and range of cutoff concentrations. Note: Some drugs are identified based on the presence of unique drug metabolites not listed below.	
Drugs/Drug Classes	**Range of Cutoff Concentrations**
Barbiturates	200 ng/mL
Benzodiazepine-like: alprazolam, clonazepam, diazepam, lorazepam, midazolam, nordiazepam, oxazepam, temazepam, zolpidem	20 - 60 ng/mL
Cannabinoids (11-nor-9-carboxy-THC)	50 ng/mL
Ethyl Glucuronide	500 ng/mL
Muscle Relaxant(s): carisoprodol, meprobamate	100 ng/mL
Opiates/Opioids: buprenorphine, codeine, fentanyl, heroin, hydrocodone, hydromorphone, meperidine, methadone, morphine, naloxone, oxycodone, oxymorphone, tapentadol, tramadol	2-200 ng/mL
GABA analogues: Gabapentin, pregabalin	3,000 ng/mL
Phencyclidine (PCP)	25 ng/mL
Stimulants: amphetamine, cocaine, methamphetamine, methylphenidate, MDMA (Ecstasy), MDEA (Eve), MDA, phentermine	50-200 ng/mL

Methodology:

Quantitative Tandem Mass Spectrometry/Qualitative Enzyme Multiplied Immunoassay Technique (EMIT)/Quantitative Spectrophotometry

Section:

RF-ARUP

CPT Codes:

80326; 80347; 80364; 80355; 80307 (Alt code: G0481)

Notes:

Creatinine concentration is also provided. The carisoprodol immunoassay has cross-reactivity to carisoprodol and meprobamate.

Francisella tularensis Antibodies, IgG and IgM with Reflex to Agglutination

LAB6161

ORDERING INFO

Collect:
Serum separator tube (SST) or Plain Red/Red-Top

Synonyms:

- F. tularensis IgG, IgM
- Febrile Antigens
- Francisella Antibodies
- Francisella Tularensis Ab
- LAB6161-VML
- LAB6161VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST) or Plain Red/Red-Top

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- F. tularensis IgG, IgM
- Febrile Antigens
- Francisella Antibodies
- Francisella Tularensis Ab
- LAB6161-VML
- LAB6161VML

Ordering Recommendations:
Preferred test for detecting antibodies during acute or convalescent phase. Convalescent sera may be required for diagnosis.

Performed:
Mon, Wed, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-6 days

Notes:
If the ELISA testing is equivocal or positive for IgG and/or IgM, then Francisella tularensis Antibodies by Agglutination will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Francisella tularensis Antibody, IgG	9 U/mL or less
Francisella tularensis Antibody, IgM	9 U/mL or less

Interpretive Data:

Cross- reactivity with Brucella and Yersinia antibodies may occur. Therefore, results should be interpreted with caution and correlated with clinical information. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are performed in the same laboratory at the same time.

Component	Interpretation
Francisella tularensis Antibody, IgG	9 U/mL or less Negative - No significant level of IgG antibody to Francisella tularensis detected. 10-15 U/mL Equivocal - Questionable presence of IgG antibody to Francisella tularensis. Repeat testing in 10-14 days may be helpful. 16 U/mL or greater Positive - Presence of IgG antibody to Francisella tularensis detected, suggestive of current or past exposure/immunization.
Francisella tularensis Antibody, IgM	9 U/mL or less Negative - No significant level of IgM antibody to Francisella tularensis detected. 10-15 U/mL Equivocal - Questionable presence of IgM antibody to Francisella tularensis. Repeat testing in 10-14 days may be helpful. 16 U/mL or greater Positive - Presence of IgM antibody to Francisella tularensis detected, suggestive of current or recent exposure/immunization

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86668 x2, if reflexed add 86000

Section:

RF-ARUP

Notes:

If the ELISA testing is equivocal or positive for IgG and/or IgM, then Francisella tularensis Antibodies by Agglutination will be added. Additional charges apply.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube (SST) or Plain Red/Red-Top

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Unacceptable Conditions:

Contaminated, heat-inactivated, or turbid specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- F. tularensis IgG, IgM
- Febrile Antigens
- Francisella Antibodies
- Francisella Tularensis Ab
- LAB6161-VML
- LAB6161VML

Performed:

Mon, Wed, Fri

Resulting Laboratory:

ARUP Laboratories

Reported:

1-6 days

Ordering Recommendations:

Preferred test for detecting antibodies during acute or convalescent phase. Convalescent sera may be required for diagnosis.

Interpretive Data:

Cross- reactivity with Brucella and Yersinia antibodies may occur. Therefore, results should be interpreted with caution and correlated with clinical information. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are performed in the same laboratory at the same time.

Component	Interpretation
Francisella tularensis Antibody, IgG	9 U/mL or less Negative - No significant level of IgG antibody to Francisella tularensis detected. 10-15 U/mL Equivocal - Questionable presence of IgG antibody to Francisella tularensis. Repeat testing in 10-14 days may be helpful. 16 U/mL or greater Positive - Presence of IgG antibody to Francisella tularensis detected, suggestive of current or past exposure/immunization.
Francisella tularensis Antibody, IgM	9 U/mL or less Negative - No significant level of IgM antibody to Francisella tularensis detected. 10-15 U/mL Equivocal - Questionable presence of IgM antibody to Francisella tularensis. Repeat testing in 10-14 days may be helpful. 16 U/mL or greater Positive - Presence of IgM antibody to Francisella tularensis detected, suggestive of current or recent exposure/immunization

Reference Interval:

Components	Reference Interval
Francisella tularensis Antibody, IgG	9 U/mL or less
Francisella tularensis Antibody, IgM	9 U/mL or less

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

86668 x2, if reflexed add 86000

Notes:

If the ELISA testing is equivocal or positive for IgG and/or IgM, then Francisella tularensis Antibodies by Agglutination will be added. Additional charges apply.

Hypoglycemia Panel (Sulfonylureas), Serum or Plasma

LAB6417

ORDERING INFO

Collect:
Plain red or gray (sodium fluoride/potassium oxalate)

Synonyms:

- Sulfonylureas
- Tolinase
- Amaryl
- DiaBeta
- Diabinese
- Glucotrol
- Glynase
- Meglitinides
- Micronase
- Orinase
- Prandin
- Starlix
- LAB6417-VML
- LAB6417VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or gray (sodium fluoride/potassium oxalate)

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 28 days; Frozen: 24 months

Performed:
Varies

ORDERING

Synonyms:

- Sulfonylureas
- Tolinase
- Amaryl
- DiaBeta
- Diabinese
- Glucotrol
- Glynase
- Meglitinides
- Micronase
- Orinase
- Prandin
- Starlix
- LAB6417-VML
- LAB6417VML

Ordering Recommendations:
Preferred test to evaluate if etiology of hypoglycemia is sulfonylurea ingestion.

Performed:
Varies

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
4-7 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80377 (Alt Code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or gray (sodium fluoride/potassium oxalate)

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 28 days; Frozen: 24 months

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated

Synonyms:

- Sulfonylureas
- Tolinase
- Amaryl
- DiaBeta
- Diabinese
- Glucotrol
- Glynase
- Meglitinides
- Micronase
- Orinase
- Prandin
- Starlix
- LAB6417-VML
- LAB6417VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
4-7 days

Ordering Recommendations:
Preferred test to evaluate if etiology of hypoglycemia is sulfonylurea ingestion.

Reference Interval:
By report

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80377 (Alt Code: G0480)

Testosterone, Bioavailable and Total, Includes Sex Hormone-Binding Globulin (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy)

LAB3838

ORDERING INFO

Collect:
Serum separator tube or green (sodium or lithium heparin).

Synonyms:

- LAB3838-VML
- LAB3838VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect between 6-10 a.m.

Collect:
Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.8 mL)

Unacceptable Conditions:
EDTA plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3838-VML
- LAB3838VML

Ordering Recommendations:
Provides a calculated value for bioavailable testosterone concentration using total testosterone measured by mass spectrometry. May be used to evaluate hyperandrogenism in children and cisgender females, monitor testosterone-suppressing hormone therapies (eg, antiandrogens or estrogens), evaluate testosterone status in individuals with protein-binding abnormalities, or evaluate hypogonadism in cisgender males.To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay/Calculation

Reported:
1-5 days

Notes:
The concentrations of free and bioavailable testosterone are derived from mathematical expressions based on constants for the binding of testosterone to albumin and/or sex hormone binding globulin.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval

Age	Male (ng/dL)	Female (ng/dL)
Premature (26-28 weeks)	59-125	5-16
Premature (31-35 weeks)	37-198	5-22

Testosterone by Mass Spec

Newborn	75-400	20-64
1-5 months	14-363	Less than 20
6-24 months	Less than 37	Less than 9
2-3 years	Less than 15	Less than 20
4-5 years	Less than 19	Less than 30
6-7 years	Less than 13	Less than 7
8-9 years	2-8	1-11
10-11 years	2-165	3-32
12-13 years	3-619	6-50
14-15 years	31-733	6-52
16-17 years	158-826	9-58
18-39 years	300-1080	9-55
40-59 years	300-890	9-55
60 years and older	300-720	5-32
Premenopausal (18 years and older)	Not Applicable	9-55
Postmenopausal	Not Applicable	5-32
Tanner Stage I	2-15	2-17
Tanner Stage II	3-303	5-40
Tanner Stage III	10-851	10-63
Tanner Stage IV-V	162-847	11-62

Testosterone, Free by Mass Spec

Age	Male (pg/mL)	Female (pg/mL)
1-6 years	Less than 0.6	Less than 0.6
7-9 years	0.1-0.9	0.6-1.8
10-11	0.1-6.3	0.1-3.5
12-13	0.5-98.0	0.9-6.8
14-15	3-138.0	1.2-7.5
16-17	38.0-173.0	1.2-9.9
18 years and older	47-244	Not Applicable
18-30	Not Applicable	0.8-7.4
31-40	Not Applicable	1.3-9.2
41-51	Not Applicable	1.1-5.8
Postmenopausal	Not Applicable	0.6-3.8
Tanner Stage I	Less than or equal to 3.7	Less than 2.2
Tanner Stage II	0.3-21	0.4-4.5
Tanner Stage III	1.0-98.0	1.3-7.5
Tanner Stage IV	35.0-169.0	1.1-15.5
Tanner Stage V	41.0-239.0	0.8-9.2

Testosterone, Bioavailable by Mass Spec

Age	Male (ng/dL)	Female (ng/dL)
1-6 years	Less than 1.3	Less than 1.3
7-9 years	0.3-2.8	0.3-5.0
10-11 years	0.1-17.9	0.4-9.6
12-13 years	1.4-288.0	1.7-18.8
14-15 years	9.5-337.0	3.0-22.6
16-17 years	35.0-509.0	3.3-28.6
18 years and older	130.0-680.0	Not Applicable
18-30 years	Not Applicable	2.2-20.6
31-40 years	Not Applicable	4.1-25.5
41-51 years	Not Applicable	2.8-16.5
Postmenopausal	Not Applicable	1.5-9.4
Tanner Stage I	0.3-13.0	0.3-5.5

Tanner Stage II	0.3-59.0	1.2-15.0
Tanner Stage III	1.9-296.0	3.8-28.0
Tanner Stage IV	40.0-485.0	2.8-39.0
Tanner Stage IV	124.0-596.0	2.5-23.0

Sex Hormone Binding Globulin

Age	Male (nmol/L)	Female (nmol/L)
1-30 days	13-85	14-60
31-364 days	70-250	60-215
1-3 years	50-180	60-190
4-6 years	45-175	55-170
7-9 years	28-190	35-170
10-12 years	23-160	17-155
13-15 years	13-140	11-120
16-17 years	10-60	19-145
18-49 years	17-56	25-122
50 years and older	19-76	17-125
Tanner Stage I	26-186	30-173
Tanner Stage II	22-169	16-127
Tanner Stage III	13-104	12-98
Tanner Stage IV	11-60	14-151
Tanner Stage V	11-71	23-165

Interpretive Data:

Bioavailable testosterone concentration is calculated using total testosterone (measured by mass spectrometry) and the binding constant of testosterone and sex hormone-binding globulin (SHBG) and/or albumin.

For individuals on testosterone-suppressing hormone therapies (e.g., antiandrogens or estrogens), refer to cisgender female reference intervals. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0081057.

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay/Calculation

ADDITIONAL INFORMATION

CPT Codes:

84402; 84403; 84270

Section:

RF-ARUP

Notes:

The concentrations of free and bioavailable testosterone are derived from mathematical expressions based on constants for the binding of testosterone to albumin and/or sex hormone binding globulin.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.8 mL)

Patient Preparation:

Collect between 6-10 a.m.

Unacceptable Conditions:

EDTA plasma.

Stability (from collection to initiation):

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3838-VML
- LAB3838VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Provides a calculated value for bioavailable testosterone concentration using total testosterone measured by mass spectrometry. May be used to evaluate hyperandrogenism in children and cisgender females, monitor testosterone-suppressing hormone therapies (eg, antiandrogens or estrogens), evaluate testosterone status in individuals with protein-binding abnormalities, or evaluate hypogonadism in cisgender males.To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Interpretive Data:
Bioavailable testosterone concentration is calculated using total testosterone (measured by mass spectrometry) and the binding constant of testosterone and sex hormone-binding globulin (SHBG) and/or albumin.

For individuals on testosterone-suppressing hormone therapies (e.g., antiandrogens or estrogens), refer to cisgender female reference intervals. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0081057.

Reference Interval:

Components	Reference Interval

Testosterone by Mass Spec

Age	Male (ng/dL)	Female (ng/dL)
Premature (26-28 weeks)	59-125	5-16
Premature (31-35 weeks)	37-198	5-22
Newborn	75-400	20-64
1-5 months	14-363	Less than 20
6-24 months	Less than 37	Less than 9
2-3 years	Less than 15	Less than 20
4-5 years	Less than 19	Less than 30
6-7 years	Less than 13	Less than 7
8-9 years	2-8	1-11
10-11 years	2-165	3-32
12-13 years	3-619	6-50
14-15 years	31-733	6-52
16-17 years	158-826	9-58
18-39 years	300-1080	9-55
40-59 years	300-890	9-55
60 years and older	300-720	5-32
Premenopausal (18 years and older)	Not Applicable	9-55
Postmenopausal	Not Applicable	5-32
Tanner Stage I	2-15	2-17
Tanner Stage II	3-303	5-40
Tanner Stage III	10-851	10-63
Tanner Stage IV-V	162-847	11-62

Age	Male (pg/mL)	Female (pg/mL)
1-6 years	Less than 0.6	Less than 0.6
7-9 years	0.1-0.9	0.6-1.8
10-11	0.1-6.3	0.1-3.5
12-13	0.5-98.0	0.9-6.8

Testosterone, Free by Mass Spec

14-15	3-138.0	1.2-7.5
16-17	38.0-173.0	1.2-9.9
18 years and older	47-244	Not Applicable
18-30	Not Applicable	0.8-7.4
31-40	Not Applicable	1.3-9.2
41-51	Not Applicable	1.1-5.8
Postmenopausal	Not Applicable	0.6-3.8
Tanner Stage I	Less than or equal to 3.7	Less than 2.2
Tanner Stage II	0.3-21	0.4-4.5
Tanner Stage III	1.0-98.0	1.3-7.5
Tanner Stage IV	35.0-169.0	1.1-15.5
Tanner Stage V	41.0-239.0	0.8-9.2

Testosterone, Bioavailable by Mass Spec

Age	Male (ng/dL)	Female (ng/dL)
1-6 years	Less than 1.3	Less than 1.3
7-9 years	0.3-2.8	0.3-5.0
10-11 years	0.1-17.9	0.4-9.6
12-13 years	1.4-288.0	1.7-18.8
14-15 years	9.5-337.0	3.0-22.6
16-17 years	35.0-509.0	3.3-28.6
18 years and older	130.0-680.0	Not Applicable
18-30 years	Not Applicable	2.2-20.6
31-40 years	Not Applicable	4.1-25.5
41-51 years	Not Applicable	2.8-16.5
Postmenopausal	Not Applicable	1.5-9.4
Tanner Stage I	0.3-13.0	0.3-5.5
Tanner Stage II	0.3-59.0	1.2-15.0
Tanner Stage III	1.9-296.0	3.8-28.0
Tanner Stage IV	40.0-485.0	2.8-39.0
Tanner Stage IV	124.0-596.0	2.5-23.0

Sex Hormone Binding Globulin

Age	Male (nmol/L)	Female (nmol/L)
1-30 days	13-85	14-60
31-364 days	70-250	60-215
1-3 years	50-180	60-190
4-6 years	45-175	55-170
7-9 years	28-190	35-170
10-12 years	23-160	17-155
13-15 years	13-140	11-120
16-17 years	10-60	19-145
18-49 years	17-56	25-122
50 years and older	19-76	17-125
Tanner Stage I	26-186	30-173
Tanner Stage II	22-169	16-127
Tanner Stage III	13-104	12-98
Tanner Stage IV	11-60	14-151
Tanner Stage V	11-71	23-165

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay/Calculation

Section:
RF-ARUP

CPT Codes:
84402; 84403; 84270

Notes:
The concentrations of free and bioavailable testosterone are derived from mathematical expressions based on constants for the binding of testosterone to albumin and/or sex hormone binding globulin.

Testosterone, Free (Adult Males or Individuals on Testosterone Hormone Therapy)

LAB3837

ORDERING INFO

Collect:
Serum separator tube or green (lithium heparin).

Synonyms:

- Free testosterone
- serum testosterone free
- LAB3837-VML
- LAB3837VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect specimen between 6-10 a.m.

Collect:
Serum separator tube or green (lithium heparin).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
EDTA plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Free testosterone
- serum testosterone free
- LAB3837-VML
- LAB3837VML

Ordering Recommendations:
Provides a calculated value for free testosterone concentration using total testosterone measured by immunoassay. Use to evaluate hypogonadism in cisgender males with a total testosterone concentration at the lower limit of normal. May be used to evaluate testosterone status in individuals with protein-binding abnormalities or to monitor testosterone hormone therapies. Not recommended when low testosterone concentrations, such as those found in children and cisgender females, are expected. For these individuals, testing by mass spectrometry is recommended; refer to Testosterone, Free (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy) (0081059).To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay/Calculation

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

Male:
14-15 years: 3-138 pg/mL
16-17 years: 38-173 pg/mL
18 years and older: 47-244 pg/mL

Tanner Stage IV: 35-169 pg/mL
Tanner Stage V: 41-239 pg/mL

Interpretive Data:

Free testosterone concentration is calculated using total testosterone (measured by immunoassay) and the binding constant of testosterone and sex hormone-binding globulin (SHBG). Testosterone immunoassays are both imprecise and inaccurate at low testosterone concentrations, such as those found in children and cisgender females. For these individuals, testing by mass spectrometry is recommended; refer to Testosterone, Free (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy) (ARUP test code 0081059).

For individuals on testosterone hormone therapy, refer to cisgender male reference intervals. No reference intervals have been established for males younger than 14 years or for cisgender females. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0070111.

Methodology:

Quantitative Electrochemiluminescent Immunoassay/Calculation

ADDITIONAL INFORMATION

CPT Codes:

84402

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or green (lithium heparin).

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:

Collect specimen between 6-10 a.m.

Unacceptable Conditions:

EDTA plasma.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Free testosterone
- serum testosterone free
- LAB3837-VML
- LAB3837VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

Within 24 hours

Ordering Recommendations:

Provides a calculated value for free testosterone concentration using total testosterone measured by immunoassay. Use to evaluate hypogonadism in cisgender males with a total testosterone concentration at the lower limit of normal. May be used to evaluate testosterone status in individuals with protein-binding abnormalities or to monitor testosterone hormone therapies. Not recommended when low testosterone concentrations, such as those found in children and cisgender females, are expected. For these individuals, testing by mass spectrometry is recommended; refer to Testosterone, Free (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy) (0081059).To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Interpretive Data:

Free testosterone concentration is calculated using total testosterone (measured by immunoassay) and the binding constant of testosterone and sex hormone-binding globulin (SHBG). Testosterone immunoassays are both imprecise and inaccurate at low testosterone concentrations, such as those found in children and cisgender females. For these individuals, testing by mass spectrometry is recommended; refer to Testosterone, Free (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy) (ARUP test code 0081059).

For individuals on testosterone hormone therapy, refer to cisgender male reference intervals. No reference intervals have been established for males younger than 14 years or for cisgender females. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0070111.

Reference Interval:

Male:
14-15 years: 3-138 pg/mL
16-17 years: 38-173 pg/mL
18 years and older: 47-244 pg/mL

Tanner Stage IV: 35-169 pg/mL
Tanner Stage V: 41-239 pg/mL

Methodology:

Quantitative Electrochemiluminescent Immunoassay/Calculation

Section:

RF-ARUP

CPT Codes:

84402

11-Deoxycortisol-ESTX

LAB975

ORDERING INFO

Synonyms:

- LAB975-VML
- LAB975VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB975-VML
- LAB975VML

ADDITIONAL INFORMATION

Section:

RF-ESTX

Resulting Laboratory:

Esoterix

FULL VIEW

Synonyms:

- LAB975-VML
- LAB975VML

Resulting Laboratory:

Esoterix

Section:

RF-ESTX

Links:

Test Sent to Reference Lab. Click Here for Test Details

17-Hydroxycorticosteroids, Urine

LAB351

ORDERING INFO

Collect:
24-hour urine. Refrigerated during collection. Also acceptable: Random urine. Freeze within 15 minutes of collection, preservative not required. Reported as mg/L, no reference interval provided.

Synonyms:

- Urinary Free Cortisol
- Free Urinary Cortisol
- 17-Hydroxycorticosteroids
- 17-Ketogenic Steroid
- Cortisol Free Urine
- LAB351-VML
- LAB351VML

SPECIMEN REQUIREMENTS

Collect:
24-hour urine. Refrigerated during collection. Also acceptable: Random urine. Freeze within 15 minutes of collection, preservative not required. Reported as mg/L, no reference interval provided.

Specimen Preparation:
Transfer 12 mL aliquot of urine from a well-mixed 24-hour collection to ARUP Standard Transport Tubes. Also acceptable: Specimens refrigerated with preservatives are acceptable. Sample pH must be 5.0 - 7.0. Mix well, add 1 g boric acid/100 mL urine, adjust pH (with boric acid) to 5.0-7.0 and freeze. Record total volume, collection time, and pH on transport tube and test request form. Random specimens without preservative are acceptable if frozen within 15 minutes of collection.

Unacceptable Conditions:
Alkali preservatives (e.g. specimens previously preserved with NaOH).

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 4 hours (with preservative); Refrigerated: 1 week (with preservative); Frozen: 1 month

Performed:
Wed, Sat

ORDERING

Synonyms:

- Urinary Free Cortisol
- Free Urinary Cortisol
- 17-Hydroxycorticosteroids
- 17-Ketogenic Steroid
- Cortisol Free Urine
- LAB351-VML
- LAB351VML

Performed:
Wed, Sat

Methodology:
Quantitative Colorimetry

Reported:
3-7 days

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>17 OH-Corticosteroids, Urine - mg/g CRT</td><td>2.0-6.5 mg/g CRT</td></tr>
<tr><td>17 OH-Corticosteroids, Urine - per 24h</td><td>4.0-14.0 mg/d</td></tr>
</table>

Interpretive Data:

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Methodology:

Quantitative Colorimetry

ADDITIONAL INFORMATION

CPT Codes:

83491

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour urine. Refrigerated during collection. Also acceptable: Random urine. Freeze within 15 minutes of collection, preservative not required. Reported as mg/L, no reference interval provided.

Specimen Preparation:

Transfer 12 mL aliquot of urine from a well-mixed 24-hour collection to ARUP Standard Transport Tubes. Also acceptable: Specimens refrigerated with preservatives are acceptable. Sample pH must be 5.0 - 7.0. Mix well, add 1 g boric acid/100 mL urine, adjust pH (with boric acid) to 5.0-7.0 and freeze. Record total volume, collection time, and pH on transport tube and test request form. Random specimens without preservative are acceptable if frozen within 15 minutes of collection.

Unacceptable Conditions:

Alkali preservatives (e.g. specimens previously preserved with NaOH).

Stability (from collection to initiation):

Ambient: 4 hours (with preservative); Refrigerated: 1 week (with preservative); Frozen: 1 month

Storage/Transport Temperature:

Frozen.

Synonyms:

- Urinary Free Cortisol
- Free Urinary Cortisol
- 17-Hydroxycorticosteroids
- 17-Ketogenic Steroid
- Cortisol Free Urine
- LAB351-VML
- LAB351VML

Performed:

Wed, Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

3-7 days

Interpretive Data:

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>17 OH-Corticosteroids, Urine - mg/g CRT</td><td>2.0-6.5 mg/g CRT</td></tr>
<tr><td>17 OH-Corticosteroids, Urine - per 24h</td><td>4.0-14.0 mg/d</td></tr>
</table>

Methodology:

Quantitative Colorimetry

Section:

RF-ARUP

CPT Codes:

83491

17-Hydroxypregnenolone (Peds)-ESTX

LAB530

ORDERING INFO

Synonyms:

- LAB530-VML
- LAB530VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB530-VML
- LAB530VML

ADDITIONAL INFORMATION

Section:

RF-ESTX

Resulting Laboratory:

Esoterix

FULL VIEW

Synonyms:

- LAB530-VML
- LAB530VML

Resulting Laboratory:

Esoterix

Section:

RF-ESTX

Links:

Test Sent to Reference Lab. Click Here for Test Details

17-Hydroxyprogesterone (Peds)-ESTX

LAB3902

ORDERING INFO

Synonyms:

- LAB3902-VML
- LAB3902VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3902-VML
- LAB3902VML

ADDITIONAL INFORMATION

Section:

RF-ESTX

Resulting Laboratory:

Esoterix

FULL VIEW

Synonyms:

- LAB3902-VML
- LAB3902VML

Resulting Laboratory:

Esoterix

Section:

RF-ESTX

Links:

Test Sent to Reference Lab. Click Here for Test Details

17-Hydroxyprogesterone Quantitative by HPLC-MS/MS, Serum or Plasma

LAB6204

ORDERING INFO

Collect:
Serum separator tube (SST). Also acceptable: Plain red, pink (K2EDTA), plasma separator tube (PST), green (sodium heparin), or green (lithium heparin).

Synonyms:

- 17-OHP
- 17a
- 17a-OH
- Hydroxyprogesterone
- Progesterone
- LAB6204-VML
- LAB6204VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST). Also acceptable: Plain red, pink (K2EDTA), plasma separator tube (PST), green (sodium heparin), or green (lithium heparin).

Specimen Preparation:
Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 3 Days; Refrigerated: 1 week; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- 17-OHP
- 17a
- 17a-OH
- Hydroxyprogesterone
- Progesterone
- LAB6204-VML
- LAB6204VML

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Effective August 19, 2013

Age	Female	Male
Premature (26-28 weeks)	124-841 ng/dL	124-841 ng/dL
Premature (29-35 weeks)	26-568 ng/dL	26-568 ng/dL
Full term Day 3	7-77 ng/dL	7-77 ng/dL
4 days-30 days	7-106 ng/dL	Less than 200 ng/dL
1 month-2 months	13-106 ng/dL	Less than 200 ng/dL
3 months-5 months	13-106 ng/dL	3-90 ng/dL
6 months-1 year	Less than or equal to 148 ng/dL	Less than or equal to 148 ng/dL
2-3 years	Less than or equal to 256 ng/dL	Less than or equal to 228 ng/dL
4-6 years	Less than or equal to 299 ng/dL	Less than or equal to 208 ng/dL
7-9 years	Less than or equal to 71 ng/dL	Less than or equal to 63 ng/dL
10-12 years	Less than or equal to 129 ng/dL	Less than or equal to 79 ng/dL
13-15 years	9-208 ng/dL	9-140 ng/dL
16-17 years	Less than or equal to 178 ng/dL	24-192 ng/dL
18 years and older	Less than 207 ng/dL	Less than 139 ng/dL
Follicular	15-70 ng/dL	Does Not Apply
Luteal	35-290 ng/dL	Does Not Apply
Tanner Stage I	Less than or equal to 74 ng/dL	Less than or equal to 62 ng/dL
Tanner Stage II	Less than or equal to 164 ng/dL	Less than or equal to 104 ng/dL
Tanner Stage III	13-209 ng/dL	Less than or equal to 151 ng/dL
Tanner Stage IV-V	7-170 ng/dL	20-173 ng/dL

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

83498

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube (SST). Also acceptable: Plain red, pink (K2EDTA), plasma separator tube (PST), green (sodium heparin), or green (lithium heparin).

Specimen Preparation:

Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

Unacceptable Conditions:

Grossly hemolyzed specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 3 Days; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:

Frozen. Also acceptable: Refrigerated.

Synonyms:

- 17-OHP
- 17a
- 17a-OH
- Hydroxyprogesterone
- Progesterone
- LAB6204-VML
- LAB6204VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Reference Interval:
Effective August 19, 2013

Age	Female	Male
Premature (26-28 weeks)	124-841 ng/dL	124-841 ng/dL
Premature (29-35 weeks)	26-568 ng/dL	26-568 ng/dL
Full term Day 3	7-77 ng/dL	7-77 ng/dL
4 days-30 days	7-106 ng/dL	Less than 200 ng/dL
1 month-2 months	13-106 ng/dL	Less than 200 ng/dL
3 months-5 months	13-106 ng/dL	3-90 ng/dL
6 months-1 year	Less than or equal to 148 ng/dL	Less than or equal to 148 ng/dL
2-3 years	Less than or equal to 256 ng/dL	Less than or equal to 228 ng/dL
4-6 years	Less than or equal to 299 ng/dL	Less than or equal to 208 ng/dL
7-9 years	Less than or equal to 71 ng/dL	Less than or equal to 63 ng/dL
10-12 years	Less than or equal to 129 ng/dL	Less than or equal to 79 ng/dL
13-15 years	9-208 ng/dL	9-140 ng/dL
16-17 years	Less than or equal to 178 ng/dL	24-192 ng/dL
18 years and older	Less than 207 ng/dL	Less than 139 ng/dL
Follicular	15-70 ng/dL	Does Not Apply
Luteal	35-290 ng/dL	Does Not Apply
Tanner Stage I	Less than or equal to 74 ng/dL	Less than or equal to 62 ng/dL
Tanner Stage II	Less than or equal to 164 ng/dL	Less than or equal to 104 ng/dL
Tanner Stage III	13-209 ng/dL	Less than or equal to 151 ng/dL
Tanner Stage IV-V	7-170 ng/dL	20-173 ng/dL

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
83498

17-Ketosteroids, Urine

LAB350

ORDERING INFO

Collect:
24-hour urine. Refrigerate during collection.

Synonyms:

- LAB350-VML
- LAB350VML

SPECIMEN REQUIREMENTS

Collect:
24-hour urine. Refrigerate during collection.

Specimen Preparation:
Transfer two 4 mL aliquots from a well-mixed 24-hour urine collection into 2 ARUP Standard Transport Tubes or 2 ARUP Standard Transport Tubes containing 20 mg Sulfamic Acid (ARUP supply #48098) available online through eSupply using ARUP Connect(TM) or by contacting ARUP Client Services at (800) 522-2787. (Min: 3 mL/aliquot) Adequate refrigeration is the most important aspect of specimen preservation.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Mon, Wed, Fri

Remarks:
Record total volume and collection time interval on transport tube and test request form.

ORDERING

Synonyms:

- LAB350-VML
- LAB350VML

Ordering Recommendations:
Assess adrenal androgen production. Preferred test is Dehydroepiandrosterone Sulfate, Serum (0070040).

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Spectrophotometry

Reported:
1-5 days

Notes:
An alternative and more specific test for adrenal androgen function is Dehydroepiandrosterone Sulfate, Serum (ARUP test code 0070040).

A large number of substances may interfere with this test. Decreases may be caused by carbamazepine, cephaloridine, cephalothin, chlormerodrin, digoxin, glucose, metyrapone, promazine, propoxyphene, reserpine, and others. Increases may be caused by acetone, acetophenide, ascorbic acid, chloramphenicol, chlorothiazide, chlorpromazine, cloxacillin, dexamethasone, erythromycin, ethinamate, etryptamine, methicillin, methyprylon, morphine, oleandomycin, oxacillin, penicillin, phenaglycodol, phenazopyridine, phenothiazine, piperidine, quinidine, secobarbital, spironolactone, and others.

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>17-Ketosteroids - per 24h</td><td>
<table>
<tr><th>Male</th><th>Female</th></tr>
<tr><td>0-11 months: 0.0-1.0 mg/d
1-5 years: 1.0-2.0 mg/d
6-10 years: 1.0-4.4 mg/d
11-12 years: 1.3-8.5 mg/d
13-16 years: 3.4-9.8 mg/d
17-50 years: 5.3-17.6 mg/d
51 years and older: 4.1-12.1 mg/d</td><td>0-11 months: 0.0-1.0 mg/d
1-5 years: 1.0-2.0 mg/d
6-10 years: 1.4-3.9 mg/d
11-12 years: 3.8-9.5 mg/d
13-16 years: 4.5-17.1 mg/d
17-50 years: 4.4-14.2 mg/d
51 years and older: 3.2-10.6 mg/d</td></tr>
</table>
</td></tr>
<tr><td>17-Ketosteroids - per volume</td><td>Not available</td></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Creatinine, Urine - per volume</td><td></td></tr>
</table>

Interpretive Data:

Reference intervals for random urine samples (mg/L) are not available.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Methodology:

Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:

83586

Section:

RF-ARUP

Remarks:

Record total volume and collection time interval on transport tube and test request form.

Notes:

An alternative and more specific test for adrenal androgen function is Dehydroepiandrosterone Sulfate, Serum (ARUP test code 0070040).

A large number of substances may interfere with this test. Decreases may be caused by carbamazepine, cephaloridine, cephalothin, chlormerodrin, digoxin, glucose, metyrapone, promazine, propoxyphene, reserpine, and others. Increases may be caused by acetone, acetophenide, ascorbic acid, chloramphenicol, chlorothiazide, chlorpromazine, cloxacillin, dexamethasone, erythromycin, ethinamate, etryptamine, methicillin, methyprylon, morphine, oleandomycin, oxacillin, penicillin, phenaglycodol, phenazopyridine, phenothiazine, piperidine, quinidine, secobarbital, spironolactone, and others.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour urine. Refrigerate during collection.

Specimen Preparation:

Transfer two 4 mL aliquots from a well-mixed 24-hour urine collection into 2 ARUP Standard Transport Tubes or 2 ARUP Standard Transport Tubes containing 20 mg Sulfamic Acid (ARUP supply #48098) available online through eSupply using ARUP Connect(TM) or by contacting ARUP Client Services at (800) 522-2787. (Min: 3 mL/aliquot) Adequate refrigeration is the most important aspect of specimen preservation.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB350-VML
- LAB350VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Assess adrenal androgen production. Preferred test is Dehydroepiandrosterone Sulfate, Serum (0070040).

Interpretive Data:
Reference intervals for random urine samples (mg/L) are not available.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>17-Ketosteroids - per 24h</td><td>
<table>
<tr><th>Male</th><th>Female</th></tr>
<tr><td>0-11 months: 0.0-1.0 mg/d
1-5 years: 1.0-2.0 mg/d
6-10 years: 1.0-4.4 mg/d
11-12 years: 1.3-8.5 mg/d
13-16 years: 3.4-9.8 mg/d
17-50 years: 5.3-17.6 mg/d
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1-5 years: 1.0-2.0 mg/d
6-10 years: 1.4-3.9 mg/d
11-12 years: 3.8-9.5 mg/d
13-16 years: 4.5-17.1 mg/d
17-50 years: 4.4-14.2 mg/d
51 years and older: 3.2-10.6 mg/d</td></tr>
</table>
</td></tr>
<tr><td>17-Ketosteroids - per volume</td><td>Not available</td></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
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<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
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<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Creatinine, Urine - per volume</td><td></td></tr>
</table>

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
83586

Remarks:
Record total volume and collection time interval on transport tube and test request form.

Notes:

An alternative and more specific test for adrenal androgen function is Dehydroepiandrosterone Sulfate, Serum (ARUP test code 0070040).

A large number of substances may interfere with this test. Decreases may be caused by carbamazepine, cephaloridine, cephalothin, chlormerodrin, digoxin, glucose, metyrapone, promazine, propoxyphene, reserpine, and others. Increases may be caused by acetone, acetophenide, ascorbic acid, chloramphenicol, chlorothiazide, chlorpromazine, cloxacillin, dexamethasone, erythromycin, ethinamate, etryptamine, methicillin, methyprylon, morphine, oleandomycin, oxacillin, penicillin, phenaglycodol, phenazopyridine, phenothiazine, piperidine, quinidine, secobarbital, spironolactone, and others.

18-Hydroxycorticosterone by Mass Spectrometry

LAB969

ORDERING INFO

Collect:
Serum separator tube (SST) or plasma preparation tube (PPT). Also acceptable: Lavender (EDTA) or green (sodium heparin).

Synonyms:

- LAB969-VML
- LAB969VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST) or plasma preparation tube (PPT). Also acceptable: Lavender (EDTA) or green (sodium heparin).

Specimen Preparation:
Separate from cells within 1 hour of collection. Transfer 3 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 1 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
CRITICAL FROZEN.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 24 hours; Frozen: 3 months

Performed:
Varies

ORDERING

Synonyms:

- LAB969-VML
- LAB969VML

Performed:
Varies

Methodology:
Quantitative Mass Spectrometry

Reported:
3-16 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
82542

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST) or plasma preparation tube (PPT). Also acceptable: Lavender (EDTA) or green (sodium heparin).

Specimen Preparation:
Separate from cells within 1 hour of collection. Transfer 3 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 1 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 24 hours; Frozen: 3 months

Storage/Transport Temperature:
CRITICAL FROZEN.

Synonyms:

- LAB969-VML
- LAB969VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-16 days

Reference Interval:
By report

Methodology:
Quantitative Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82542

21-Hydroxylase Autoantibodies, Serum

LAB6090

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- Anti-Adrenal Antibody
- Hydroxylase Antibody
- Adrenal Antibody
- Adrenal Antibodies
- 21-OH Ab
- LAB6090-VML
- LAB6090VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Tue, Fri

ORDERING

Synonyms:

- Anti-Adrenal Antibody
- Hydroxylase Antibody
- Adrenal Antibody
- Adrenal Antibodies
- 21-OH Ab
- LAB6090-VML
- LAB6090VML

Ordering Recommendations:
Secondary test to diagnose autoimmune disease after adrenal insufficiency confirmed.

Performed:
Tue, Fri

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Reported:
2-7 days

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
The 21-Hydroxylase Autoantibody assay is intended for the qualitative determination of autoantibodies to steroid 21-hydroxylase in human serum.
A positive result is indicative of primary adrenal insufficiency (Addison disease). Results should be interpreted within the context of clinical symptoms, including functional adrenal testing.
Males with adrenal insufficiency and negative results for 21-hydroxylase autoantibodies should be screened for X-Linked Adrenoleukodystrophy (X-ALD) by ordering Very Long-Chain Branched Fatty Acids in Plasma (ARUP Test Code 2004250).

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
83516

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Anti-Adrenal Antibody
- Hydroxylase Antibody
- Adrenal Antibody
- Adrenal Antibodies
- 21-OH Ab
- LAB6090-VML
- LAB6090VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
2-7 days

Ordering Recommendations:
Secondary test to diagnose autoimmune disease after adrenal insufficiency confirmed.

Interpretive Data:
The 21-Hydroxylase Autoantibody assay is intended for the qualitative determination of autoantibodies to steroid 21-hydroxylase in human serum.
A positive result is indicative of primary adrenal insufficiency (Addison disease). Results should be interpreted within the context of clinical symptoms, including functional adrenal testing.
Males with adrenal insufficiency and negative results for 21-hydroxylase autoantibodies should be screened for X-Linked Adrenoleukodystrophy (X-ALD) by ordering Very Long-Chain Branched Fatty Acids in Plasma (ARUP Test Code 2004250).

Reference Interval:
Negative

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
83516

24Hr Albumin , Urine (Microalbumin)

LAB410

ORDERING INFO

Collect:

24 Hour Urine Container - Plain (No Additive)

Synonyms:

- MAT, Microalbuminuria 24 Hr Urine, U24MA, Urine 24Hr Microalmbumin Level, LAB410
- LAB410-VML
- LAB410VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:

Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:

24 Hour Urine Container - Plain (No Additive)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

2° to 8°C: 2 weeks; Frozen: 30 days

Specimen:

24-Hour Urine

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MAT, Microalbuminuria 24 Hr Urine, U24MA, Urine 24Hr Microalmbumin Level, LAB410
- LAB410-VML
- LAB410VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Spectrophotometry

Components:
Urine Albumin, Urine Creatinine

RESULTS INTERPRETATION

Reference Interval:
0 - 29 µg/mg

Interpretive Data:
N/A

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Urine Albumin, Urine Creatinine

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Preferred Collection Volume:
Complete 24 Hour Urine Collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-Hour Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
Urine Albumin, Urine Creatinine

Stability:
2° to 8°C: 2 weeks; Frozen: 30 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- MAT, Microalbuminuria 24 Hr Urine, U24MA, Urine 24Hr Microalmbumin Level, LAB410
- LAB410-VML
- LAB410VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0 - 29 µg/mg

Additional Information:
N/A

Methodology:
Quantitative Spectrophotometry

Section:
Chemistry

24Hr Calcium, Urine

LAB814

ORDERING INFO

Collect:

24 Hour Urine Container - Plain (No Additive)

Synonyms:

- TCU, Calcium 24 Hr Urine, U24CA, Urine 24Hr Calcium Level, LAB814
- LAB814-VML
- LAB814VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:

Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:

24 Hour Urine Container - Plain (No Additive)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

15° to 25°C: 2 days; 2° to 8°C: 4 days; Frozen: 21 days

Specimen:

24-Hour Urine

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TCU, Calcium 24 Hr Urine, U24CA, Urine 24Hr Calcium Level, LAB814
- LAB814-VML
- LAB814VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
100 - 300 mg/24 hours

Interpretive Data:
Calcium free diet 5- 40 mg/day, Low to average diet 50- 150 mg/day, Average 800 mg/day 100-300 mg/day

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Acidify pH <2

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Preferred Collection Volume:
Complete 24 Hour Urine Collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-Hour Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 days; 2° to 8°C: 4 days; Frozen: 21 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TCU, Calcium 24 Hr Urine, U24CA, Urine 24Hr Calcium Level, LAB814
- LAB814-VML
- LAB814VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Calcium free diet 5- 40 mg/day, Low to average diet 50- 150 mg/day, Average 800 mg/day 100-300 mg/day

Reference Interval:
100 - 300 mg/24 hours

Additional Information:
Acidify pH <2

Methodology:
Quantitative Spectrophotometry

Section:
Chemistry

24Hr Chloride, Urine

LAB375

ORDERING INFO

Collect:

24 Hour Urine Container - Plain (No Additive)

Synonyms:

- TCL, Chloride 24 Hr Urine, U24TCL, Urine 24Hr Chloride Level, LAB375
- LAB375-VML
- LAB375VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:

Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:

24 Hour Urine Container - Plain (No Additive)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 7 days

Specimen:

24-Hour Urine

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TCL, Chloride 24 Hr Urine, U24TCL, Urine 24Hr Chloride Level, LAB375
- LAB375-VML
- LAB375VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Ion-Selective Electrode (Indirect)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
110 - 250 mmol/24 hours

Interpretive Data:
N/A

Methodology:
Ion-Selective Electrode (Indirect)

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Preferred Collection Volume:
Complete 24 Hour Urine Collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-Hour Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 7 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TCL, Chloride 24 Hr Urine, U24TCL, Urine 24Hr Chloride Level, LAB375
- LAB375-VML
- LAB375VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
110 - 250 mmol/24 hours

Additional Information:
N/A

Methodology:
Ion-Selective Electrode (Indirect)

Section:
Chemistry

24Hr Creatinine, Urine

LAB712

ORDERING INFO

Collect:
24 Hour Urine Container - Plain (No Additive)

Synonyms:

- TCR, Creatinine 24 Hour Urine, U24TCR, Urine 24Hr Creatinine Level, LAB712
- LAB712-VML
- LAB712VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 2 days; 2° to 8°C: 6 days; Frozen: 6 months

Specimen:
24-Hour Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TCR, Creatinine 24 Hour Urine, U24TCR, Urine 24Hr Creatinine Level, LAB712
- LAB712-VML
- LAB712VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Kinetic Alkaline Picrate

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0.7 - 2.5 g/24 hours

Interpretive Data:
N/A

Methodology:
Kinetic Alkaline Picrate

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Preferred Collection Volume:
Complete 24 Hour Urine Collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-Hour Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 days; 2° to 8°C: 6 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TCR, Creatinine 24 Hour Urine, U24TCR, Urine 24Hr Creatinine Level, LAB712
- LAB712-VML
- LAB712VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0.7 - 2.5 g/24 hours

Additional Information:
N/A

Methodology:
Kinetic Alkaline Picrate

Section:
Chemistry

24Hr Glucose, Urine

LAB396

ORDERING INFO

Collect:

24 Hour Urine Container - Plain (No Additive)

Synonyms:

- TGU, Glucose 24 Hr Urine, U24GLU, Urine 24Hr Glucose Level, LAB396
- LAB396-VML
- LAB396VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:

Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:

24 Hour Urine Container - Plain (No Additive)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

15° to 25°C: 2 hours, 2° to 8°C: 2 hours, Frozen: 2 days

Specimen:

24-Hour Urine

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TGU, Glucose 24 Hr Urine, U24GLU, Urine 24Hr Glucose Level, LAB396
- LAB396-VML
- LAB396VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Hexokinase/G-6-PDH

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - 499 mg/24 hours

Interpretive Data:
N/A

Methodology:
Hexokinase/G-6-PDH

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Preferred Collection Volume:
Complete 24 Hour Urine Collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-Hour Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 hours, 2° to 8°C: 2 hours, Frozen: 2 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TGU, Glucose 24 Hr Urine, U24GLU, Urine 24Hr Glucose Level, LAB396
- LAB396-VML
- LAB396VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0 - 499 mg/24 hours

Additional Information:
N/A

Methodology:
Hexokinase/G-6-PDH

Section:
Chemistry

24Hr Phosphorous, Urine

LAB426

ORDERING INFO

Collect:

24 Hour Urine Container - Plain (No Additive)

Synonyms:

- TPU, Phosphorus 24 Hr Urine, U24PO4, Urine 24Hr Phosphorus Level, LAB426
- LAB426-VML
- LAB426VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:

Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:

24 Hour Urine Container - Plain (No Additive)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

15° to 25°C: 48 hrs

Specimen:

24-Hour Urine

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TPU, Phosphorus 24 Hr Urine, U24PO4, Urine 24Hr Phosphorus Level, LAB426
- LAB426-VML
- LAB426VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Phosphomolybdate

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
400 - 1300 mg/day

Interpretive Data:
N/A

Methodology:
Phosphomolybdate

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Acidify pH <2

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Preferred Collection Volume:
Complete 24 Hour Urine Collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-Hour Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 48 hrs

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TPU, Phosphorus 24 Hr Urine, U24PO4, Urine 24Hr Phosphorus Level, LAB426
- LAB426-VML
- LAB426VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
400 - 1300 mg/day

Additional Information:
Acidify pH <2

Methodology:
Phosphomolybdate

Section:
Chemistry

24Hr Potassium, Urine

LAB436

ORDERING INFO

Collect:

24 Hour Urine Container - Plain (No Additive)

Synonyms:

- TKU, Potassium 24 Hr Urine, U24K, Urine 24Hr Potassium Level, LAB436
- LAB436-VML
- LAB436VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:

Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:

24 Hour Urine Container - Plain (No Additive)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

15° to 25°C: 45 days; 2° to 8°C: 60 days; Frozen: 1 year

Specimen:

24-Hour Urine

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TKU, Potassium 24 Hr Urine, U24K, Urine 24Hr Potassium Level, LAB436
- LAB436-VML
- LAB436VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Ion-Selective Electrode (Indirect)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
25 - 125 mmol/24 hours

Interpretive Data:
N/A

Methodology:
Ion-Selective Electrode (Indirect)

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Preferred Collection Volume:
Complete 24 Hour Urine Collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-Hour Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 45 days; 2° to 8°C: 60 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TKU, Potassium 24 Hr Urine, U24K, Urine 24Hr Potassium Level, LAB436
- LAB436-VML
- LAB436VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
25 - 125 mmol/24 hours

Additional Information:
N/A

Methodology:
Ion-Selective Electrode (Indirect)

Section:
Chemistry

24Hr Protein, Urine

LAB441

ORDERING INFO

Collect:

24 Hour Urine Container - Plain (No Additive)

Synonyms:

- PRU, Protein 24 Hour Urine, U24PRO, Urine 24Hr Protein Level, LAB441
- LAB441-VML
- LAB441VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:

Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:

24 Hour Urine Container - Plain (No Additive)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

15° to 25°C: hours; 2° to 8°C: 7 days; Frozen: 1 month

Specimen:

24-Hour Urine

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PRU, Protein 24 Hour Urine, U24PRO, Urine 24Hr Protein Level, LAB441
- LAB441-VML
- LAB441VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - 299 mg/24 hours

Interpretive Data:
N/A

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Preferred Collection Volume:
Complete 24 Hour Urine Collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-Hour Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: hours; 2° to 8°C: 7 days; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PRU, Protein 24 Hour Urine, U24PRO, Urine 24Hr Protein Level, LAB441
- LAB441-VML
- LAB441VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0 - 299 mg/24 hours

Additional Information:
N/A

Methodology:
Quantitative Spectrophotometry

Section:
Chemistry

24Hr Sodium, Urine

LAB446

ORDERING INFO

Collect:

24 Hour Urine Container - Plain (No Additive)

Synonyms:

- NAU, Sodium 24 Hr Urine, U24NA, Urine 24Hr Sodium Level, LAB446
- LAB446-VML
- LAB446VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:

Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:

24 Hour Urine Container - Plain (No Additive)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

15° to 25°C: 45 days; 2° to 8°C: 45 days; Frozen: 1 year

Specimen:

24-Hour Urine

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- NAU, Sodium 24 Hr Urine, U24NA, Urine 24Hr Sodium Level, LAB446
- LAB446-VML
- LAB446VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Ion-Selective Electrode (Indirect)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
40 - 220 mmol/24 hours

Interpretive Data:
N/A

Methodology:
Ion-Selective Electrode (Indirect)

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Preferred Collection Volume:
Complete 24 Hour Urine Collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-Hour Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 45 days; 2° to 8°C: 45 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- NAU, Sodium 24 Hr Urine, U24NA, Urine 24Hr Sodium Level, LAB446
- LAB446-VML
- LAB446VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
40 - 220 mmol/24 hours

Additional Information:
N/A

Methodology:
Ion-Selective Electrode (Indirect)

Section:
Chemistry

24Hr Urea Nitrogen, Urine

LAB3085

ORDERING INFO

Collect:

24 Hour Urine Container - Plain (No Additive)

Synonyms:

- TUN, Urea Nitrogen 24 Hr Urine, U24BUN, Urine 24Hr Urea Nitrogen Level, LAB3085
- LAB3085-VML
- LAB3085VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:

Refrigerate during 24 hour collection to prevent bacterial growth, which will lower Urea Nitrogen content. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:

24 Hour Urine Container - Plain (No Additive)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

15° to 25°C: 2 days; 2° to 8°C: 7 days; −20 °C 1 month

Specimen:

24-Hour Urine

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TUN, Urea Nitrogen 24 Hr Urine, U24BUN, Urine 24Hr Urea Nitrogen Level, LAB3085
- LAB3085-VML
- LAB3085VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
6 - 20 g/24 hours

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 Hour Urine Container - Plain (No Additive)

Specimen Preparation:
Refrigerate during 24 hour collection to prevent bacterial growth, which will lower Urea Nitrogen content. Record total volume and collection time interval on transport tube and test request form. (Min 3 mL from a well-mixed 24 hour collection)

Pediatric Collection:
24 Hour Urine Container - Plain (No Additive)

Preferred Collection Volume:
Complete 24 Hour Urine Collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-Hour Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 days; 2° to 8°C: 7 days; −20 °C 1 month

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TUN, Urea Nitrogen 24 Hr Urine, U24BUN, Urine 24Hr Urea Nitrogen Level, LAB3085
- LAB3085-VML
- LAB3085VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
6 - 20 g/24 hours

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

5-HIAA, Plsm-INSC

LAB3903

ORDERING INFO

Synonyms:

- LAB3903-VML
- LAB3903VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3903-VML
- LAB3903VML

ADDITIONAL INFORMATION

Section:

RF-INSC

Resulting Laboratory:

InterScience Institute

FULL VIEW

Synonyms:

- LAB3903-VML
- LAB3903VML

Resulting Laboratory:

InterScience Institute

Section:

RF-INSC

Links:

Test Sent to Reference Lab. Click Here for Test Details

5-Hydroxyindoleacetic Acid (HIAA), Urine

LAB352

ORDERING INFO

Collect:
24-hour or random urine. Refrigerate 24-hour specimens during collection.

Synonyms:

- Serotonin Metabolite
- 5-HIAA
- 5-OH-Indoleacetic Acid
- Hydroxyindoleacetic Acid
- LAB352-VML
- LAB352VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patients should abstain, if possible, from medications, over-the-counter drugs, and herbal remedies for at least 72 hours prior to the test. Foods rich in serotonin (avocados, bananas, eggplant, pineapple, plums, tomatoes, walnuts) and medications that may affect metabolism of serotonin must be avoided at least 72 hours before and during collection of urine for HIAA.

Collect:
24-hour or random urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:
Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

Unacceptable Conditions:
Any sample except urine.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 months

Performed:
Sun-Sat

Remarks:
Please see Note for a more comprehensive list of dietary restrictions.

ORDERING

Synonyms:

- Serotonin Metabolite
- 5-HIAA
- 5-OH-Indoleacetic Acid
- Hydroxyindoleacetic Acid
- LAB352-VML
- LAB352VML

Ordering Recommendations:
Use to diagnose carcinoid tumors and monitor disease.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography -Tandem Mass Spectrometry

Reported:
1-5 days

Notes:

Foods and medications associated with altered urinary HIAA results:

Decreased HIAA: Aspirin, chlorpromazine (Thorazine), corticotropin, dihydroxyphenylacetic acid, alcohol, gentisic acid, homogentisic acid, hydrazine derivatives, imipramine (Tofranil®), isocarboxazid (Marplan), keto acids, levodopa, MAO inhibitors, methenamine, methyldopa (Aldomet®), perchlorperazine, phenothiazines (Compazine®), promazine, promethazine (Mepergan®).

Increased HIAA: Acetaminophen, acetanilide, caffeine, coumaric acid, diazepam (Valium®), ephedrine, fluorouracil, glycerol guaiacolate (Guaifenesin), melphalan (Alkeran®), mephenesin, methamphetamine (Desoxyn), methocarbamol (Robaxin®), naproxen, nicotine, phenacetin, phenmetrazine, phenobarbital, phentolamine, rauwolfia, reserpine.

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>5-HIAA Urine - per 24h</td><td>0.0-15.0 mg/d</td></tr>
<tr><td>5-HIAA Urine - per volume</td><td>The HIAA-to-creatinine ratio will be reported whenever the urine collection is random or other than 24 hours, or the urine volume is less than 400 mL/24 hours.

0-14 mg/g crt</td></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
</table>

Interpretive Data:

5-Hydroxyindoleacetic acid (5-HIAA) results are expressed as a ratio to creatinine excretion (mg/g CRT). No reference interval is available for results reported in units of mg/L. Increased urine 5-HIAA concentration is common and may be the result of improper specimen collection, consumption of serotonin containing foods or dietary supplements, drug interference, or malabsorption syndromes. Significant elevation (ten times the upper reference limit) of urine 5-HIAA may indicate the presence of a carcinoid tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative High Performance Liquid Chromatography -Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

83497

Section:

RF-ARUP

Remarks:

Please see Note for a more comprehensive list of dietary restrictions.

Notes:

Foods and medications associated with altered urinary HIAA results:

Decreased HIAA: Aspirin, chlorpromazine (Thorazine), corticotropin, dihydroxyphenylacetic acid, alcohol, gentisic acid, homogentisic acid, hydrazine derivatives, imipramine (Tofranil®), isocarboxazid (Marplan), keto acids, levodopa, MAO inhibitors, methenamine, methyldopa (Aldomet®), perchlorperazine, phenothiazines (Compazine®), promazine, promethazine (Mepergan®).

Increased HIAA: Acetaminophen, acetanilide, caffeine, coumaric acid, diazepam (Valium®), ephedrine, fluorouracil, glycerol guaiacolate (Guaifenesin), melphalan (Alkeran®), mephenesin, methamphetamine (Desoxyn), methocarbamol (Robaxin®), naproxen, nicotine, phenacetin, phenmetrazine, phenobarbital, phentolamine, rauwolfia, reserpine.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour or random urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:

Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

Patient Preparation:

Patients should abstain, if possible, from medications, over-the-counter drugs, and herbal remedies for at least 72 hours prior to the test. Foods rich in serotonin (avocados, bananas, eggplant, pineapple, plums, tomatoes, walnuts) and medications that may affect metabolism of serotonin must be avoided at least 72 hours before and during collection of urine for HIAA.

Unacceptable Conditions:

Any sample except urine.

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Serotonin Metabolite
- 5-HIAA
- 5-OH-Indoleacetic Acid
- Hydroxyindoleacetic Acid
- LAB352-VML
- LAB352VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Use to diagnose carcinoid tumors and monitor disease.

Interpretive Data:

5-Hydroxyindoleacetic acid (5-HIAA) results are expressed as a ratio to creatinine excretion (mg/g CRT). No reference interval is available for results reported in units of mg/L. Increased urine 5-HIAA concentration is common and may be the result of improper specimen collection, consumption of serotonin containing foods or dietary supplements, drug interference, or malabsorption syndromes. Significant elevation (ten times the upper reference limit) of urine 5-HIAA may indicate the presence of a carcinoid tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

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<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>5-HIAA Urine - per 24h</td><td>0.0-15.0 mg/d</td></tr>
<tr><td>5-HIAA Urine - per volume</td><td>The HIAA-to-creatinine ratio will be reported whenever the urine collection is random or other than 24 hours, or the urine volume is less than 400 mL/24 hours.

0-14 mg/g crt</td></tr>
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<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
</table>

Methodology:
Quantitative High Performance Liquid Chromatography -Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
83497

Remarks:
Please see Note for a more comprehensive list of dietary restrictions.

Notes:
Foods and medications associated with altered urinary HIAA results:

Decreased HIAA: Aspirin, chlorpromazine (Thorazine), corticotropin, dihydroxyphenylacetic acid, alcohol, gentisic acid, homogentisic acid, hydrazine derivatives, imipramine (Tofranil®), isocarboxazid (Marplan), keto acids, levodopa, MAO inhibitors, methenamine, methyldopa (Aldomet®), perchlorperazine, phenothiazines (Compazine®), promazine, promethazine (Mepergan®).

Increased HIAA: Acetaminophen, acetanilide, caffeine, coumaric acid, diazepam (Valium®), ephedrine, fluorouracil, glycerol guaiacolate (Guaifenesin), melphalan (Alkeran®), mephenesin, methamphetamine (Desoxyn), methocarbamol (Robaxin®), naproxen, nicotine, phenacetin, phenmetrazine, phenobarbital, phentolamine, rauwolfia, reserpine.

5'Nucleotidase

LAB3498

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- Nucleotidase
- LAB3498-VML
- LAB3498VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) Avoid hemolysis.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 1 week; Frozen: 2 weeks (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Nucleotidase
- LAB3498-VML
- LAB3498VML

Ordering Recommendations:
Determine whether enzyme elevation is due to hepatocellular or cholestatic pattern.

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
0-15 U/L

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
83915

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) Avoid hemolysis.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 1 week; Frozen: 2 weeks (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Nucleotidase
- LAB3498-VML
- LAB3498VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Determine whether enzyme elevation is due to hepatocellular or cholestatic pattern.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0-15 U/L

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
83915

7-Dehydrocholesterol-KNKR

LAB3905

ORDERING INFO

Synonyms:

- LAB3905-VML
- LAB3905VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3905-VML
- LAB3905VML

ADDITIONAL INFORMATION

Section:

RF_KNKR

Resulting Laboratory:

Kennedy Krieger Institute

FULL VIEW

Synonyms:

- LAB3905-VML
- LAB3905VML

Resulting Laboratory:

Kennedy Krieger Institute

Section:

RF_KNKR

Links:

Test Sent to Reference Lab. Click Here for Test Details

ABCD1 (Adrenoleukodys) DNA-ATH

LAB3265

ORDERING INFO

Synonyms:

- LAB3265-VML
- LAB3265VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3265-VML
- LAB3265VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3265-VML
- LAB3265VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

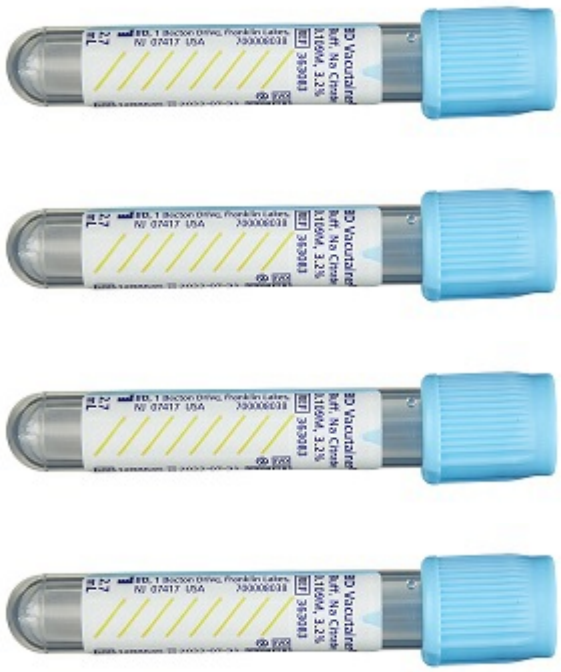
Abnormal PT/PTT Evaluation

LAB3442

ORDERING INFO

Collect:

Four 2.7 mL Light Blue Tubes (3.2% Sodium Citrate)



Synonyms:

- LAB3442, ACI, Prolonged PT Evaluation, Prolonged PTT Evaluation, Coagulation Interpretation
- LAB3442-VML
- LAB3442VML

Turn Around Time:

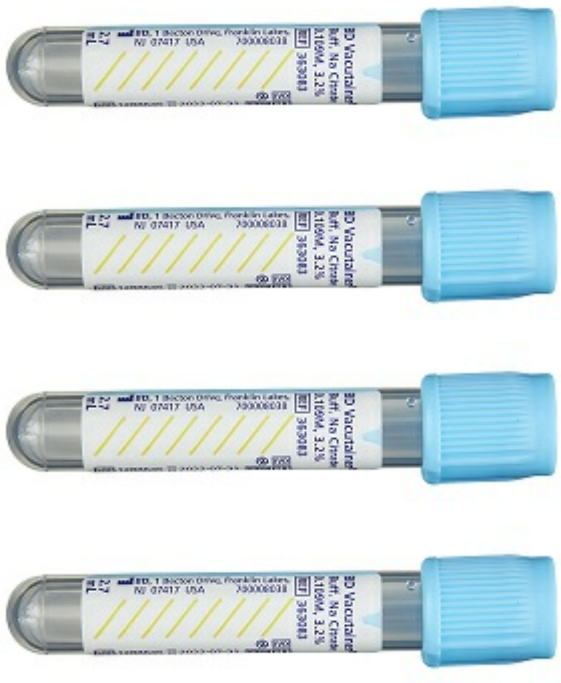
1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:
Four 2.7 mL Light Blue Tubes (3.2% Sodium Citrate)



Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Two 2.7 mL Light blue tubes (3.2% Sodium Citrate); Neonatal: Three 1.8mL Light blue tubes (3.2% Sodium Citrate)

Storage/Transport Temperature:
Ambient: (15-25°C) for Light Blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:
Monday - Friday

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:
Citrated platelet poor plasma.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB3442, ACI, Prolonged PT Evaluation, Prolonged PTT Evaluation, Coagulation Interpretation
- LAB3442-VML
- LAB3442VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 days

Methodology:
Clotting/ Chromogenic

Components:
PT/INR, PTT, Thrombin Time, LMWH assay. As indicated by initial testing: PT/PTT Mixing Study, DRVVT Screen & Confirm, Specific Factor Activity & Inhibitors, FBG, Reptilase Time, Pre Kallikrein Screen, HMW Kininogen Screen, and Interpretive Report. Additional tests as indicated by test results.

RESULTS INTERPRETATION

Reference Interval:
See Individual tests

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfere with the assay. The presence of a strong lupus anticoagulant may interfere with the assay. Theraputic levels of warfarin may affect the test results.

Methodology:
Clotting/ Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

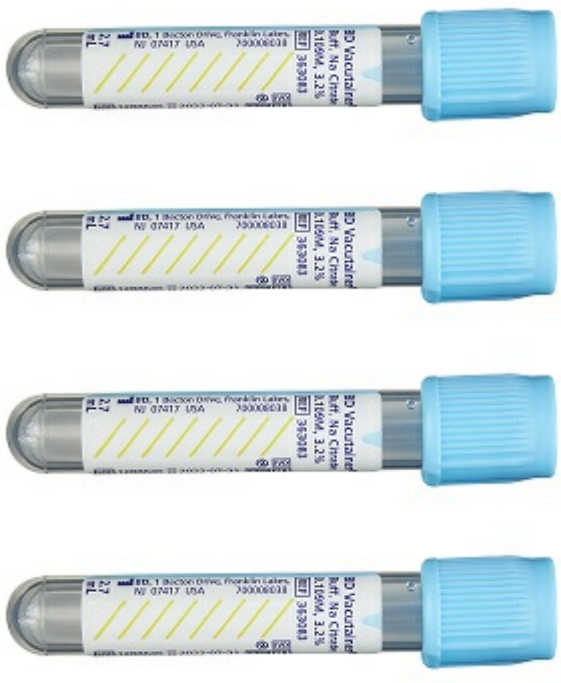
Additional Information:
Testing is performed from 7:00AM to 4:00PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact information.)

Components:
PT/INR, PTT, Thrombin Time, LMWH assay. As indicated by initial testing: PT/PTT Mixing Study, DRVVT Screen & Confirm, Specific Factor Activity & Inhibitors, FBG, Reptilase Time, Pre Kallikrein Screen, HMW Kininogen Screen, and Interpretive Report. Additional tests as indicated by test results.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Four 2.7 mL Light Blue Tubes (3.2% Sodium Citrate)



Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Two 2.7 mL Light blue tubes (3.2% Sodium Citrate); Neonatal: Three 1.8mL Light blue tubes (3.2% Sodium Citrate)

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
PT/INR, PTT, Thrombin Time, LMWH assay. As indicated by initial testing: PT/PTT Mixing Study, DRVVT Screen & Confirm, Specific Factor Activity & Inhibitors, FBG, Reptilase Time, Pre Kallikrein Screen, HMW Kininogen Screen, and Interpretive Report. Additional tests as indicated by test results.

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light Blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3442, ACI, Prolonged PT Evaluation, Prolonged PTT Evaluation, Coagulation Interpretation
- LAB3442-VML
- LAB3442VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfere with the assay. The presence of a strong lupus anticoagulant may interfere with the assay. Theraputic levels of warfarin may affect the test results.

Reference Interval:
See Individual tests

Additional Information:
Testing is performed from 7:00AM to 4:00PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact information.)

Methodology:
Clotting/ Chromogenic

Section:
Coagulation

ABO and Rh (D) Typing, blood; ABORh confirmation, blood

LAB895

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- ABORH, Blood type
- LAB895-VML
- LAB895VML

Turn Around Time:
STAT: 2 hours Routine: 4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA)

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C):24 hours Refrigerated: (2-8°C) : 3 days

Specimen:
Blood, Plasma

Alternate Specimen:
Red tube (no gel)

ORDERING

Ordering Indicators:
Determine ABO and Rh (D) typing of patients for transfusion, to detect an ABO imcompatibility for HDFN, and to determine Rh immune globulin candidacy for prenatal and postpartum patients

Synonyms:

- ABORH, Blood type
- LAB895-VML
- LAB895VML

Performed:
Daily

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Methodology:
Hemagglutination

Components:
ABO and Rh blood type

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
Hemagglutination

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
Red tube (no gel)

Additional Information:
NA

Components:
ABO and Rh blood type

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA)

Preferred Collection Volume:
Adult: 5 ml Pediatric: 2 ml <4 month: 0.5 ml

Alternate Specimen:
Red tube (no gel)

Patient Preparation:
NA

Specimen:
Blood, Plasma

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
ABO and Rh blood type

Stability:
Ambient: (15-25°C):24 hours Refrigerated: (2-8°C) : 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- ABORH, Blood type
- LAB895-VML
- LAB895VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Ordering Indicators:
Determine ABO and Rh (D) typing of patients for transfusion, to detect an ABO imcompatibility for HDFN, and to determine Rh immune globulin candidacy for prenatal and postpartum patients

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
Hemagglutination

Section:
Blood Bank

ABO Antibody Titer (A and B), blood

LAB275

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- ABOTT
- LAB275-VML
- LAB275VML

Turn Around Time:
STAT: 2 hours Routine: 4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA), 1 tube for each titer

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C):24 hours Refrigerated: (2-8°C) : 3 days

Specimen:
Plasma

Alternate Specimen:
Red tube (no gel)

ORDERING

Ordering Indicators:
Determine levels of anti-A or anti-B in plasma or serum

Synonyms:

- ABOTT
- LAB275-VML
- LAB275VML

Performed:
Daily

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Methodology:
Agglutination

Components:
ABO titer

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
Agglutination

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
Red tube (no gel)

Additional Information:
NA

Components:
ABO titer

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA), 1 tube for each titer

Preferred Collection Volume:
Adult: 5 ml Pediatric: 2 ml <4 month: 0.5 ml

Alternate Specimen:
Red tube (no gel)

Patient Preparation:
NA

Specimen:
Plasma

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
ABO titer

Stability:
Ambient: (15-25°C):24 hours Refrigerated: (2-8°C) : 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- ABOTT
- LAB275-VML
- LAB275VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Ordering Indicators:
Determine levels of anti-A or anti-B in plasma or serum

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
Agglutination

Section:
Blood Bank

ACADVL Gene Seq-GNDX

LAB3266

ORDERING INFO

Synonyms:

- LAB3266-VML
- LAB3266VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3266-VML
- LAB3266VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3266-VML
- LAB3266VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Acetaminophen Screen, Urine

LAB43

ORDERING INFO

Collect:
Urine Clear

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
9 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Acetaminophen, Plasma or Serum

LAB43

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- ACE, Tylenol, Paracetamol, LAB43
- LAB43-VML
- LAB43VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 14 days; Frozen: 45 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ACE, Tylenol, Paracetamol, LAB43
- LAB43-VML
- LAB43VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
10 - 30 µg/mL

Interpretive Data:
Significantly reduced acetaminophen recovery has been demonstrated in situations where testing for acetaminophen toxicity has been performed on hyperbilirubinemic samples at acetaminophen concentrations in the range of 5.0 - 15.1 g/mL (33 - 100 mol/L). It is recommended that careteams review the Rumack-Matthews Nomogram for patient ingestion status, treatment and monitoring protocols to determine the extent of the interference.

Methodology:
Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Draw immediately before next dose

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 14 days; Frozen: 45 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- ACE, Tylenol, Paracetamol, LAB43
- LAB43-VML
- LAB43VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Significantly reduced acetaminophen recovery has been demonstrated in situations where testing for acetaminophen toxicity has been performed on hyperbilirubinemic samples at acetaminophen concentrations in the range of 5.0 - 15.1 g/mL (33 - 100 mol/L). It is recommended that careteams review the Rumack-Matthews Nomogram for patient ingestion status, treatment and monitoring protocols to determine the extent of the interference.

Reference Interval:
10 - 30 µg/mL

Additional Information:
Draw immediately before next dose

Methodology:
Spectrophotometry

Section:
Chemistry

Acetylcholine Receptor Binding Antibody

LAB836

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- AChR Antibody
- Muscle nicotinic Acetylcholine Receptor (AChR) Binding Antibody
- Myasthenia Gravis Antibodies
- LAB836-VML
- LAB836VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- AChR Antibody
- Muscle nicotinic Acetylcholine Receptor (AChR) Binding Antibody
- Myasthenia Gravis Antibodies
- LAB836-VML
- LAB836VML

Ordering Recommendations:
Initial diagnostic testing for myasthenia gravis. For reflexive panel, which contains binding, blocking, and modulating antibodies, refer to Acetylcholine Receptor Antibody Reflexive Panel (2001571).

Performed:
Sun-Sat

Methodology:
Quantitative Radioimmunoassay

Reported:
2-3 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Acetylcholine Binding Antibody	0.4 nmol/L or less

Interpretive Data:

Approximately 85-90% of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor, leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15% of individuals with confirmed myasthenia gravis have no measurable binding, blocking, or modulating antibodies.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Acetylcholine Receptor Binding Antibody	0.0-0.4 nmol/L Negative 0.5 nmol/L or greater Positive

Methodology:

Quantitative Radioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:

86041

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum Separator Tube (SST).

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:

Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- AChR Antibody
- Muscle nicotinic Acetylcholine Receptor (AChR) Binding Antibody
- Myasthenia Gravis Antibodies
- LAB836-VML
- LAB836VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

2-3 days

Ordering Recommendations:

Initial diagnostic testing for myasthenia gravis. For reflexive panel, which contains binding, blocking, and modulating antibodies, refer to Acetylcholine Receptor Antibody Reflexive Panel (2001571).

Interpretive Data:

Approximately 85-90% of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor, leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15% of individuals with confirmed myasthenia gravis have no measurable binding, blocking, or modulating antibodies.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Acetylcholine Receptor Binding Antibody	0.0-0.4 nmol/L Negative 0.5 nmol/L or greater Positive

Reference Interval:

Components	Reference Interval
Acetylcholine Binding Antibody	0.4 nmol/L or less

Methodology:

Quantitative Radioimmunoassay

Section:

RF-ARUP

CPT Codes:

86041

Acetylcholine Receptor Modulating Antibody

LAB837

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- AChR Antibody
- ACHR modulating antibody
- Muscle nicotinic Acetylcholine Receptor (AChR) Modulating Antibody
- Myasthenia Gravis Antibodies
- LAB837-VML
- LAB837VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Fri

ORDERING

Synonyms:

- AChR Antibody
- ACHR modulating antibody
- Muscle nicotinic Acetylcholine Receptor (AChR) Modulating Antibody
- Myasthenia Gravis Antibodies
- LAB837-VML
- LAB837VML

Ordering Recommendations:
Assessment of clinical activity of and initial diagnostic testing for myasthenia gravis. For reflexive panel, which contains binding, blocking, and modulating antibodies, refer to Acetylcholine Receptor Antibody Reflexive Panel (2001571).

Performed:
Sun-Fri

Methodology:
Semi-Quantitative Flow Cytometry

Reported:
2-7 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Acetylcholine Modulating Antibody	45 or less modulating

Interpretive Data:

Approximately 85-90 percent of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor, leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15 percent of individuals with confirmed myasthenia gravis have no measurable binding, blocking, or modulating antibodies.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Acetylcholine Receptor Modulating Antibody	Negative: 0-45% modulating Positive: 46% or greater modulating

Methodology:

Semi-Quantitative Flow Cytometry

ADDITIONAL INFORMATION

CPT Codes:

86043

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum Separator Tube (SST).

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:

Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- AChR Antibody
- ACHR modulating antibody
- Muscle nicotinic Acetylcholine Receptor (AChR) Modulating Antibody
- Myasthenia Gravis Antibodies
- LAB837-VML
- LAB837VML

Performed:

Sun-Fri

Resulting Laboratory:

ARUP Laboratories

Reported:

2-7 days

Ordering Recommendations:

Assessment of clinical activity of and initial diagnostic testing for myasthenia gravis. For reflexive panel, which contains binding, blocking, and modulating antibodies, refer to Acetylcholine Receptor Antibody Reflexive Panel (2001571).

Interpretive Data:

Approximately 85-90 percent of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor, leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15 percent of individuals with confirmed myasthenia gravis have no measurable binding, blocking, or modulating antibodies.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Acetylcholine Receptor Modulating Antibody	Negative: 0-45% modulating Positive: 46% or greater modulating

Reference Interval:

Components	Reference Interval
Acetylcholine Modulating Antibody	45 or less modulating

Methodology:

Semi-Quantitative Flow Cytometry

Section:

RF-ARUP

CPT Codes:

86043

Acid Fast Bacteria Ziehl-Neelsen Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath7

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- AFB, Ziehl Neelsen, Acid Fast Bacilli

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- AFB, Ziehl Neelsen, Acid Fast Bacilli

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- AFB, Ziehl Neelsen, Acid Fast Bacilli

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Acid Phosphatase, Total, Serum

LAB1069

ORDERING INFO

Collect:
Plain red.

Synonyms:

- LAB1069-VML
- LAB1069VML

SPECIMEN REQUIREMENTS

Collect:
Plain red.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Transfer 1.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Non-frozen specimens. Hemolyzed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB1069-VML
- LAB1069VML

Ordering Recommendations:
Total acid phosphatase (AP) activity may be useful when evaluating for prostate cancer, Paget's disease, hyperparathyroidism with skeletal involvement, and Gaucher's disease since elevations in AP activity occur in these conditions.

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
0.0-4.3 U/L

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
84060

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Transfer 1.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Non-frozen specimens. Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- LAB1069-VML
- LAB1069VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Total acid phosphatase (AP) activity may be useful when evaluating for prostate cancer, Paget's disease, hyperparathyroidism with skeletal involvement, and Gaucher's disease since elevations in AP activity occur in these conditions.

Reference Interval:
0.0-4.3 U/L

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
84060

Acid-fast Bacillus Culture with Stain

LAB877

ORDERING INFO

Collect:

Sterile screwtop container

Synonyms:

- AFB, Mycobacterium, culture, ABA
- LAB877-VML
- LAB877VML

Turn Around Time:

AFB smear: 24 hours. Culture: 6 weeks for negative culture. Positive growth reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Sterile screwtop container

Specimen Preparation:

Place each specimen into 50 ml sterile specimen transport tube and place in an individually sealed bag. Respiratory Specimens: Transfer (for each collection) 5-10 mL to a sterile container. (Min: 1 mL) Body Fluids: Transfer 5 mL to a sterile container. (Min: 1 mL culture only) CSF: Transfer 5 mL to a sterile container. (Min: 1 mL culture only. Min: 5 mL culture and stain) Gastric Aspirates: Must be neutralized (pH7) with sodium carbonate if transport is delayed for more than four hours. Transfer 5-10 mL to a sterile container. (Min: 1 mL) Tissue: Transfer to a sterile container. (Min: Visible, for small tissue that cannot be ground, acid fast stain will not be performed.) Urine: Transfer at least 40 mL to a sterile container. (Min: 10 mL culture only. Min: 40 mL culture and stain)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Daily

Stability:
Ambient: (15-25°C) 24 hours

Specimen:
Abscess, tissue, etc. Specify source. Swabs are unacceptable.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Assessment of Mycobacterial infection

Synonyms:

- AFB, Mycobacterium, culture, ABA
- LAB877-VML
- LAB877VML

Performed:
Daily

Turn Around Time:
AFB smear: 24 hours. Culture: 6 weeks for negative culture. Positive growth reported as soon as detected.

Methodology:
Fluorochrome stain, culture.

Components:
Acid fast stain, Acid fast bacillus culture

RESULTS INTERPRETATION

Reference Interval:
Negative for acid fast bacilli

Interpretive Data:
N/A

Methodology:
Fluorochrome stain, culture.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
AFB smear included with culture and has a separate charge. There will be separate charges for organism identification for positive cultures. AFB susceptibility testing is sent out to a reference laboratory. Mycobacterium tuberculosis susceptibility testing is done automatically by the TN State Lab. Susceptibility testing for other Mycobacterium species must be requested by calling the Microbiology Lab at 615-322-3406.

Components:
Acid fast stain, Acid fast bacillus culture

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screwtop container

Specimen Preparation:
Place each specimen into 50 ml sterile specimen transport tube and place in an individually sealed bag. Respiratory Specimens: Transfer (for each collection) 5-10 mL to a sterile container. (Min: 1 mL) Body Fluids: Transfer 5 mL to a sterile container. (Min: 1 mL culture only) CSF: Transfer 5 mL to a sterile container. (Min: 1 mL culture only. Min: 5 mL culture and stain) Gastric Aspirates: Must be neutralized (pH7) with sodium carbonate if transport is delayed for more than four hours. Transfer 5-10 mL to a sterile container. (Min: 1 mL) Tissue: Transfer to a sterile container. (Min: Visible, for small tissue that cannot be ground, acid fast stain will not be performed.) Urine: Transfer at least 40 mL to a sterile container. (Min: 10 mL culture only. Min: 40 mL culture and stain)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 mL fluid, as much tissue as possible

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Abscess, tissue, etc. Specify source. Swabs are unacceptable.

Reasons for Rejection:
Non sterile or leaking container. Specimens received >72 hours after collection. Swabs and Eswabs not accepted. Refrigerated or frozen, unacceptable.

Components:
Acid fast stain, Acid fast bacillus culture

Stability:
Ambient: (15-25°C) 24 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- AFB, Mycobacterium, culture, ABA
- LAB877-VML
- LAB877VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
AFB smear: 24 hours. Culture: 6 weeks for negative culture. Positive growth reported as soon as detected.

Ordering Indicators:
Assessment of Mycobacterial infection

Interpretive Data:
N/A

Reference Interval:
Negative for acid fast bacilli

Additional Information:

AFB smear included with culture and has a separate charge. There will be separate charges for organism identification for positive cultures. AFB susceptibility testing is sent out to a reference laboratory. Mycobacterium tuberculosis susceptibility testing is done automatically by the TN State Lab. Susceptibility testing for other Mycobacterium species must be requested by calling the Microbiology Lab at 615-322-3406.

Methodology:

Fluorochrome stain, culture.

Section:

Microbiology

Acid-fast Bacillus Culture, Blood

LAB246

ORDERING INFO

Collect:

Myco/F Lytic bottle

Synonyms:

- Blood culture AFB, Acid fast bacilli culture, C AFB, Mycobacterium blood culture, Mycobacterium avium blood culture, MAC culture, BCA
- LAB246-VML
- LAB246VML

Turn Around Time:

6 weeks for negative. Positive growth reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Myco/F Lytic bottle

Specimen Preparation:

Skin antisepsis is imperative to avoid contamination. Disinfect the venipuncture site with 2% chlorhexidine or 2% iodine tincture. Chlorhexidine is not recommended for children < 2 months old. Swab with disinfectant for 1 min, and allow to dry, prior to venipuncture. Do not collect from vein which intravenous solution is being delivered. Drawing blood from a port of an indwelling catheter should ONLY be done if poor access requires this practice.Send to laboratory immediately following collection. (min 1 mL blood)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Daily

Stability:

Ambient: (15-25°C), deliver to laboratory as soon as possible.

Specimen:

Blood

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Use to detect Mycobacterium spp from blood.

Synonyms:

- Blood culture AFB, Acid fast bacilli culture, C AFB, Mycobacterium blood culture, Mycobacterium avium blood culture, MAC culture, BCA
- LAB246-VML
- LAB246VML

Performed:
Daily

Turn Around Time:
6 weeks for negative. Positive growth reported as soon as detected.

Methodology:
BACTEC FX, continuous monitoring system

Components:
Acid-fast bacillus culture

RESULTS INTERPRETATION

Reference Interval:
Negative for acid fast bacilli

Interpretive Data:
Positive cultures are called.

Methodology:
BACTEC FX, continuous monitoring system

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Identification and susceptibility testing billed seperately from culture.

Components:
Acid-fast bacillus culture

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Myco/F Lytic bottle

Specimen Preparation:
Skin antisepsis is imperative to avoid contamination. Disinfect the venipuncture site with 2% chlorhexidine or 2% iodine tincture. Chlorhexidine is not recommended for children < 2 months old. Swab with disinfectant for 1 min, and allow to dry, prior to venipuncture. Do not collect from vein which intravenous solution is being delivered. Drawing blood from a port of an indwelling catheter should ONLY be done if poor access requires this practice.Send to laboratory immediately following collection. (min 1 mL blood)

Pediatric Collection:
N/A

Preferred Collection Volume:
5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Leaking container. Received outside stability.

Components:
Acid-fast bacillus culture

Stability:
Ambient: (15-25°C), deliver to laboratory as soon as possible.

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Blood culture AFB, Acid fast bacilli culture, C AFB, Mycobacterium blood culture, Mycobacterium avium blood culture, MAC culture, BCA
- LAB246-VML
- LAB246VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 weeks for negative. Positive growth reported as soon as detected.

Ordering Indicators:
Use to detect Mycobacterium spp from blood.

Interpretive Data:
Positive cultures are called.

Reference Interval:
Negative for acid fast bacilli

Additional Information:
Identification and susceptibility testing billed seperately from culture.

Methodology:
BACTEC FX, continuous monitoring system

Section:
Microbiology

Actin, Muscle Specific (HHF35) Immunohistochemical Stain , Formalin Fixed Paraffin Embedded Tissue

CoPath31

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Muscle Specific Actin, HHF-35, SPA, MSA

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Muscle Specific Actin, HHF-35, SPA, MSA

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Muscle Specific Actin, HHF-35, SPA, MSA

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Actin, Smooth Muscle (αSM-1) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath32

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- SMA, Smooth Muscle Actin

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SMA, Smooth Muscle Actin

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- SMA, Smooth Muscle Actin

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Acute Lymphoblastic Leukemia (ALL) Panel by FISH, Adult

LAB3012

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- LLP, Acute Lymphoblastic Leukemia
- LAB3012-VML
- LAB3012VML

Turn Around Time:
6 - 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Bone Marrow

Alternate Specimen:
Peripheral blood if blasts are present

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LLP, Acute Lymphoblastic Leukemia
- LAB3012-VML
- LAB3012VML

Performed:
Monday - Saturday

Turn Around Time:
6 - 10 days

Methodology:
Fluorescence in situ Hybridization

Components:
t(12;21) (TEL-AML1), Chr 11q23 (MLL), t(9;22) (BCR-ABL), t(1;19) (E2A-PBX1); Pediatric ALL: 7p12.2 (IKZF1), Trisomy 4/Trisomy 10/Trisomy 17, 9p (CDKN2A) deletion, IGH B/A, 9q34.1 (ABL1), 1q25.2 (ABL2)

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
Peripheral blood if blasts are present

Additional Information:
N/A

Components:
t(12;21) (TEL-AML1), Chr 11q23 (MLL), t(9;22) (BCR-ABL), t(1;19) (E2A-PBX1); Pediatric ALL: 7p12.2 (IKZF1), Trisomy 4/Trisomy 10/Trisomy 17, 9p (CDKN2A) deletion, IGH B/A, 9q34.1 (ABL1), 1q25.2 (ABL2)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
Peripheral blood if blasts are present

Patient Preparation:
N/A

Specimen:
Bone Marrow

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Components:
t(12;21) (TEL-AML1), Chr 11q23 (MLL), t(9;22) (BCR-ABL), t(1;19) (E2A-PBX1); Pediatric ALL: 7p12.2 (IKZF1), Trisomy 4/Trisomy 10/Trisomy 17, 9p (CDKN2A) deletion, IGH B/A, 9q34.1 (ABL1), 1q25.2 (ABL2)

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- LLP, Acute Lymphoblastic Leukemia
- LAB3012-VML
- LAB3012VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 - 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

Acyclovir Resistance HSV (Phenotype)-LCOR

LAB3135

ORDERING INFO

Synonyms:

- LAB3135-VML
- LAB3135VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3135-VML
- LAB3135VML

ADDITIONAL INFORMATION

Section:

RF-LCOR

Resulting Laboratory:

LabCorp

FULL VIEW

Synonyms:

- LAB3135-VML
- LAB3135VML

Resulting Laboratory:

LabCorp

Section:

RF-LCOR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Adalimumuab Qt w/Rfx to PCR-MAYO

LAB6548

ORDERING INFO

Synonyms:

- LAB6548-VML
- LAB6548VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6548-VML
- LAB6548VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6548-VML
- LAB6548VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Adalimumuab Qt w/Rfx to PCR-MAYO

LAB6549

ORDERING INFO

Synonyms:

- LAB6549-VML
- LAB6549VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6549-VML
- LAB6549VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6549-VML
- LAB6549VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

ADAMTS-13 Panel

LAB3443

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3443, ADA, ADAMTS-13 Activity, ADAMTS-13 Inhibitor, Coagulation Interpretation
- LAB3443-VML
- LAB3443VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB3443, ADA, ADAMTS-13 Activity, ADAMTS-13 Inhibitor, Coagulation Interpretation
- LAB3443-VML
- LAB3443VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
FRET- Fluorescence Resonance Energy Transfer

Components:
ADAMTS-13 ACTIVITY, if indicated ADAMTS-13 INHIBITOR, COAGULATION INTERPRETATION

RESULTS INTERPRETATION

Reference Interval:
ADAMTS-13 ACTIVITY > 60%, ADAMTS-13 INHIBITOR - NOT PRESENT

Interpretive Data:
Refer to report. This test was developed and its performance characteristics determined by Vanderbilt Medical Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
FRET- Fluorescence Resonance Energy Transfer

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Testing is performed from 7:00AM to 4:00PM. Samples must be received in the lab by 1:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
ADAMTS-13 ACTIVITY, if indicated ADAMTS-13 INHIBITOR, COAGULATION INTERPRETATION

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
ADAMTS-13 ACTIVITY, if indicated ADAMTS-13 INHIBITOR, COAGULATION INTERPRETATION

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3443, ADA, ADAMTS-13 Activity, ADAMTS-13 Inhibitor, Coagulation Interpretation
- LAB3443-VML
- LAB3443VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Refer to report. This test was developed and its performance characteristics determined by Vanderbilt Medical Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
ADAMTS-13 ACTIVITY > 60%, ADAMTS-13 INHIBITOR - NOT PRESENT

Additional Information:
Testing is performed from 7:00AM to 4:00PM. Samples must be received in the lab by 1:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
FRET- Fluorescence Resonance Energy Transfer

Section:
Coagulation

Adenosine Deaminase in CSF

LAB3158

ORDERING INFO

Collect:
Cerebrospinal Fluid.

Synonyms:

- ADA
- LAB3158-VML
- LAB3158VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect specimens in leak-proof container.

Collect:
Cerebrospinal Fluid.

Specimen Preparation:
Centrifuge specimen at room temperature. Transfer 0.5 mL fluid (supernatant) to an ARUP Standard Transport Tube and freeze. (Min: 0.2 mL)

Unacceptable Conditions:
Whole blood. Bronchoalveolar lavage (BAL) specimens. Turbid specimens.

Storage/Transport Temperature:
Frozen. Specimen must remain frozen until received in lab.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun, Tue, Thu

Remarks:
Indicate source on requisition.

ORDERING

Synonyms:

- ADA
- LAB3158-VML
- LAB3158VML

Ordering Recommendations:
Use to evaluate tuberculous meningitis.

Performed:
Sun, Tue, Thu

Methodology:
Quantitative Spectrophotometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
0-9U/L

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
84311

Section:
RF-ARUP

Remarks:
Indicate source on requisition.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Cerebrospinal Fluid.

Specimen Preparation:
Centrifuge specimen at room temperature. Transfer 0.5 mL fluid (supernatant) to an ARUP Standard Transport Tube and freeze. (Min: 0.2 mL)

Patient Preparation:
Collect specimens in leak-proof container.

Unacceptable Conditions:
Whole blood. Bronchoalveolar lavage (BAL) specimens. Turbid specimens.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Frozen. Specimen must remain frozen until received in lab.

Synonyms:

- ADA
- LAB3158-VML
- LAB3158VML

Performed:
Sun, Tue, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Use to evaluate tuberculous meningitis.

Reference Interval:
0-9U/L

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
84311

Remarks:
Indicate source on requisition.

Adenosine Deaminase in Peritoneal Fluid

LAB3174

ORDERING INFO

Collect:
Peritoneal Fluid.

Synonyms:

- ADA
- LAB3174-VML
- LAB3174VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect specimens in leak proof container.

Collect:
Peritoneal Fluid.

Specimen Preparation:
Centrifuge specimen at room temperature. Transfer 0.5mL fluid (supernatant) to an ARUP Standard Transport Tube and freeze. (Min: 0.2 mL)

Unacceptable Conditions:
Whole blood. Bronchoalveolar Lavage (BAL) specimens. Turbid specimens.

Storage/Transport Temperature:
Frozen. Specimen must remain frozen until received in lab.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun, Tue, Thu

Remarks:
Indicate source on requisition.

ORDERING

Synonyms:

- ADA
- LAB3174-VML
- LAB3174VML

Ordering Recommendations:
Use to evaluate tuberculous peritonitis.

Performed:
Sun, Tue, Thu

Methodology:
Quantitative Spectrophotometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
0-30 U/L

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
84311

Section:
RF-ARUP

Remarks:
Indicate source on requisition.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Peritoneal Fluid.

Specimen Preparation:
Centrifuge specimen at room temperature. Transfer 0.5mL fluid (supernatant) to an ARUP Standard Transport Tube and freeze. (Min: 0.2 mL)

Patient Preparation:
Collect specimens in leak proof container.

Unacceptable Conditions:
Whole blood. Bronchoalveolar Lavage (BAL) specimens. Turbid specimens.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Frozen. Specimen must remain frozen until received in lab.

Synonyms:

- ADA
- LAB3174-VML
- LAB3174VML

Performed:
Sun, Tue, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Use to evaluate tuberculous peritonitis.

Reference Interval:
0-30 U/L

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
84311

Remarks:
Indicate source on requisition.

Adenosine Deaminase in Pleural Fluid

LAB3175

ORDERING INFO

Collect:
Pleural Fluid.

Synonyms:

- ADA
- LAB3175-VML
- LAB3175VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect specimens in leak-proof container

Collect:
Pleural Fluid.

Specimen Preparation:
Centrifuge specimen at room temperature. Transfer 0.5 mL fluid (supernatant) to an ARUP Standard Transport Tube and freeze. (Min: 0.2 mL)

Unacceptable Conditions:
Whole blood. Bronchoalveolar lavage (BAL) specimens. Turbid specimens.

Storage/Transport Temperature:
Frozen. Specimen must remain frozen until received in lab.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun, Tue, Thu

Remarks:
Indicate source on requisition.

ORDERING

Synonyms:

- ADA
- LAB3175-VML
- LAB3175VML

Ordering Recommendations:
Use to evaluate tuberculous pleuritis.

Performed:
Sun, Tue, Thu

Methodology:
Quantitative Spectrophotometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
0-30 U/L

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
84311

Section:
RF-ARUP

Remarks:
Indicate source on requisition.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Pleural Fluid.

Specimen Preparation:
Centrifuge specimen at room temperature. Transfer 0.5 mL fluid (supernatant) to an ARUP Standard Transport Tube and freeze. (Min: 0.2 mL)

Patient Preparation:
Collect specimens in leak-proof container

Unacceptable Conditions:
Whole blood. Bronchoalveolar lavage (BAL) specimens. Turbid specimens.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Frozen. Specimen must remain frozen until received in lab.

Synonyms:

- ADA
- LAB3175-VML
- LAB3175VML

Performed:
Sun, Tue, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Use to evaluate tuberculous pleuritis.

Reference Interval:
0-30 U/L

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
84311

Remarks:
Indicate source on requisition.

Adenosine Deaminase, RBC

LAB3500

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Synonyms:

- ADA
- LAB3500-VML
- LAB3500VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Do not freeze. Transport 1 mL whole blood.

Unacceptable Conditions:
Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 15 days; Refrigerated: 15 days; Frozen: Unacceptable

Performed:
Sun, Tue, Thu

ORDERING

Synonyms:

- ADA
- LAB3500-VML
- LAB3500VML

Ordering Recommendations:
May be used as a marker of severe combined immunodeficiency (SCID); lack of adenosine deaminase (ADA) allows deoxyadenosine to accumulate and kill lymphocytes.

Performed:
Sun, Tue, Thu

Methodology:
Kinetic Spectrophotometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 20, 2012

400-900 mU/g Hb

Interpretive Data:
Adenosine Deaminase (ADA) deficiency is an autosomal recessive disorder of purine metabolism primarily affecting lymphocyte development, viability, and function. Affected individuals have less than 1 percent of normal ADA catalytic activity in red cell hemolysates. ADA deficiency is the cause of 20-30 percent of SCID cases. If the patient has been recently transfused, ADA deficiency may be masked; interpret results with caution. Heterozygotes cannot be identified by this test.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Kinetic Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
84311

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Do not freeze. Transport 1 mL whole blood.

Unacceptable Conditions:
Hemolyzed specimens.

Stability (from collection to initiation):
Ambient: 15 days; Refrigerated: 15 days; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- ADA
- LAB3500-VML
- LAB3500VML

Performed:
Sun, Tue, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
May be used as a marker of severe combined immunodeficiency (SCID); lack of adenosine deaminase (ADA) allows deoxyadenosine to accumulate and kill lymphocytes.

Interpretive Data:
Adenosine Deaminase (ADA) deficiency is an autosomal recessive disorder of purine metabolism primarily affecting lymphocyte development, viability, and function. Affected individuals have less than 1 percent of normal ADA catalytic activity in red cell hemolysates. ADA deficiency is the cause of 20-30 percent of SCID cases. If the patient has been recently transfused, ADA deficiency may be masked; interpret results with caution. Heterozygotes cannot be identified by this test.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective August 20, 2012

400-900 mU/g Hb

Methodology:
Kinetic Spectrophotometry

Section:
RF-ARUP

CPT Codes:
84311

Adenovirus Qt Real-time PCR-VRCR

LAB6595

ORDERING INFO

Synonyms:

- LAB6595-VML
- LAB6595VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6595-VML
- LAB6595VML

ADDITIONAL INFORMATION

Section:

RF-VRCR

Resulting Laboratory:

Viracor

FULL VIEW

Synonyms:

- LAB6595-VML
- LAB6595VML

Resulting Laboratory:

Viracor

Section:

RF-VRCR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Adipophilin (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath33

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Adipo

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Adipo

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Adipo

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Adrenocorticotrophic Hormone, plasma

LAB511

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB511, ADR, ACTH
- LAB511-VML
- LAB511VML

Turn Around Time:

3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Please order STAT to ensure efficient processing. Specimen should be delivered and remain on ice until it is spun. Plasma must be separated from cells within 1 hour of collection. Plasma should be transferred into an aliquot tube and stored frozen until ready for testing. (Minimum: 0.5 mL plasma)

Pediatric Collection:

Lavender microtainer (EDTA)

Storage/Transport Temperature:

Frozen (-20°C)

Performed:

Monday - Friday

Stability:

After separation from cells: Frozen (-20°C): 30 days

Specimen:

Plasma

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

This test is used to aid in the clinical diagnosis and assessment of adrenal insufficiency and hypersecretion syndromes.

Synonyms:

- LAB511, ADR, ACTH
- LAB511-VML
- LAB511VML

Performed:

Monday - Friday

Turn Around Time:

3 days

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
< 47 pg/mL

Interpretive Data:
Results are most reliably interpreted for specimens drawn at approximately 9 am due to diurnal variation.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Please order STAT to ensure efficient processing. Specimen should be delivered and remain on ice until it is spun. Plasma must be separated from cells within 1 hour of collection. Plasma should be transferred into an aliquot tube and stored frozen until ready for testing. (Minimum: 0.5 mL plasma)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Specimen not delivered to lab on ice. Specimens not spun and separated within an hour of collection. Specimen frozen before it is spun down. QNS

Components:
N/A

Stability:
After separation from cells: Frozen (-20°C): 30 days

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB511, ADR, ACTH
- LAB511-VML
- LAB511VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test is used to aid in the clinical diagnosis and assessment of adrenal insufficiency and hypersecretion syndromes.

Interpretive Data:
Results are most reliably interpreted for specimens drawn at approximately 9 am due to diurnal variation.

Reference Interval:
< 47 pg/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Special Chemistry

Adrenocorticotropic Hormone (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath34

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- ACTH

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ACTH

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- ACTH

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Ag Stimulation-CINN

LAB6390

ORDERING INFO

Synonyms:

- LAB6390-VML
- LAB6390VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6390-VML
- LAB6390VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB6390-VML
- LAB6390VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Alanine Aminotransferase (ALT), Plasma

LAB132

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- SGPT, ALT, Alanine transaminase, LAB132
- LAB132-VML
- LAB132VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 3 days; 2° to 8°C: 7 days; Frozen: 7 days

Specimen:
Plasma

Alternate Specimen:
N/A (Serum for Roche Not approved)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SGPT, ALT, Alanine transaminase, LAB132
- LAB132-VML
- LAB132VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A (Serum for Roche Not approved)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A (Serum for Roche Not approved)

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 3 days; 2° to 8°C: 7 days; Frozen: 7 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- SGPT, ALT, Alanine transaminase, LAB132
- LAB132-VML
- LAB132VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Albumin, Body Fluid

LAB177

ORDERING INFO

Collect:
Sterile Container

Synonyms:

- FAL, Albumin Body Fluid Level, Body Fluid Albumin Level, LAB177
- LAB177-VML
- LAB177VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.5 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 1 day; 2° to 8°C: 3 days; Frozen: unacceptable

Specimen:
Body Fluid

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- FAL, Albumin Body Fluid Level, Body Fluid Albumin Level, LAB177
- LAB177-VML
- LAB177VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Interpretive Data:
N/A

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.5 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Preferred Collection Volume:
1 mL

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Body Fluid

Reasons for Rejection:
Hemolysis, QNS, Fluid type not listed as acceptable specimen type, turbid samples unable to be cleared by centrifugation, and specimens that are too viscous to be aspirated, sample outside of stability limits

Components:
N/A

Stability:
15° to 25°C: 1 day; 2° to 8°C: 3 days; Frozen: unacceptable

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- FAL, Albumin Body Fluid Level, Body Fluid Albumin Level, LAB177
- LAB177-VML
- LAB177VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Additional Information:
N/A

Methodology:
Quantitative Spectrophotometry

Section:
Chemistry

Albumin, Plasma or Serum

LAB45

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- ABL, Albumin, Blood, LAB45
- LAB45-VML
- LAB45VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2.5 months; 2° to 8°C: 5 Months; Frozen: 3 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ABL, Albumin, Blood, LAB45
- LAB45-VML
- LAB45VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Bromocresol Green

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Bromocresol Green

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 2.5 months; 2° to 8°C: 5 Months; Frozen: 3 months

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- ABL, Albumin, Blood, LAB45
- LAB45-VML
- LAB45VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Bromocresol Green

Section:
Chemistry

Albumin, Random, Urine (Microalbumin)

LAB689

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- MA, Microalbuminuria Random Urine, UMA, Urine Microalbumin Level, LAB689
- LAB689-VML
- LAB689VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 6 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MA, Microalbuminuria Random Urine, UMA, Urine Microalbumin Level, LAB689
- LAB689-VML
- LAB689VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoturbidimetric

Components:
Urine Albumin, Urine Creatinine

RESULTS INTERPRETATION

Reference Interval:
0 - 14.9 µg/mL

Interpretive Data:
N/A

Methodology:
Immunoturbidimetric

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Urine Albumin, Urine Creatinine

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
Urine Albumin, Urine Creatinine

Stability:
2° to 8°C: 6 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- MA, Microalbuminuria Random Urine, UMA, Urine Microalbumin Level, LAB689
- LAB689-VML
- LAB689VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0 - 14.9 µg/mL

Additional Information:
N/A

Methodology:
Immunoturbidimetric

Section:
Chemistry

Alcian Blue 2.5/PAS Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath9

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Alcian Blue ph 2.5 Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath8

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Aldolase, Serum

LAB556

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- aldolase
- Aldolase, S
- Fructose-Biphosphate Aldolase
- Total Aldolase
- LAB556-VML
- LAB556VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimen types other than serum. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 5 days; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- aldolase
- Aldolase, S
- Fructose-Biphosphate Aldolase
- Total Aldolase
- LAB556-VML
- LAB556VML

Ordering Recommendations:
Do not use as a stand-alone test. This non-specific test has been replaced by more specific markers for muscle or liver damage. It has largely been replaced by other enzyme tests such as CK, alanine aminotransferase (ALT), and aspartate aminotransferase (AST) as markers of muscle or liver damage.

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

0-30 days	6.0-32.0 U/L
1-5 months	3.0-12.0 U/L
6-35 months	3.5-10.0 U/L
3-6 years	2.7-8.8 U/L
7-17 years	3.3-9.7 U/L
18 years and older	1.2-7.6 U/L

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
82085

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimen types other than serum. Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 5 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- aldolase
- Aldolase, S
- Fructose-Biphosphate Aldolase
- Total Aldolase
- LAB556-VML
- LAB556VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Do not use as a stand-alone test. This non-specific test has been replaced by more specific markers for muscle or liver damage. It has largely been replaced by other enzyme tests such as CK, alanine aminotransferase (ALT), and aspartate aminotransferase (AST) as markers of muscle or liver damage.

Reference Interval:

0-30 days	6.0-32.0 U/L
1-5 months	3.0-12.0 U/L
6-35 months	3.5-10.0 U/L
3-6 years	2.7-8.8 U/L
7-17 years	3.3-9.7 U/L
18 years and older	1.2-7.6 U/L

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
82085

Aldosterone and Direct Renin with Ratio, plasma

LAB5713

ORDERING INFO

Collect:

Two lavender tubes (EDTA)

Synonyms:

- LAB5713, ARR, Aldosterone/Renin Ratio, Aldosterone/Plasma Renin Ratio
- LAB5713-VML
- LAB5713VML

Turn Around Time:

1 week

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Two lavender tubes (EDTA)

Specimen Preparation:

Collect, process, and centrifuge at ambient temperature. Do not refrigerate. Plasma should be transferred into an aliquot tube and stored frozen until ready for testing. (Minumum: 0.5 mL plasma)

Pediatric Collection:

Four lavender microtainers (EDTA)

Storage/Transport Temperature:

Frozen (-20°C)

Performed:

Tuesday and Friday

Stability:

After separation from cells: Ambient (15-25°C): 72 hours Frozen (-20°C): 56 days

Specimen:

Plasma

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

This panel is used in the initial screening of pateints for hypertension due to primary hyperaldosteronism.

Synonyms:

- LAB5713, ARR, Aldosterone/Renin Ratio, Aldosterone/Plasma Renin Ratio
- LAB5713-VML
- LAB5713VML

Performed:
Tuesday and Friday

Turn Around Time:
1 week

Methodology:
Chemiluminescent Immunoassay

Components:
Aldosterone, Direct Renin/Renin Mass, Aldosterone/Renin Ratio

RESULTS INTERPRETATION

Reference Interval:
The Endocrine Society guidelines suggest an ARR =/> 5.7 is consistent with primary hyperaldosteronism. Internal studies by the Vanderbilt Medical Laboratories Special Chemistry laboratory have shown that an ARR =/> 2.6 may be associated with hyperaldosteronism.

Interpretive Data:
Normal serum levels of aldosterone are dependent on the sodium intake and whether the patient is upright or supine. High sodium intake will tend to suppress serum aldosterone, whereas low sodium intake will elevate serum aldosterone. The reference intervals for serum aldosterone are based on normal sodium intake.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Primarily used in conjunction for primary hyperaldosteronism.

Components:
Aldosterone, Direct Renin/Renin Mass, Aldosterone/Renin Ratio

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Two lavender tubes (EDTA)

Specimen Preparation:
Collect, process, and centrifuge at ambient temperature. Do not refrigerate. Plasma should be transferred into an aliquot tube and stored frozen until ready for testing. (Minumum: 0.5 mL plasma)

Pediatric Collection:
Four lavender microtainers (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Refrigeration of sample, QNS, freezing sample before spun down, grossly hemolyzed, grossly lipemic

Components:
Aldosterone, Direct Renin/Renin Mass, Aldosterone/Renin Ratio

Stability:
After separation from cells: Ambient (15-25°C): 72 hours Frozen (-20°C): 56 days

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB5713, ARR, Aldosterone/Renin Ratio, Aldosterone/Plasma Renin Ratio
- LAB5713-VML
- LAB5713VML

Performed:
Tuesday and Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 week

Ordering Indicators:
This panel is used in the initial screening of pateints for hypertension due to primary hyperaldosteronism.

Interpretive Data:
Normal serum levels of aldosterone are dependent on the sodium intake and whether the patient is upright or supine. High sodium intake will tend to suppress serum aldosterone, whereas low sodium intake will elevate serum aldosterone. The reference intervals for serum aldosterone are based on normal sodium intake.

Reference Interval:
The Endocrine Society guidelines suggest an ARR =/> 5.7 is consistent with primary hyperaldosteronism. Internal studies by the Vanderbilt Medical Laboratories Special Chemistry laboratory have shown that an ARR =/> 2.6 may be associated with hyperaldosteronism.

Additional Information:
Primarily used in conjunction for primary hyperaldosteronism.

Methodology:
Chemiluminescent Immunoassay

Section:
Special Chemistry

Aldosterone, plasma

LAB557

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB557, ALD
- LAB557-VML
- LAB557VML

Turn Around Time:

1 week

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen collection time and position of patient (supine or upright) should be noted. Specimens should be collected mid-morning after the patient has been up for at least 2 hours and seated for 5 - 15 minutes. Transport and centrifuge specimens at ambient temperature. Plasma should be transferred into an aliquot tube and stored frozen until ready for testing. (Minumum: 0.5 mL plasma)

Pediatric Collection:

Two lavender microtainers (EDTA)

Storage/Transport Temperature:

Frozen (-20°C)

Performed:

Tuesday and Friday

Stability:

After separation from cells: Ambient (15-25°C): 8 hours Refrigerated (2-8°C): 5 days Frozen (-20°C): 1 month

Specimen:

Plasma

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

This test is used in conjunction with renin as a screen for primary and secondary hyperaldosteronism (aldosterone/renin mass ratio) and hypoaldosteronism.

Synonyms:

- LAB557, ALD
- LAB557-VML
- LAB557VML

Performed:

Tuesday and Friday

Turn Around Time:
1 week

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Supine: < 23.6 ng/dL Upright: < 35.3 ng/dL

Interpretive Data:
Normal serum levels of aldosterone are dependent on the sodium intake and whether the patient is upright or supine. High sodium intake will tend to suppress serum aldosterone, whereas low sodium intake will elevate serum aldosterone. The reference intervals for serum aldosterone are based on normal sodium intake.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen collection time and position of patient (supine or upright) should be noted. Specimens should be collected mid-morning after the patient has been up for at least 2 hours and seated for 5 - 15 minutes. Transport and centrifuge specimens at ambient temperature. Plasma should be transferred into an aliquot tube and stored frozen until ready for testing. (Minumum: 0.5 mL plasma)

Pediatric Collection:
Two lavender microtainers (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Improper handling, frozen sample before spun down, QNS, grossly hemolyzed, grossly lipemic

Components:
N/A

Stability:
After separation from cells: Ambient (15-25°C): 8 hours Refrigerated (2-8°C): 5 days Frozen (-20°C): 1 month

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB557, ALD
- LAB557-VML
- LAB557VML

Performed:
Tuesday and Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 week

Ordering Indicators:
This test is used in conjunction with renin as a screen for primary and secondary hyperaldosteronism (aldosterone/renin mass ratio) and hypoaldosteronism.

Interpretive Data:
Normal serum levels of aldosterone are dependent on the sodium intake and whether the patient is upright or supine. High sodium intake will tend to suppress serum aldosterone, whereas low sodium intake will elevate serum aldosterone. The reference intervals for serum aldosterone are based on normal sodium intake.

Reference Interval:
Supine: < 23.6 ng/dL Upright: < 35.3 ng/dL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Special Chemistry

Aldosterone, Urine

LAB6183

ORDERING INFO

Collect:
24-hour urine. Urine must be refrigerated during collection.

Synonyms:

- 24 hr aldosterone
- urine aldosterone
- LAB6183-VML
- LAB6183VML

SPECIMEN REQUIREMENTS

Collect:
24-hour urine. Urine must be refrigerated during collection.

Specimen Preparation:
Add 1 g boric acid per 100 mL urine. Transfer 4 mL aliquot of urine from a 24-hour collection to an ARUP Standard Transport Tube. (Min: 0.5 mL) Record total volume and collection time interval on transport tube and test request form. Also acceptable: Preserved urine if the pH of the specimen is adjusted to 2-4 with 6M HCl or 50 percent acetic acid or unpreserved urine if frozen immediately after collection.

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated, if preserved with HCl or acetic acid.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: (with preservative): 5 days; Frozen: 1 month

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- 24 hr aldosterone
- urine aldosterone
- LAB6183-VML
- LAB6183VML

Ordering Recommendations:
Screen and diagnose hyperaldosteronism.

Performed:
Tue, Thu, Sat

Methodology:
Quantitative Chemiluminescent Immunoassay (CLIA)

Reported:
2-5 days

RESULTS INTERPRETATION

Reference Interval:

Effective October 6, 2014

Components	Reference Interval
Aldosterone, Urine	1.2-28.1 µg/d
Creatinine, Urine - per 24h	

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Interpretive Data:

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Methodology:

Quantitative Chemiluminescent Immunoassay (CLIA)

ADDITIONAL INFORMATION

CPT Codes:

82088

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour urine. Urine must be refrigerated during collection.

Specimen Preparation:

Add 1 g boric acid per 100 mL urine. Transfer 4 mL aliquot of urine from a 24-hour collection to an ARUP Standard Transport Tube. (Min: 0.5 mL) Record total volume and collection time interval on transport tube and test request form. Also acceptable: Preserved urine if the pH of the specimen is adjusted to 2-4 with 6M HCl or 50 percent acetic acid or unpreserved urine if frozen immediately after collection.

Stability (from collection to initiation):

Ambient: 4 hours; Refrigerated: (with preservative): 5 days; Frozen: 1 month

Storage/Transport Temperature:

Frozen. Also acceptable: Refrigerated, if preserved with HCl or acetic acid.

Synonyms:

- 24 hr aldosterone
- urine aldosterone
- LAB6183-VML
- LAB6183VML

Performed:

Tue, Thu, Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

2-5 days

Ordering Recommendations:

Screen and diagnose hyperaldosteronism.

Interpretive Data:

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Reference Interval:

Effective October 6, 2014

Components	Reference Interval
Aldosterone, Urine	1.2-28.1 µg/d
Creatinine, Urine - per 24h	See table below

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Methodology:

Quantitative Chemiluminescent Immunoassay (CLIA)

Section:

RF-ARUP

CPT Codes:

82088

Alkaline Phosphatase Isoenzymes, Serum or Plasma

LAB741

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Green (Sodium or Lithium Heparin).

Synonyms:

- ALK PHOS
- Alkaline Phosphatase
- Alkaline Phosphatase Isoenzymes by Heat Fractionation
- Alkp
- LAB741-VML
- LAB741VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Green (Sodium or Lithium Heparin).

Specimen Preparation:
Allow serum specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube and refrigerate or freeze immediately. (Min: 1 mL)

Unacceptable Conditions:
Specimens collected in EDTA, sodium fluoride, sodium citrate, or potassium oxalate. Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- ALK PHOS
- Alkaline Phosphatase
- Alkaline Phosphatase Isoenzymes by Heat Fractionation
- Alkp
- LAB741-VML
- LAB741VML

Ordering Recommendations:
Use when total alkaline phosphatase activity is elevated to determine amounts contributed by bone and liver isoenzymes.

Performed:
Sun-Sat

Methodology:
Quantitative Heat Inactivation/Enzymatic Assay

Reported:
1-4 days

Notes:
The presence of heat-stable isoenzymes (i.e., germ cell and placental) will be detected but their activities cannot be differentiated from the liver isoenzyme.

RESULTS INTERPRETATION

Reference Interval:

Components		
Alkaline Phosphatase, Serum or Plasma	Male 0-30 days: 60-320 U/L 1-11 months: 70-350 U/L 1-3 years: 125-320 U/L 4-6 years: 150-370 U/L 7-9 years: 150-440 U/L 10-11 years: 150-470 U/L 12-13 years: 160-500 U/L 14-15 years: 130-530 U/L 16-19 years: 60-270 U/L 20 years and older: 40-120 U/L	Female 0-30 days: 60-320 U/L 1-11 months: 70-350 U/L 1-3 years: 125-320 U/L 4-6 years: 150-370 U/L 7-9 years: 150-440 U/L 10-11 years: 150-530 U/L 12-13 years: 110-525 U/L 14-15 years: 55-305 U/L 16-19 years: 40-120 U/L 20 years and older: 40-120 U/L
Bone	Male 1-6 years: 0-208 U/L 7-9 years: 0-264 U/L 10-15 years: 0-340 U/L 16-19 years: 0-165 U/L 20 years and older: 0-55 U/L	Female 1-6 years: 0-189 U/L 7-9 years: 0-246 U/L 10-13 years: 0-340 U/L 14-15 years: 0-91 U/L 16 years and older: 0-55 U/L
Liver	Male 1-6 years: 0-145 U/L 7-11 years: 0-182 U/L 12-15 years: 0-226 U/L 16-19 years: 0-114 U/L 20 years and older: 0-94 U/L	Female 1-9 years: 0-148 U/L 10-15 years: 0-162 U/L 16 years and older: 0-94 U/L

Interpretive Data:

Bone Specific Alkaline Phosphatase (0070053) and 5'Nucleotidase (0080235) may be useful in identifying disorders of bone and liver, respectively.

Methodology:

Quantitative Heat Inactivation/Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:

84075; 84080

Section:

RF-ARUP

Notes:

The presence of heat-stable isoenzymes (i.e., germ cell and placental) will be detected but their activities cannot be differentiated from the liver isoenzyme.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum Separator Tube (SST) or Green (Sodium or Lithium Heparin).

Specimen Preparation:

Allow serum specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube and refrigerate or freeze immediately. (Min: 1 mL)

Unacceptable Conditions:

Specimens collected in EDTA, sodium fluoride, sodium citrate, or potassium oxalate. Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ALK PHOS
- Alkaline Phosphatase
- Alkaline Phosphatase Isoenzymes by Heat Fractionation
- Alkp
- LAB741-VML
- LAB741VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Use when total alkaline phosphatase activity is elevated to determine amounts contributed by bone and liver isoenzymes.

Interpretive Data:
Bone Specific Alkaline Phosphatase (0070053) and 5'Nucleotidase (0080235) may be useful in identifying disorders of bone and liver, respectively.

Reference Interval:

Components		
Alkaline Phosphatase, Serum or Plasma	Male 0-30 days: 60-320 U/L 1-11 months: 70-350 U/L 1-3 years: 125-320 U/L 4-6 years: 150-370 U/L 7-9 years: 150-440 U/L 10-11 years: 150-470 U/L 12-13 years: 160-500 U/L 14-15 years: 130-530 U/L 16-19 years: 60-270 U/L 20 years and older: 40-120 U/L	Female 0-30 days: 60-320 U/L 1-11 months: 70-350 U/L 1-3 years: 125-320 U/L 4-6 years: 150-370 U/L 7-9 years: 150-440 U/L 10-11 years: 150-530 U/L 12-13 years: 110-525 U/L 14-15 years: 55-305 U/L 16-19 years: 40-120 U/L 20 years and older: 40-120 U/L
Bone	Male 1-6 years: 0-208 U/L 7-9 years: 0-264 U/L 10-15 years: 0-340 U/L 16-19 years: 0-165 U/L 20 years and older: 0-55 U/L	Female 1-6 years: 0-189 U/L 7-9 years: 0-246 U/L 10-13 years: 0-340 U/L 14-15 years: 0-91 U/L 16 years and older: 0-55 U/L
Liver	Male 1-6 years: 0-145 U/L 7-11 years: 0-182 U/L 12-15 years: 0-226 U/L 16-19 years: 0-114 U/L 20 years and older: 0-94 U/L	Female 1-9 years: 0-148 U/L 10-15 years: 0-162 U/L 16 years and older: 0-94 U/L

Methodology:
Quantitative Heat Inactivation/Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
84075; 84080

Notes:
The presence of heat-stable isoenzymes (i.e., germ cell and placental) will be detected but their activities cannot be differentiated from the liver isoenzyme.

Alkaline Phosphtase, Plasma

LAB112

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- AKP, Alkaline Phosphatase Blood, LAB112
- LAB112-VML
- LAB112VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 2 months

Specimen:
Plasma

Alternate Specimen:
N/A (Serum for Roche Not approved)

ORDERING

Ordering Indicators:
Aids in the investigation of hepatobiliary and bone disease.

Synonyms:

- AKP, Alkaline Phosphatase Blood, LAB112
- LAB112-VML
- LAB112VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Colorimetric assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Colorimetric assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A (Serum for Roche Not approved)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A (Serum for Roche Not approved)

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 2 months

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- AKP, Alkaline Phosphatase Blood, LAB112
- LAB112-VML
- LAB112VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Aids in the investigation of hepatobiliary and bone disease.

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Colorimetric assay

Section:
Chemistry

Allergen, Drugs, Amoxicillin

LAB3516

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP c6
- Amoxicilloyl
- LAB3516-VML
- LAB3516VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP c6
- Amoxicilloyl
- LAB3516-VML
- LAB3516VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP c6
- Amoxicilloyl
- LAB3516-VML
- LAB3516VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Drugs, Penicillin V (minor)

LAB3517

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP c2 (Allergen, Drugs, Penicillin V (minor))
- Penicillin (Oral) (Allergen, Drugs, Penicillin V (minor))
- LAB3517-VML
- LAB3517VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP c2 (Allergen, Drugs, Penicillin V (minor))
- Penicillin (Oral) (Allergen, Drugs, Penicillin V (minor))
- LAB3517-VML
- LAB3517VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

Notes:
Due to the rise and fall of circulating specific IgE antibodies to penicilloyl G or penicilloyl V, blood samples for testing should be collected no sooner that 2-3 weeks and no later than 6 months after penicillin exposure.

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Notes:

Due to the rise and fall of circulating specific IgE antibodies to penicilloyl G or penicilloyl V, blood samples for testing should be collected no sooner that 2-3 weeks and no later than 6 months after penicillin exposure.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP c2 (Allergen, Drugs, Penicillin V (minor))
- Penicillin (Oral) (Allergen, Drugs, Penicillin V (minor))
- LAB3517-VML
- LAB3517VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Notes:
Due to the rise and fall of circulating specific IgE antibodies to penicilloyl G or penicilloyl V, blood samples for testing should be collected no sooner that 2-3 weeks and no later than 6 months after penicillin exposure.

Allergen, Epidermals and Animal Proteins, Cat Dander

LAB3503

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Felis domesticus Dander
- ImmunoCAP e1
- LAB3503-VML
- LAB3503VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Felis domesticus Dander
- ImmunoCAP e1
- LAB3503-VML
- LAB3503VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Felis domesticus Dander
- ImmunoCAP e1
- LAB3503-VML
- LAB3503VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Epidermals and Animal Proteins, Cow Hair and Dander

LAB3505

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Steer Epithelium
- Bos taurus
- Bull Epithelium
- Cattle Epithelium
- ImmunoCAP e4
- Ox Epithelium
- LAB3505-VML
- LAB3505VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Steer Epithelium
- Bos taurus
- Bull Epithelium
- Cattle Epithelium
- ImmunoCAP e4
- Ox Epithelium
- LAB3505-VML
- LAB3505VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Steer Epithelium
- Bos taurus
- Bull Epithelium
- Cattle Epithelium
- ImmunoCAP e4
- Ox Epithelium
- LAB3505-VML
- LAB3505VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Epidermals and Animal Proteins, Dog Dander

LAB3506

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Canis familiaris Dander (Allergen, Epidermals & Animal Proteins, Dog Dander)
- Dog Epithelium (Allergen, Epidermals & Animal Proteins, Dog Dander)
- ImmunoCAP e5 (Allergen, Epidermals & Animal Proteins, Dog Dander)
- LAB3506-VML
- LAB3506VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Canis familiaris Dander (Allergen, Epidermals & Animal Proteins, Dog Dander)
- Dog Epithelium (Allergen, Epidermals & Animal Proteins, Dog Dander)
- ImmunoCAP e5 (Allergen, Epidermals & Animal Proteins, Dog Dander)
- LAB3506-VML
- LAB3506VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Canis familiaris Dander (Allergen, Epidermals & Animal Proteins, Dog Dander)
- Dog Epithelium (Allergen, Epidermals & Animal Proteins, Dog Dander)
- ImmunoCAP e5 (Allergen, Epidermals & Animal Proteins, Dog Dander)
- LAB3506-VML
- LAB3506VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Epidermals and Animal Proteins, Goat Epithelium IgE

LAB3509

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Capra hircus
- ImmunoCAP E80
- LAB3509-VML
- LAB3509VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Capra hircus
- ImmunoCAP E80
- LAB3509-VML
- LAB3509VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Capra hircus
- ImmunoCAP E80
- LAB3509-VML
- LAB3509VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Epidermals and Animal Proteins, Horse Hair and Dander

LAB3510

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Equus caballus Dander
- ImmunoCAP e3
- LAB3510-VML
- LAB3510VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Equus caballus Dander
- ImmunoCAP e3
- LAB3510-VML
- LAB3510VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Equus caballus Dander
- ImmunoCAP e3
- LAB3510-VML
- LAB3510VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Epidermals and Animal Proteins, Mouse Epithelium

LAB3511

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Common House Mouse Epithelium
- ImmunoCAP e71
- Mus spp. Epithelium
- LAB3511-VML
- LAB3511VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Common House Mouse Epithelium
- ImmunoCAP e71
- Mus spp. Epithelium
- LAB3511-VML
- LAB3511VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Common House Mouse Epithelium
- ImmunoCAP e71
- Mus spp. Epithelium
- LAB3511-VML
- LAB3511VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Epidermals and Animal Proteins, Parakeet Feathers (Budgerigar)

LAB3513

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Budgie Feathers
- ImmunoCAP e78
- Melopsittacus undulatus Feathers
- Parrot
- LAB3513-VML
- LAB3513VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Budgie Feathers
- ImmunoCAP e78
- Melopsittacus undulatus Feathers
- Parrot
- LAB3513-VML
- LAB3513VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Budgie Feathers
- ImmunoCAP e78
- Melopsittacus undulatus Feathers
- Parrot
- LAB3513-VML
- LAB3513VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Epidermals and Animal Proteins, Parakeet Feathers (Budgerigar)

LAB3512

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Budgie Feathers
- ImmunoCAP e78
- Melopsittacus undulatus Feathers
- Parrot
- LAB3512-VML
- LAB3512VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Budgie Feathers
- ImmunoCAP e78
- Melopsittacus undulatus Feathers
- Parrot
- LAB3512-VML
- LAB3512VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Budgie Feathers
- ImmunoCAP e78
- Melopsittacus undulatus Feathers
- Parrot
- LAB3512-VML
- LAB3512VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Epidermals and Animal Proteins, Rat Epithelium IgE

LAB3514

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Brown Rat
- House Rat
- ImmunoCAP E73
- Norway Rat
- Rattus norvegicus
- LAB3514-VML
- LAB3514VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Brown Rat
- House Rat
- ImmunoCAP E73
- Norway Rat
- Rattus norvegicus
- LAB3514-VML
- LAB3514VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Brown Rat
- House Rat
- ImmunoCAP E73
- Norway Rat
- Rattus norvegicus
- LAB3514-VML
- LAB3514VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Epidermals and Animal Proteins, Chicken Feathers

LAB3504

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP e85
- Gallus domesticus Feathers
- LAB3504-VML
- LAB3504VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP e85
- Gallus domesticus Feathers
- LAB3504-VML
- LAB3504VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP e85
- Gallus domesticus Feathers
- LAB3504-VML
- LAB3504VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Epidermals and Animal Proteins, Sheep Epithelium/Wool

LAB3515

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP e81
- Ovis spp. Epithelium
- LAB3515-VML
- LAB3515VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP e81
- Ovis spp. Epithelium
- LAB3515-VML
- LAB3515VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP e81
- Ovis spp. Epithelium
- LAB3515-VML
- LAB3515VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Almond

LAB3519

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- A. dulcis (Allergen, Food, Almond)
- Amygdalus communis (Allergen, Food, Almond)
- Bitter Almond (Allergen, Food, Almond)
- ImmunoCAP f20 (Allergen, Food, Almond)
- P. dulcis (Allergen, Food, Almond)
- Prunus amygdalus (Allergen, Food, Almond)
- Sweet Almond (Allergen, Food, Almond)
- LAB3519-VML
- LAB3519VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- A. dulcis (Allergen, Food, Almond)
- Amygdalus communis (Allergen, Food, Almond)
- Bitter Almond (Allergen, Food, Almond)
- ImmunoCAP f20 (Allergen, Food, Almond)
- P. dulcis (Allergen, Food, Almond)
- Prunus amygdalus (Allergen, Food, Almond)
- Sweet Almond (Allergen, Food, Almond)
- LAB3519-VML
- LAB3519VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- A. dulcis (Allergen, Food, Almond)
- Amygdalus communis (Allergen, Food, Almond)
- Bitter Almond (Allergen, Food, Almond)
- ImmunoCAP f20 (Allergen, Food, Almond)
- P. dulcis (Allergen, Food, Almond)
- Prunus amygdalus (Allergen, Food, Almond)
- Sweet Almond (Allergen, Food, Almond)
- LAB3519-VML
- LAB3519VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Apple

LAB3520

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- M. domestica (Allergen, Food, Apple)
- ImmunoCAP f49 (Allergen, Food, Apple)
- M. communis (Allergen, Food, Apple)
- Crabapple (Allergen, Food, Apple)
- Cultivated apple (Allergen, Food, Apple)
- M. pumila (Allergen, Food, Apple)
- M. sylvestris (Allergen, Food, Apple)
- Malus x domestica (Allergen, Food, Apple)
- LAB3520-VML
- LAB3520VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- M. domestica (Allergen, Food, Apple)
- ImmunoCAP f49 (Allergen, Food, Apple)
- M. communis (Allergen, Food, Apple)
- Crabapple (Allergen, Food, Apple)
- Cultivated apple (Allergen, Food, Apple)
- M. pumila (Allergen, Food, Apple)
- M. sylvestris (Allergen, Food, Apple)
- Malus x domestica (Allergen, Food, Apple)
- LAB3520-VML
- LAB3520VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- M. domestica (Allergen, Food, Apple)
- ImmunoCAP f49 (Allergen, Food, Apple)
- M. communis (Allergen, Food, Apple)
- Crabapple (Allergen, Food, Apple)
- Cultivated apple (Allergen, Food, Apple)
- M. pumila (Allergen, Food, Apple)
- M. sylvestris (Allergen, Food, Apple)
- Malus x domestica (Allergen, Food, Apple)
- LAB3520-VML
- LAB3520VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Apricot

LAB3521

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Amygdalus armeniaca
- Armeniaca vulgaris
- Prunus armeniaca
- ImmunoCAP f237
- P. armeniaca
- LAB3521-VML
- LAB3521VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Amygdalus armeniaca
- Armeniaca vulgaris
- Prunus armeniaca
- ImmunoCAP f237
- P. armeniaca
- LAB3521-VML
- LAB3521VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Amygdalus armeniaca
- Armeniaca vulgaris
- Prunus armeniaca
- ImmunoCAP f237
- P. armeniaca
- LAB3521-VML
- LAB3521VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Asparagus IgE

LAB3522

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Asparagus officinalis
- LAB3522-VML
- LAB3522VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Asparagus officinalis
- LAB3522-VML
- LAB3522VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Asparagus officinalis
- LAB3522-VML
- LAB3522VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Avocado

LAB3523

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Persea americana (Allergen, Food, Avocado)
- Vegetable Butter (Allergen, Food, Avocado)
- Alligator Pear (Allergen, Food, Avocado)
- Butter Pear (Allergen, Food, Avocado)
- ImmunoCAP f96, (Allergen, Food, Avocado)
- Midshipman's Butter (Allergen, Food, Avocado)
- LAB3523-VML
- LAB3523VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Persea americana (Allergen, Food, Avocado)
- Vegetable Butter (Allergen, Food, Avocado)
- Alligator Pear (Allergen, Food, Avocado)
- Butter Pear (Allergen, Food, Avocado)
- ImmunoCAP f96, (Allergen, Food, Avocado)
- Midshipman's Butter (Allergen, Food, Avocado)
- LAB3523-VML
- LAB3523VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Persea americana (Allergen, Food, Avocado)
- Vegetable Butter (Allergen, Food, Avocado)
- Alligator Pear (Allergen, Food, Avocado)
- Butter Pear (Allergen, Food, Avocado)
- ImmunoCAP f96, (Allergen, Food, Avocado)
- Midshipman's Butter (Allergen, Food, Avocado)
- LAB3523-VML
- LAB3523VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Baker's Yeast/Brewer's Yeast

LAB3524

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f45
- Saccharomyces cerevisiae
- LAB3524-VML
- LAB3524VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f45
- Saccharomyces cerevisiae
- LAB3524-VML
- LAB3524VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f45
- Saccharomyces cerevisiae
- LAB3524-VML
- LAB3524VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Banana

LAB3525

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f92 (Allergen, Food, Banana)
- Musa acuminata/sapientum/paradisiaca (Allergen, Food, Banana)
- Plantain (Allergen, Food, Banana)
- LAB3525-VML
- LAB3525VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f92 (Allergen, Food, Banana)
- Musa acuminata/sapientum/paradisiaca (Allergen, Food, Banana)
- Plantain (Allergen, Food, Banana)
- LAB3525-VML
- LAB3525VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f92 (Allergen, Food, Banana)
- Musa acuminata/sapientum/paradisiaca (Allergen, Food, Banana)
- Plantain (Allergen, Food, Banana)
- LAB3525-VML
- LAB3525VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Barley

LAB3526

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f6
- Barleycorn
- Hordeum vulgare
- LAB3526-VML
- LAB3526VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f6
- Barleycorn
- Hordeum vulgare
- LAB3526-VML
- LAB3526VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f6
- Barleycorn
- Hordeum vulgare
- LAB3526-VML
- LAB3526VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Basil IgE

LAB3527

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Sweet Basil
- ImmunoCAP F269
- Ocimum basilicum
- LAB3527-VML
- LAB3527VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Sweet Basil
- ImmunoCAP F269
- Ocimum basilicum
- LAB3527-VML
- LAB3527VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of laboratory allergen results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Sweet Basil
- ImmunoCAP F269
- Ocimum basilicum
- LAB3527-VML
- LAB3527VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of laboratory allergen results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Bay Leaf IgE

LAB3528

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Laurel Leaf
- Laurus nobilis
- Sweet Bay
- Sweet Laurel
- True Laurel
- California Bay Leaf
- Indian Bay Leaf
- Mediterranean Bay Leaf
- LAB3528-VML
- LAB3528VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Laurel Leaf
- Laurus nobilis
- Sweet Bay
- Sweet Laurel
- True Laurel
- California Bay Leaf
- Indian Bay Leaf
- Mediterranean Bay Leaf
- LAB3528-VML
- LAB3528VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of laboratory allergen results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Laurel Leaf
- Laurus nobilis
- Sweet Bay
- Sweet Laurel
- True Laurel
- California Bay Leaf
- Indian Bay Leaf
- Mediterranean Bay Leaf
- LAB3528-VML
- LAB3528VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of laboratory allergen results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Beef

LAB3529

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Bos spp.
- ImmunoCAP f27
- LAB3529-VML
- LAB3529VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Bos spp.
- ImmunoCAP f27
- LAB3529-VML
- LAB3529VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Bos spp.
- ImmunoCAP f27
- LAB3529-VML
- LAB3529VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Black Pepper

LAB3530

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f280
- Piper nigrum
- White Pepper
- LAB3530-VML
- LAB3530VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f280
- Piper nigrum
- White Pepper
- LAB3530-VML
- LAB3530VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f280
- Piper nigrum
- White Pepper
- LAB3530-VML
- LAB3530VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Blueberry

LAB3531

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- European Blueberry
- V. angustifolium - Lowbush Blueberry
- V. corymbosum - Highbush Blueberry
- Vaccinium myrtillis
- Whinberry
- Whortleberry
- Bilberry
- ImmunoCAP f288
- LAB3531-VML
- LAB3531VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- European Blueberry
- V. angustifolium - Lowbush Blueberry
- V. corymbosum - Highbush Blueberry
- Vaccinium myrtillis
- Whinberry
- Whortleberry
- Bilberry
- ImmunoCAP f288
- LAB3531-VML
- LAB3531VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

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Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- European Blueberry
- V. angustifolium - Lowbush Blueberry
- V. corymbosum - Highbush Blueberry
- Vaccinium myrtillis
- Whinberry
- Whortleberry
- Bilberry
- ImmunoCAP f288
- LAB3531-VML
- LAB3531VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Brazil Nut

LAB3532

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Bertholletia excelsa (Allergen, Food, Brazil Nut)
- Cream Nut (Allergen, Food, Brazil Nut)
- ImmunoCAP f18 (Allergen, Food, Brazil Nut)
- Para-Nut (Allergen, Food, Brazil Nut)
- LAB3532-VML
- LAB3532VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Bertholletia excelsa (Allergen, Food, Brazil Nut)
- Cream Nut (Allergen, Food, Brazil Nut)
- ImmunoCAP f18 (Allergen, Food, Brazil Nut)
- Para-Nut (Allergen, Food, Brazil Nut)
- LAB3532-VML
- LAB3532VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Bertholletia excelsa (Allergen, Food, Brazil Nut)
- Cream Nut (Allergen, Food, Brazil Nut)
- ImmunoCAP f18 (Allergen, Food, Brazil Nut)
- Para-Nut (Allergen, Food, Brazil Nut)
- LAB3532-VML
- LAB3532VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Broccoli

LAB3533

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Calabrese
- Romanesco
- ImmunoCAP f260
- Purple Cauliflower
- Winter Cauliflower
- Brassica oleracea Var. italica
- Spear Cauliflower
- LAB3533-VML
- LAB3533VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Calabrese
- Romanesco
- ImmunoCAP f260
- Purple Cauliflower
- Winter Cauliflower
- Brassica oleracea Var. italica
- Spear Cauliflower
- LAB3533-VML
- LAB3533VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Calabrese
- Romanesco
- ImmunoCAP f260
- Purple Cauliflower
- Winter Cauliflower
- Brassica oleracea Var. italica
- Spear Cauliflower
- LAB3533-VML
- LAB3533VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Carob Gum/Locust Bean IgE

LAB3534

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Grain, Carob (Allergen, Food, Carob Gum/Locust Bean IgE)
- Locust Bean (Allergen, Food, Carob Gum/Locust Bean IgE)
- St. John's Bread (Allergen, Food, Carob Gum/Locust Bean IgE)
- Ceratonia siliqua (Allergen, Food, Carob Gum/Locust Bean IgE)
- Carob Bean Gum (Allergen, Food, Carob Gum/Locust Bean IgE)
- Carob Tree (Allergen, Food, Carob Gum/Locust Bean IgE)
- LAB3534-VML
- LAB3534VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Grain, Carob (Allergen, Food, Carob Gum/Locust Bean IgE)
- Locust Bean (Allergen, Food, Carob Gum/Locust Bean IgE)
- St. John's Bread (Allergen, Food, Carob Gum/Locust Bean IgE)
- Ceratonia siliqua (Allergen, Food, Carob Gum/Locust Bean IgE)
- Carob Bean Gum (Allergen, Food, Carob Gum/Locust Bean IgE)
- Carob Tree (Allergen, Food, Carob Gum/Locust Bean IgE)
- LAB3534-VML
- LAB3534VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Grain, Carob (Allergen, Food, Carob Gum/Locust Bean IgE)
- Locust Bean (Allergen, Food, Carob Gum/Locust Bean IgE)
- St. John's Bread (Allergen, Food, Carob Gum/Locust Bean IgE)
- Ceratonia siliqua (Allergen, Food, Carob Gum/Locust Bean IgE)
- Carob Bean Gum (Allergen, Food, Carob Gum/Locust Bean IgE)
- Carob Tree (Allergen, Food, Carob Gum/Locust Bean IgE)
- LAB3534-VML
- LAB3534VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Carrot

LAB3535

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f31
- Daucus carota
- LAB3535-VML
- LAB3535VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f31
- Daucus carota
- LAB3535-VML
- LAB3535VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Allergen, Food, Carrot IgE	Less than or equal to 0.34 kU/L

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f31
- Daucus carota
- LAB3535-VML
- LAB3535VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Reference Interval:

Components	Reference Interval
Allergen, Food, Carrot IgE	Less than or equal to 0.34 kU/L

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Casein

LAB3536

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Bos spp.
- ImmunoCAP f78
- LAB3536-VML
- LAB3536VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Bos spp.
- ImmunoCAP f78
- LAB3536-VML
- LAB3536VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86008

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Bos spp.
- ImmunoCAP f78
- LAB3536-VML
- LAB3536VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86008

Allergen, Food, Cashew

LAB3537

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Anacardium occidentale (Allergen, Food, Cashew)
- ImmunoCAP f202 (Allergen, Food, Cashew)
- LAB3537-VML
- LAB3537VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Anacardium occidentale (Allergen, Food, Cashew)
- ImmunoCAP f202 (Allergen, Food, Cashew)
- LAB3537-VML
- LAB3537VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Anacardium occidentale (Allergen, Food, Cashew)
- ImmunoCAP f202 (Allergen, Food, Cashew)
- LAB3537-VML
- LAB3537VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Catfish IgE

LAB3538

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f369
- Ictalurus punctatus
- LAB3538-VML
- LAB3538VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f369
- Ictalurus punctatus
- LAB3538-VML
- LAB3538VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f369
- Ictalurus punctatus
- LAB3538-VML
- LAB3538VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Celery

LAB3539

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Apium graveolens (Allergen, Food, Celery)
- Celeriac (Allergen, Food, Celery)
- Celery Root (Allergen, Food, Celery)
- Celery Tuber (Allergen, Food, Celery)
- ImmunoCAP f85 (Allergen, Food, Celery)
- Knob Celery (Allergen, Food, Celery)
- Root Celery (Allergen, Food, Celery)
- Stick Celery (Allergen, Food, Celery)
- LAB3539-VML
- LAB3539VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Apium graveolens (Allergen, Food, Celery)
- Celeriac (Allergen, Food, Celery)
- Celery Root (Allergen, Food, Celery)
- Celery Tuber (Allergen, Food, Celery)
- ImmunoCAP f85 (Allergen, Food, Celery)
- Knob Celery (Allergen, Food, Celery)
- Root Celery (Allergen, Food, Celery)
- Stick Celery (Allergen, Food, Celery)
- LAB3539-VML
- LAB3539VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Apium graveolens (Allergen, Food, Celery)
- Celeriac (Allergen, Food, Celery)
- Celery Root (Allergen, Food, Celery)
- Celery Tuber (Allergen, Food, Celery)
- ImmunoCAP f85 (Allergen, Food, Celery)
- Knob Celery (Allergen, Food, Celery)
- Root Celery (Allergen, Food, Celery)
- Stick Celery (Allergen, Food, Celery)
- LAB3539-VML
- LAB3539VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Cheese, Cheddar

LAB3540

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP(R) f81 (Allergen, Food, Cheese, Cheddar)
- LAB3540-VML
- LAB3540VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP(R) f81 (Allergen, Food, Cheese, Cheddar)
- LAB3540-VML
- LAB3540VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- ImmunoCAP(R) f81 (Allergen, Food, Cheese, Cheddar)
- LAB3540-VML
- LAB3540VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Cherry IgE

LAB3541

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Wild Cherry (Allergen, Food, Cherry)
- ImmunoCAP(R) f242 (Allergen, Food, Cherry)
- Prunus avium (Allergen, Food, Cherry)
- Sweet Cherry (Allergen, Food, Cherry)
- LAB3541-VML
- LAB3541VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Wild Cherry (Allergen, Food, Cherry)
- ImmunoCAP(R) f242 (Allergen, Food, Cherry)
- Prunus avium (Allergen, Food, Cherry)
- Sweet Cherry (Allergen, Food, Cherry)
- LAB3541-VML
- LAB3541VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Wild Cherry (Allergen, Food, Cherry)
- ImmunoCAP(R) f242 (Allergen, Food, Cherry)
- Prunus avium (Allergen, Food, Cherry)
- Sweet Cherry (Allergen, Food, Cherry)
- LAB3541-VML
- LAB3541VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Chestnut

LAB3542

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Castanea sativa
- European Chestnut
- ImmunoCAP f299
- Sweet Chestnut
- LAB3542-VML
- LAB3542VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Castanea sativa
- European Chestnut
- ImmunoCAP f299
- Sweet Chestnut
- LAB3542-VML
- LAB3542VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Castanea sativa
- European Chestnut
- ImmunoCAP f299
- Sweet Chestnut
- LAB3542-VML
- LAB3542VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Chicken

LAB3543

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Gallus spp.
- ImmunoCAP f83
- LAB3543-VML
- LAB3543VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Gallus spp.
- ImmunoCAP f83
- LAB3543-VML
- LAB3543VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Gallus spp.
- ImmunoCAP f83
- LAB3543-VML
- LAB3543VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Chickpea (Garbanzo Bean) IgE

LAB3544

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Bengal Gram
- Cicer arietinus
- Garbanzo Bean
- ImmunoCAP f309
- LAB3544-VML
- LAB3544VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Bengal Gram
- Cicer arietinus
- Garbanzo Bean
- ImmunoCAP f309
- LAB3544-VML
- LAB3544VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Bengal Gram
- Cicer arietinus
- Garbanzo Bean
- ImmunoCAP f309
- LAB3544-VML
- LAB3544VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Chocolate

LAB3545

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Theobroma cacao (Allergen, Food, Chocolate)
- ImmunoCAP f93 (Allergen, Food, Chocolate)
- Cacao Powder (Allergen, Food, Chocolate)
- LAB3545-VML
- LAB3545VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Theobroma cacao (Allergen, Food, Chocolate)
- ImmunoCAP f93 (Allergen, Food, Chocolate)
- Cacao Powder (Allergen, Food, Chocolate)
- LAB3545-VML
- LAB3545VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Theobroma cacao (Allergen, Food, Chocolate)
- ImmunoCAP f93 (Allergen, Food, Chocolate)
- Cacao Powder (Allergen, Food, Chocolate)
- LAB3545-VML
- LAB3545VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Cinnamon

LAB3546

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cassia
- Ceylon Cinnamon
- Chinese Cinnamon
- Cinnamomum spp.
- ImmunoCAP f220
- True Cinnamon
- LAB3546-VML
- LAB3546VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cassia
- Ceylon Cinnamon
- Chinese Cinnamon
- Cinnamomum spp.
- ImmunoCAP f220
- True Cinnamon
- LAB3546-VML
- LAB3546VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cassia
- Ceylon Cinnamon
- Chinese Cinnamon
- Cinnamomum spp.
- ImmunoCAP f220
- True Cinnamon
- LAB3546-VML
- LAB3546VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Clam

LAB3547

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Littleneck Clam (Allergen, Food, Clam)
- Manilla Clam (Allergen, Food, Clam)
- ImmunoCAP f207 (Allergen, Food, Clam)
- Carpet Shell (Allergen, Food, Clam)
- LAB3547-VML
- LAB3547VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Littleneck Clam (Allergen, Food, Clam)
- Manilla Clam (Allergen, Food, Clam)
- ImmunoCAP f207 (Allergen, Food, Clam)
- Carpet Shell (Allergen, Food, Clam)
- LAB3547-VML
- LAB3547VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Littleneck Clam (Allergen, Food, Clam)
- Manilla Clam (Allergen, Food, Clam)
- ImmunoCAP f207 (Allergen, Food, Clam)
- Carpet Shell (Allergen, Food, Clam)
- LAB3547-VML
- LAB3547VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Clove IgE

LAB3548

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Caryophyllus aromaticus
- Eugenia caryophyllata
- Syzygium aromaticum
- LAB3548-VML
- LAB3548VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Caryophyllus aromaticus
- Eugenia caryophyllata
- Syzygium aromaticum
- LAB3548-VML
- LAB3548VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Caryophyllus aromaticus
- Eugenia caryophyllata
- Syzygium aromaticum
- LAB3548-VML
- LAB3548VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Coconut

LAB3549

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cocos nucifera (Allergen, Food, Coconut)
- Common Coconut (Allergen, Food, Coconut)
- ImmunoCAP f36 (Allergen, Food, Coconut)
- LAB3549-VML
- LAB3549VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cocos nucifera (Allergen, Food, Coconut)
- Common Coconut (Allergen, Food, Coconut)
- ImmunoCAP f36 (Allergen, Food, Coconut)
- LAB3549-VML
- LAB3549VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cocos nucifera (Allergen, Food, Coconut)
- Common Coconut (Allergen, Food, Coconut)
- ImmunoCAP f36 (Allergen, Food, Coconut)
- LAB3549-VML
- LAB3549VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Codfish IgE

LAB3550

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Gadus morhua
- ImmunoCAP f3
- LAB3550-VML
- LAB3550VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Gadus morhua
- ImmunoCAP f3
- LAB3550-VML
- LAB3550VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Gadus morhua
- ImmunoCAP f3
- LAB3550-VML
- LAB3550VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Coffee

LAB3551

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- C. Arabica - Arabica or Arabian Coffee (Allergen, Food, Coffee)
- C. canephora - Robusta or Congo Coffee (Allergen, Food, Coffee)
- C. liberica - Liberian Coffee (Allergen, Food, Coffee)
- Coffea spp. (Allergen, Food, Coffee)
- ImmunoCAP f221 (Allergen, Food, Coffee)
- LAB3551-VML
- LAB3551VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- C. Arabica - Arabica or Arabian Coffee (Allergen, Food, Coffee)
- C. canephora - Robusta or Congo Coffee (Allergen, Food, Coffee)
- C. liberica - Liberian Coffee (Allergen, Food, Coffee)
- Coffea spp. (Allergen, Food, Coffee)
- ImmunoCAP f221 (Allergen, Food, Coffee)
- LAB3551-VML
- LAB3551VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- C. Arabica - Arabica or Arabian Coffee (Allergen, Food, Coffee)
- C. canephora - Robusta or Congo Coffee (Allergen, Food, Coffee)
- C. liberica - Liberian Coffee (Allergen, Food, Coffee)
- Coffea spp. (Allergen, Food, Coffee)
- ImmunoCAP f221 (Allergen, Food, Coffee)
- LAB3551-VML
- LAB3551VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Corn

LAB3554

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Pod Corn
- Dent Corn
- Field Corn
- Flint Corn
- Flour Corn
- ImmunoCAP f8
- Indian Corn
- Maize
- Popcorn
- Sweet Corn
- Zea mays
- LAB3554-VML
- LAB3554VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Pod Corn
- Dent Corn
- Field Corn
- Flint Corn
- Flour Corn
- ImmunoCAP f8
- Indian Corn
- Maize
- Popcorn
- Sweet Corn
- Zea mays
- LAB3554-VML
- LAB3554VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Pod Corn
- Dent Corn
- Field Corn
- Flint Corn
- Flour Corn
- ImmunoCAP f8
- Indian Corn
- Maize
- Popcorn
- Sweet Corn
- Zea mays
- LAB3554-VML
- LAB3554VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Crab

LAB3555

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cancer pagurus
- ImmunoCAP f23
- LAB3555-VML
- LAB3555VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cancer pagurus
- ImmunoCAP f23
- LAB3555-VML
- LAB3555VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cancer pagurus
- ImmunoCAP f23
- LAB3555-VML
- LAB3555VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Cranberry IgE

LAB3556

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- V. hagerupii
- O. oxycoccus
- O. quadripetalus
- O. intermedius
- Oxycocus palustris
- Rf341
- Vaccinium oxycoccus
- LAB3556-VML
- LAB3556VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- V. hagerupii
- O. oxycoccus
- O. quadripetalus
- O. intermedius
- Oxycocus palustris
- Rf341
- Vaccinium oxycoccus
- LAB3556-VML
- LAB3556VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- V. hagerupii
- O. oxycoccus
- O. quadripetalus
- O. intermedius
- Oxycocus palustris
- Rf341
- Vaccinium oxycoccus
- LAB3556-VML
- LAB3556VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Cucumber IgE

LAB3557

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cucumis sativusm
- Gherkin
- ImmunoCAP f244
- Cuke
- LAB3557-VML
- LAB3557VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cucumis sativusm
- Gherkin
- ImmunoCAP f244
- Cuke
- LAB3557-VML
- LAB3557VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cucumis sativusm
- Gherkin
- ImmunoCAP f244
- Cuke
- LAB3557-VML
- LAB3557VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Dill IgE

LAB3558

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Russian Parsley
- Swedish Parsley
- Anethum graveolens
- Bastard Fennel
- False Anise
- ImmunoCAP F277
- Peucedanum graveolens
- LAB3558-VML
- LAB3558VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Russian Parsley
- Swedish Parsley
- Anethum graveolens
- Bastard Fennel
- False Anise
- ImmunoCAP F277
- Peucedanum graveolens
- LAB3558-VML
- LAB3558VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of laboratory allergen results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Russian Parsley
- Swedish Parsley
- Anethum graveolens
- Bastard Fennel
- False Anise
- ImmunoCAP F277
- Peucedanum graveolens
- LAB3558-VML
- LAB3558VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of laboratory allergen results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Egg White

LAB3559

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f1
- LAB3559-VML
- LAB3559VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f1
- LAB3559-VML
- LAB3559VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- ImmunoCAP f1
- LAB3559-VML
- LAB3559VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Egg Whole

LAB3560

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f245
- LAB3560-VML
- LAB3560VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f245
- LAB3560-VML
- LAB3560VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- ImmunoCAP f245
- LAB3560-VML
- LAB3560VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Egg Yolk

LAB3561

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f75
- LAB3561-VML
- LAB3561VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f75
- LAB3561-VML
- LAB3561VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- ImmunoCAP f75
- LAB3561-VML
- LAB3561VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Eggplant

LAB3562

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Egg Apple
- Guinea Squash
- ImmunoCAP f262
- Jew's Apple
- Mad Apple
- Pea Apple
- S. melongena - East Indian Aubergine
- S. melongena depressum - Dwarf Aubergine
- S. melongena esculentum - Common Aubergine
- S. melongena serpentium - Snake Aubergine
- Solanum melongena
- Garden Egg
- Aubergine
- Brinjal
- LAB3562-VML
- LAB3562VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Egg Apple
- Guinea Squash
- ImmunoCAP f262
- Jew's Apple
- Mad Apple
- Pea Apple
- S. melongena - East Indian Aubergine
- S. melongena depressum - Dwarf Aubergine
- S. melongena esculentum - Common Aubergine
- S. melongena serpentium - Snake Aubergine
- Solanum melongena
- Garden Egg
- Aubergine
- Brinjal
- LAB3562-VML
- LAB3562VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Egg Apple
- Guinea Squash
- ImmunoCAP f262
- Jew's Apple
- Mad Apple
- Pea Apple
- S. melongena - East Indian Aubergine
- S. melongena depressum - Dwarf Aubergine
- S. melongena esculentum - Common Aubergine
- S. melongena serpentium - Snake Aubergine
- Solanum melongena
- Garden Egg
- Aubergine
- Brinjal
- LAB3562-VML
- LAB3562VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Flaxseed/Linseed IgE

LAB3563

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Linum usitatissimum (Allergen, Food, Flaxseed/Linseed IgE)
- LAB3563-VML
- LAB3563VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Linum usitatissimum (Allergen, Food, Flaxseed/Linseed IgE)
- LAB3563-VML
- LAB3563VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Linum usitatissimum (Allergen, Food, Flaxseed/Linseed IgE)
- LAB3563-VML
- LAB3563VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Garlic

LAB3565

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cultivated Garlic (Allergen, Food, Garlic)
- ImmunoCAP f47 (Allergen, Food, Garlic)
- Poor Man's Treacle (Allergen, Food, Garlic)
- Allium sativum (Allergen, Food, Garlic)
- LAB3565-VML
- LAB3565VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cultivated Garlic (Allergen, Food, Garlic)
- ImmunoCAP f47 (Allergen, Food, Garlic)
- Poor Man's Treacle (Allergen, Food, Garlic)
- Allium sativum (Allergen, Food, Garlic)
- LAB3565-VML
- LAB3565VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cultivated Garlic (Allergen, Food, Garlic)
- ImmunoCAP f47 (Allergen, Food, Garlic)
- Poor Man's Treacle (Allergen, Food, Garlic)
- Allium sativum (Allergen, Food, Garlic)
- LAB3565-VML
- LAB3565VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Ginger IgE

LAB3566

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Ginger Root
- Green (Fresh) Ginger
- ImmunoCAP f270
- Zingiber officinale
- LAB3566-VML
- LAB3566VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Ginger Root
- Green (Fresh) Ginger
- ImmunoCAP f270
- Zingiber officinale
- LAB3566-VML
- LAB3566VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Ginger Root
- Green (Fresh) Ginger
- ImmunoCAP f270
- Zingiber officinale
- LAB3566-VML
- LAB3566VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Gluten

LAB3567

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Gamma-Gliadin (Allergen, Food, Gluten)
- Gliadin (Allergen, Food, Gluten)
- Gluten IgE (Allergen, Food, Gluten)
- ImmunoCAP f79 (Allergen, Food, Gluten)
- Omega-Gliadin (Allergen, Food, Gluten)
- Tria a Gluten (Allergen, Food, Gluten)
- LAB3567-VML
- LAB3567VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Gamma-Gliadin (Allergen, Food, Gluten)
- Gliadin (Allergen, Food, Gluten)
- Gluten IgE (Allergen, Food, Gluten)
- ImmunoCAP f79 (Allergen, Food, Gluten)
- Omega-Gliadin (Allergen, Food, Gluten)
- Tria a Gluten (Allergen, Food, Gluten)
- LAB3567-VML
- LAB3567VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Gamma-Gliadin (Allergen, Food, Gluten)
- Gliadin (Allergen, Food, Gluten)
- Gluten IgE (Allergen, Food, Gluten)
- ImmunoCAP f79 (Allergen, Food, Gluten)
- Omega-Gliadin (Allergen, Food, Gluten)
- Tria a Gluten (Allergen, Food, Gluten)
- LAB3567-VML
- LAB3567VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Grape

LAB3568

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- V. vinifera subsp. Vinifera
- Vitis sylvestris
- Vitis vinifera
- ImmunoCAP f259
- V. vinifera subsp. Sylvestris
- LAB3568-VML
- LAB3568VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- V. vinifera subsp. Vinifera
- Vitis sylvestris
- Vitis vinifera
- ImmunoCAP f259
- V. vinifera subsp. Sylvestris
- LAB3568-VML
- LAB3568VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- V. vinifera subsp. Vinifera
- Vitis sylvestris
- Vitis vinifera
- ImmunoCAP f259
- V. vinifera subsp. Sylvestris
- LAB3568-VML
- LAB3568VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	**Probability of IgE Mediated Clinical Reaction**	**Class Scoring**
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Grapefruit

LAB3569

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Shaddock (Allergen, Food, Grapefruit)
- ImmunoCAP(R) f209 (Allergen, Food, Grapefruit)
- Citrus paradisi (Allergen, Food, Grapefruit)
- LAB3569-VML
- LAB3569VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Shaddock (Allergen, Food, Grapefruit)
- ImmunoCAP(R) f209 (Allergen, Food, Grapefruit)
- Citrus paradisi (Allergen, Food, Grapefruit)
- LAB3569-VML
- LAB3569VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Shaddock (Allergen, Food, Grapefruit)
- ImmunoCAP(R) f209 (Allergen, Food, Grapefruit)
- Citrus paradisi (Allergen, Food, Grapefruit)
- LAB3569-VML
- LAB3569VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Green Bean (String) IgE

LAB3570

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Haricot Bean (Allergen, Food, Green Bean (String))
- ImmunoCAP f315 (Allergen, Food, Green Bean (String))
- Wax Bean (Allergen, Food, Green Bean (String))
- Snap Bean (Allergen, Food, Green Bean (String))
- Common Bean (Allergen, Food, Green Bean (String))
- Green Bean (Allergen, Food, Green Bean (String))
- Phaseolus vulgaris (Allergen, Food, Green Bean (String))
- French Bean (Allergen, Food, Green Bean (String))
- String Bean (Allergen, Food, Green Bean (String))
- LAB3570-VML
- LAB3570VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Haricot Bean (Allergen, Food, Green Bean (String))
- ImmunoCAP f315 (Allergen, Food, Green Bean (String))
- Wax Bean (Allergen, Food, Green Bean (String))
- Snap Bean (Allergen, Food, Green Bean (String))
- Common Bean (Allergen, Food, Green Bean (String))
- Green Bean (Allergen, Food, Green Bean (String))
- Phaseolus vulgaris (Allergen, Food, Green Bean (String))
- French Bean (Allergen, Food, Green Bean (String))
- String Bean (Allergen, Food, Green Bean (String))
- LAB3570-VML
- LAB3570VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Haricot Bean (Allergen, Food, Green Bean (String))
- ImmunoCAP f315 (Allergen, Food, Green Bean (String))
- Wax Bean (Allergen, Food, Green Bean (String))
- Snap Bean (Allergen, Food, Green Bean (String))
- Common Bean (Allergen, Food, Green Bean (String))
- Green Bean (Allergen, Food, Green Bean (String))
- Phaseolus vulgaris (Allergen, Food, Green Bean (String))
- French Bean (Allergen, Food, Green Bean (String))
- String Bean (Allergen, Food, Green Bean (String))
- LAB3570-VML
- LAB3570VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Guar Gum IgE

LAB3571

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cyamopsis psoraloides (Allergen, Food, Gum Guar IgE)
- Cyamopsis tetragonoloba (Allergen, Food, Gum Guar IgE)
- Cyamposis tetragonolobus (Allergen, Food, Gum Guar IgE)
- LAB3571-VML
- LAB3571VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cyamopsis psoraloides (Allergen, Food, Gum Guar IgE)
- Cyamopsis tetragonoloba (Allergen, Food, Gum Guar IgE)
- Cyamposis tetragonolobus (Allergen, Food, Gum Guar IgE)
- LAB3571-VML
- LAB3571VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 18, 2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cyamopsis psoraloides (Allergen, Food, Gum Guar IgE)
- Cyamopsis tetragonoloba (Allergen, Food, Gum Guar IgE)
- Cyamposis tetragonolobus (Allergen, Food, Gum Guar IgE)
- LAB3571-VML
- LAB3571VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective August 18, 2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Gulf Flounder IgE

LAB3564

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP Rf147 (Allergen, Food, Gulf Flounder IgE)
- Pleuronectes platessa (Allergen, Food, Gulf Flounder IgE)
- LAB3564-VML
- LAB3564VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP Rf147 (Allergen, Food, Gulf Flounder IgE)
- Pleuronectes platessa (Allergen, Food, Gulf Flounder IgE)
- LAB3564-VML
- LAB3564VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP Rf147 (Allergen, Food, Gulf Flounder IgE)
- Pleuronectes platessa (Allergen, Food, Gulf Flounder IgE)
- LAB3564-VML
- LAB3564VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Halibut

LAB3572

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Hippoglossus hippoglossus
- ImmunoCAP f303
- LAB3572-VML
- LAB3572VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Hippoglossus hippoglossus
- ImmunoCAP f303
- LAB3572-VML
- LAB3572VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Hippoglossus hippoglossus
- ImmunoCAP f303
- LAB3572-VML
- LAB3572VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Honeydew Melon/Cantaloupe

LAB3502

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Armenian Cucumber
- Common Melon
- Cucumis melo spp.
- ImmunoCAP f87
- Melon
- Muskmelon
- LAB3502-VML
- LAB3502VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Armenian Cucumber
- Common Melon
- Cucumis melo spp.
- ImmunoCAP f87
- Melon
- Muskmelon
- LAB3502-VML
- LAB3502VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Armenian Cucumber
- Common Melon
- Cucumis melo spp.
- ImmunoCAP f87
- Melon
- Muskmelon
- LAB3502-VML
- LAB3502VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Kidney Bean

LAB3575

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f287
- P. vulgaris var. humilis
- Red Kidney Bean
- P. vulgaris var. mexicanus
- Phaseolus vulgaris
- LAB3575-VML
- LAB3575VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f287
- P. vulgaris var. humilis
- Red Kidney Bean
- P. vulgaris var. mexicanus
- Phaseolus vulgaris
- LAB3575-VML
- LAB3575VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Low	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f287
- P. vulgaris var. humilis
- Red Kidney Bean
- P. vulgaris var. mexicanus
- Phaseolus vulgaris
- LAB3575-VML
- LAB3575VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Low	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Kiwi

LAB3576

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- A. chinensis deliciosa
- A. latifolia var. deliciosa
- Kiwifruit
- Monkey Peach
- Sheep Peach
- Actinidia deliciosa
- Chinese Gooseberry
- ImmunoCAP f84
- LAB3576-VML
- LAB3576VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- A. chinensis deliciosa
- A. latifolia var. deliciosa
- Kiwifruit
- Monkey Peach
- Sheep Peach
- Actinidia deliciosa
- Chinese Gooseberry
- ImmunoCAP f84
- LAB3576-VML
- LAB3576VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- A. chinensis deliciosa
- A. latifolia var. deliciosa
- Kiwifruit
- Monkey Peach
- Sheep Peach
- Actinidia deliciosa
- Chinese Gooseberry
- ImmunoCAP f84
- LAB3576-VML
- LAB3576VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Lamb

LAB3577

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Mutton (Allergen, Food, Lamb)
- Ovis spp. (Allergen, Food, Lamb)
- ImmunoCAP f88 (Allergen, Food, Lamb)
- LAB3577-VML
- LAB3577VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Mutton (Allergen, Food, Lamb)
- Ovis spp. (Allergen, Food, Lamb)
- ImmunoCAP f88 (Allergen, Food, Lamb)
- LAB3577-VML
- LAB3577VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Mutton (Allergen, Food, Lamb)
- Ovis spp. (Allergen, Food, Lamb)
- ImmunoCAP f88 (Allergen, Food, Lamb)
- LAB3577-VML
- LAB3577VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Lemon

LAB3578

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Citrus limon
- ImmunoCAP f208
- LAB3578-VML
- LAB3578VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Citrus limon
- ImmunoCAP f208
- LAB3578-VML
- LAB3578VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Citrus limon
- ImmunoCAP f208
- LAB3578-VML
- LAB3578VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Lettuce

LAB3579

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f215
- Lactuca sativa
- LAB3579-VML
- LAB3579VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f215
- Lactuca sativa
- LAB3579-VML
- LAB3579VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f215
- Lactuca sativa
- LAB3579-VML
- LAB3579VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Lima Bean/White Bean

LAB3580

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Phaseolus lunatus (Allergen, Food, Lima Bean/White Bean)
- Prolific Bean (Allergen, Food, Lima Bean/White Bean)
- Rangoon Bean (Allergen, Food, Lima Bean/White Bean)
- Sieva Bean (Allergen, Food, Lima Bean/White Bean)
- Burma Bean (Allergen, Food, Lima Bean/White Bean)
- Butter Bean (Allergen, Food, Lima Bean/White Bean)
- Butterpea (Allergen, Food, Lima Bean/White Bean)
- Civet Bean (Allergen, Food, Lima Bean/White Bean)
- Guffin Bean (Allergen, Food, Lima Bean/White Bean)
- Haba Bean (Allergen, Food, Lima Bean/White Bean)
- Hibbert Bean (Allergen, Food, Lima Bean/White Bean)
- ImmunoCAP f182 (Allergen, Food, Lima Bean/White Bean)
- Paiga (Allergen, Food, Lima Bean/White Bean)
- Paigya (Allergen, Food, Lima Bean/White Bean)
- Madagascar Bean (Allergen, Food, Lima Bean/White Bean)
- Pallar Bean (Allergen, Food, Lima Bean/White Bean)
- Sugar Bean (Allergen, Food, Lima Bean/White Bean)
- LAB3580-VML
- LAB3580VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Phaseolus lunatus (Allergen, Food, Lima Bean/White Bean)
- Prolific Bean (Allergen, Food, Lima Bean/White Bean)
- Rangoon Bean (Allergen, Food, Lima Bean/White Bean)
- Sieva Bean (Allergen, Food, Lima Bean/White Bean)
- Burma Bean (Allergen, Food, Lima Bean/White Bean)
- Butter Bean (Allergen, Food, Lima Bean/White Bean)
- Butterpea (Allergen, Food, Lima Bean/White Bean)
- Civet Bean (Allergen, Food, Lima Bean/White Bean)
- Guffin Bean (Allergen, Food, Lima Bean/White Bean)
- Haba Bean (Allergen, Food, Lima Bean/White Bean)
- Hibbert Bean (Allergen, Food, Lima Bean/White Bean)
- ImmunoCAP f182 (Allergen, Food, Lima Bean/White Bean)
- Paiga (Allergen, Food, Lima Bean/White Bean)
- Paigya (Allergen, Food, Lima Bean/White Bean)
- Madagascar Bean (Allergen, Food, Lima Bean/White Bean)
- Pallar Bean (Allergen, Food, Lima Bean/White Bean)
- Sugar Bean (Allergen, Food, Lima Bean/White Bean)
- LAB3580-VML
- LAB3580VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Phaseolus lunatus (Allergen, Food, Lima Bean/White Bean)
- Prolific Bean (Allergen, Food, Lima Bean/White Bean)
- Rangoon Bean (Allergen, Food, Lima Bean/White Bean)
- Sieva Bean (Allergen, Food, Lima Bean/White Bean)
- Burma Bean (Allergen, Food, Lima Bean/White Bean)
- Butter Bean (Allergen, Food, Lima Bean/White Bean)
- Butterpea (Allergen, Food, Lima Bean/White Bean)
- Civet Bean (Allergen, Food, Lima Bean/White Bean)
- Guffin Bean (Allergen, Food, Lima Bean/White Bean)
- Haba Bean (Allergen, Food, Lima Bean/White Bean)
- Hibbert Bean (Allergen, Food, Lima Bean/White Bean)
- ImmunoCAP f182 (Allergen, Food, Lima Bean/White Bean)
- Paiga (Allergen, Food, Lima Bean/White Bean)
- Paigya (Allergen, Food, Lima Bean/White Bean)
- Madagascar Bean (Allergen, Food, Lima Bean/White Bean)
- Pallar Bean (Allergen, Food, Lima Bean/White Bean)
- Sugar Bean (Allergen, Food, Lima Bean/White Bean)
- LAB3580-VML
- LAB3580VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Lime IgE

LAB3581

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Green Lemon (Allergen, Food, Lime)
- ImmunoCAP f306 (Allergen, Food, Lime)
- Citrus aurantifolia (Allergen, Food, Lime)
- Sour Lemon (Allergen, Food, Lime)
- LAB3581-VML
- LAB3581VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Green Lemon (Allergen, Food, Lime)
- ImmunoCAP f306 (Allergen, Food, Lime)
- Citrus aurantifolia (Allergen, Food, Lime)
- Sour Lemon (Allergen, Food, Lime)
- LAB3581-VML
- LAB3581VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Green Lemon (Allergen, Food, Lime)
- ImmunoCAP f306 (Allergen, Food, Lime)
- Citrus aurantifolia (Allergen, Food, Lime)
- Sour Lemon (Allergen, Food, Lime)
- LAB3581-VML
- LAB3581VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Lobster

LAB3582

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- H. americanus - American Lobster (Allergen, Food, Lobster)
- Homarus gammarus - European Lobster (Allergen, Food, Lobster)
- ImmunoCAP f80 (Allergen, Food, Lobster)
- LAB3582-VML
- LAB3582VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- H. americanus - American Lobster (Allergen, Food, Lobster)
- Homarus gammarus - European Lobster (Allergen, Food, Lobster)
- ImmunoCAP f80 (Allergen, Food, Lobster)
- LAB3582-VML
- LAB3582VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- H. americanus - American Lobster (Allergen, Food, Lobster)
- Homarus gammarus - European Lobster (Allergen, Food, Lobster)
- ImmunoCAP f80 (Allergen, Food, Lobster)
- LAB3582-VML
- LAB3582VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Macadamia Nut IgE

LAB3583

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Macadamia ternifolia
- Rf345
- LAB3583-VML
- LAB3583VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Macadamia ternifolia
- Rf345
- LAB3583-VML
- LAB3583VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Macadamia ternifolia
- Rf345
- LAB3583-VML
- LAB3583VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Malt

LAB3584

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Barley Malt (Allergen, Food, Malt)
- Hordeum vulgare (Allergen, Food, Malt)
- ImmunoCAP f90 (Allergen, Food, Malt)
- LAB3584-VML
- LAB3584VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Barley Malt (Allergen, Food, Malt)
- Hordeum vulgare (Allergen, Food, Malt)
- ImmunoCAP f90 (Allergen, Food, Malt)
- LAB3584-VML
- LAB3584VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Barley Malt (Allergen, Food, Malt)
- Hordeum vulgare (Allergen, Food, Malt)
- ImmunoCAP f90 (Allergen, Food, Malt)
- LAB3584-VML
- LAB3584VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Mango

LAB3585

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f91
- Mangifera indica
- LAB3585-VML
- LAB3585VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f91
- Mangifera indica
- LAB3585-VML
- LAB3585VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	Very high
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f91
- Mangifera indica
- LAB3585-VML
- LAB3585VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	Very high
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Milk (Cow's)

LAB3586

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Bos spp.
- ImmunoCAP f2
- LAB3586-VML
- LAB3586VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Bos spp.
- ImmunoCAP f2
- LAB3586-VML
- LAB3586VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Bos spp.
- ImmunoCAP f2
- LAB3586-VML
- LAB3586VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Mushroom

LAB3587

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Table Mushroom (Allergen, Food, Mushroom)
- Button Mushroom (Allergen, Food, Mushroom)
- Champignon Mushroom (Allergen, Food, Mushroom)
- Cultivated Mushroom (Allergen, Food, Mushroom)
- ImmunoCAP f212 (Allergen, Food, Mushroom)
- Portobello Mushroom (Allergen, Food Mushroom)
- Agaricus bisporus (Allergen, Food, Mushroom)
- Agaricus hortensis (Allergen, Food, Mushroom)
- White Mushroom (Allergen, Food, Mushroom)
- Common Mushroom (Allergen, Food, Mushroom)
- LAB3587-VML
- LAB3587VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Table Mushroom (Allergen, Food, Mushroom)
- Button Mushroom (Allergen, Food, Mushroom)
- Champignon Mushroom (Allergen, Food, Mushroom)
- Cultivated Mushroom (Allergen, Food, Mushroom)
- ImmunoCAP f212 (Allergen, Food, Mushroom)
- Portobello Mushroom (Allergen, Food Mushroom)
- Agaricus bisporus (Allergen, Food, Mushroom)
- Agaricus hortensis (Allergen, Food, Mushroom)
- White Mushroom (Allergen, Food, Mushroom)
- Common Mushroom (Allergen, Food, Mushroom)
- LAB3587-VML
- LAB3587VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Table Mushroom (Allergen, Food, Mushroom)
- Button Mushroom (Allergen, Food, Mushroom)
- Champignon Mushroom (Allergen, Food, Mushroom)
- Cultivated Mushroom (Allergen, Food, Mushroom)
- ImmunoCAP f212 (Allergen, Food, Mushroom)
- Portobello Mushroom (Allergen, Food Mushroom)
- Agaricus bisporus (Allergen, Food, Mushroom)
- Agaricus hortensis (Allergen, Food, Mushroom)
- White Mushroom (Allergen, Food, Mushroom)
- Common Mushroom (Allergen, Food, Mushroom)
- LAB3587-VML
- LAB3587VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Mustard

LAB3588

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Black Mustard
- Brassica/Sinapsis spp.
- Brown Mustard
- ImmunoCAP f89
- White Mustard
- Yellow Mustard
- LAB3588-VML
- LAB3588VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Black Mustard
- Brassica/Sinapsis spp.
- Brown Mustard
- ImmunoCAP f89
- White Mustard
- Yellow Mustard
- LAB3588-VML
- LAB3588VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Black Mustard
- Brassica/Sinapsis spp.
- Brown Mustard
- ImmunoCAP f89
- White Mustard
- Yellow Mustard
- LAB3588-VML
- LAB3588VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Navy Bean

LAB3589

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f15
- Phaseolus vulgaris
- Pinto Bean
- White Bean
- LAB3589-VML
- LAB3589VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f15
- Phaseolus vulgaris
- Pinto Bean
- White Bean
- LAB3589-VML
- LAB3589VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f15
- Phaseolus vulgaris
- Pinto Bean
- White Bean
- LAB3589-VML
- LAB3589VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Nutmeg IgE

LAB3591

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Myristica fragrans
- LAB3591-VML
- LAB3591VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Myristica fragrans
- LAB3591-VML
- LAB3591VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Myristica fragrans
- LAB3591-VML
- LAB3591VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Oat

LAB3593

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Oat Groats
- Oatmeal
- Avena sativa
- ImmunoCAP f7
- LAB3593-VML
- LAB3593VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Oat Groats
- Oatmeal
- Avena sativa
- ImmunoCAP f7
- LAB3593-VML
- LAB3593VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Oat Groats
- Oatmeal
- Avena sativa
- ImmunoCAP f7
- LAB3593-VML
- LAB3593VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Oat

LAB3592

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Oat Groats
- Oatmeal
- Avena sativa
- ImmunoCAP f7
- LAB3592-VML
- LAB3592VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Oat Groats
- Oatmeal
- Avena sativa
- ImmunoCAP f7
- LAB3592-VML
- LAB3592VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Oat Groats
- Oatmeal
- Avena sativa
- ImmunoCAP f7
- LAB3592-VML
- LAB3592VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Orange

LAB3594

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Citrus macracantha
- Citrus sinensis
- Sweet Orange
- Citrus aurantium
- Citrus cinensis
- ImmunoCAP f33
- LAB3594-VML
- LAB3594VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Citrus macracantha
- Citrus sinensis
- Sweet Orange
- Citrus aurantium
- Citrus cinensis
- ImmunoCAP f33
- LAB3594-VML
- LAB3594VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Citrus macracantha
- Citrus sinensis
- Sweet Orange
- Citrus aurantium
- Citrus cinensis
- ImmunoCAP f33
- LAB3594-VML
- LAB3594VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Oregano IgE

LAB3595

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP F283
- Greek Oregano
- Oreganum
- Origanum vulgare
- Wild Marjoram
- LAB3595-VML
- LAB3595VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP F283
- Greek Oregano
- Oreganum
- Origanum vulgare
- Wild Marjoram
- LAB3595-VML
- LAB3595VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP F283
- Greek Oregano
- Oreganum
- Origanum vulgare
- Wild Marjoram
- LAB3595-VML
- LAB3595VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Oyster

LAB3596

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f290 (Allergen, Food, Oyster)
- Ostrea edulis (Allergen, Food, Oyster)
- LAB3596-VML
- LAB3596VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f290 (Allergen, Food, Oyster)
- Ostrea edulis (Allergen, Food, Oyster)
- LAB3596-VML
- LAB3596VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f290 (Allergen, Food, Oyster)
- Ostrea edulis (Allergen, Food, Oyster)
- LAB3596-VML
- LAB3596VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Parsley

LAB3597

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f86 (Allergen, Food, Parsley)
- Petroselinum crispum (Allergen, Food, Parsley)
- LAB3597-VML
- LAB3597VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f86 (Allergen, Food, Parsley)
- Petroselinum crispum (Allergen, Food, Parsley)
- LAB3597-VML
- LAB3597VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f86 (Allergen, Food, Parsley)
- Petroselinum crispum (Allergen, Food, Parsley)
- LAB3597-VML
- LAB3597VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Pea

LAB3598

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f12 (Allergen, Food, Pea)
- Pisum sativum (Allergen, Food, Pea)
- Sugar Snap Pea (Allergen, Food, Pea)
- Common Pea (Allergen, Food, Pea)
- Dry Pea (Allergen, Food, Pea)
- Garden Pea (Allergen, Food, Pea)
- Green Pea (Allergen, Food, Pea)
- Greenpea (Allergen, Food, Pea)
- Snow Pea (Allergen, Food, Pea)
- LAB3598-VML
- LAB3598VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f12 (Allergen, Food, Pea)
- Pisum sativum (Allergen, Food, Pea)
- Sugar Snap Pea (Allergen, Food, Pea)
- Common Pea (Allergen, Food, Pea)
- Dry Pea (Allergen, Food, Pea)
- Garden Pea (Allergen, Food, Pea)
- Green Pea (Allergen, Food, Pea)
- Greenpea (Allergen, Food, Pea)
- Snow Pea (Allergen, Food, Pea)
- LAB3598-VML
- LAB3598VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f12 (Allergen, Food, Pea)
- Pisum sativum (Allergen, Food, Pea)
- Sugar Snap Pea (Allergen, Food, Pea)
- Common Pea (Allergen, Food, Pea)
- Dry Pea (Allergen, Food, Pea)
- Garden Pea (Allergen, Food, Pea)
- Green Pea (Allergen, Food, Pea)
- Greenpea (Allergen, Food, Pea)
- Snow Pea (Allergen, Food, Pea)
- LAB3598-VML
- LAB3598VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Peach

LAB3599

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f95 (Allergen, Food, Peach)
- Prunus persica (Allergen, Food Peach)
- LAB3599-VML
- LAB3599VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f95 (Allergen, Food, Peach)
- Prunus persica (Allergen, Food Peach)
- LAB3599-VML
- LAB3599VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	0.71 - 3.50	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f95 (Allergen, Food, Peach)
- Prunus persica (Allergen, Food Peach)
- LAB3599-VML
- LAB3599VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	0.71 - 3.50	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Peanut

LAB3600

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Groundnut
- ImmunoCAP f13
- Monkeynut
- Arachis hypogaea
- LAB3600-VML
- LAB3600VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Groundnut
- ImmunoCAP f13
- Monkeynut
- Arachis hypogaea
- LAB3600-VML
- LAB3600VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Groundnut
- ImmunoCAP f13
- Monkeynut
- Arachis hypogaea
- LAB3600-VML
- LAB3600VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Peanut Components IgE

LAB5971

ORDERING INFO

Collect:
Serum separator tube (SST). Multiple specimen tubes should be avoided. Include all available specimen.

Synonyms:

- Peanut molecular allergy
- Peanut Test
- uKnow Peanut
- Peanut Component Package
- LAB5971-VML
- LAB5971VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided

Collect:
Serum separator tube (SST). Multiple specimen tubes should be avoided. Include all available specimen.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.6 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.4 mL plus 0.04 mL for each allergen ordered)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Peanut molecular allergy
- Peanut Test
- uKnow Peanut
- Peanut Component Package
- LAB5971-VML
- LAB5971VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

Notes:
Test methodology uses solid-phase immunoassays against the whole peanut allergen (f13) and 6 antigenic epitopes (Ara h1, Ara h2, Ara h3, Ara h6, Ara h8, and Ara h9) and measures IgE antibody concentrations in patient serum or plasma. The binding of a specific IgE to an immobilized allergen component is detected by the addition of a secondary fluorescence-labeled anti-human IgE antibody.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Allergen, Food, Peanut IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Severe Peanut Ara h 1	Less than or equal to 0.09 kU/L
Allergen, Food, Severe Peanut Ara h 2	Less than or equal to 0.09 kU/L
Allergen, Food, Severe Peanut Ara h 3	Less than or equal to 0.09 kU/L
Allergen, Food, Severe Peanut Ara h 9	Less than or equal to 0.09 kU/L
Allergen, Food, Mild Peanut Ara h 8	Less than or equal to 0.09 kU/L
Allergen, Food, Severe Peanut Ara h 6	Less than or equal to 0.09 kU/L

Interpretive Data:

Allergen results of 0.10-0.34 kU/L for whole peanut are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003; 86008 x6

Section:

RF-ARUP

Notes:

Test methodology uses solid-phase immunoassays against the whole peanut allergen (f13) and 6 antigenic epitopes (Ara h1, Ara h2, Ara h3, Ara h6, Ara h8, and Ara h9) and measures IgE antibody concentrations in patient serum or plasma. The binding of a specific IgE to an immobilized allergen component is detected by the addition of a secondary fluorescence-labeled anti-human IgE antibody.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube (SST). Multiple specimen tubes should be avoided. Include all available specimen.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.6 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.4 mL plus 0.04 mL for each allergen ordered)

Patient Preparation:

Multiple patient encounters should be avoided

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated

Synonyms:

- Peanut molecular allergy
- Peanut Test
- uKnow Peanut
- Peanut Component Package
- LAB5971-VML
- LAB5971VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L for whole peanut are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Reference Interval:

Components	Reference Interval
Allergen, Food, Peanut IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Severe Peanut Ara h 1	Less than or equal to 0.09 kU/L
Allergen, Food, Severe Peanut Ara h 2	Less than or equal to 0.09 kU/L
Allergen, Food, Severe Peanut Ara h 3	Less than or equal to 0.09 kU/L
Allergen, Food, Severe Peanut Ara h 9	Less than or equal to 0.09 kU/L
Allergen, Food, Mild Peanut Ara h 8	Less than or equal to 0.09 kU/L
Allergen, Food, Severe Peanut Ara h 6	Less than or equal to 0.09 kU/L

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003; 86008 x6

Notes:
Test methodology uses solid-phase immunoassays against the whole peanut allergen (f13) and 6 antigenic epitopes (Ara h1, Ara h2, Ara h3, Ara h6, Ara h8, and Ara h9) and measures IgE antibody concentrations in patient serum or plasma. The binding of a specific IgE to an immobilized allergen component is detected by the addition of a secondary fluorescence-labeled anti-human IgE antibody.

Allergen, Food, Pear

LAB3601

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f94
- Pyrus communis
- LAB3601-VML
- LAB3601VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f94
- Pyrus communis
- LAB3601-VML
- LAB3601VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f94
- Pyrus communis
- LAB3601-VML
- LAB3601VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Pecan

LAB3602

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Carya illinoensis (Allergen, Food, Pecan)
- Carya illinoinensis (Allergen, Food, Pecan)
- Hickory Nut (Allergen, Food, Pecan)
- ImmunoCAP f201 (Allergen, Food, Pecan)
- LAB3602-VML
- LAB3602VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Carya illinoensis (Allergen, Food, Pecan)
- Carya illinoinensis (Allergen, Food, Pecan)
- Hickory Nut (Allergen, Food, Pecan)
- ImmunoCAP f201 (Allergen, Food, Pecan)
- LAB3602-VML
- LAB3602VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Carya illinoensis (Allergen, Food, Pecan)
- Carya illinoinensis (Allergen, Food, Pecan)
- Hickory Nut (Allergen, Food, Pecan)
- ImmunoCAP f201 (Allergen, Food, Pecan)
- LAB3602-VML
- LAB3602VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Pepper *C. annuum* IgE

LAB3603

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Bell Pepper/Paprika
- Capsicum annuum
- Anaheim Pepper
- Cayenne Pepper
- Cubanelle Pepper
- ImmunoCAP f218
- Jalapeno Pepper
- Poblano Pepper
- Serrano Pepper
- LAB3603-VML
- LAB3603VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Bell Pepper/Paprika
- Capsicum annuum
- Anaheim Pepper
- Cayenne Pepper
- Cubanelle Pepper
- ImmunoCAP f218
- Jalapeno Pepper
- Poblano Pepper
- Serrano Pepper
- LAB3603-VML
- LAB3603VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Bell Pepper/Paprika
- Capsicum annuum
- Anaheim Pepper
- Cayenne Pepper
- Cubanelle Pepper
- ImmunoCAP f218
- Jalapeno Pepper
- Poblano Pepper
- Serrano Pepper
- LAB3603-VML
- LAB3603VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Pepper *C. frutescens* IgE

LAB3604

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Chili Pepper
- ImmunoCAP f279
- Tabasco Pepper
- Capsicum frutescens
- LAB3604-VML
- LAB3604VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Chili Pepper
- ImmunoCAP f279
- Tabasco Pepper
- Capsicum frutescens
- LAB3604-VML
- LAB3604VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Chili Pepper
- ImmunoCAP f279
- Tabasco Pepper
- Capsicum frutescens
- LAB3604-VML
- LAB3604VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Perch IgE

LAB3605

ORDERING INFO

Collect:
Plain red or serum separator tube (SST).

Synonyms:

- Ocean Perch (Allergen, Food, Perch)
- LAB3605-VML
- LAB3605VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.34 mL plus 0.04 mL for each allergen ordered)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Performed:
Varies

ORDERING

Synonyms:

- Ocean Perch (Allergen, Food, Perch)
- LAB3605-VML
- LAB3605VML

Performed:
Varies

Methodology:
Quantitative Enzyme Immunoassay

Reported:
3-6 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.34 mL plus 0.04 mL for each allergen ordered)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Synonyms:

- Ocean Perch (Allergen, Food, Perch)
- LAB3605-VML
- LAB3605VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-6 days

Reference Interval:
By report

Methodology:
Quantitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Pine (Pinon) Nut

LAB3606

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f253
- Pignoles
- Pignola
- Pine Kernals
- Pinus edulis
- Pinyon Nut
- LAB3606-VML
- LAB3606VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f253
- Pignoles
- Pignola
- Pine Kernals
- Pinus edulis
- Pinyon Nut
- LAB3606-VML
- LAB3606VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f253
- Pignoles
- Pignola
- Pine Kernals
- Pinus edulis
- Pinyon Nut
- LAB3606-VML
- LAB3606VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Pineapple

LAB3607

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Ananas comosus (Allergen, Food, Pineapple)
- Ananas Pina (Allergen, Food, Pineapple)
- ImmunoCAP f210 (Allergen, Food, Pineapple)
- LAB3607-VML
- LAB3607VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Ananas comosus (Allergen, Food, Pineapple)
- Ananas Pina (Allergen, Food, Pineapple)
- ImmunoCAP f210 (Allergen, Food, Pineapple)
- LAB3607-VML
- LAB3607VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Ananas comosus (Allergen, Food, Pineapple)
- Ananas Pina (Allergen, Food, Pineapple)
- ImmunoCAP f210 (Allergen, Food, Pineapple)
- LAB3607-VML
- LAB3607VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Pistachio

LAB3608

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Pistacia vera
- ImmunoCAP f203
- Pistachio Nut
- LAB3608-VML
- LAB3608VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Pistacia vera
- ImmunoCAP f203
- Pistachio Nut
- LAB3608-VML
- LAB3608VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Pistacia vera
- ImmunoCAP f203
- Pistachio Nut
- LAB3608-VML
- LAB3608VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Plum

LAB3609

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Gage
- Prune
- Prunus domestica
- ImmunoCAP f255
- LAB3609-VML
- LAB3609VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Gage
- Prune
- Prunus domestica
- ImmunoCAP f255
- LAB3609-VML
- LAB3609VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Gage
- Prune
- Prunus domestica
- ImmunoCAP f255
- LAB3609-VML
- LAB3609VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Poppy Seed IgE

LAB3610

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f224
- Opium Poppy
- Papaver somniferum
- White Poppy
- Blue Bread Seed Poppy
- LAB3610-VML
- LAB3610VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f224
- Opium Poppy
- Papaver somniferum
- White Poppy
- Blue Bread Seed Poppy
- LAB3610-VML
- LAB3610VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f224
- Opium Poppy
- Papaver somniferum
- White Poppy
- Blue Bread Seed Poppy
- LAB3610-VML
- LAB3610VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Pork

LAB3611

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f26 (Allergen, Food, Pork)
- Sus spp. (Allergen, Food, Pork)
- LAB3611-VML
- LAB3611VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f26 (Allergen, Food, Pork)
- Sus spp. (Allergen, Food, Pork)
- LAB3611-VML
- LAB3611VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f26 (Allergen, Food, Pork)
- Sus spp. (Allergen, Food, Pork)
- LAB3611-VML
- LAB3611VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Potato

LAB3612

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f35
- Irish Potato
- Solanum tuberosum
- Spud
- LAB3612-VML
- LAB3612VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f35
- Irish Potato
- Solanum tuberosum
- Spud
- LAB3612-VML
- LAB3612VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f35
- Irish Potato
- Solanum tuberosum
- Spud
- LAB3612-VML
- LAB3612VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Pumpkin Seed IgE

LAB3613

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cucumis pepo (Allergen, Food, Pumpkin Seed IgE)
- Cucurbita pepo (Allergen, Food, Pumpkin Seed IgE)
- Curubita maxima (Allergen, Food, Pumpkin Seed IgE)
- Curubita mixta (Allergen, Food, Pumpkin Seed IgE)
- Curubita moschata (Allergen, Food, Pumpkin Seed IgE)
- LAB3613-VML
- LAB3613VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cucumis pepo (Allergen, Food, Pumpkin Seed IgE)
- Cucurbita pepo (Allergen, Food, Pumpkin Seed IgE)
- Curubita maxima (Allergen, Food, Pumpkin Seed IgE)
- Curubita mixta (Allergen, Food, Pumpkin Seed IgE)
- Curubita moschata (Allergen, Food, Pumpkin Seed IgE)
- LAB3613-VML
- LAB3613VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cucumis pepo (Allergen, Food, Pumpkin Seed IgE)
- Cucurbita pepo (Allergen, Food, Pumpkin Seed IgE)
- Curubita maxima (Allergen, Food, Pumpkin Seed IgE)
- Curubita mixta (Allergen, Food, Pumpkin Seed IgE)
- Curubita moschata (Allergen, Food, Pumpkin Seed IgE)
- LAB3613-VML
- LAB3613VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Red Dye/Carmine (Red 4) IgE

LAB3614

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cochineal (Allergen, Food, Red Dye/Carmine (Red 4) IgE)
- Dactylopius coccus (Allergen, Food, Red Dye/Carmine (Red 4) IgE)
- LAB3614-VML
- LAB3614VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cochineal (Allergen, Food, Red Dye/Carmine (Red 4) IgE)
- Dactylopius coccus (Allergen, Food, Red Dye/Carmine (Red 4) IgE)
- LAB3614-VML
- LAB3614VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cochineal (Allergen, Food, Red Dye/Carmine (Red 4) IgE)
- Dactylopius coccus (Allergen, Food, Red Dye/Carmine (Red 4) IgE)
- LAB3614-VML
- LAB3614VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Rice

LAB3615

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f9
- Jasmine Rice
- Rice Semolina
- Wild Rice
- Basmati Rice
- Oryza sativa
- Popped Rice
- LAB3615-VML
- LAB3615VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f9
- Jasmine Rice
- Rice Semolina
- Wild Rice
- Basmati Rice
- Oryza sativa
- Popped Rice
- LAB3615-VML
- LAB3615VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f9
- Jasmine Rice
- Rice Semolina
- Wild Rice
- Basmati Rice
- Oryza sativa
- Popped Rice
- LAB3615-VML
- LAB3615VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Rye

LAB3617

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f5
- Rogge
- Secale cereale
- LAB3617-VML
- LAB3617VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f5
- Rogge
- Secale cereale
- LAB3617-VML
- LAB3617VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f5
- Rogge
- Secale cereale
- LAB3617-VML
- LAB3617VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Salmon

LAB3619

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Atlantic Salmon (Allergen, Food, Salmon)
- ImmunoCAP f41 (Allergen, Food, Salmon)
- Salmo salar (Allergen, Food, Salmon)
- LAB3619-VML
- LAB3619VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Atlantic Salmon (Allergen, Food, Salmon)
- ImmunoCAP f41 (Allergen, Food, Salmon)
- Salmo salar (Allergen, Food, Salmon)
- LAB3619-VML
- LAB3619VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Atlantic Salmon (Allergen, Food, Salmon)
- ImmunoCAP f41 (Allergen, Food, Salmon)
- Salmo salar (Allergen, Food, Salmon)
- LAB3619-VML
- LAB3619VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Scallop

LAB3620

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f338 (Allergen, Food, Scallop)
- Pecten spp. (Allergen, Food, Scallop)
- LAB3620-VML
- LAB3620VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f338 (Allergen, Food, Scallop)
- Pecten spp. (Allergen, Food, Scallop)
- LAB3620-VML
- LAB3620VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f338 (Allergen, Food, Scallop)
- Pecten spp. (Allergen, Food, Scallop)
- LAB3620-VML
- LAB3620VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Sesame Seed

LAB3622

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Benne Seed (Allergen, Food, Sesame Seed)
- ImmunoCAP f10 (Allergen, Food, Sesame Seed)
- S. radiatum (Allergen, Food, Sesame Seed)
- S. schum (Allergen, Food, Sesame Seed)
- S. thoron (Allergen, Food, Sesame Seed)
- Sesamum indicum (Allergen, Food, Sesame Seed)
- LAB3622-VML
- LAB3622VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Benne Seed (Allergen, Food, Sesame Seed)
- ImmunoCAP f10 (Allergen, Food, Sesame Seed)
- S. radiatum (Allergen, Food, Sesame Seed)
- S. schum (Allergen, Food, Sesame Seed)
- S. thoron (Allergen, Food, Sesame Seed)
- Sesamum indicum (Allergen, Food, Sesame Seed)
- LAB3622-VML
- LAB3622VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Benne Seed (Allergen, Food, Sesame Seed)
- ImmunoCAP f10 (Allergen, Food, Sesame Seed)
- S. radiatum (Allergen, Food, Sesame Seed)
- S. schum (Allergen, Food, Sesame Seed)
- S. thoron (Allergen, Food, Sesame Seed)
- Sesamum indicum (Allergen, Food, Sesame Seed)
- LAB3622-VML
- LAB3622VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Shrimp

LAB3624

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Alaskan Pink Shrimp
- Black Tiger Prawn
- Cold-Water Shrimp
- Deep-Water Shrimp
- Fired Prawn
- Giant Tiger Prawn
- Grass Prawn
- ImmunoCAP f24
- Leader Prawn
- Metapenaeopsis barbata
- Metapenaus joyneri
- Northern Red Shrimp
- Northern Shrimp
- Penaeus monodon
- Pink Shrimp
- Red Rice Shrimp
- Shiba Shrimp
- Whiskered Velvet Shrimp
- Pandalus borealis
- LAB3624-VML
- LAB3624VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Alaskan Pink Shrimp
- Black Tiger Prawn
- Cold-Water Shrimp
- Deep-Water Shrimp
- Fired Prawn
- Giant Tiger Prawn
- Grass Prawn
- ImmunoCAP f24
- Leader Prawn
- Metapenaeopsis barbata
- Metapenaus joyneri
- Northern Red Shrimp
- Northern Shrimp
- Penaeus monodon
- Pink Shrimp
- Red Rice Shrimp
- Shiba Shrimp
- Whiskered Velvet Shrimp
- Pandalus borealis
- LAB3624-VML
- LAB3624VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Alaskan Pink Shrimp
- Black Tiger Prawn
- Cold-Water Shrimp
- Deep-Water Shrimp
- Fired Prawn
- Giant Tiger Prawn
- Grass Prawn
- ImmunoCAP f24
- Leader Prawn
- Metapenaeopsis barbata
- Metapenaus joyneri
- Northern Red Shrimp
- Northern Shrimp
- Penaeus monodon
- Pink Shrimp
- Red Rice Shrimp
- Shiba Shrimp
- Whiskered Velvet Shrimp
- Pandalus borealis
- LAB3624-VML
- LAB3624VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Soybean

LAB3626

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Glycine Max
- ImmunoCAP f14
- Soja hispida
- Soya
- Soya Bean
- Soy
- LAB3626-VML
- LAB3626VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Glycine Max
- ImmunoCAP f14
- Soja hispida
- Soya
- Soya Bean
- Soy
- LAB3626-VML
- LAB3626VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Glycine Max
- ImmunoCAP f14
- Soja hispida
- Soya
- Soya Bean
- Soy
- LAB3626-VML
- LAB3626VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Spinach

LAB3627

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f214
- Spinachia oleracea
- Savoy Spinach
- LAB3627-VML
- LAB3627VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f214
- Spinachia oleracea
- Savoy Spinach
- LAB3627-VML
- LAB3627VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f214
- Spinachia oleracea
- Savoy Spinach
- LAB3627-VML
- LAB3627VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Squid IgE

LAB3628

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Calamari
- Cuttlefish
- ImmunoCAP f258
- Loligo Spp.
- Todarodes pacificus
- Pacific Squid
- LAB3628-VML
- LAB3628VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Calamari
- Cuttlefish
- ImmunoCAP f258
- Loligo Spp.
- Todarodes pacificus
- Pacific Squid
- LAB3628-VML
- LAB3628VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated

Synonyms:

- Calamari
- Cuttlefish
- ImmunoCAP f258
- Loligo Spp.
- Todarodes pacificus
- Pacific Squid
- LAB3628-VML
- LAB3628VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Strawberry

LAB3629

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Fragaria vesca (Allergen, Food, Strawberry)
- Fragaria virginiana (Allergen, Food, Strawberry)
- Fragaria alpina (Allergen, Food, Strawberry)
- Fragaria chiloensis (Allergen, Food, Strawberry)
- ImmunoCAP f44 (Allergen, Food, Strawberry)
- LAB3629-VML
- LAB3629VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Fragaria vesca (Allergen, Food, Strawberry)
- Fragaria virginiana (Allergen, Food, Strawberry)
- Fragaria alpina (Allergen, Food, Strawberry)
- Fragaria chiloensis (Allergen, Food, Strawberry)
- ImmunoCAP f44 (Allergen, Food, Strawberry)
- LAB3629-VML
- LAB3629VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Fragaria vesca (Allergen, Food, Strawberry)
- Fragaria virginiana (Allergen, Food, Strawberry)
- Fragaria alpina (Allergen, Food, Strawberry)
- Fragaria chiloensis (Allergen, Food, Strawberry)
- ImmunoCAP f44 (Allergen, Food, Strawberry)
- LAB3629-VML
- LAB3629VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Summer Squash IgE

LAB3631

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- Cucurbita spp. (Allergen, Food, Summer Squash IgE)
- Field Pumpkin (Allergen, Food, Summer Squash IgE)
- Pimpkin (Allergen, Food, Summer Squash IgE)
- Pumpkin (Allergen, Food, Summer Squash)
- Cheese Pumpkin (Allergen, Food, Summer Squash IgE)
- Cucumis pepo (Allergen, Food, Summer Squash IgE)
- Cucurbita maxima (Allergen, Food, Summer Squash IgE)
- Cucurbita mixta (Allergen, Food, Summer Squash IgE)
- Naked-Seeded Pumpkin (Allergen, Food, Summer Squash IgE)
- Cucurbita pepo (Allergen, Food, Summer Squash IgE)
- LAB3631-VML
- LAB3631VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.34 mL plus 0.04 mL for each allergen ordered)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Performed:
Varies

ORDERING

Synonyms:

- Cucurbita spp. (Allergen, Food, Summer Squash IgE)
- Field Pumpkin (Allergen, Food, Summer Squash IgE)
- Pimpkin (Allergen, Food, Summer Squash IgE)
- Pumpkin (Allergen, Food, Summer Squash)
- Cheese Pumpkin (Allergen, Food, Summer Squash IgE)
- Cucumis pepo (Allergen, Food, Summer Squash IgE)
- Cucurbita maxima (Allergen, Food, Summer Squash IgE)
- Cucurbita mixta (Allergen, Food, Summer Squash IgE)
- Naked-Seeded Pumpkin (Allergen, Food, Summer Squash IgE)
- Cucurbita pepo (Allergen, Food, Summer Squash IgE)
- LAB3631-VML
- LAB3631VML

Performed:
Varies

Methodology:
Quantitative Enzyme Immunoassay

Reported:
3-6 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.34 mL plus 0.04 mL for each allergen ordered)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Synonyms:

- Cucurbita spp. (Allergen, Food, Summer Squash IgE)
- Field Pumpkin (Allergen, Food, Summer Squash IgE)
- Pimpkin (Allergen, Food, Summer Squash IgE)
- Pumpkin (Allergen, Food, Summer Squash)
- Cheese Pumpkin (Allergen, Food, Summer Squash IgE)
- Cucumis pepo (Allergen, Food, Summer Squash IgE)
- Cucurbita maxima (Allergen, Food, Summer Squash IgE)
- Cucurbita mixta (Allergen, Food, Summer Squash IgE)
- Naked-Seeded Pumpkin (Allergen, Food, Summer Squash IgE)
- Cucurbita pepo (Allergen, Food, Summer Squash IgE)
- LAB3631-VML
- LAB3631VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-6 days

Reference Interval:
By report

Methodology:
Quantitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Sunflower Seed IgE

LAB3632

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Helianthus annuus (Allergen, Occupational, Sunflower)
- ImmunoCAP k84 (Allergen, Occupational, Sunflower)
- LAB3632-VML
- LAB3632VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Helianthus annuus (Allergen, Occupational, Sunflower)
- ImmunoCAP k84 (Allergen, Occupational, Sunflower)
- LAB3632-VML
- LAB3632VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Helianthus annuus (Allergen, Occupational, Sunflower)
- ImmunoCAP k84 (Allergen, Occupational, Sunflower)
- LAB3632-VML
- LAB3632VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Sweet Potato IgE

LAB3633

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Ipomoea batatas
- ImmunoCAP f54
- Batata
- Yam
- LAB3633-VML
- LAB3633VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Ipomoea batatas
- ImmunoCAP f54
- Batata
- Yam
- LAB3633-VML
- LAB3633VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Ipomoea batatas
- ImmunoCAP f54
- Batata
- Yam
- LAB3633-VML
- LAB3633VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Swordfish IgE

LAB3634

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Rf312
- Xiphias gladius
- LAB3634-VML
- LAB3634VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Rf312
- Xiphias gladius
- LAB3634-VML
- LAB3634VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Rf312
- Xiphias gladius
- LAB3634-VML
- LAB3634VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Tea

LAB3635

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f222
- Theaceae
- LAB3635-VML
- LAB3635VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f222
- Theaceae
- LAB3635-VML
- LAB3635VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f222
- Theaceae
- LAB3635-VML
- LAB3635VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Thyme IgE

LAB3636

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Common Thyme
- Garden Thyme
- ImmunoCAP f273
- Thymus vulgaris
- LAB3636-VML
- LAB3636VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Common Thyme
- Garden Thyme
- ImmunoCAP f273
- Thymus vulgaris
- LAB3636-VML
- LAB3636VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Common Thyme
- Garden Thyme
- ImmunoCAP f273
- Thymus vulgaris
- LAB3636-VML
- LAB3636VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Tilapia IgE

LAB3637

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- LAB3637-VML
- LAB3637VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3637-VML
- LAB3637VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB3637-VML
- LAB3637VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Tomato

LAB3638

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Garden Tomato
- ImmunoCAP f25
- Love Apple
- Lycopersicon esculatum
- LAB3638-VML
- LAB3638VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Garden Tomato
- ImmunoCAP f25
- Love Apple
- Lycopersicon esculatum
- LAB3638-VML
- LAB3638VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Garden Tomato
- ImmunoCAP f25
- Love Apple
- Lycopersicon esculatum
- LAB3638-VML
- LAB3638VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Trout

LAB3639

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f204 (Allergen, Food, Trout)
- King Salmon (Allergen, Food, Trout)
- Pink Salmon (Allergen, Food, Trout)
- Oncorhynchus mykiss (Allergen, Food, Trout)
- Pacific Salmon (Allergen, Food, Trout)
- Rainbow Trout (Allergen, Food, Trout)
- Chub Salmon (Allergen, Food, Trout)
- CohoSalmon (Allergen, Food, Trout)
- LAB3639-VML
- LAB3639VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f204 (Allergen, Food, Trout)
- King Salmon (Allergen, Food, Trout)
- Pink Salmon (Allergen, Food, Trout)
- Oncorhynchus mykiss (Allergen, Food, Trout)
- Pacific Salmon (Allergen, Food, Trout)
- Rainbow Trout (Allergen, Food, Trout)
- Chub Salmon (Allergen, Food, Trout)
- CohoSalmon (Allergen, Food, Trout)
- LAB3639-VML
- LAB3639VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f204 (Allergen, Food, Trout)
- King Salmon (Allergen, Food, Trout)
- Pink Salmon (Allergen, Food, Trout)
- Oncorhynchus mykiss (Allergen, Food, Trout)
- Pacific Salmon (Allergen, Food, Trout)
- Rainbow Trout (Allergen, Food, Trout)
- Chub Salmon (Allergen, Food, Trout)
- CohoSalmon (Allergen, Food, Trout)
- LAB3639-VML
- LAB3639VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Tuna

LAB3640

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Thunnus albacares
- ImmunoCAP f40
- Yellow Fin
- LAB3640-VML
- LAB3640VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Thunnus albacares
- ImmunoCAP f40
- Yellow Fin
- LAB3640-VML
- LAB3640VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Thunnus albacares
- ImmunoCAP f40
- Yellow Fin
- LAB3640-VML
- LAB3640VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Turkey

LAB3641

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Meleagris gallopavo (Allergen, Food, Turkey)
- ImmunoCAP f284 (Allergen, Food, Turkey)
- LAB3641-VML
- LAB3641VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Meleagris gallopavo (Allergen, Food, Turkey)
- ImmunoCAP f284 (Allergen, Food, Turkey)
- LAB3641-VML
- LAB3641VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Meleagris gallopavo (Allergen, Food, Turkey)
- ImmunoCAP f284 (Allergen, Food, Turkey)
- LAB3641-VML
- LAB3641VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Vanilla

LAB3642

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f234
- Vanilla fragrans
- Vanilla planifolia
- LAB3642-VML
- LAB3642VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f234
- Vanilla fragrans
- Vanilla planifolia
- LAB3642-VML
- LAB3642VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f234
- Vanilla fragrans
- Vanilla planifolia
- LAB3642-VML
- LAB3642VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Walnut (*Juglans* spp.) IgE

LAB3643

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP f256
- Persian Walnut
- English Walnut
- Juglans regia
- LAB3643-VML
- LAB3643VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP f256
- Persian Walnut
- English Walnut
- Juglans regia
- LAB3643-VML
- LAB3643VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP f256
- Persian Walnut
- English Walnut
- Juglans regia
- LAB3643-VML
- LAB3643VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Watermelon IgE

LAB3644

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Citrullus lanatus
- Citrullus vulgaris
- ImmunoCAP f329
- LAB3644-VML
- LAB3644VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Citrullus lanatus
- Citrullus vulgaris
- ImmunoCAP f329
- LAB3644-VML
- LAB3644VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Citrullus lanatus
- Citrullus vulgaris
- ImmunoCAP f329
- LAB3644-VML
- LAB3644VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Food, Wheat

LAB3645

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Rivet Wheat (Triticum turgidum L.)
- Spelt Wheat (T. spelta L.)
- Triticum hybernum L.
- Triticum macha Dekap. & Menab.
- Bread Wheat
- Club Wheat (T. aestivum compactum)
- Common Wheat (Triticum aestivum L.)
- Durum Wheat
- Einkorn Wheat (T. monococcum L.)
- Emmer Wheat T. dicoccoides
- ImmunoCAP f4
- Macaroni Wheat (T. durum)
- Oriental Wheat (T. turanicum Jakubz)
- Persian Wheat (T. carthlicum Nevski)
- Polish Wheat (T. polonicum L.)
- Poulard Wheat (T. turgidum L.)
- Triticum sativum Lam.
- Triticum sphaerococcum Percival
- Triticum vulgare Vill
- Wild Einkorn Wheat (T. boeoticum Boiss)
- LAB3645-VML
- LAB3645VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Rivet Wheat (Triticum turgidum L.)
- Spelt Wheat (T. spelta L.)
- Triticum hybernum L.
- Triticum macha Dekap. & Menab.
- Bread Wheat
- Club Wheat (T. aestivum compactum)
- Common Wheat (Triticum aestivum L.)
- Durum Wheat
- Einkorn Wheat (T. monococcum L.)
- Emmer Wheat T. dicoccoides
- ImmunoCAP f4
- Macaroni Wheat (T. durum)
- Oriental Wheat (T. turanicum Jakubz)
- Persian Wheat (T. carthlicum Nevski)
- Polish Wheat (T. polonicum L.)
- Poulard Wheat (T. turgidum L.)
- Triticum sativum Lam.
- Triticum sphaerococcum Percival
- Triticum vulgare Vill
- Wild Einkorn Wheat (T. boeoticum Boiss)
- LAB3645-VML
- LAB3645VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Rivet Wheat (Triticum turgidum L.)
- Spelt Wheat (T. spelta L.)
- Triticum hybernum L.
- Triticum macha Dekap. & Menab.
- Bread Wheat
- Club Wheat (T. aestivum compactum)
- Common Wheat (Triticum aestivum L.)
- Durum Wheat
- Einkorn Wheat (T. monococcum L.)
- Emmer Wheat T. dicoccoides
- ImmunoCAP f4
- Macaroni Wheat (T. durum)
- Oriental Wheat (T. turanicum Jakubz)
- Persian Wheat (T. carthlicum Nevski)
- Polish Wheat (T. polonicum L.)
- Poulard Wheat (T. turgidum L.)
- Triticum sativum Lam.
- Triticum sphaerococcum Percival
- Triticum vulgare Vill
- Wild Einkorn Wheat (T. boeoticum Boiss)
- LAB3645-VML
- LAB3645VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Whey IgE

LAB3646

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Bos spp.
- Cow's Whey
- ImmunoCAP f236
- LAB3646-VML
- LAB3646VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Bos spp.
- Cow's Whey
- ImmunoCAP f236
- LAB3646-VML
- LAB3646VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Bos spp.
- Cow's Whey
- ImmunoCAP f236
- LAB3646-VML
- LAB3646VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Whitefish IgE

LAB3647

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- LAB3647-VML
- LAB3647VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3647-VML
- LAB3647VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB3647-VML
- LAB3647VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Food, Zucchini IgE

LAB3648

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- Cucurbita spp (Allergen, Food, Zucchini)
- LAB3648-VML
- LAB3648VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.34 mL plus 0.04 mL for each allergen ordered)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Performed:
Varies

ORDERING

Synonyms:

- Cucurbita spp (Allergen, Food, Zucchini)
- LAB3648-VML
- LAB3648VML

Performed:
Varies

Methodology:
Quantitative Enzyme Immunoassay

Reported:
3-6 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.34 mL plus 0.04 mL for each allergen ordered)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Synonyms:

- Cucurbita spp (Allergen, Food, Zucchini)
- LAB3648-VML
- LAB3648VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-6 days

Reference Interval:
By report

Methodology:
Quantitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Fungi and Molds, *Alternaria tenuis* IgG

LAB3651

ORDERING INFO

Collect:
Serum separator tube (SST).

Synonyms:

- Mold (Allergen, Fungi & Molds, Alternaria tenuis IgG)
- Alternaria alternata (Allergen, Fungi & Molds, Alternaria tenuis IgG)
- LAB3651-VML
- LAB3651VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun

ORDERING

Synonyms:

- Mold (Allergen, Fungi & Molds, Alternaria tenuis IgG)
- Alternaria alternata (Allergen, Fungi & Molds, Alternaria tenuis IgG)
- LAB3651-VML
- LAB3651VML

Performed:
Sun

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-8 days

Notes:
The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL

RESULTS INTERPRETATION

Reference Interval:
Less than 16.71 mcg/mL

Interpretive Data:
Values less than 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86001

Section:
RF-ARUP

Notes:
The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Mold (Allergen, Fungi & Molds, Alternaria tenuis IgG)
- Alternaria alternata (Allergen, Fungi & Molds, Alternaria tenuis IgG)
- LAB3651-VML
- LAB3651VML

Performed:
Sun

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Interpretive Data:
Values less than 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Less than 16.71 mcg/mL

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86001

Notes:
The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL

Allergen, Fungi and Molds, *Aspergillus fumigatus*

LAB3650

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP m3
- LAB3650-VML
- LAB3650VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP m3
- LAB3650-VML
- LAB3650VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- ImmunoCAP m3
- LAB3650-VML
- LAB3650VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Fungi and Molds, *Aspergillus niger* IgE

LAB3653

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP m207
- Mold
- LAB3653-VML
- LAB3653VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP m207
- Mold
- LAB3653-VML
- LAB3653VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP m207
- Mold
- LAB3653-VML
- LAB3653VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Fungi and Molds, *Alternaria alternata (tenuis)*

LAB3649

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Alternaria tenuis
- ImmunoCAP m6
- LAB3649-VML
- LAB3649VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Alternaria tenuis
- ImmunoCAP m6
- LAB3649-VML
- LAB3649VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Alternaria tenuis
- ImmunoCAP m6
- LAB3649-VML
- LAB3649VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Fungi and Molds, *Hormodendrum (Cladosporium)*

LAB3652

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cladosporium herbarum
- ImmunoCAP m2
- LAB3652-VML
- LAB3652VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cladosporium herbarum
- ImmunoCAP m2
- LAB3652-VML
- LAB3652VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cladosporium herbarum
- ImmunoCAP m2
- LAB3652-VML
- LAB3652VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Grass, Cultivated Barley Pollen IgE

LAB3655

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Hordeum vulgare (Allergen, Grass, Cultivated Barley Pollen IgE)
- LAB3655-VML
- LAB3655VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Hordeum vulgare (Allergen, Grass, Cultivated Barley Pollen IgE)
- LAB3655-VML
- LAB3655VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 18, 2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Hordeum vulgare (Allergen, Grass, Cultivated Barley Pollen IgE)
- LAB3655-VML
- LAB3655VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective August 18, 2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Grass, Cultivated Corn Pollen

LAB3656

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Corn Pollen
- ImmunoCAP g202
- Maize Pollen
- Zea Mays Pollen
- LAB3656-VML
- LAB3656VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Corn Pollen
- ImmunoCAP g202
- Maize Pollen
- Zea Mays Pollen
- LAB3656-VML
- LAB3656VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Corn Pollen
- ImmunoCAP g202
- Maize Pollen
- Zea Mays Pollen
- LAB3656-VML
- LAB3656VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Grass, Meadow Fescue

LAB3657

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- English Bluegrass
- Festuca arundinacea
- Festuca elatior
- Festuca pratensis
- Tall Fescue
- ImmunoCAP g4
- LAB3657-VML
- LAB3657VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- English Bluegrass
- Festuca arundinacea
- Festuca elatior
- Festuca pratensis
- Tall Fescue
- ImmunoCAP g4
- LAB3657-VML
- LAB3657VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- English Bluegrass
- Festuca arundinacea
- Festuca elatior
- Festuca pratensis
- Tall Fescue
- ImmunoCAP g4
- LAB3657-VML
- LAB3657VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Grass, Orchard Grass/Cocksfoot

LAB5985

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Dactylis glomerata
- Dactylis glomerata var. ciliata Peterm
- Dactylis glomerata var. detonsa Fries
- ImmunoCAP g3
- Orchardgrass
- Cock's Foot Grass
- Cock's-Foot
- LAB5985-VML
- LAB5985VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Dactylis glomerata
- Dactylis glomerata var. ciliata Peterm
- Dactylis glomerata var. detonsa Fries
- ImmunoCAP g3
- Orchardgrass
- Cock's Foot Grass
- Cock's-Foot
- LAB5985-VML
- LAB5985VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Dactylis glomerata
- Dactylis glomerata var. ciliata Peterm
- Dactylis glomerata var. detonsa Fries
- ImmunoCAP g3
- Orchardgrass
- Cock's Foot Grass
- Cock's-Foot
- LAB5985-VML
- LAB5985VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Grass, Timothy Grass

LAB5987

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cat's Tail
- Herd's Grass
- ImmunoCAP g6
- Phleum nodosum
- Phleum pratense
- Phleum pratense var. nodosum
- Phleum parnassicum
- Phleum pratense var. pratense
- LAB5987-VML
- LAB5987VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cat's Tail
- Herd's Grass
- ImmunoCAP g6
- Phleum nodosum
- Phleum pratense
- Phleum pratense var. nodosum
- Phleum parnassicum
- Phleum pratense var. pratense
- LAB5987-VML
- LAB5987VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cat's Tail
- Herd's Grass
- ImmunoCAP g6
- Phleum nodosum
- Phleum pratense
- Phleum pratense var. nodosum
- Phleum parnassicum
- Phleum pratense var. pratense
- LAB5987-VML
- LAB5987VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Insects and Venom, Cockroach, American

LAB3661

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP i206
- Periplaneta americana
- LAB3661-VML
- LAB3661VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP i206
- Periplaneta americana
- LAB3661-VML
- LAB3661VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP i206
- Periplaneta americana
- LAB3661-VML
- LAB3661VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Insects and Venom, Cockroach, German

LAB3662

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Blatella germanica
- ImmunoCAP i6
- LAB3662-VML
- LAB3662VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Blatella germanica
- ImmunoCAP i6
- LAB3662-VML
- LAB3662VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Blatella germanica
- ImmunoCAP i6
- LAB3662-VML
- LAB3662VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Insects and Venom, Fire Ant, Imported

LAB3663

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP i70
- Solenopsis invicta
- LAB3663-VML
- LAB3663VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP i70
- Solenopsis invicta
- LAB3663-VML
- LAB3663VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP i70
- Solenopsis invicta
- LAB3663-VML
- LAB3663VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Insects and Venom, Paper Wasp

LAB3665

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP i4
- Polistes spp.
- LAB3665-VML
- LAB3665VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP i4
- Polistes spp.
- LAB3665-VML
- LAB3665VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP i4
- Polistes spp.
- LAB3665-VML
- LAB3665VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Insects and Venom, White-Faced Hornet

LAB3666

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Dolichovespula maculata
- ImmunoCAP i2
- LAB3666-VML
- LAB3666VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Dolichovespula maculata
- ImmunoCAP i2
- LAB3666-VML
- LAB3666VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Dolichovespula maculata
- ImmunoCAP i2
- LAB3666-VML
- LAB3666VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Insects and Venom, Yellow Jacket Venom

LAB3667

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP i3
- Vespula spp.
- Vespula vulgaris
- LAB3667-VML
- LAB3667VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP i3
- Vespula spp.
- Vespula vulgaris
- LAB3667-VML
- LAB3667VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP i3
- Vespula spp.
- Vespula vulgaris
- LAB3667-VML
- LAB3667VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Insects and Venom, Yellow-Faced Hornet

LAB3668

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Dolichovespula arenaria
- ImmunoCAP i5
- LAB3668-VML
- LAB3668VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Dolichovespula arenaria
- ImmunoCAP i5
- LAB3668-VML
- LAB3668VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Dolichovespula arenaria
- ImmunoCAP i5
- LAB3668-VML
- LAB3668VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Mites, *D. farinae*

LAB3669

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP d2
- Dermatophagoides farinae
- LAB3669-VML
- LAB3669VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP d2
- Dermatophagoides farinae
- LAB3669-VML
- LAB3669VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	v	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP d2
- Dermatophagoides farinae
- LAB3669-VML
- LAB3669VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	v	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Mites, *D. pteronyssinus*

LAB3670

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Dermatophagoides pteronyssinus
- ImmunoCAP d1
- LAB3670-VML
- LAB3670VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Dermatophagoides pteronyssinus
- ImmunoCAP d1
- LAB3670-VML
- LAB3670VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Dermatophagoides pteronyssinus
- ImmunoCAP d1
- LAB3670-VML
- LAB3670VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Occupational, Latex IgE, Enhanced

LAB3673

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Hevea brasiliensis (Allergen, Occupational, Latex IgE, Enhanced)
- ImmunoCAP k82 (Allergen, Occupational, Latex IgE, Enhanced)
- LAB3673-VML
- LAB3673VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Hevea brasiliensis (Allergen, Occupational, Latex IgE, Enhanced)
- ImmunoCAP k82 (Allergen, Occupational, Latex IgE, Enhanced)
- LAB3673-VML
- LAB3673VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

Notes:
Latex-specific IgE antibodies may show cross-reactivity with ragweed and certain food allergens such as banana, avocado, kiwi and chestnut.

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Notes:

Latex-specific IgE antibodies may show cross-reactivity with ragweed and certain food allergens such as banana, avocado, kiwi and chestnut.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Hevea brasiliensis (Allergen, Occupational, Latex IgE, Enhanced)
- ImmunoCAP k82 (Allergen, Occupational, Latex IgE, Enhanced)
- LAB3673-VML
- LAB3673VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Notes:
Latex-specific IgE antibodies may show cross-reactivity with ragweed and certain food allergens such as banana, avocado, kiwi and chestnut.

Allergen, Tree, Birch Tree

LAB5984

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Betula pendula
- Betula verrucosa
- Birch
- Birch Tree
- Common Birch
- Common Silver Birch
- ImmunoCAP t3
- White Birch
- LAB5984-VML
- LAB5984VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Betula pendula
- Betula verrucosa
- Birch
- Birch Tree
- Common Birch
- Common Silver Birch
- ImmunoCAP t3
- White Birch
- LAB5984-VML
- LAB5984VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Betula pendula
- Betula verrucosa
- Birch
- Birch Tree
- Common Birch
- Common Silver Birch
- ImmunoCAP t3
- White Birch
- LAB5984-VML
- LAB5984VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Tree, Box Elder/Maple Tree

LAB5986

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Box Elder Maple
- California Boxelder
- ImmunoCAP t1
- Three-Leaved Maple
- Ash Maple
- Ashleaf Maple
- Cut-Leaved Maple
- Cutleaf Maple
- Manitoba Maple
- Maple Ash
- Negundo Maple
- Red River Maple
- Sugar Ash
- Stinking Ash
- Western Box Elder
- LAB5986-VML
- LAB5986VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Box Elder Maple
- California Boxelder
- ImmunoCAP t1
- Three-Leaved Maple
- Ash Maple
- Ashleaf Maple
- Cut-Leaved Maple
- Cutleaf Maple
- Manitoba Maple
- Maple Ash
- Negundo Maple
- Red River Maple
- Sugar Ash
- Stinking Ash
- Western Box Elder
- LAB5986-VML
- LAB5986VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Box Elder Maple
- California Boxelder
- ImmunoCAP t1
- Three-Leaved Maple
- Ash Maple
- Ashleaf Maple
- Cut-Leaved Maple
- Cutleaf Maple
- Manitoba Maple
- Maple Ash
- Negundo Maple
- Red River Maple
- Sugar Ash
- Stinking Ash
- Western Box Elder
- LAB5986-VML
- LAB5986VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Tree, Cottonwood Tree

LAB5983

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Poplar Tree
- Eastern Cottonwood
- ImmunoCAP t14
- Populus deltoides
- LAB5983-VML
- LAB5983VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Poplar Tree
- Eastern Cottonwood
- ImmunoCAP t14
- Populus deltoides
- LAB5983-VML
- LAB5983VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Poplar Tree
- Eastern Cottonwood
- ImmunoCAP t14
- Populus deltoides
- LAB5983-VML
- LAB5983VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Tree, Hackberry IgE

LAB5981

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- LAB5981-VML
- LAB5981VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB5981-VML
- LAB5981VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB5981-VML
- LAB5981VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Tree, Hazelnut IgE

LAB3573

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Corylus avellana
- LAB3573-VML
- LAB3573VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Corylus avellana
- LAB3573-VML
- LAB3573VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Corylus avellana
- LAB3573-VML
- LAB3573VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Tree, Olive Tree

LAB3679

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ImmunoCAP t9
- Olea europaea
- LAB3679-VML
- LAB3679VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- ImmunoCAP t9
- Olea europaea
- LAB3679-VML
- LAB3679VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ImmunoCAP t9
- Olea europaea
- LAB3679-VML
- LAB3679VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergen, Tree, Sycamore Tree

LAB3681

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- American Sycamore
- ImmunoCAP t11
- London Plane Tree
- Maple Leaf Sycamore
- Platanus acerifolia
- Platanus hispanica
- Platanus hybrida
- LAB3681-VML
- LAB3681VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- American Sycamore
- ImmunoCAP t11
- London Plane Tree
- Maple Leaf Sycamore
- Platanus acerifolia
- Platanus hispanica
- Platanus hybrida
- LAB3681-VML
- LAB3681VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- American Sycamore
- ImmunoCAP t11
- London Plane Tree
- Maple Leaf Sycamore
- Platanus acerifolia
- Platanus hispanica
- Platanus hybrida
- LAB3681-VML
- LAB3681VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Weed, Common/Short Ragweed

LAB3682

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Ambrosia artemisifolia
- Ambrosia elatior
- American Wormwood
- Annual Ragweed
- Common Ragweed
- ImmunoCAP w1
- Roman Wormwood
- LAB3682-VML
- LAB3682VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Ambrosia artemisifolia
- Ambrosia elatior
- American Wormwood
- Annual Ragweed
- Common Ragweed
- ImmunoCAP w1
- Roman Wormwood
- LAB3682-VML
- LAB3682VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Ambrosia artemisifolia
- Ambrosia elatior
- American Wormwood
- Annual Ragweed
- Common Ragweed
- ImmunoCAP w1
- Roman Wormwood
- LAB3682-VML
- LAB3682VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Weed, Lamb's Quarters

LAB5980

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Chenopodium album
- Common Lamb's Quarters
- Goosefoot
- ImmunoCAP w10
- Lambsquarter
- White Goosefoot
- LAB5980-VML
- LAB5980VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Chenopodium album
- Common Lamb's Quarters
- Goosefoot
- ImmunoCAP w10
- Lambsquarter
- White Goosefoot
- LAB5980-VML
- LAB5980VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Moderate	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Chenopodium album
- Common Lamb's Quarters
- Goosefoot
- ImmunoCAP w10
- Lambsquarter
- White Goosefoot
- LAB5980-VML
- LAB5980VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:
Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Moderate	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003

Allergen, Weed, Mugwort

LAB5982

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Chrysanthemum Weed
- Common Wormwood
- Artemisia vulgaris
- ImmunoCAP w6
- LAB5982-VML
- LAB5982VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Chrysanthemum Weed
- Common Wormwood
- Artemisia vulgaris
- ImmunoCAP w6
- LAB5982-VML
- LAB5982VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). For multiple allergen orders refer to "Allergen Specimen Collection Instructions" at www.aruplab.com/testing/resources/specimen.

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Chrysanthemum Weed
- Common Wormwood
- Artemisia vulgaris
- ImmunoCAP w6
- LAB5982-VML
- LAB5982VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003

Allergens, Animal Epithelium/Dander/Feather Mix Profile

LAB3508

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3508-VML
- LAB3508VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3508-VML
- LAB3508VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Cat Epithelium & Dander, Cow Dander & Hair, Dog Dander, Feather Mix, Horse Hair & Dander

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x4; 86005

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3508-VML
- LAB3508VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Cat Epithelium & Dander, Cow Dander & Hair, Dog Dander, Feather Mix, Horse Hair & Dander

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x4; 86005

Allergens, Animal, Dog/Cat Epithelium Profile

LAB3507

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3507-VML
- LAB3507VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.35 mL serum to an ARUP Standard Transport Tube. (Min: 0.28 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3507-VML
- LAB3507VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Cat Epithelium & Dander, Dog Dander

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.35 mL serum to an ARUP Standard Transport Tube. (Min: 0.28 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3507-VML
- LAB3507VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Cat Epithelium & Dander, Dog Dander

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x2

Allergens, Dust/Mite Profile

LAB3518

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3518-VML
- LAB3518VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.55 mL serum to an ARUP Standard Transport Tube. (Min: 0.36 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3518-VML
- LAB3518VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: D. pteronyssinus (Mites), Cockroach, D. farinae (Mites), House Dust Stier

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x4

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.55 mL serum to an ARUP Standard Transport Tube. (Min: 0.36 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3518-VML
- LAB3518VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: D. pteronyssinus (Mites), Cockroach, D. farinae (Mites), House Dust Stier

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x4

Allergens, Food, Common Adult Food IgE

LAB3552

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3552-VML
- LAB3552VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2.25 mL serum to an ARUP Standard Transport Tube. (Min: 1.04 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3552-VML
- LAB3552VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

Notes:
Allergens included in this panel: Clam, Egg White, Codfish/Whitefish, Corn, Milk (Cow's), Peanut, Shrimp, Scallop, Soybean, Walnut, Wheat, and IgE Serum Total

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Immunoglobulin E	**Age** / **Reference Interval (kU/L)** 0-5 months: 13 or less 6-12 months: 34 or less 1-2 years: 97 or less 3 years: 199 or less 4-6 years: 307 or less 7-8 years: 403 or less 9-12 years: 696 or less 13-15 years: 629 or less 16-17 years: 537 or less 18 years and older: 214 or less
Allergen, Food, Egg White IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Milk (Cow) IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Peanut IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Shrimp IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Soybean IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Wheat IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Codfish IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Corn IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Walnut (Juglans spp) IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Clam IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Scallop IgE	Less than or equal to 0.34 kU/L

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10-0.34	Clinical relevance undetermined	0/1
0.35-0.70	Low	1
0.71-3.50	Moderate	2
3.51-17.50	High	3
17.51-50.00	Very High	4
50.01-100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003 x11; 82785

Section:

RF-ARUP

Notes:

Allergens included in this panel: Clam, Egg White, Codfish/Whitefish, Corn, Milk (Cow's), Peanut, Shrimp, Scallop, Soybean, Walnut, Wheat, and IgE Serum Total

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2.25 mL serum to an ARUP Standard Transport Tube. (Min: 1.04 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3552-VML
- LAB3552VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10-0.34	Clinical relevance undetermined	0/1
0.35-0.70	Low	1
0.71-3.50	Moderate	2
3.51-17.50	High	3
17.51-50.00	Very High	4
50.01-100.00	Very high	5
Greater than 100.00	Very high	6

Reference Interval:

Components	Reference Interval
Immunoglobulin E	**Age** / **Reference Interval (kU/L)** 0-5 months: 13 or less 6-12 months: 34 or less 1-2 years: 97 or less 3 years: 199 or less 4-6 years: 307 or less 7-8 years: 403 or less 9-12 years: 696 or less 13-15 years: 629 or less 16-17 years: 537 or less 18 years and older: 214 or less
Allergen, Food, Egg White IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Milk (Cow) IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Peanut IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Shrimp IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Soybean IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Wheat IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Codfish IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Corn IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Walnut (Juglans spp) IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Clam IgE	Less than or equal to 0.34 kU/L
Allergen, Food, Scallop IgE	Less than or equal to 0.34 kU/L

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003 x11; 82785

Notes:
Allergens included in this panel: Clam, Egg White, Codfish/Whitefish, Corn, Milk (Cow's), Peanut, Shrimp, Scallop, Soybean, Walnut, Wheat, and IgE Serum Total

Allergens, Food, Comprehensive Profile 1

LAB3553

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3553-VML
- LAB3553VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2.75 mL serum to an ARUP Standard Transport Tube. (Min: 1.24 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3553-VML
- LAB3553VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

Notes:
Suggest ordering Food Profile, Common Adult

RESULTS INTERPRETATION

Reference Interval:

Allergens included: Barley, Beef, Bell Pepper, Cabbage, Carrot, Chicken, Codfish/Whitefish, Corn, Crab, Egg White, Grape, Lettuce, Milk (Cow's), Navy Bean, Oat, Orange, Peanut, Pork, Potato, Rice, Rye, Shrimp, Soybean, Tomato, Tuna, Wheat.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003 x26

Section:

RF-ARUP

Notes:

Suggest ordering Food Profile, Common Adult

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2.75 mL serum to an ARUP Standard Transport Tube. (Min: 1.24 mL)

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB3553-VML
- LAB3553VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Barley, Beef, Bell Pepper, Cabbage, Carrot, Chicken, Codfish/Whitefish, Corn, Crab, Egg White, Grape, Lettuce, Milk (Cow's), Navy Bean, Oat, Orange, Peanut, Pork, Potato, Rice, Rye, Shrimp, Soybean, Tomato, Tuna, Wheat.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x26

Notes:

Suggest ordering Food Profile, Common Adult

Allergens, Food, Nut Mix Profile

LAB3590

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3590-VML
- LAB3590VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3590-VML
- LAB3590VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Almond, Coconut, Peanut, Pecan, Sesame Seed.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x5

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3590-VML
- LAB3590VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Almond, Coconut, Peanut, Pecan, Sesame Seed.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x5

Allergens, Food, Seafood Profile

LAB3621

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3621-VML
- LAB3621VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3621-VML
- LAB3621VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Codfish/Whitefish, Crab, Lobster, Shrimp, Tuna.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x5

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3621-VML
- LAB3621VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Codfish/Whitefish, Crab, Lobster, Shrimp, Tuna.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x5

Allergens, Food, Shell Fish Profile

LAB3623

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3623-VML
- LAB3623VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.85 mL serum to an ARUP Standard Transport Tube. (Min: 0.48 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3623-VML
- LAB3623VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Crab, Shrimp, Blue Mussel, Lobster, Clam, Scallop, and Oyster.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x7

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.85 mL serum to an ARUP Standard Transport Tube. (Min: 0.48 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3623-VML
- LAB3623VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Crab, Shrimp, Blue Mussel, Lobster, Clam, Scallop, and Oyster.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x7

Allergens, Food, Southeast Profile

LAB3625

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3625-VML
- LAB3625VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2.25 mL serum to an ARUP Standard Transport Tube. (Min: 1.04 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3625-VML
- LAB3625VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Almond, Apple, Banana, Cashew, Codfish/Whitefish, Crab, Egg Whole, Green Bean (String), Milk (Cow's), Oat, Pea (Green), Peanut, Pecan, Potato (White), Scallop, Shrimp, Soybean, Tomato, Tuna, Walnut/Black Walnut, Wheat.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003 x21

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2.25 mL serum to an ARUP Standard Transport Tube. (Min: 1.04 mL)

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB3625-VML
- LAB3625VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Allergens included: Almond, Apple, Banana, Cashew, Codfish/Whitefish, Crab, Egg Whole, Green Bean (String), Milk (Cow's), Oat, Pea (Green), Peanut, Pecan, Potato (White), Scallop, Shrimp, Soybean, Tomato, Tuna, Walnut/Black Walnut, Wheat.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x21

Allergens, Grass Profile

LAB3654

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3654-VML
- LAB3654VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.95 mL serum to an ARUP Standard Transport Tube. (Min: 0.52 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3654-VML
- LAB3654VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Bent/Redtop Grass, Bermuda Grass, Johnson Grass, June Grass/Kentucky Bluegrass, Meadow Fescue, Orchard Grass/Cocksfoot Grass, Perennial Rye Grass, Timothy Grass.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x8

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.95 mL serum to an ARUP Standard Transport Tube. (Min: 0.52 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3654-VML
- LAB3654VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Bent/Redtop Grass, Bermuda Grass, Johnson Grass, June Grass/Kentucky Bluegrass, Meadow Fescue, Orchard Grass/Cocksfoot Grass, Perennial Rye Grass, Timothy Grass.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x8

Allergens, Hymenoptera, Bee Venom Profile

LAB3664

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided. Specimens should be collected no sooner than 2- 3 weeks and no later than 6 months after an insect sting.

Synonyms:

- Stinging Insects
- LAB3664-VML
- LAB3664VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided. Specimens should be collected no sooner than 2- 3 weeks and no later than 6 months after an insect sting.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Stinging Insects
- LAB3664-VML
- LAB3664VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Allergens included: Honeybee Venom, Paper Wasp, White-Faced Hornet, Yellow-Faced Hornet, Yellow Jacket Venom.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003 x5

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Multiple specimen tubes should be avoided. Specimens should be collected no sooner than 2- 3 weeks and no later than 6 months after an insect sting.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Stinging Insects
- LAB3664-VML
- LAB3664VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Honeybee Venom, Paper Wasp, White-Faced Hornet, Yellow-Faced Hornet, Yellow Jacket Venom.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x5

Allergens, Hymenoptera, Bee Venom Profile

LAB3658

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided. Specimens should be collected no sooner than 2- 3 weeks and no later than 6 months after an insect sting.

Synonyms:

- Stinging Insects
- LAB3658-VML
- LAB3658VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided. Specimens should be collected no sooner than 2- 3 weeks and no later than 6 months after an insect sting.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Stinging Insects
- LAB3658-VML
- LAB3658VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Allergens included: Honeybee Venom, Paper Wasp, White-Faced Hornet, Yellow-Faced Hornet, Yellow Jacket Venom.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003 x5

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Multiple specimen tubes should be avoided. Specimens should be collected no sooner than 2- 3 weeks and no later than 6 months after an insect sting.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Stinging Insects
- LAB3658-VML
- LAB3658VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Honeybee Venom, Paper Wasp, White-Faced Hornet, Yellow-Faced Hornet, Yellow Jacket Venom.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x5

Allergens, Inhalants, Southwest Comprehensive 2

LAB3659

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3659-VML
- LAB3659VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2.55 mL serum to an ARUP Standard Transport Tube. (Min: 1.16 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3659-VML
- LAB3659VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Allergens included: Alternaria alternata (tenuis), Aspergillus fumigatus, Bahia Grass, Bermuda Grass, Cat Epithelium & Dander, Common/Short Ragweed, D. farinae (Mites), D. pteronyssinus (Mites), Dog Dander, Elm Tree, English Plantain, Helminthosporium, Hormodendrum (Cladosporium), Johnson Grass, Marsh Elder, Mountain Cedar (Juniper) Tree, Pecan Tree, Pigweed, Privet Tree, Russian Thistle, Sycamore, Timothy Grass, Virginia Live Oak Tree, White Ash Tree.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003 x24

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2.55 mL serum to an ARUP Standard Transport Tube. (Min: 1.16 mL)

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB3659-VML
- LAB3659VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Allergens included: Alternaria alternata (tenuis), Aspergillus fumigatus, Bahia Grass, Bermuda Grass, Cat Epithelium & Dander, Common/Short Ragweed, D. farinae (Mites), D. pteronyssinus (Mites), Dog Dander, Elm Tree, English Plantain, Helminthosporium, Hormodendrum (Cladosporium), Johnson Grass, Marsh Elder, Mountain Cedar (Juniper) Tree, Pecan Tree, Pigweed, Privet Tree, Russian Thistle, Sycamore, Timothy Grass, Virginia Live Oak Tree, White Ash Tree.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86003 x24

Allergens, Inhalants/Foods, Western Allergy Profile

LAB3660

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3660-VML
- LAB3660VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2.55 mL serum to an ARUP Standard Transport Tube. (Min: 1.16 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3660-VML
- LAB3660VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Allergens included: Alternaria alternata (tenuis), Aspergillus fumigatus, Bent/Redtop Grass, Candida albicans, Cat Epithelium & Dander, Cottonwood Tree, Dog Dander, Egg White, Egg Yolk, English Plantain, False Ragweed, Feather Mix, Hormodendrum (Cladosporium), Horse Hair & Dander, House Dust Greer, June Grass/Kentucky Bluegrass, Lamb's Quarters, Milk (Cow's), Peanut, Penicillium notatum, Soybean, Western Ragweed, Wheat, Willow Tree.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003 x23; 86005

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2.55 mL serum to an ARUP Standard Transport Tube. (Min: 1.16 mL)

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB3660-VML
- LAB3660VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Alternaria alternata (tenuis), Aspergillus fumigatus, Bent/Redtop Grass, Candida albicans, Cat Epithelium & Dander, Cottonwood Tree, Dog Dander, Egg White, Egg Yolk, English Plantain, False Ragweed, Feather Mix, Hormodendrum (Cladosporium), Horse Hair & Dander, House Dust Greer, June Grass/Kentucky Bluegrass, Lamb's Quarters, Milk (Cow's), Peanut, Penicillium notatum, Soybean, Western Ragweed, Wheat, Willow Tree.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x23; 86005

Allergens, Mold Profile

LAB3671

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3671-VML
- LAB3671VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3671-VML
- LAB3671VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Alternaria alternata (tenuis), Aspergillus fumigatus, Candida albicans, Hormodendrum (Cladosporium), Penicillium notatum.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x5

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3671-VML
- LAB3671VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Alternaria alternata (tenuis), Aspergillus fumigatus, Candida albicans, Hormodendrum (Cladosporium), Penicillium notatum.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x5

Allergens, Mold Profile, Southeast Comprehensive

LAB3672

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3672-VML
- LAB3672VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.15 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3672-VML
- LAB3672VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Alternaria alternata (tenuis), Aspergillus fumigatus, Aureobasidium pullulans, Curvularia lunata, Epicoccum pupurascens, Fusarium moniliforme, Helminthosporium halodes (satiorium), Hormodendrum hordei (Cladosporium), Penicillium notatum, Rhizopus nigricans.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x10

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.15 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3672-VML
- LAB3672VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Alternaria alternata (tenuis), Aspergillus fumigatus, Aureobasidium pullulans, Curvularia lunata, Epicoccum pupurascens, Fusarium moniliforme, Helminthosporium halodes (satiorium), Hormodendrum hordei (Cladosporium), Penicillium notatum, Rhizopus nigricans.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x10

Allergens, Pediatric Foods Profile 1

LAB3674

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3674-VML
- LAB3674VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3674-VML
- LAB3674VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Egg White, Milk (Cow's), Oat, Soybean, Wheat.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x5

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3674-VML
- LAB3674VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Egg White, Milk (Cow's), Oat, Soybean, Wheat.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x5

Allergens, Tree Profile 4

LAB3677

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3677-VML
- LAB3677VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3677-VML
- LAB3677VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Cottonwood Tree, Elm Tree, Oak Tree, Sycamore Tree, Willow Tree.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x5

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3677-VML
- LAB3677VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Cottonwood Tree, Elm Tree, Oak Tree, Sycamore Tree, Willow Tree.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x5

Allergens, Tree, Southeast Profile

LAB3680

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3680-VML
- LAB3680VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.95 mL serum to an ARUP Standard Transport Tube. (Min: 0.52 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3680-VML
- LAB3680VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Birch Tree, Elm Tree, Box Elder/Maple Tree, Oak Tree, Pecan (White Hickory) Tree, Sweet Gum Tree, Sycamore Tree, Willow Tree.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86003 x8

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.95 mL serum to an ARUP Standard Transport Tube. (Min: 0.52 mL)

Patient Preparation:

Multiple patient encounters should be avoided.

Unacceptable Conditions:

Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB3680-VML
- LAB3680VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Allergens included: Birch Tree, Elm Tree, Box Elder/Maple Tree, Oak Tree, Pecan (White Hickory) Tree, Sweet Gum Tree, Sycamore Tree, Willow Tree.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x8

Allergens, Weed Profile 5

LAB3684

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3684-VML
- LAB3684VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3684-VML
- LAB3684VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Common Ragweed, Dandelion, Giant Ragweed, Russian Thistle, Sagebrush.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.01	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x5

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3684-VML
- LAB3684VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Common Ragweed, Dandelion, Giant Ragweed, Russian Thistle, Sagebrush.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.01	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x5

Allergens, Weeds, Southeast Basic Profile

LAB3683

ORDERING INFO

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Synonyms:

- LAB3683-VML
- LAB3683VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Multiple patient encounters should be avoided.

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3683-VML
- LAB3683VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Allergens included: Common/Short Ragweed, English Plantain, Lamb's Quarters, Pigweed, Sheep Sorrel.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86003 x5

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Multiple specimen tubes should be avoided.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Patient Preparation:
Multiple patient encounters should be avoided.

Unacceptable Conditions:
Hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3683-VML
- LAB3683VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

Reference Interval:

Allergens included: Common/Short Ragweed, English Plantain, Lamb's Quarters, Pigweed, Sheep Sorrel.

Effective 02/18/2014

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:

Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Section:

RF-ARUP

CPT Codes:

86003 x5

Allergic Bronchopulmonary Aspergillosis (ABPA) Panel

LAB3685

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- ABPA
- Allergen, Mold, Aspergillus fumigatus, IgE
- Allergic Bronco Panel
- Aspergillus fumigatus Antibody, IgE (Allergic Bronchopulmonary Aspergillosis (ABPA) Panel by ID & EI
- LAB3685-VML
- LAB3685VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Separate serum from cells within 2 hours of collection. Transfer 2.3 mL serum to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Plasma. Hemolyzed, icteric or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

Remarks:
Multiple specimen tubes and multiple patient encounters should be avoided.

ORDERING

Synonyms:

- ABPA
- Allergen, Mold, Aspergillus fumigatus, IgE
- Allergic Bronco Panel
- Aspergillus fumigatus Antibody, IgE (Allergic Bronchopulmonary Aspergillosis (ABPA) Panel by ID & EI
- LAB3685-VML
- LAB3685VML

Performed:
Sun-Sat

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay/Qualitative Immunodiffusion

Reported:
3-7 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Immunoglobulin E	<table><tr><th>Age</th><th>Reference Interval (kU/L)</th></tr><tr><td>0-5 months</td><td>13 or less</td></tr><tr><td>6-12 months</td><td>34 or less</td></tr><tr><td>1-2 years</td><td>97 or less</td></tr><tr><td>3 years</td><td>199 or less</td></tr><tr><td>4-6 years</td><td>307 or less</td></tr><tr><td>7-8 years</td><td>403 or less</td></tr><tr><td>9-12 years</td><td>696 or less</td></tr><tr><td>13-15 years</td><td>629 or less</td></tr><tr><td>16-17 years</td><td>537 or less</td></tr><tr><td>18 years and older</td><td>214 or less</td></tr></table>
Allergen, Fungi/Mold, A. fumigatus IgE	Less than or equal to 0.34 kU/L
A. fumigatus #1 Ab, Precipitin	None detected
A. fumigatus #6 Ab, Precipitin	None detected

Interpretive Data:

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay/Qualitative Immunodiffusion

ADDITIONAL INFORMATION

CPT Codes:
82785; 86003; 86606 x2

Section:
RF-ARUP

Remarks:
Multiple specimen tubes and multiple patient encounters should be avoided.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Separate serum from cells within 2 hours of collection. Transfer 2.3 mL serum to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Plasma. Hemolyzed, icteric or lipemic specimens.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- ABPA
- Allergen, Mold, Aspergillus fumigatus, IgE
- Allergic Bronco Panel
- Aspergillus fumigatus Antibody, IgE (Allergic Bronchopulmonary Aspergillosis (ABPA) Panel by ID & EI
- LAB3685-VML
- LAB3685VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
3-7 days

Interpretive Data:

Reporting Range (reported in kU/L)	Probability of IgE Mediated Clinical Reaction	Class Scoring
Less than 0.10	No significant level detected	0
0.10 - 0.34	Clinical relevance undetermined	0/1
0.35 - 0.70	Low	1
0.71 - 3.50	Moderate	2
3.51 - 17.50	High	3
17.51 - 50.00	Very high	4
50.01 - 100.00	Very high	5
Greater than 100.00	Very high	6

Reference Interval:

Components	Reference Interval
Immunoglobulin E	Age: Reference Interval (kU/L) 0-5 months: 13 or less 6-12 months: 34 or less 1-2 years: 97 or less 3 years: 199 or less 4-6 years: 307 or less 7-8 years: 403 or less 9-12 years: 696 or less 13-15 years: 629 or less 16-17 years: 537 or less 18 years and older: 214 or less
Allergen, Fungi/Mold, A. fumigatus IgE	Less than or equal to 0.34 kU/L
A. fumigatus #1 Ab, Precipitin	None detected
A. fumigatus #6 Ab, Precipitin	None detected

Methodology:
Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay/Qualitative Immunodiffusion

Section:
RF-ARUP

CPT Codes:
82785; 86003; 86606 x2

Remarks:
Multiple specimen tubes and multiple patient encounters should be avoided.

Alpha 1 Antitrypsin (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath36

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- AAT, A1AT

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- AAT, A1AT

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- AAT, A1AT

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Alpha Fetoprotein (Amniotic Fluid) with Reflex to Acetylcholinesterase and Fetal Hemoglobin

LAB5990

ORDERING INFO

Collect:
Amniotic fluid.

Synonyms:

- AFP
- AFP-AF (Alpha-Fetoprotein, Amniotic Fluid)
- Alpha Fetoprotein, Amniotic Fluid
- Alpha-Fetoprotein, Amniotic Fluid
- Fetoprotein, Amniotic Fluid
- LAB5990-VML
- LAB5990VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Amniocentesis. Specimen must be drawn between 13 weeks, 0 days and 36 weeks, 6 days gestation.

Collect:
Amniotic fluid.

Specimen Preparation:
Transport 2.5 mL amniotic fluid. (Min: 1.5 mL)

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 3 months; Frozen: 3 months

Performed:
Sun-Sat

Remarks:
Submit with Order: Gestational age at time of collection or estimated due date.

ORDERING

Synonyms:

- AFP
- AFP-AF (Alpha-Fetoprotein, Amniotic Fluid)
- Alpha Fetoprotein, Amniotic Fluid
- Alpha-Fetoprotein, Amniotic Fluid
- Fetoprotein, Amniotic Fluid
- LAB5990-VML
- LAB5990VML

Ordering Recommendations:
Evaluate possibility of a fetal open neural tube defect at 13-36 weeks of gestation.

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay/Electrophoresis

Reported:
3-4 days

Notes:
Information must include weeks of gestation. If the AFP (amniotic fluid) is elevated, then Acetylcholinesterase will be added. Additional charges apply. Acetylcholinesterase testing requires an additional 3-11 days to be reported.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
AFP, AF MoM	<=1.99

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Chemiluminescent Immunoassay/Electrophoresis

ADDITIONAL INFORMATION

CPT Codes:
82106; if reflexed, add 82013 and 83033

Section:
RF-ARUP

Remarks:
Submit with Order: Gestational age at time of collection or estimated due date.

Notes:
Information must include weeks of gestation. If the AFP (amniotic fluid) is elevated, then Acetylcholinesterase will be added. Additional charges apply. Acetylcholinesterase testing requires an additional 3-11 days to be reported.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Amniotic fluid.

Specimen Preparation:
Transport 2.5 mL amniotic fluid. (Min: 1.5 mL)

Patient Preparation:
Amniocentesis. Specimen must be drawn between 13 weeks, 0 days and 36 weeks, 6 days gestation.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 3 months; Frozen: 3 months

Storage/Transport Temperature:
Room temperature.

Synonyms:

- AFP
- AFP-AF (Alpha-Fetoprotein, Amniotic Fluid)
- Alpha Fetoprotein, Amniotic Fluid
- Alpha-Fetoprotein, Amniotic Fluid
- Fetoprotein, Amniotic Fluid
- LAB5990-VML
- LAB5990VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
3-4 days

Ordering Recommendations:
Evaluate possibility of a fetal open neural tube defect at 13-36 weeks of gestation.

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
AFP, AF MoM	<=1.99

Methodology:
Quantitative Chemiluminescent Immunoassay/Electrophoresis

Section:
RF-ARUP

CPT Codes:
82106; if reflexed, add 82013 and 83033

Remarks:
Submit with Order: Gestational age at time of collection or estimated due date.

Notes:
Information must include weeks of gestation. If the AFP (amniotic fluid) is elevated, then Acetylcholinesterase will be added. Additional charges apply. Acetylcholinesterase testing requires an additional 3-11 days to be reported.

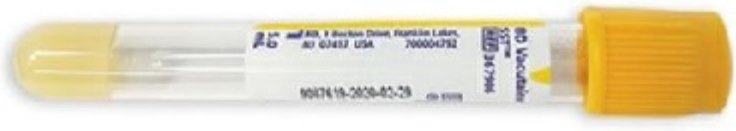
Alpha Fetoprotein, Serum (Tumor Marker)

LAB559

ORDERING INFO

Collect:

Gold (Clot Activator with Gel)



Synonyms:

- TAF, Alpha-Fetoprotein, LAB559
- LAB559-VML
- LAB559VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

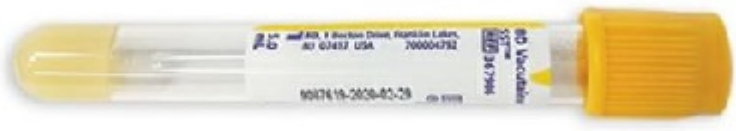
SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Gold (Clot Activator with Gel)



Specimen Preparation:

Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:

2 Gold Microtainers (Clot Activator with Gel)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

After separation from cells: 15° to 25°C: 5 days; 2° to 8°C: 14 days; Frozen: 6 months

Specimen:

Serum

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

AFP should be used in conjunction with other clinical and biochemical markers for the diagnosis and monitoring of testicular cancer. AFP may be used in conjunction with ultrasound in high risk patients to aid in the diagnosis and monitoring of hepatocellular carcinoma. AFP is not recommended for cancer screening in a general population. AFP may be elevated in other conditions including: hepatitis, drug induced hepatic damage, cirrhosis, gastrointestinal cancers, hereditary tyrosinemias and normal pregnancy. This assay is not intended for the prediction of neural tube defects in pregnant women. The serum AFP concentration alone does not provide absolute evidence of the presence of malignant disease. Patient results determined by assays using different manufacturers for methods may not be comparable.

Synonyms:

- TAF, Alpha-Fetoprotein, LAB559
- LAB559-VML
- LAB559VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Roche Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0-<14 days old: 5,000-105,000 ng/mL; 14 days to <1 mo: 300-60,000 ng/mL; 1 mo to <2 mos: 100-10,000 ng/mL; 2 mos to <3 mos: 40-1,000 ng/mL; 3 mos to <4 mos: 11-300 ng/mL; 4 mo to <5 mos: 5-200 ng/mL; 5 mo to <6 mos: 0-90 ng/mL; 6 mos to <1 yr: 3.5 - 69 ng/mL; 1 yr to <18 yrs: <0.6 - 7 ng/mL, >18 yrs: <8.3 ng/mL

Interpretive Data:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Methodology:
Roche Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

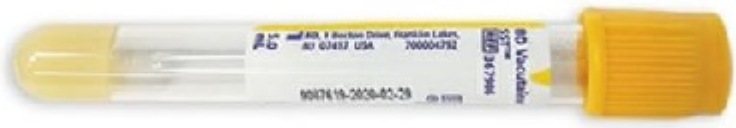
Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
2 Gold Microtainers (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 5 days; 2° to 8°C: 14 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TAF, Alpha-Fetoprotein, LAB559
- LAB559-VML
- LAB559VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
AFP should be used in conjunction with other clinical and biochemical markers for the diagnosis and monitoring of testicular cancer. AFP may be used in conjunction with ultrasound in high risk patients to aid in the diagnosis and monitoring of hepatocellular carcinoma. AFP is not recommended for cancer screening in a general population. AFP may be elevated in other conditions including: hepatitis, drug induced hepatic damage, cirrhosis, gastrointestinal cancers, hereditary tyrosinemias and normal pregnancy. This assay is not intended for the prediction of neural tube defects in pregnant women. The serum AFP concentration alone does not provide absolute evidence of the presence of malignant disease. Patient results determined by assays using different manufacturers for methods may not be comparable.

Interpretive Data:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Reference Interval:
0-<14 days old: 5,000-105,000 ng/mL; 14 days to <1 mo: 300-60,000 ng/mL; 1 mo to <2 mos: 100-10,000 ng/mL; 2 mos to <3 mos: 40-1,000 ng/mL; 3 mos to <4 mos: 11-300 ng/mL; 4 mo to <5 mos: 5-200 ng/mL; 5 mo to <6 mos: 0-90 ng/mL; 6 mos to <1 yr: 3.5 - 69 ng/mL; 1 yr to <18 yrs: <0.6 - 7 ng/mL, >18 yrs: <8.3 ng/mL

Additional Information:
N/A

Methodology:
Roche Electrochemiluminescent Immunoassay

Section:
Chemistry

Alpha Globin (*HBA1* and *HBA2*) Sequencing and Deletion/Duplication

LAB6130

ORDERING INFO

Collect:
Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B).

Synonyms:

- LAB6130-VML
- LAB6130VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 2 mL)

Unacceptable Conditions:
Frozen specimens

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: unacceptable

Performed:
Varies

ORDERING

Synonyms:

- LAB6130-VML
- LAB6130VML

Ordering Recommendations:
Comprehensive genetic test to detect alpha thalassemia or alpha thalassemia trait.

Performed:
Varies

Methodology:
Multiplex Ligation-Dependent Probe Amplification (MLPA)/Sequencing/Polymerase Chain Reaction (PCR)

Reported:
14-21 days

RESULTS INTERPRETATION

Interpretive Data:

Background Information for Alpha Globin (HBA1 and HBA2) Sequencing and Deletion/Duplication Characteristics:
Alpha thalassemia is caused by decreased or absent synthesis of the hemoglobin alpha chain resulting in variable clinical presentations. Alpha (+) thalassemia results from variants of a single HBA2 globin gene (-a/aa) and is clinically asymptomatic (silent carrier). Alpha (0) thalassemia (trait) is caused by variants of both HBA2 globin genes (-a/-a) or variants in the HBA1 and HBA2 globin genes on the same chromosome (--/aa) and results in mild microcytic anemia. Hemoglobin H disease occurs due to variants of three alpha globin genes (--/-a) and results in hemolysis with Heinz bodies, moderate anemia, and splenomegaly. Hb Bart hydrops fetalis syndrome results when variants occur in all four alpha globin genes (--/--) and is lethal in the fetal or early neonatal period. Alpha globin gene triplications result in three active alpha globin genes on a single chromosome. Nondeletional alpha globin variants may be pathogenic or benign; both may result in an abnormal protein detectable by hemoglobin evaluation. Pathogenic nondeletional variants often have a more severe effect than single gene deletions.
Incidence: Carrier frequency in Mediterranean (1:30-50), Middle Eastern, Southeast Asian (1:20), African, African American (1:3).
Inheritance: Autosomal recessive.
Cause: Pathogenic variants in the alpha globin gene cluster.
Clinical Sensitivity: 99 percent.
Methodology: Bidirectional sequencing of the HBA1 and HBA2 coding regions, intron-exon boundaries and 3' polyadenylation signal. Multiplex ligation-dependent probe amplification (MLPA) of the alpha globin gene cluster (HBZ, HBM, HBA1, HBA2, HBQ1) and its HS-40 regulatory region.
Analytical Sensitivity and Specificity: 99 percent.
Limitations: Diagnostic errors can occur due to rare sequence variations. Sequence analysis will not detect all regulatory region variants or variants in alpha globin cluster genes other than HBA1 and HBA2. Sequencing of both HBA1 and HBA2 may not be possible in individuals harboring large alpha globin deletions on both alleles. This assay is unable to sequence HBA2-HBA1 fusion genes; thus, HBA1 or HBA2 sequence variants occurring in cis with a 3.7 kb deletion or other HBA2-HBA1 hybrid gene will not be detected (e.g., Hb G -Philadelphia will not be detected when in cis with the 3.7 kb deletion). It may not be possible to determine phase of identified sequence variants. Specific breakpoints of large deletions/duplications will not be determined; therefore, it may not be possible to distinguish variants of similar size. Individuals carrying both a deletion and duplication within the alpha globin gene cluster may appear to have a normal number of alpha globin gene copies. Rare syndromic or acquired forms of alpha thalassemia associated with ATRX variants will not be detected.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Methodology:

Multiplex Ligation-Dependent Probe Amplification (MLPA)/Sequencing/Polymerase Chain Reaction (PCR)

ADDITIONAL INFORMATION

CPT Codes:

81259; 81269

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B).

Specimen Preparation:

Transport 3 mL whole blood. (Min: 2 mL)

Unacceptable Conditions:

Frozen specimens

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 1 month; Frozen: unacceptable

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB6130-VML
- LAB6130VML

Performed:

Varies

Resulting Laboratory:

ARUP Laboratories

Reported:

14-21 days

Ordering Recommendations:

Comprehensive genetic test to detect alpha thalassemia or alpha thalassemia trait.

Interpretive Data:

Background Information for Alpha Globin (HBA1 and HBA2) Sequencing and Deletion/Duplication Characteristics:
Alpha thalassemia is caused by decreased or absent synthesis of the hemoglobin alpha chain resulting in variable clinical presentations. Alpha (+) thalassemia results from variants of a single HBA2 globin gene (-a/aa) and is clinically asymptomatic (silent carrier). Alpha (0) thalassemia (trait) is caused by variants of both HBA2 globin genes (-a/-a) or variants in the HBA1 and HBA2 globin genes on the same chromosome (--/aa) and results in mild microcytic anemia. Hemoglobin H disease occurs due to variants of three alpha globin genes (--/-a) and results in hemolysis with Heinz bodies, moderate anemia, and splenomegaly. Hb Bart hydrops fetalis syndrome results when variants occur in all four alpha globin genes (--/--) and is lethal in the fetal or early neonatal period. Alpha globin gene triplications result in three active alpha globin genes on a single chromosome. Nondeletional alpha globin variants may be pathogenic or benign; both may result in an abnormal protein detectable by hemoglobin evaluation. Pathogenic nondeletional variants often have a more severe effect than single gene deletions.
Incidence: Carrier frequency in Mediterranean (1:30-50), Middle Eastern, Southeast Asian (1:20), African, African American (1:3).
Inheritance: Autosomal recessive.
Cause: Pathogenic variants in the alpha globin gene cluster.
Clinical Sensitivity: 99 percent.
Methodology: Bidirectional sequencing of the HBA1 and HBA2 coding regions, intron-exon boundaries and 3' polyadenylation signal. Multiplex ligation-dependent probe amplification (MLPA) of the alpha globin gene cluster (HBZ, HBM, HBA1, HBA2, HBQ1) and its HS-40 regulatory region.
Analytical Sensitivity and Specificity: 99 percent.
Limitations: Diagnostic errors can occur due to rare sequence variations. Sequence analysis will not detect all regulatory region variants or variants in alpha globin cluster genes other than HBA1 and HBA2. Sequencing of both HBA1 and HBA2 may not be possible in individuals harboring large alpha globin deletions on both alleles. This assay is unable to sequence HBA2-HBA1 fusion genes; thus, HBA1 or HBA2 sequence variants occurring in cis with a 3.7 kb deletion or other HBA2-HBA1 hybrid gene will not be detected (e.g., Hb G -Philadelphia will not be detected when in cis with the 3.7 kb deletion). It may not be possible to determine phase of identified sequence variants. Specific breakpoints of large deletions/duplications will not be determined; therefore, it may not be possible to distinguish variants of similar size. Individuals carrying both a deletion and duplication within the alpha globin gene cluster may appear to have a normal number of alpha globin gene copies. Rare syndromic or acquired forms of alpha thalassemia associated with ATRX variants will not be detected.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Methodology:

Multiplex Ligation-Dependent Probe Amplification (MLPA)/Sequencing/Polymerase Chain Reaction (PCR)

Section:

RF-ARUP

CPT Codes:

81259; 81269

Alpha Subunit, Free, Pituitary Glycoprotein Hormones (PGH)

LAB3687

ORDERING INFO

Collect:
Serum separator tube (SST) or plain red.

Synonyms:

- CG (Chorionic Gonadotropin)
- Free Alpha-Glycoprotein Subunit
- Alpha Subunit, HCG
- Alpha-HCG (Human Chorionic Gonadotropin)
- Alpha-Subunit of Pit Glycoprotein
- Alpha Glycoprotein Subunit
- Chorionic Gonadotropin (CG)
- Chorionic Gonadotropins, Alpha-Subunit
- LAB3687-VML
- LAB3687VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST) or plain red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.25 mL) Freeze immediately.
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 24 hours; Frozen: 6 months

Performed:
Varies

ORDERING

Synonyms:

- CG (Chorionic Gonadotropin)
- Free Alpha-Glycoprotein Subunit
- Alpha Subunit, HCG
- Alpha-HCG (Human Chorionic Gonadotropin)
- Alpha-Subunit of Pit Glycoprotein
- Alpha Glycoprotein Subunit
- Chorionic Gonadotropin (CG)
- Chorionic Gonadotropins, Alpha-Subunit
- LAB3687-VML
- LAB3687VML

Ordering Recommendations:
May be useful for monitoring certain pituitary tumors.

Performed:
Varies

Methodology:
Quantitative Chemiluminescent Immunoassay (CLIA)

Reported:
6-13 days

RESULTS INTERPRETATION

Methodology:
Quantitative Chemiluminescent Immunoassay (CLIA)

ADDITIONAL INFORMATION

CPT Codes:
83520

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST) or plain red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.25 mL) Freeze immediately.
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 24 hours; Frozen: 6 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- CG (Chorionic Gonadotropin)
- Free Alpha-Glycoprotein Subunit
- Alpha Subunit, HCG
- Alpha-HCG (Human Chorionic Gonadotropin)
- Alpha-Subunit of Pit Glycoprotein
- Alpha Glycoprotein Subunit
- Chorionic Gonadotropin (CG)
- Chorionic Gonadotropins, Alpha-Subunit
- LAB3687-VML
- LAB3687VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
6-13 days

Ordering Recommendations:
May be useful for monitoring certain pituitary tumors.

Methodology:
Quantitative Chemiluminescent Immunoassay (CLIA)

Section:
RF-ARUP

CPT Codes:
83520

Alpha Synuclein (BSB-114) Immunhistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath37

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- ASyn, Syn

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ASyn, Syn

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- ASyn, Syn

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Alpha-1-Antitrypsin

LAB6068

ORDERING INFO

Collect:
Plasma separation tube or serum separator tube. Also acceptable: Lavender (EDTA), pink (K_2EDTA), Green (Lithium Heparin).

Synonyms:

- A1-Antitrypsin
- A1A
- AAT
- Alpha 1 Antitrypsin
- Anti-Alpha-1-Trypsin
- LAB6068-VML
- LAB6068VML

SPECIMEN REQUIREMENTS

Collect:
Plasma separation tube or serum separator tube. Also acceptable: Lavender (EDTA), pink (K_2EDTA), Green (Lithium Heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 3 months; Frozen: 3 months (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- A1-Antitrypsin
- A1A
- AAT
- Alpha 1 Antitrypsin
- Anti-Alpha-1-Trypsin
- LAB6068-VML
- LAB6068VML

Ordering Recommendations:
Determines alpha-1-antitrypsin (AAT) enzyme plasma concentration for the initial evaluation of AAT deficiency.

Performed:
Sun-Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
Effective November 17, 2014
90-200 mg/dL

Methodology:
Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
82103

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plasma separation tube or serum separator tube. Also acceptable: Lavender (EDTA), pink (K_2EDTA), Green (Lithium Heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 3 months; Frozen: 3 months (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- A1-Antitrypsin
- A1A
- AAT
- Alpha 1 Antitrypsin
- Anti-Alpha-1-Trypsin
- LAB6068-VML
- LAB6068VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Determines alpha-1-antitrypsin (AAT) enzyme plasma concentration for the initial evaluation of AAT deficiency.

Reference Interval:
Effective November 17, 2014
90-200 mg/dL

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82103

Alpha-1-Antitrypsin Phenotype (Includes Alpha-1-Antitrypsin)

LAB3689

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- Alpha 1 Antitrypsin
- Antitrypsin
- Pi Typing
- Protease Inhibitor Allo Typing
- A1A Phenotyping
- A1A reflex
- AAT deficiency
- AAT Phenotyping
- a-1-Antitrypsin, Phenotype
- A1A Phenotype
- AAT Phenotype
- AAT Reflex
- Antitrypsin, Phenotype
- Protease Inhibitor Typing
- LAB3689-VML
- LAB3689VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 3 months; Frozen: 3 months (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Alpha 1 Antitrypsin
- Antitrypsin
- Pi Typing
- Protease Inhibitor Allo Typing
- A1A Phenotyping
- A1A reflex
- AAT deficiency
- AAT Phenotyping
- a-1-Antitrypsin, Phenotype
- A1A Phenotype
- AAT Phenotype
- AAT Reflex
- Antitrypsin, Phenotype
- Protease Inhibitor Typing
- LAB3689-VML
- LAB3689VML

Ordering Recommendations:
Determine specific AAT protein variant(s) in individual with decreased concentration of AAT (<90mg/dL).

Performed:
Sun-Sat

Methodology:
Qualitative Isoelectric Focusing/Immunoturbidimetry

Reported:
2-4 days

Notes:
Interpret with caution if the patient has been transfused within the previous 21 days.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Alpha-1-Antitrypsin	90-200 mg/dL

Methodology:
Qualitative Isoelectric Focusing/Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
82104; 82103

Section:
RF-ARUP

Notes:
Interpret with caution if the patient has been transfused within the previous 21 days.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 3 months; Frozen: 3 months (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Alpha 1 Antitrypsin
- Antitrypsin
- Pi Typing
- Protease Inhibitor Allo Typing
- A1A Phenotyping
- A1A reflex
- AAT deficiency
- AAT Phenotyping
- a-1-Antitrypsin, Phenotype
- A1A Phenotype
- AAT Phenotype
- AAT Reflex
- Antitrypsin, Phenotype
- Protease Inhibitor Typing
- LAB3689-VML
- LAB3689VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-4 days

Ordering Recommendations:
Determine specific AAT protein variant(s) in individual with decreased concentration of AAT (<90mg/dL).

Reference Interval:

Components	Reference Interval
Alpha-1-Antitrypsin	90-200 mg/dL

Methodology:
Qualitative Isoelectric Focusing/Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82104; 82103

Notes:
Interpret with caution if the patient has been transfused within the previous 21 days.

Alpha-1-Antitrypsin, Quantitative by ELISA, Random Stool

LAB558

ORDERING INFO

Collect:
Random stool. Provide patient a Kit, Stool Transport, Unpreserved (ARUP Supply # 40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Synonyms:

- LAB558-VML
- LAB558VML

SPECIMEN REQUIREMENTS

Collect:
Random stool. Provide patient a Kit, Stool Transport, Unpreserved (ARUP Supply # 40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Specimen Preparation:
Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g)

Unacceptable Conditions:
Specimens in media or preservatives.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 7 days; Frozen: 3 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- LAB558-VML
- LAB558VML

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
0.00 - 0.50 mg/g

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
82103

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random stool. Provide patient a Kit, Stool Transport, Unpreserved (ARUP Supply # 40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Specimen Preparation:
Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g)

Unacceptable Conditions:
Specimens in media or preservatives.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 7 days; Frozen: 3 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- LAB558-VML
- LAB558VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Reference Interval:
0.00 - 0.50 mg/g

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
82103

Alpha-2-Antiplasmin, Activity

LAB1123

ORDERING INFO

Collect:
Lt. blue (sodium citrate). Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.

Synonyms:

- a2-Antiplasmin
- Alpha 2 Antiplasmin
- Alpha-2 Proteinase Inhibitor
- Antiplasmin, Activity, Plasma
- Antiplasmin, Functional, Plasma
- Functional Antiplasmin
- Plasmin Inhibitor
- LAB1123-VML
- LAB1123VML

SPECIMEN REQUIREMENTS

Collect:
Lt. blue (sodium citrate). Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.

Specimen Preparation:
Transfer 1 mL platelet-poor plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Serum. EDTA plasma, clotted or hemolyzed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
mbient: 4 hours; Refrigerated: Unacceptable; Frozen: at -20° C: 3 months; at -70° C: 6 months

Performed:
Thu

ORDERING

Synonyms:

- a2-Antiplasmin
- Alpha 2 Antiplasmin
- Alpha-2 Proteinase Inhibitor
- Antiplasmin, Activity, Plasma
- Antiplasmin, Functional, Plasma
- Functional Antiplasmin
- Plasmin Inhibitor
- LAB1123-VML
- LAB1123VML

Ordering Recommendations:
Use to screen for alpha-2-antiplasmin deficiency. Not a first-line test for diagnosing inherited thrombotic or bleeding disorders.

Performed:
Thu

Methodology:
Chromogenic Assay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

By Report

Age	Activity (%)
1-4 days	55-115%
5-29 days	70-130%
30-89	76-124%
90-179 days	76-140%
180-364 days	83-139%
1-5 years	93-117%
6 years	89-110%
7-9 years	88-147%
10-11 years	90-144%
12-13 years	87-142%
14-15 years	83-136%
16-17 years	77-134%
18 years and older	82-133%

Methodology:

Chromogenic Assay

ADDITIONAL INFORMATION

CPT Codes:

85410

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lt. blue (sodium citrate). Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.

Specimen Preparation:

Transfer 1 mL platelet-poor plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:

Serum. EDTA plasma, clotted or hemolyzed specimens.

Stability (from collection to initiation):

mbient: 4 hours; Refrigerated: Unacceptable; Frozen: at -20° C: 3 months; at -70° C: 6 months

Storage/Transport Temperature:

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- a2-Antiplasmin
- Alpha 2 Antiplasmin
- Alpha-2 Proteinase Inhibitor
- Antiplasmin, Activity, Plasma
- Antiplasmin, Functional, Plasma
- Functional Antiplasmin
- Plasmin Inhibitor
- LAB1123-VML
- LAB1123VML

Performed:

Thu

Resulting Laboratory:

ARUP Laboratories

Reported:

1-8 days

Ordering Recommendations:

Use to screen for alpha-2-antiplasmin deficiency. Not a first-line test for diagnosing inherited thrombotic or bleeding disorders.

Reference Interval:

By Report

Age	Activity (%)
1-4 days	55-115%
5-29 days	70-130%
30-89	76-124%
90-179 days	76-140%
180-364 days	83-139%
1-5 years	93-117%
6 years	89-110%
7-9 years	88-147%
10-11 years	90-144%
12-13 years	87-142%
14-15 years	83-136%
16-17 years	77-134%
18 years and older	82-133%

Methodology:

Chromogenic Assay

Section:

RF-ARUP

CPT Codes:

85410

Alpha-2-Macroglobulin

LAB3690

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- a2-macroglobulin
- A2M/a2M
- AMG, macroglobulin
- Macroglobulin, Alpha-2
- LAB3690-VML
- LAB3690VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
CSF. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 7 days; Frozen: 3 months (if frozen within 24 hours; avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- a2-macroglobulin
- A2M/a2M
- AMG, macroglobulin
- Macroglobulin, Alpha-2
- LAB3690-VML
- LAB3690VML

Ordering Recommendations:
May be used as a marker of membrane permeability in urine or as an indirect marker for liver fibrosis.

Performed:
Sun-Sat

Methodology:
Quantitative Nephelometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
131-293 mg/dL

Methodology:
Quantitative Nephelometry

ADDITIONAL INFORMATION

CPT Codes:
83883

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
CSF. Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 7 days; Frozen: 3 months (if frozen within 24 hours; avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- a2-macroglobulin
- A2M/a2M
- AMG, macroglobulin
- Macroglobulin, Alpha-2
- LAB3690-VML
- LAB3690VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
May be used as a marker of membrane permeability in urine or as an indirect marker for liver fibrosis.

Reference Interval:
131-293 mg/dL

Methodology:
Quantitative Nephelometry

Section:
RF-ARUP

CPT Codes:
83883

Alpha-Fetoprotein (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath38

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- AFP

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- AFP

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- AFP

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Alpha-Gal PnI-VRCR

LAB3908

ORDERING INFO

Synonyms:

- LAB3908-VML
- LAB3908VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3908-VML
- LAB3908VML

ADDITIONAL INFORMATION

Section:

RF-VRCR

Resulting Laboratory:

Viracor

FULL VIEW

Synonyms:

- LAB3908-VML
- LAB3908VML

Resulting Laboratory:

Viracor

Section:

RF-VRCR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Alpha-Galactosidase, Serum

LAB3686

ORDERING INFO

Collect:
Serum separator tube (SST). Also acceptable: Plain red.

Synonyms:

- Soft AGAS (Alpha Galactosidase, Serum)
- Anderson Fabry Disease (Alpha Galactosidase, Serum)
- Ceramide Trihexosidase
- GLA Deficiency (Alpha Galactosidase, Serum)
- LAB3686-VML
- LAB3686VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST). Also acceptable: Plain red.

Specimen Preparation:
Transfer 2 mL serum to an ARUP standard transport tube. (Min: 0.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Thawed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 2 weeks

Performed:
Varies

Remarks:
Physician name and phone number are required.

ORDERING

Synonyms:

- Soft AGAS (Alpha Galactosidase, Serum)
- Anderson Fabry Disease (Alpha Galactosidase, Serum)
- Ceramide Trihexosidase
- GLA Deficiency (Alpha Galactosidase, Serum)
- LAB3686-VML
- LAB3686VML

Ordering Recommendations:
Enzyme testing is reliable for diagnosing Fabry disease in males; it does not detect carriers. For carrier status, DNA analysis is recommended.

Performed:
Varies

Methodology:
Quantitative Fluorometry

Reported:
4-11 days

Notes:
Results for this assay are not useful for carrier determination. Carriers usually have levels in the normal range.

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Fluorometry

ADDITIONAL INFORMATION

CPT Codes:
82657

Section:
RF-ARUP

Remarks:
Physician name and phone number are required.

Notes:
Results for this assay are not useful for carrier determination. Carriers usually have levels in the normal range.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST). Also acceptable: Plain red.

Specimen Preparation:
Transfer 2 mL serum to an ARUP standard transport tube. (Min: 0.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Thawed specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 2 weeks

Storage/Transport Temperature:
CRITICAL FROZEN.

Synonyms:

- Soft AGAS (Alpha Galactosidase, Serum)
- Anderson Fabry Disease (Alpha Galactosidase, Serum)
- Ceramide Trihexosidase
- GLA Deficiency (Alpha Galactosidase, Serum)
- LAB3686-VML
- LAB3686VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
4-11 days

Ordering Recommendations:
Enzyme testing is reliable for diagnosing Fabry disease in males; it does not detect carriers. For carrier status, DNA analysis is recommended.

Reference Interval:
By report

Methodology:
Quantitative Fluorometry

Section:
RF-ARUP

CPT Codes:
82657

Remarks:
Physician name and phone number are required.

Notes:
Results for this assay are not useful for carrier determination. Carriers usually have levels in the normal range.

ALPL Del/Dup 1st Gene-CTGT

LAB5782

ORDERING INFO

Synonyms:

- LAB5782-VML
- LAB5782VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5782-VML
- LAB5782VML

ADDITIONAL INFORMATION

Section:

RF-CTGT

Resulting Laboratory:

Health Network Laboratories

FULL VIEW

Synonyms:

- LAB5782-VML
- LAB5782VML

Resulting Laboratory:

Health Network Laboratories

Section:

RF-CTGT

Links:

Test Sent to Reference Lab. Click Here for Test Details

ALPL Seq Adult-CTGT

LAB3268

ORDERING INFO

Synonyms:

- LAB3268-VML
- LAB3268VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3268-VML
- LAB3268VML

ADDITIONAL INFORMATION

Section:

RF-CTGT

Resulting Laboratory:

Health Network Laboratories

FULL VIEW

Synonyms:

- LAB3268-VML
- LAB3268VML

Resulting Laboratory:

Health Network Laboratories

Section:

RF-CTGT

Links:

Test Sent to Reference Lab. Click Here for Test Details

ALPL Seq-PRVN

LAB5783

ORDERING INFO

Synonyms:

- LAB5783-VML
- LAB5783VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5783-VML
- LAB5783VML

ADDITIONAL INFORMATION

Section:

RF-PRVN

Resulting Laboratory:

Prevention Genetics

FULL VIEW

Synonyms:

- LAB5783-VML
- LAB5783VML

Resulting Laboratory:

Prevention Genetics

Section:

RF-PRVN

Links:

Test Sent to Reference Lab. Click Here for Test Details

ALPS PnI-CINN

LAB3909

ORDERING INFO

Synonyms:

- LAB3909-VML
- LAB3909VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3909-VML
- LAB3909VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3909-VML
- LAB3909VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Alternative Complement Pathway Activity (AH50)

LAB3724

ORDERING INFO

Collect:
Plain Red

Synonyms:

- Functional Complement
- Hemolytic Complement
- AH50
- Alternate Pathway
- atypical hemolytic uremic syndrome
- C3 glomerulonephrits
- Dense-deposit disease
- LAB3724-VML
- LAB3724VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red

Specimen Preparation:
Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP and centrifuge at 2-8 degrees C and aliquot serum into ARUP standard transport tube. Freeze specimen immediately at -70 degrees C or lower freezer. (Min: 0.3 mL)

Unacceptable Conditions:
Specimen types other than serum collected from RED TOP tubes. SST or serum gel tubes are not acceptable. Refrigerated or room temperature specimens. Specimens left to clot at refrigerated temperature. Specimens exposed to repeated freeze/thaw cycles. Grossly hemolyzed or grossly lipemic specimens or icteric specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: unacceptable; Refrigerated: Unacceptable; Frozen: 30 days if kept at -70 C

Performed:
Sun, Wed

ORDERING

Synonyms:

- Functional Complement
- Hemolytic Complement
- AH50
- Alternate Pathway
- atypical hemolytic uremic syndrome
- C3 glomerulonephrits
- Dense-deposit disease
- LAB3724-VML
- LAB3724VML

Ordering Recommendations:
Initial screening for suspected deficiency in the alternative complement pathway.

Performed:
Sun, Wed

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Reported:
7-14 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Alternative Complement Pathway Activity	31 percent normal or greater

Interpretive Data:
See report.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

ADDITIONAL INFORMATION

CPT Codes:
86161

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red

Specimen Preparation:
Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP and centrifuge at 2-8 degrees C and aliquot serum into ARUP standard transport tube. Freeze specimen immediately at -70 degrees C or lower freezer. (Min: 0.3 mL)

Unacceptable Conditions:
Specimen types other than serum collected from RED TOP tubes. SST or serum gel tubes are not acceptable. Refrigerated or room temperature specimens. Specimens left to clot at refrigerated temperature. Specimens exposed to repeated freeze/thaw cycles. Grossly hemolyzed or grossly lipemic specimens or icteric specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: unacceptable; Refrigerated: Unacceptable; Frozen: 30 days if kept at -70 C

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Functional Complement
- Hemolytic Complement
- AH50
- Alternate Pathway
- atypical hemolytic uremic syndrome
- C3 glomerulonephrits
- Dense-deposit disease
- LAB3724-VML
- LAB3724VML

Performed:
Sun, Wed

Resulting Laboratory:
ARUP Laboratories

Reported:
7-14 days

Ordering Recommendations:
Initial screening for suspected deficiency in the alternative complement pathway.

Interpretive Data:
See report.

Reference Interval:

Components	Reference Interval
Alternative Complement Pathway Activity	31 percent normal or greater

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Section:
RF-ARUP

CPT Codes:
86161

Aluminum, Serum

LAB665

ORDERING INFO

Collect:
Royal Blue (No Additive).

Synonyms:

- Al
- Al, Serum
- Aluminium
- Aluminum
- Aluminum, serum
- LAB665-VML
- LAB665VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patient should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Collect:
Royal Blue (No Additive).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Specimens that are not separated from the red cells or clot within 2 hours. Specimens collected in containers other than specified. Specimens transported in containers other than specified.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely (If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.)

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- Al
- Al, Serum
- Aluminium
- Aluminum
- Aluminum, serum
- LAB665-VML
- LAB665VML

Ordering Recommendations:
Preferred test for routine aluminum screening. May be useful in the assessment of aluminum toxicity due to dialysis. Aluminum urine testing is preferred for chronic exposure.

Performed:
Tue, Thu, Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
0.0-15.0 µg/L

Interpretive Data:
Serum aluminum greater than 50.0 µg/L is consistent with overload and may correlate with toxicity.

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum aluminum, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
82108

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Royal Blue (No Additive).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patient should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Unacceptable Conditions:
Plasma. Specimens that are not separated from the red cells or clot within 2 hours. Specimens collected in containers other than specified. Specimens transported in containers other than specified.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely (If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.)

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Synonyms:

- Al
- Al, Serum
- Aluminium
- Aluminum
- Aluminum, serum
- LAB665-VML
- LAB665VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Preferred test for routine aluminum screening. May be useful in the assessment of aluminum toxicity due to dialysis. Aluminum urine testing is preferred for chronic exposure.

Interpretive Data:
Serum aluminum greater than 50.0 µg/L is consistent with overload and may correlate with toxicity.

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum aluminum, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Reference Interval:
0.0-15.0 µg/L

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82108

Amikacin Peak, Plasma or Serum

LAB145

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- APK, AKL, Amikin, LAB145
- LAB145-VML
- LAB145VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- APK, AKL, Amikin, LAB145
- LAB145-VML
- LAB145VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
20 - 30 µg/mL

Interpretive Data:
N/A

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Peak concentrations generally correlate with efficacy. Draw 60 minutes after the end of the infusion.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- APK, AKL, Amikin, LAB145
- LAB145-VML
- LAB145VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
20 - 30 µg/mL

Additional Information:
Peak concentrations generally correlate with efficacy. Draw 60 minutes after the end of the infusion.

Methodology:
Immunoassay

Section:
Chemistry

Amikacin Random, Plasma or Serum

LAB3077

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- ARA, AKL, Amikin, LAB3077
- LAB3077-VML
- LAB3077VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ARA, AKL, Amikin, LAB3077
- LAB3077-VML
- LAB3077VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Peak and/or trough concentrations provide the most useful information.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- ARA, AKL, Amikin, LAB3077
- LAB3077-VML
- LAB3077VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Peak and/or trough concentrations provide the most useful information.

Methodology:
Immunoassay

Section:
Chemistry

Amikacin Trough, Plasma or Serum

LAB3078

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- AGH, AKL, Amikin, LAB3078
- LAB3078-VML
- LAB3078VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- AGH, AKL, Amikin, LAB3078
- LAB3078-VML
- LAB3078VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
< 10 µg/mL

Interpretive Data:
Toxic Trough Infant/Peds: Q24>3 µg/mL or Q8/Q12>10 µg/mL

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Trough serum levels generally correlate with toxicity. Draw 0 - 30 minutes before dose.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- AGH, AKL, Amikin, LAB3078
- LAB3078-VML
- LAB3078VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Toxic Trough Infant/Peds: Q24>3 µg/mL or Q8/Q12>10 µg/mL

Reference Interval:
< 10 µg/mL

Additional Information:
Trough serum levels generally correlate with toxicity. Draw 0 - 30 minutes before dose.

Methodology:
Immunoassay

Section:
Chemistry

Amino Acid Screen, plasma

LAB811

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB811, AA
- LAB811-VML
- LAB811VML

Turn Around Time:

STAT: 24 hours (STAT testing must be called to lab in advance and approved by the medical director) Routine: 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Patient should be fasting for 2 - 3 hours prior to collection. Newborn infants are preferrable to be collected 24 hr after birth.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Samples should be delivered to the laboratory on ice within 4 hours of collection. Samples from outside facilities should be sent as spun, separated, and frozen aliquot. (Minimum 150 uL plasma)

Pediatric Collection:

Lavender microtainer (EDTA)

Storage/Transport Temperature:

Frozen (-20°C)

Performed:

Monday - Friday

Stability:

After separation from cells: Frozen (-20°C): 6 months

Specimen:

Plasma

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

This test is used in the diagnosis and monitoring of amino acid disorders, also called amino acidopathies a type of inborn errors.

Synonyms:

- LAB811, AA
- LAB811-VML
- LAB811VML

Performed:

Monday - Friday

Turn Around Time:

STAT: 24 hours (STAT testing must be called to lab in advance and approved by the medical director) Routine: 3 days

Methodology:
Liquid chromatography/tandem mass spectrometry

Components:
Hydroxyproline, Histidine, Asparagine, Taurine, Serine, Glutamine, Arginine, Glycine, Aspartic Acid, Glutamic Acid, Citrulline, Threonine, Alanine, Proline, Alpha Aminobutyric Acid, Ornithine, Cystine, Lysine, Tyrosine, Methionine, Valine, Isoleucine, Leucine, Phenylalanine, Tryptophan, Miscellaneous Amino Acid

RESULTS INTERPRETATION

Reference Interval:
Supplied with results

Interpretive Data:
This test was developed and its performance characteristics determined by Vanderbilt Diagnostic Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Liquid chromatography/tandem mass spectrometry

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Hydroxyproline, Histidine, Asparagine, Taurine, Serine, Glutamine, Arginine, Glycine, Aspartic Acid, Glutamic Acid, Citrulline, Threonine, Alanine, Proline, Alpha Aminobutyric Acid, Ornithine, Cystine, Lysine, Tyrosine, Methionine, Valine, Isoleucine, Leucine, Phenylalanine, Tryptophan, Miscellaneous Amino Acid

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Samples should be delivered to the laboratory on ice within 4 hours of collection. Samples from outside facilities should be sent as spun, separated, and frozen aliquot. (Minimum 150 uL plasma)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
Patient should be fasting for 2 - 3 hours prior to collection. Newborn infants are preferrable to be collected 24 hr after birth.

Specimen:
Plasma

Reasons for Rejection:
Clotted sample, improper collection, mislabeled, QNS, not sent on ice, not processed within 4 hours of collection

Components:
Hydroxyproline, Histidine, Asparagine, Taurine, Serine, Glutamine, Arginine, Glycine, Aspartic Acid, Glutamic Acid, Citrulline, Threonine, Alanine, Proline, Alpha Aminobutyric Acid, Ornithine, Cystine, Lysine, Tyrosine, Methionine, Valine, Isoleucine, Leucine, Phenylalanine, Tryptophan, Miscellaneous Amino Acid

Stability:
After separation from cells: Frozen (-20°C): 6 months

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB811, AA
- LAB811-VML
- LAB811VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 24 hours (STAT testing must be called to lab in advance and approved by the medical director) Routine: 3 days

Ordering Indicators:
This test is used in the diagnosis and monitoring of amino acid disorders, also called amino acidopathies a type of inborn errors.

Interpretive Data:
This test was developed and its performance characteristics determined by Vanderbilt Diagnostic Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Supplied with results

Additional Information:
N/A

Methodology:
Liquid chromatography/tandem mass spectrometry

Section:
Special Chemistry

Aminolevulinic Acid (ALA), Urine

LAB356

ORDERING INFO

Collect:
24 hour or random urine. Refrigerate 24-hour specimens during collection.

Synonyms:

- ALA
- Delta-ALA
- Delta-Aminolevulinic Acid
- 5-Aminolevulinic Acid
- LAB356-VML
- LAB356VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Refrain from alcohol consumption 24 hours prior to collection.

Collect:
24 hour or random urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:
Transfer a 4 mL aliquot from a well-mixed 24 hour or random collection to an ARUP Standard Transport Tube. (Min: 1.2 mL)

Unacceptable Conditions:
Body fluids other than urine.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Mon, Wed, Fri

Remarks:
Record total volume and collection time interval on transport tube and test request form.

ORDERING

Synonyms:

- ALA
- Delta-ALA
- Delta-Aminolevulinic Acid
- 5-Aminolevulinic Acid
- LAB356-VML
- LAB356VML

Ordering Recommendations:
Evaluate suspected aminolevulinic acid dehydratase deficiency (ADP) porphyria or hereditary tyrosinemia.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Ion Exchange Chromatography/Spectrophotometry

Reported:
1-4 days

Notes:
Increased ALA concentration is associated with exposure to alcohol, lead, and a variety of other agents. Massive elevation of ALA occurs in the acute porphyrias and hereditary tyrosinemia.

Specimen preservation with acid or base is discouraged and may cause assay interference. When collecting urine for additional tests that require acid or base preservation, the ALA aliquot should be removed prior to the addition of the acid or base.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Aminolevulinic Acid - per volume	0-35 µmol/L
Aminolevulinic Acid - per 24h	0-60 µmol/d
Creatinine, Urine - per 24h	

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Interpretive Data:

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Methodology:

Quantitative Ion Exchange Chromatography/Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:

82135

Section:

RF-ARUP

Remarks:

Record total volume and collection time interval on transport tube and test request form.

Notes:

Increased ALA concentration is associated with exposure to alcohol, lead, and a variety of other agents. Massive elevation of ALA occurs in the acute porphyrias and hereditary tyrosinemia.

Specimen preservation with acid or base is discouraged and may cause assay interference. When collecting urine for additional tests that require acid or base preservation, the ALA aliquot should be removed prior to the addition of the acid or base.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24 hour or random urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:

Transfer a 4 mL aliquot from a well-mixed 24 hour or random collection to an ARUP Standard Transport Tube. (Min: 1.2 mL)

Patient Preparation:

Refrain from alcohol consumption 24 hours prior to collection.

Unacceptable Conditions:

Body fluids other than urine.

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ALA
- Delta-ALA
- Delta-Aminolevulinic Acid
- 5-Aminolevulinic Acid
- LAB356-VML
- LAB356VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Evaluate suspected aminolevulinic acid dehydratase deficiency (ADP) porphyria or hereditary tyrosinemia.

Interpretive Data:
Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Reference Interval:

Components	Reference Interval
Aminolevulinic Acid - per volume	0-35 µmol/L
Aminolevulinic Acid - per 24h	0-60 µmol/d
Creatinine, Urine - per 24h	

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Methodology:
Quantitative Ion Exchange Chromatography/Spectrophotometry

Section:
RF-ARUP

CPT Codes:
82135

Remarks:
Record total volume and collection time interval on transport tube and test request form.

Notes:
Increased ALA concentration is associated with exposure to alcohol, lead, and a variety of other agents. Massive elevation of ALA occurs in the acute porphyrias and hereditary tyrosinemia.

Specimen preservation with acid or base is discouraged and may cause assay interference. When collecting urine for additional tests that require acid or base preservation, the ALA aliquot should be removed prior to the addition of the acid or base.

Amiodarone and Metabolite

LAB567

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Synonyms:

- Cordarone
- Nexterone
- Pacerone
- LAB567-VML
- LAB567VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Predose (trough) draw - at steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP amber standard transport tube to protect from light. Freeze immediately (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution). Refrigerated or room temperature specimens.

Storage/Transport Temperature:
Critical Frozen. Additional specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 year

Performed:
Mon, Tue, Thu, Fri, Sat

ORDERING

Synonyms:

- Cordarone
- Nexterone
- Pacerone
- LAB567-VML
- LAB567VML

Ordering Recommendations:
Use to optimize drug therapy and monitor patient adherence.

Performed:
Mon, Tue, Thu, Fri, Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:

Therapeutic Range	0.5-2.0 µg/mL
Toxic Level	Greater than 2.5 µg/mL

Interpretive Data:
Toxic concentrations may exacerbate arrhythmias, cause liver and lung toxicity, and thyroid dysfunction. The concentration of desethylamiodarone, an active major metabolite, is also reported but no therapeutic range is established. At steady-state, the metabolite concentration is similar to the amiodarone concentration.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80151

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP amber standard transport tube to protect from light. Freeze immediately (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Predose (trough) draw - at steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution). Refrigerated or room temperature specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 year

Storage/Transport Temperature:
Critical Frozen. Additional specimens must be submitted when multiple tests are ordered.

Synonyms:

- Cordarone
- Nexterone
- Pacerone
- LAB567-VML
- LAB567VML

Performed:
Mon, Tue, Thu, Fri, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Use to optimize drug therapy and monitor patient adherence.

Interpretive Data:
Toxic concentrations may exacerbate arrhythmias, cause liver and lung toxicity, and thyroid dysfunction. The concentration of desethylamiodarone, an active major metabolite, is also reported but no therapeutic range is established. At steady-state, the metabolite concentration is similar to the amiodarone concentration.

Reference Interval:

Therapeutic Range	0.5-2.0 µg/mL
Toxic Level	Greater than 2.5 µg/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80151

Amitriptyline and Nortriptyline, Serum or Plasma (Test on Referral as of 03/05/24)

LAB681

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Synonyms:

- Elatrol
- Amitriptyline/Nortriptyline Fractionation
- Laroxyl
- Limbitrol
- Elavil
- Endep
- Etrafon
- Saroten
- Trepiline
- Triavil
- Tryptizol
- Vanatrip
- LAB681-VML
- LAB681VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Predose (trough) draw at steady-state concentration.

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 6 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Elatrol
- Amitriptyline/Nortriptyline Fractionation
- Laroxyl
- Limbitrol
- Elavil
- Endep
- Etrafon
- Saroten
- Trepiline
- Triavil
- Tryptizol
- Vanatrip
- LAB681-VML
- LAB681VML

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

Notes:
Report includes individual values for amitriptyline, nortriptyline, and total.

RESULTS INTERPRETATION

Reference Interval:
Effective February 19, 2013

Therapeutic Range	Total (amitriptyline and nortriptyline): 95-250 ng/mL
Toxic Level	Greater than 500 ng/mL

Interpretive Data:
Toxic concentrations may cause anticholinergic effects, cardiac abnormalities and seizures.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80335 (Alt code: G0480)

Section:
RF-ARUP

Notes:
Report includes individual values for amitriptyline, nortriptyline, and total.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Predose (trough) draw at steady-state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Elatrol
- Amitriptyline/Nortriptyline Fractionation
- Laroxyl
- Limbitrol
- Elavil
- Endep
- Etrafon
- Saroten
- Trepiline
- Triavil
- Tryptizol
- Vanatrip
- LAB681-VML
- LAB681VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Interpretive Data:
Toxic concentrations may cause anticholinergic effects, cardiac abnormalities and seizures.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective February 19, 2013

Therapeutic Range	Total (amitriptyline and nortriptyline): 95-250 ng/mL
Toxic Level	Greater than 500 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80335 (Alt code: G0480)

Notes:
Report includes individual values for amitriptyline, nortriptyline, and total.

Ammonia, Plasma

LAB47

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- AMO, Ammonia Blood, Ammonia Level, LAB47
- LAB47-VML
- LAB47VML

Turn Around Time:
STAT: 1 hour; Routine: 2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Smoking should be avoided prior to sampling.

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Deliver to lab immediately on ice. Separate plasma from cells and freeze within 15 minutes of draw time. Specimens need to be spun in a refrigerated centrifuge (Min 0.3 mL).

Pediatric Collection:
1 Lavender Microtainer (EDTA)

Storage/Transport Temperature:
Place immediately on ice and centrifuge, preferably at 2 8 °C. Perform analysis within 60 minutes ofvenipuncture or freeze separated plasma immediately.

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 30 mins; 2° to 8°C: 2 hours; Frozen: 3 days

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- AMO, Ammonia Blood, Ammonia Level, LAB47
- LAB47-VML
- LAB47VML

Performed:
Daily

Turn Around Time:
STAT: 1 hour; Routine: 2 hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Males: 16 - 60 mol/L Females: 11 - 51 mol/L

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Deliver to lab immediately on ice. Separate plasma from cells and freeze within 15 minutes of draw time. Specimens need to be spun in a refrigerated centrifuge (Min 0.3 mL).

Pediatric Collection:
1 Lavender Microtainer (EDTA)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Smoking should be avoided prior to sampling.

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits, sample not delivered on ice.

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 30 mins; 2° to 8°C: 2 hours; Frozen: 3 days

Storage/Transport Temperature:
Place immediately on ice and centrifuge, preferably at 2 8 °C. Perform analysis within 60 minutes ofvenipuncture or freeze separated plasma immediately.

Synonyms:

- AMO, Ammonia Blood, Ammonia Level, LAB47
- LAB47-VML
- LAB47VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 hour; Routine: 2 hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Males: 16 - 60 mol/L Females: 11 - 51 mol/L

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Amphetamines Screen, Urine

LAB357

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- UDA, LAB364 , LAB357
- LAB357-VML
- LAB357VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UDA, LAB364 , LAB357
- LAB357-VML
- LAB357VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- UDA, LAB364 , LAB357
- LAB357-VML
- LAB357VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Amphetamines, Urine, Quantitative

LAB6107

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Carbex
- Deprenyl
- Desoxyephedrine
- Desoxyn
- Dexedrine
- Dextroamphetamine
- Ecstasy
- Eldepryl
- Emsam
- MDA
- MDEA
- MDMA
- Methedrine
- Pain Management
- Paremyd
- Zelapor
- XTC
- Eve
- Lisdexamfetamine
- Methamphetamine
- Selegiline
- Vicks Inhaler
- Vyvanse
- Adderall
- Amphetamine
- Benzedrine
- LAB6107-VML
- LAB6107VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 0.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.3 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Room temperature

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Performed:
Sun-Sat

ORDERING

Synonyms:

- Carbex
- Deprenyl
- Desoxyephedrine
- Desoxyn
- Dexedrine
- Dextroamphetamine
- Ecstasy
- Eldepryl
- Emsam
- MDA
- MDEA
- MDMA
- Methedrine
- Pain Management
- Paremyd
- Zelapor
- XTC
- Eve
- Lisdexamfetamine
- Methamphetamine
- Selegiline
- Vicks Inhaler
- Vyvanse
- Adderall
- Amphetamine
- Benzedrine
- LAB6107-VML
- LAB6107VML

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Amphetamines Urine Screen with Reflex to Quantitation (2012209).

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

Notes:
Compare to Pain Management, MDMA/MDA, Quantitative, with medMATCH, Urine; Pain Management, Amphetamines, with Confirmation with medMATCH, Urine; Pain Management, Amphetamines, Quantitative, with medMATCH, Urine.

RESULTS INTERPRETATION

Reference Interval:
Effective November 11, 2018

Drugs Covered	Cutoff Concentrations
Amphetamine	50 ng/mL
Methamphetamine	200 ng/mL
Methylenedioxyamphetamine (MDA)	200 ng/mL
Methylenedioxymethamphetamine (Ecstasy, MDMA)	200 ng/mL
Methylenedioxyethylamphetamine (Eve, MDEA)	200 ng/mL
Phentermine	200 ng/mL

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 200 ng/mL unless specified below:
Amphetamine: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80325; 80359 (Alt code: G0480)

Section:

RF-ARUP

Notes:

Compare to Pain Management, MDMA/MDA, Quantitative, with medMATCH, Urine; Pain Management, Amphetamines, with Confirmation with medMATCH, Urine; Pain Management, Amphetamines, Quantitative, with medMATCH, Urine.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Random urine.

Specimen Preparation:

Transfer 0.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.3 mL)

Unacceptable Conditions:

Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Storage/Transport Temperature:

Room temperature

Synonyms:

- Carbex
- Deprenyl
- Desoxyephedrine
- Desoxyn
- Dexedrine
- Dextroamphetamine
- Ecstasy
- Eldepryl
- Emsam
- MDA
- MDEA
- MDMA
- Methedrine
- Pain Management
- Paremyd
- Zelapor
- XTC
- Eve
- Lisdexamfetamine
- Methamphetamine
- Selegiline
- Vicks Inhaler
- Vyvanse
- Adderall
- Amphetamine
- Benzedrine
- LAB6107-VML
- LAB6107VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Amphetamines Urine Screen with Reflex to Quantitation (2012209).

Interpretive Data:
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 200 ng/mL unless specified below:
Amphetamine: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Reference Interval:
Effective November 11, 2018

Drugs Covered	Cutoff Concentrations
Amphetamine	50 ng/mL
Methamphetamine	200 ng/mL
Methylenedioxyamphetamine (MDA)	200 ng/mL
Methylenedioxymethamphetamine (Ecstasy, MDMA)	200 ng/mL
Methylenedioxyethylamphetamine (Eve, MDEA)	200 ng/mL
Phentermine	200 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:

80325; 80359 (Alt code: G0480)

Notes:

Compare to Pain Management, MDMA/MDA, Quantitative, with medMATCH, Urine; Pain Management, Amphetamines, with Confirmation with medMATCH, Urine; Pain Management, Amphetamines, Quantitative, with medMATCH, Urine.

Amylase, Body Fluid

LAB6557

ORDERING INFO

Collect:
Sterile Container

Synonyms:

- Body Fluid Amylase, BFAMY , LAB6557
- LAB6557-VML
- LAB6557VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.5 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 1 day; 2° to 8°C: 3 days; Frozen: unacceptable

Specimen:
Body Fluid

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Body Fluid Amylase, BFAMY , LAB6557
- LAB6557-VML
- LAB6557VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.5 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Preferred Collection Volume:
1 mL

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Body Fluid

Reasons for Rejection:
Hemolysis, QNS, Fluid type not listed as acceptable specimen type, turbid samples unable to be cleared by centrifugation, and specimens that are too viscous to be aspirated, sample outside of stability limits

Components:
N/A

Stability:
15° to 25°C: 1 day; 2° to 8°C: 3 days; Frozen: unacceptable

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Body Fluid Amylase, BFAMY , LAB6557
- LAB6557-VML
- LAB6557VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Amylase, Isoenzymes

LAB3691

ORDERING INFO

Collect:
Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin).

Synonyms:

- AMYISO
- Amylase Fractionation
- Pancreatic Isoamylase
- LAB3691-VML
- LAB3691VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Body Fluids (refer to Amylase, Body Fluid, ARUP test code 0020506). Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- AMYISO
- Amylase Fractionation
- Pancreatic Isoamylase
- LAB3691-VML
- LAB3691VML

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
Within 24 hours

Notes:
Salivary amylase is calculated as the difference between the total and pancreatic amylase.

RESULTS INTERPRETATION

Reference Interval:

Effective February 22, 2022

Component	Reference Interval
Pancreatic amylase	6-35 months: 2-28 U/L 3-6 years: 8-34 U/L 7-17 years: 9-39 U/L 18 years and older: 13-53 U/L
Salivary amylase	18 months and older: 9-86 U/L
Total amylase	3-90 days: 0- 30 U/L 3-6 months: 7-40 U/L 7-8 months: 7-57 U/L 9-11 months: 11-70 U/L 12-17 months: 11-79 U/L 18-35 months: 19-92 U/L 3-4 years: 26-106 U/L 5-12 years: 30-119 U/L 13 years and older: 28-100 U/L

Methodology:

Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:

82150 x2

Section:

RF-ARUP

Notes:

Salivary amylase is calculated as the difference between the total and pancreatic amylase.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin).

Specimen Preparation:

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:

Body Fluids (refer to Amylase, Body Fluid, ARUP test code 0020506). Hemolyzed specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- AMYISO
- Amylase Fractionation
- Pancreatic Isoamylase
- LAB3691-VML
- LAB3691VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

Within 24 hours

Reference Interval:

Effective February 22, 2022

Component	Reference Interval
Pancreatic amylase	6-35 months: 2-28 U/L 3-6 years: 8-34 U/L 7-17 years: 9-39 U/L 18 years and older: 13-53 U/L
Salivary amylase	18 months and older: 9-86 U/L
Total amylase	3-90 days: 0- 30 U/L 3-6 months: 7-40 U/L 7-8 months: 7-57 U/L 9-11 months: 11-70 U/L 12-17 months: 11-79 U/L 18-35 months: 19-92 U/L 3-4 years: 26-106 U/L 5-12 years: 30-119 U/L 13 years and older: 28-100 U/L

Methodology:

Quantitative Enzymatic Assay

Section:

RF-ARUP

CPT Codes:

82150 x2

Notes:

Salivary amylase is calculated as the difference between the total and pancreatic amylase.

Amylase, Plasma

LAB48

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- AMY, Amylase Blood (Pancreatic Amylase), Amylase Level, LAB48
- LAB48-VML
- LAB48VML

Turn Around Time:
STAT: 1 hour; Routine: 2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 1 year

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- AMY, Amylase Blood (Pancreatic Amylase), Amylase Level, LAB48
- LAB48-VML
- LAB48VML

Performed:
Daily

Turn Around Time:
STAT: 1 hour; Routine: 2 hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- AMY, Amylase Blood (Pancreatic Amylase), Amylase Level, LAB48
- LAB48-VML
- LAB48VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 hour; Routine: 2 hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

ANAL PAP CYTOLOGY VUMC

LAB904

ORDERING INFO

Collect:

Non-gyn ThinPrep Preservcyt vial

Synonyms:

- NGY, LAB904,Anal pap smear
- LAB904-VML
- LAB904VML

Turn Around Time:

4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Non-gyn ThinPrep Preservcyt vial

Specimen Preparation:

1. Collect specimen using a moistened Dacron swab or cytobrush. 2.Rinse collection device as quickly as possible in the PreservCyt® Solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl the device vigorously to further release material. 3. Discard the device. 4. Place Epic order for Cytology Anal Pap. 4. Complete collection task in Epic. 5. Specimen vial is to be labeled with generic ADT label. 6. Please send Epic requisition and specimen vial to the lab. Visit www.hologic.com for clinical information regarding the ThinPrep Anal Pap. (Minimum: 1 Non-gyn ThinPrep Preservcyt vial)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C).

Performed:

Monday-Friday

Stability:
Ambient: (15-25°C) 6 weeks

Specimen:
Anal sample in ThinPrep vial

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is ordered to look for cancerous and pre-cancerous disease processes in the anal mucosa. HPV co-testing will be preformed unless declined by provider. Lab must have presenting ICD-10 code.

Synonyms:

- NGY, LAB904,Anal pap smear
- LAB904-VML
- LAB904VML

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
Anal Pap smear: This test shows morphological characteristics reflecting benign and malignant disease processes.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
HPV co-testing is performed unless otherwise indicated by provider.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Non-gyn ThinPrep Preservcyt vial

Specimen Preparation:
1. Collect specimen using a moistened Dacron swab or cytobrush. 2.Rinse collection device as quickly as possible in the PreservCyt® Solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl the device vigorously to further release material. 3. Discard the device. 4. Place Epic order for Cytology Anal Pap. 4. Complete collection task in Epic. 5. Specimen vial is to be labeled with generic ADT label. 6. Please send Epic requisition and specimen vial to the lab. Visit www.hologic.com for clinical information regarding the ThinPrep Anal Pap. (Minimum: 1 Non-gyn ThinPrep Preservcyt vial)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Anal sample in ThinPrep vial

Reasons for Rejection:
Mislabeled specimen, insufficient fluid for processing, specimen leaked in transit.

Components:
N/A

Stability:
Ambient: (15-25°C) 6 weeks

Storage/Transport Temperature:
Ambient: (15-25°C).

Synonyms:

- NGY, LAB904,Anal pap smear
- LAB904-VML
- LAB904VML

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
This test is ordered to look for cancerous and pre-cancerous disease processes in the anal mucosa. HPV co-testing will be preformed unless declined by provider. Lab must have presenting ICD-10 code.

Interpretive Data:
Anal Pap smear: This test shows morphological characteristics reflecting benign and malignant disease processes.

Reference Interval:
Not established for this test

Additional Information:
HPV co-testing is performed unless otherwise indicated by provider.

Methodology:
ThinPrep procedure

Section:
Cytology

Anaplastic Lymphoma Kinase-1 (D5F3) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath35

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- ALK, NP-HP ALK

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ALK, NP-HP ALK

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- ALK, NP-HP ALK

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Androgen Receptor (SP107) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath39

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- AR

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- AR

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- AR

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Androstenedione

LAB3692

ORDERING INFO

Collect:
Serum separator tube or green (sodium or lithium heparin).

Synonyms:

- LAB3692-VML
- LAB3692VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimen should be collected between 6-10 a.m.

Collect:
Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:
Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL) Also acceptable: EDTA plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3692-VML
- LAB3692VML

Ordering Recommendations:
Aids in the investigation of virilizing endocrinopathies and in managing congenital adrenal hyperplasia in conjunction with other sex steroids. Not recommended for initial evaluation of polycystic ovarian syndrome.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Effective August 19, 2013

Age	Female	Male
Premature Infants, 26-28 weeks-Day 4	0.92-2.82 ng/mL	0.92-2.82 ng/mL
Premature Infants, 31-35 weeks-Day 4	0.80-4.46 ng/mL	0.80-4.46 ng/mL
Full-term Infants, 1-7 days	0.20-2.90 ng/mL	0.20-2.90 ng/mL
8-30 days	0.18-0.80 ng/mL	0.18-0.80 ng/mL
1-5 months	0.06-0.68 ng/mL	0.06-0.68 ng/mL
6-24 months	Less than 0.15 ng/mL	0.03-0.15 ng/mL
2-3 years	Less than 0.16 ng/mL	Less than 0.11 ng/mL
4-5 years	0.02-0.21 ng/mL	0.02-0.17 ng/mL
6-7 years	0.02-0.28 ng/mL	0.01-0.29 ng/mL
8-9 years	0.04-0.42 ng/mL	0.03-0.30 ng/mL
10-11 years	0.09-1.23 ng/mL	0.07-0.39 ng/mL
12-13 years	0.24-1.73 ng/mL	0.10-0.64 ng/mL
14-15 years	0.39-2.00 ng/mL	0.18-0.94 ng/mL
16-17 years	0.35-2.12 ng/mL	0.30-1.13 ng/mL
18-39 years	0.26-2.14 ng/mL	0.33-1.34 ng/mL
40 years and older	0.13-0.82 ng/mL	0.23-0.89 ng/mL
Pre-menopausal	0.26-2.14 ng/mL	Does Not Apply
Postmenopausal	0.13-0.82 ng/mL	Does Not Apply
Tanner Stage I	0.05-0.51 ng/mL	0.04-0.32 ng/mL
Tanner Stage II	0.15-1.37 ng/mL	0.08-0.48 ng/mL
Tanner Stage III	0.37-2.24 ng/mL	0.14-0.87 ng/mL
Tanner Stage IV-V	0.35-2.05 ng/mL	0.27-1.07 ng/mL

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82157

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:

Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL) Also acceptable: EDTA plasma.

Patient Preparation:

Specimen should be collected between 6-10 a.m.

Stability (from collection to initiation):

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB3692-VML
- LAB3692VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Aids in the investigation of virilizing endocrinopathies and in managing congenital adrenal hyperplasia in conjunction with other sex steroids. Not recommended for initial evaluation of polycystic ovarian syndrome.

Reference Interval:
Effective August 19, 2013

Age	Female	Male
Premature Infants, 26-28 weeks-Day 4	0.92-2.82 ng/mL	0.92-2.82 ng/mL
Premature Infants, 31-35 weeks-Day 4	0.80-4.46 ng/mL	0.80-4.46 ng/mL
Full-term Infants, 1-7 days	0.20-2.90 ng/mL	0.20-2.90 ng/mL
8-30 days	0.18-0.80 ng/mL	0.18-0.80 ng/mL
1-5 months	0.06-0.68 ng/mL	0.06-0.68 ng/mL
6-24 months	Less than 0.15 ng/mL	0.03-0.15 ng/mL
2-3 years	Less than 0.16 ng/mL	Less than 0.11 ng/mL
4-5 years	0.02-0.21 ng/mL	0.02-0.17 ng/mL
6-7 years	0.02-0.28 ng/mL	0.01-0.29 ng/mL
8-9 years	0.04-0.42 ng/mL	0.03-0.30 ng/mL
10-11 years	0.09-1.23 ng/mL	0.07-0.39 ng/mL
12-13 years	0.24-1.73 ng/mL	0.10-0.64 ng/mL
14-15 years	0.39-2.00 ng/mL	0.18-0.94 ng/mL
16-17 years	0.35-2.12 ng/mL	0.30-1.13 ng/mL
18-39 years	0.26-2.14 ng/mL	0.33-1.34 ng/mL
40 years and older	0.13-0.82 ng/mL	0.23-0.89 ng/mL
Pre-menopausal	0.26-2.14 ng/mL	Does Not Apply
Postmenopausal	0.13-0.82 ng/mL	Does Not Apply
Tanner Stage I	0.05-0.51 ng/mL	0.04-0.32 ng/mL
Tanner Stage II	0.15-1.37 ng/mL	0.08-0.48 ng/mL
Tanner Stage III	0.37-2.24 ng/mL	0.14-0.87 ng/mL
Tanner Stage IV-V	0.35-2.05 ng/mL	0.27-1.07 ng/mL

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82157

Androstenedione (Peds)-ESTX

LAB3910

ORDERING INFO

Synonyms:

- LAB3910-VML
- LAB3910VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3910-VML
- LAB3910VML

ADDITIONAL INFORMATION

Section:

RF-ESTX

Resulting Laboratory:

Esoterix

FULL VIEW

Synonyms:

- LAB3910-VML
- LAB3910VML

Resulting Laboratory:

Esoterix

Section:

RF-ESTX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Aneuploidy Panel by FISH

LAB3014

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- ANE
- LAB3014-VML
- LAB3014VML

Turn Around Time:
4 - 7 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history and diagnosis

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Peripheral blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ANE
- LAB3014-VML
- LAB3014VML

Performed:
Monday - Saturday

Turn Around Time:
4 - 7 days

Methodology:
Fluorescence in situ Hybridization

Components:
X (DXZ1 at X centromere), Y(DYZ3 at Yp11.1-q11.1), 13 (RB1 at 13q14), 18(D18Z1) and 21(D21S341 at 21q22.13-q22.2

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
X (DXZ1 at X centromere), Y(DYZ3 at Yp11.1-q11.1), 13 (RB1 at 13q14), 18(D18Z1) and 21(D21S341 at 21q22.13-q22.2

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history and diagnosis

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Peripheral blood

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Components:
X (DXZ1 at X centromere), Y(DYZ3 at Yp11.1-q11.1), 13 (RB1 at 13q14), 18(D18Z1) and 21(D21S341 at 21q22.13-q22.2

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- ANE
- LAB3014-VML
- LAB3014VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 - 7 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

Angiotensin Converting Enzyme, CSF

LAB180

ORDERING INFO

Collect:
CSF.

Synonyms:

- ACE
- LAB180-VML
- LAB180VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 1 mL CSF to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
CSF containing gadolinium-based contrast agents. Hemolyzed or xanthochromic specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 1 week; Frozen: 6 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- ACE
- LAB180-VML
- LAB180VML

Ordering Recommendations:
Use to support a diagnosis of neurosarcoidosis. May be used to evaluate treatment response.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Spectrophotometry

Reported:
1-5 days

Notes:
Gadolinium contrast agents have been reported to inhibit ACE activity. Therefore, CSF containing gadolinium-based contrast agents should not be submitted to the laboratory for evaluation.

RESULTS INTERPRETATION

Reference Interval:
0.0-2.5 U/L

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
82164

Section:
RF-ARUP

Notes:
Gadolinium contrast agents have been reported to inhibit ACE activity. Therefore, CSF containing gadolinium-based contrast agents should not be submitted to the laboratory for evaluation.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
CSF.

Specimen Preparation:
Transfer 1 mL CSF to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
CSF containing gadolinium-based contrast agents. Hemolyzed or xanthochromic specimens.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- ACE
- LAB180-VML
- LAB180VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Use to support a diagnosis of neurosarcoidosis. May be used to evaluate treatment response.

Reference Interval:
0.0-2.5 U/L

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
82164

Notes:
Gadolinium contrast agents have been reported to inhibit ACE activity. Therefore, CSF containing gadolinium-based contrast agents should not be submitted to the laboratory for evaluation.

Angiotensin Converting Enzyme, Serum

LAB179

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- Angiotensin-1-Converting Enzyme
- Angiotensin-1-Converting Enzyme Kinase II Peptidylpeptide Hydrolase
- Kinase II
- Peptidylpeptide Hydrolase
- ACE
- Angiotensin Converting Enzyme
- SACE
- Serum Angiotensin Converting Enzyme
- LAB179-VML
- LAB179VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
EDTA or heparin plasma. Hemolyzed specimens. CSF (refer to Angiotensin Converting Enzyme, CSF test code 0098974).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Angiotensin-1-Converting Enzyme
- Angiotensin-1-Converting Enzyme Kinase II Peptidylpeptide Hydrolase
- Kinase II
- Peptidylpeptide Hydrolase
- ACE
- Angiotensin Converting Enzyme
- SACE
- Serum Angiotensin Converting Enzyme
- LAB179-VML
- LAB179VML

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
Within 24 hours

Notes:
Note: Measurement of ACE activity for the evaluation of sarcoidosis is not reliable when ACE inhibitors are present. Serum ACE activity is markedly reduced in patients on ACE inhibitor therapy.

RESULTS INTERPRETATION

Reference Interval:
0-6 years: 18-90 U/L
7-14 years: 24-121 U/L
15-17 years: 18-101 U/L
18 years and older: 16-85 U/L

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
82164

Section:
RF-ARUP

Notes:
Note: Measurement of ACE activity for the evaluation of sarcoidosis is not reliable when ACE inhibitors are present. Serum ACE activity is markedly reduced in patients on ACE inhibitor therapy.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
EDTA or heparin plasma. Hemolyzed specimens. CSF (refer to Angiotensin Converting Enzyme, CSF test code 0098974).

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Angiotensin-1-Converting Enzyme
- Angiotensin-1-Converting Enzyme Kinase II Peptidylpeptide Hydrolase
- Kinase II
- Peptidylpeptide Hydrolase
- ACE
- Angiotensin Converting Enzyme
- SACE
- Serum Angiotensin Converting Enzyme
- LAB179-VML
- LAB179VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Reference Interval:
0-6 years: 18-90 U/L
7-14 years: 24-121 U/L
15-17 years: 18-101 U/L
18 years and older: 16-85 U/L

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
82164

Notes:
Note: Measurement of ACE activity for the evaluation of sarcoidosis is not reliable when ACE inhibitors are present. Serum ACE activity is markedly reduced in patients on ACE inhibitor therapy.

Anti-Angiotensin Type 1 Rcptrs (AT1R)-UCLA

LAB3270

ORDERING INFO

Synonyms:

- LAB3270-VML
- LAB3270VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3270-VML
- LAB3270VML

ADDITIONAL INFORMATION

Section:

RF-UCLA

Resulting Laboratory:

UCLA Health

FULL VIEW

Synonyms:

- LAB3270-VML
- LAB3270VML

Resulting Laboratory:

UCLA Health

Section:

RF-UCLA

Links:

Test Sent to Reference Lab. Click Here for Test Details

Antibody Titer Rh/Other, blood

LAB941

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- ABTR
- LAB941-VML
- LAB941VML

Turn Around Time:
STAT: 2 hours Routine: 4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA)

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C):24 hours Refrigerated: (2-8°C) : 3 days

Specimen:
Plasma

Alternate Specimen:
Red tube (no gel)

ORDERING

Ordering Indicators:
Determine levels of red cell antibodies in plasma or serum.

Synonyms:

- ABTR
- LAB941-VML
- LAB941VML

Performed:
Daily

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Methodology:
indirect antigobulin test

Components:
Antibody titer

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
indirect antigobulin test

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
Red tube (no gel)

Additional Information:
NA

Components:
Antibody titer

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA)

Preferred Collection Volume:
Adult: 5 ml Pediatric: 2 ml <4 month: 0.5 ml

Alternate Specimen:
Red tube (no gel)

Patient Preparation:
NA

Specimen:
Plasma

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
Antibody titer

Stability:
Ambient: (15-25°C):24 hours Refrigerated: (2-8°C) : 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- ABTR
- LAB941-VML
- LAB941VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Ordering Indicators:
Determine levels of red cell antibodies in plasma or serum.

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
indirect antigobulin test

Section:
Blood Bank

Antifungal Level, 5-Fluorocytosine (5-FC)

LAB3499

ORDERING INFO

Collect:
Plain red.

Synonyms:

- 5-Flucytosine
- 5-Flucytosine level
- 5-Flucytosine, Serum
- Ancobon serum levels
- Antimicrobial Assay, 5-Flucytosine
- Fluorocytosine antifungal level
- LAB3499-VML
- LAB3499VML

SPECIMEN REQUIREMENTS

Collect:
Plain red.

Specimen Preparation:
Aseptically remove 2 mL serum to a sterile tube (ARUP supply #43115) and freeze. Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL).

Unacceptable Conditions:
Plasma.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 2 hours; Refrigerated: 24 hours; Frozen: 1 week

Performed:
Sun-Sat

Remarks:
Required information includes: time and date of collection, time of last dose, and list of all antibiotics that the patient is receiving or has received in the past 48 hours.

ORDERING

Synonyms:

- 5-Flucytosine
- 5-Flucytosine level
- 5-Flucytosine, Serum
- Ancobon serum levels
- Antimicrobial Assay, 5-Flucytosine
- Fluorocytosine antifungal level
- LAB3499-VML
- LAB3499VML

Ordering Recommendations:
Monitor levels of antifungal drug, 5-fluorocytosine.

Performed:
Sun-Sat

Methodology:
Quantitative Bioassay

Reported:
2-3 days

Notes:
Please include time of last dose, and list of all antibiotics that the patient is receiving or has received in the past 48 hours. This information is important for laboratory handling and essential for subsequent physician interpretation of results.

RESULTS INTERPRETATION

Interpretive Data:

Normal peak serum concentration for 5-fluorocytosine is 30-45 µg/mL with a 2 g PO dose or 60-80 µg/mL with a 100 mg/kg/day PO dose. Trough serum concentration is not well established. Toxicity may be seen with sustained levels greater than 100 µg/mL.

For bioassay measurements, the presence of other antimicrobial agents may interfere with the assay. Other factors that may influence antimicrobial levels include inherent differences among patients and their underlying physical conditions as well as the dose and route of administration of the antimicrobial agent.

Methodology:

Quantitative Bioassay

ADDITIONAL INFORMATION

CPT Codes:

80299

Section:

RF-ARUP

Remarks:

Required information includes: time and date of collection, time of last dose, and list of all antibiotics that the patient is receiving or has received in the past 48 hours.

Notes:

Please include time of last dose, and list of all antibiotics that the patient is receiving or has received in the past 48 hours. This information is important for laboratory handling and essential for subsequent physician interpretation of results.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red.

Specimen Preparation:

Aseptically remove 2 mL serum to a sterile tube (ARUP supply #43115) and freeze. Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL).

Unacceptable Conditions:

Plasma.

Stability (from collection to initiation):

Ambient: 2 hours; Refrigerated: 24 hours; Frozen: 1 week

Storage/Transport Temperature:

Frozen.

Synonyms:

- 5-Flucytosine
- 5-Flucytosine level
- 5-Flucytosine, Serum
- Ancobon serum levels
- Antimicrobial Assay, 5-Flucytosine
- Fluorocytosine antifungal level
- LAB3499-VML
- LAB3499VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

2-3 days

Ordering Recommendations:

Monitor levels of antifungal drug, 5-fluorocytosine.

Interpretive Data:

Normal peak serum concentration for 5-fluorocytosine is 30-45 µg/mL with a 2 g PO dose or 60-80 µg/mL with a 100 mg/kg/day PO dose. Trough serum concentration is not well established. Toxicity may be seen with sustained levels greater than 100 µg/mL.

For bioassay measurements, the presence of other antimicrobial agents may interfere with the assay. Other factors that may influence antimicrobial levels include inherent differences among patients and their underlying physical conditions as well as the dose and route of administration of the antimicrobial agent.

Methodology:

Quantitative Bioassay

Section:

RF-ARUP

CPT Codes:

80299

Remarks:

Required information includes: time and date of collection, time of last dose, and list of all antibiotics that the patient is receiving or has received in the past 48 hours.

Notes:

Please include time of last dose, and list of all antibiotics that the patient is receiving or has received in the past 48 hours. This information is important for laboratory handling and essential for subsequent physician interpretation of results.

Anti-Histone H3.3G34W (RM263) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath41

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- H3.3 G34W

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- H3.3 G34W

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- H3.3 G34W

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Anti-Histone H3K27M (RM192) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath40

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- H3K27M

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- H3K27M

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- H3K27M

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Antimicrobial Level - Streptomycin by HPLC, Serum or Plasma

LAB3693

ORDERING INFO

Collect:
Plain red. Also acceptable: Green (sodium heparin).

Synonyms:

- LAB3693-VML
- LAB3693VML

SPECIMEN REQUIREMENTS

Collect:
Plain red. Also acceptable: Green (sodium heparin).

Specimen Preparation:
Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Severely hemolyzed or thawed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Performed:
Varies

ORDERING

Synonyms:

- LAB3693-VML
- LAB3693VML

Performed:
Varies

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Reported:
3-10 days

RESULTS INTERPRETATION

Reference Interval:
By Report

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

ADDITIONAL INFORMATION

CPT Codes:
80299

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Green (sodium heparin).

Specimen Preparation:
Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Severely hemolyzed or thawed specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Storage/Transport Temperature:
CRITICAL FROZEN.

Synonyms:

- LAB3693-VML
- LAB3693VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-10 days

Reference Interval:
By Report

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Section:
RF-ARUP

CPT Codes:
80299

Antimicrobial susceptibility by Minimum Inhibitory Concentration

LAB3094

ORDERING INFO

Collect:
Bacterial isolate

Synonyms:

- MIC, AST
- LAB3094-VML
- LAB3094VML

Turn Around Time:
2-4 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Bacterial isolate

Specimen Preparation:
Transport sealed container with pure culture on agar slant or in bacterial transport media. Place each specimen in individually sealed bag.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Performed:
Monday - Friday

Stability:
Ambient: (15-25°C) 4 days

Specimen:
Microorganism isolated in pure culture.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MIC, AST
- LAB3094-VML
- LAB3094VML

Performed:
Monday - Friday

Turn Around Time:
2-4 days

Methodology:
Etest or broth microdilution

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Etest or broth microdilution

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Bacterial isolate

Specimen Preparation:
Transport sealed container with pure culture on agar slant or in bacterial transport media. Place each specimen in individually sealed bag.

Pediatric Collection:
N/A

Preferred Collection Volume:
1 culture plate

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Microorganism isolated in pure culture.

Reasons for Rejection:
Non-viable organism. Frozen unacceptable.

Components:
N/A

Stability:
Ambient: (15-25°C) 4 days

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- MIC, AST
- LAB3094-VML
- LAB3094VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2-4 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
N/A

Methodology:
Etest or broth microdilution

Section:
Microbiology

Antimitochondrial IgG Screen, serum

LAB513

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB513, AMA
- LAB513-VML
- LAB513VML

Turn Around Time:
1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
Refrigerated (2-8°C): 5 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is used to confirm a diagnosis of primary biliary cholangitis.

Synonyms:

- LAB513, AMA
- LAB513-VML
- LAB513VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Indirect Immunofluorescence

Components:
AMA Screen

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive results is indicative of primary biliary cholangiris (PBC). A negative result does not rule out PBC.

Methodology:
Indirect Immunofluorescence

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
AMA Titer will be performed if screening dilution is positive.

Components:
AMA Screen

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross lipemia Gross hemolysis

Components:
AMA Screen

Stability:
Refrigerated (2-8°C): 5 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB513, AMA
- LAB513-VML
- LAB513VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used to confirm a diagnosis of primary biliary cholangitis.

Interpretive Data:
A positive results is indicative of primary biliary cholangiris (PBC). A negative result does not rule out PBC.

Reference Interval:
Negative

Additional Information:
AMA Titer will be performed if screening dilution is positive.

Methodology:
Indirect Immunofluorescence

Section:
Immunoserology

Anti-Mullerian Hormone

LAB1733

ORDERING INFO

Collect:
Serum separator tube. Also acceptable: Plain red or green (lithium heparin).

Synonyms:

- MIH
- MIS
- Mullerian inhibiting factor
- Mullerian-inhibiting substance
- AntiMullerian
- MIF
- Mullerian-inhibiting hormone
- LAB1733-VML
- LAB1733VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Also acceptable: Plain red or green (lithium heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- MIH
- MIS
- Mullerian inhibiting factor
- Mullerian-inhibiting substance
- AntiMullerian
- MIF
- Mullerian-inhibiting hormone
- LAB1733-VML
- LAB1733VML

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective April 7, 2014

Female, Age	Reference Interval	Male, Age	Reference Interval
6 months - 14 years	0.256-6.345 ng/mL	6-11 months	56.677-495.299 ng/mL
15-17 years	0.861-10.451 ng/mL	1-6 years	33.442-342.450 ng/ml
18-29 years	0.401-16.015 ng/mL	7-9 years	20.245-189.781 ng/mL
30-39 years	0.176-11.705 ng/mL	10-12 years	2.903-178.243 ng/mL
40-45 years	6.282 ng/mL or less	13 years or greater	2.079-30.656 ng/mL
46-50 years	0.064 ng/mL or less		
Post-menopausal	0.003 ng/mL or less		

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

82166

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Also acceptable: Plain red or green (lithium heparin).

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Frozen.

Synonyms:

- MIH
- MIS
- Mullerian inhibiting factor
- Mullerian-inhibiting substance
- AntiMullerian
- MIF
- Mullerian-inhibiting hormone
- LAB1733-VML
- LAB1733VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective April 7, 2014

Female, Age	Reference Interval	Male, Age	Reference Interval
6 months - 14 years	0.256-6.345 ng/mL	6-11 months	56.677-495.299 ng/mL
15-17 years	0.861-10.451 ng/mL	1-6 years	33.442-342.450 ng/ml
18-29 years	0.401-16.015 ng/mL	7-9 years	20.245-189.781 ng/mL
30-39 years	0.176-11.705 ng/mL	10-12 years	2.903-178.243 ng/mL
40-45 years	6.282 ng/mL or less	13 years or greater	2.079-30.656 ng/mL
46-50 years	0.064 ng/mL or less		
Post-menopausal	0.003 ng/mL or less		

Methodology:

Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

82166

Anti-Neurofilament H(NF-H) Nonphosphorylated SMI-32 (SMI32) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath204

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- SMI-32, HFNH

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SMI-32, HFNH

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- SMI-32, HFNH

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Anti-Neutrophil Cytoplasmic Antibody IgG, serum

LAB458

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB458, ANC, Anti Neutrophilic Cytoplasmic Antibodies
- LAB458-VML
- LAB458VML

Turn Around Time:
1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
Ambient (15-25°C): 8 hours, Refrigerated (2-8°C): 48 hours

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is used to evaluate patients with signs and symptoms of ANCA-associated vasculitis.

Synonyms:

- LAB458, ANC, Anti Neutrophilic Cytoplasmic Antibodies
- LAB458-VML
- LAB458VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Indirect immunofluorescence and Multiplex Flow Immunoassay

Components:
Anti-MPO EIA, Anti-PR3 EIA, ANCA IFA

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result of ANCA is indicative for ANCA-associated vasculitis (AAV), which includes granulomatosis with polyangiitis, microscopic polyangiitis, eosinophilic granulomatosis with polyangiitis. A negative reuslt of ANCA do not rule out a diagnosis of AAV or irritable bowel disease.

Methodology:
Indirect immunofluorescence and Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
Specimens will also be tested for MPO IgG and PR3 IgG.

Components:
Anti-MPO EIA, Anti-PR3 EIA, ANCA IFA

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Anti-MPO EIA, Anti-PR3 EIA, ANCA IFA

Stability:
Ambient (15-25°C): 8 hours, Refrigerated (2-8°C): 48 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB458, ANC, Anti Neutrophilic Cytoplasmic Antibodies
- LAB458-VML
- LAB458VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used to evaluate patients with signs and symptoms of ANCA-associated vasculitis.

Interpretive Data:
A positive result of ANCA is indicative for ANCA-associated vasculitis (AAV), which includes granulomatosis with polyangiitis, microscopic polyangiitis, eosinophilic granulomatosis with polyangiitis. A negative reuslt of ANCA do not rule out a diagnosis of AAV or irritable bowel disease.

Reference Interval:
Negative

Additional Information:
Specimens will also be tested for MPO IgG and PR3 IgG.

Methodology:
Indirect immunofluorescence and Multiplex Flow Immunoassay

Section:
Immunoserology

Antinuclear Antibodies (ANA) IgG by IFA with Reflex to Extractable Nuclear Antigen (ENA) Antibodies and dsDNA IgG, serum and/or plasma

LAB3458

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB3458, ANS, ANA Survey, ANA Reflex with ENA/DNA
- LAB3458-VML
- LAB3458VML

Turn Around Time:
1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum and 0.5 mL plasma)

Pediatric Collection:
Three Red Microtainers (no gel), AND Three Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
ANA: serum ENA: serum or plasma DNA: serum

Alternate Specimen:
ANA and/or ENA: Gold SST tube (Clot activator with gel) ENA: Lavender tube (EDTA), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used to evaluate patients with signs and symptoms of systemic lupus erythematosus and other connective tissue diseases

Synonyms:

- LAB3458, ANS, ANA Survey, ANA Reflex with ENA/DNA
- LAB3458-VML
- LAB3458VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
IFA, Enzyme-linked Immunoassay, Multiplex Flow Immunoassay

Components:
ANA, ANA titer

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Positive results for these antibodies are suggestive of connective tissue diseases such as Systemic Lupus Erythematosus, Sjogren's Syndrome, Scleroderma, and Polymyositis.

Methodology:
IFA, Enzyme-linked Immunoassay, Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
ANA and/or ENA: Gold SST tube (Clot activator with gel) ENA: Lavender tube (EDTA), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

Additional Information:
Additional testing (Anti-dsDNA, SSA, SSB, ScL 70, Smith, RNP) will be performed on positive ANA results with titer > or = 1:80

Components:
ANA, ANA titer

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum and 0.5 mL plasma)

Pediatric Collection:
Three Red Microtainers (no gel), AND Three Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 3.0 mL

Alternate Specimen:
ANA and/or ENA: Gold SST tube (Clot activator with gel) ENA: Lavender tube (EDTA), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
ANA: serum ENA: serum or plasma DNA: serum

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
ANA, ANA titer

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3458, ANS, ANA Survey, ANA Reflex with ENA/DNA
- LAB3458-VML
- LAB3458VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used to evaluate patients with signs and symptoms of systemic lupus erythematosus and other connective tissue diseases

Interpretive Data:
Positive results for these antibodies are suggestive of connective tissue diseases such as Systemic Lupus Erythematosus, Sjogren's Syndrome, Scleroderma, and Polymyositis.

Reference Interval:
Negative

Additional Information:
Additional testing (Anti-dsDNA, SSA, SSB, ScL 70, Smith, RNP) will be performed on positive ANA results with titer > or = 1:80

Methodology:
IFA, Enzyme-linked Immunoassay, Multiplex Flow Immunoassay

Section:
Immunoserology

Anti-nuclear Antibodies, IgG, Serum

LAB147

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB147, ANA, Anti-Nuclear Antibody
- LAB147-VML
- LAB147VML

Turn Around Time:
1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is a screening test for the evaluation of patients at-risk for antinuclear antibodies-associated systemic autoimmune rheumatic diseases particularly systemic lupus erythematosus, Sjogren syndrome, and mixed connective tissue disease

Synonyms:

- LAB147, ANA, Anti-Nuclear Antibody
- LAB147-VML
- LAB147VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Indirect Immunofluorescence Assay

Components:
ANA

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
The antinuclear autoantibodies are frequently detected in patients with systemic autoimmune rheumatic diseases (SARD), especially systemic lupus erythematosus (SLE). While the presence of high-titered ANA is suggestive of connective tissue diseases, it should not be used as the sole basis for diagnosis.

Methodology:
Indirect Immunofluorescence Assay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
Quantitative ANA Titer by IFA will be performed on positive samples. Other follow-up testing is only performed when requested by physician.

Components:
ANA

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis

Components:
ANA

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB147, ANA, Anti-Nuclear Antibody
- LAB147-VML
- LAB147VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is a screening test for the evaluation of patients at-risk for antinuclear antibodies-associated systemic autoimmune rheumatic diseases particularly systemic lupus erythematosus, Sjogren syndrome, and mixed connective tissue disease

Interpretive Data:
The antinuclear autoantibodies are frequently detected in patients with systemic autoimmune rheumatic diseases (SARD), especially systemic lupus erythematosus (SLE). While the presence of high-titered ANA is suggestive of connective tissue diseases, it should not be used as the sole basis for diagnosis.

Reference Interval:
Negative

Additional Information:
Quantitative ANA Titer by IFA will be performed on positive samples. Other follow-up testing is only performed when requested by physician.

Methodology:
Indirect Immunofluorescence Assay

Section:
Immunoserology

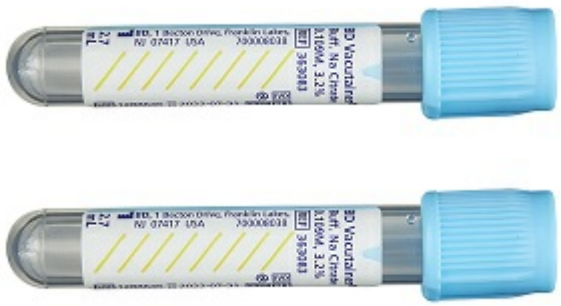
Antiphospholipid Antibody Panel

LAB2307

ORDERING INFO

Collect:

Two Light blue tubes (3.2% Sodium Citrate)



Synonyms:

- LAB2307, LUP, Antiphospholipid Antibody Panel, LA Profile, Lupus Anticoag Profile
- LAB2307-VML
- LAB2307VML

Turn Around Time:

2-6 days, 7-10 days for interpretive report

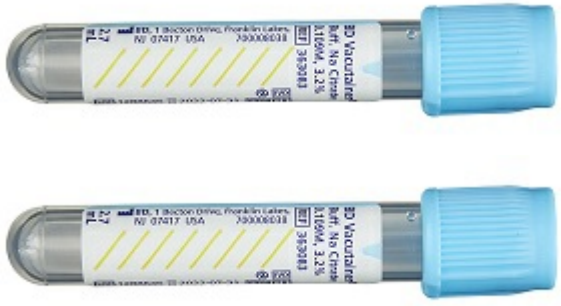
SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Two Light blue tubes (3.2% Sodium Citrate)



Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: Two 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: Two 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Twice weekly, variable days.

Stability:

Refrigerated (2-8°C): 8 Hours, frozen at -70C: 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
Antiphospholipid antibody panel should be ordered to assess for antiphospholipid antibody syndrome. This test should not be ordered on patients in the ED or inpatients due to the risk of false positive results in the setting of physiologic stress.

Synonyms:

- LAB2307, LUP, Antiphospholipid Antibody Panel, LA Profile, Lupus Anticoag Profile
- LAB2307-VML
- LAB2307VML

Performed:
Twice weekly, variable days.

Turn Around Time:
2-6 days, 7-10 days for interpretive report

Methodology:
Clotting, ELISA

Components:
APTT, TT, LMWH, ACL, BGP, dRVVT, LAS, BGP. If indicated, PTT 1:1 mixing study, cRVVT 1:1 mixing study, and dRVVT confirm.

RESULTS INTERPRETATION

Reference Interval:
Refer to individual test components: APTT, TT, APA, DRVVT, LAS, BGP

Interpretive Data:
Direct Thrombin (IIa) and both Direct and Indirect anti-Xa inhibitors will interfere with these assays.

Methodology:
Clotting, ELISA

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
In-patient testing must by approved by the Coagulation Medical Director on-call (refer to Synergy for contact information). Request can be submitted using the following link: redcap.link/misc-coag .

Components:
APTT, TT, LMWH, ACL, BGP, dRVVT, LAS, BGP. If indicated, PTT 1:1 mixing study, cRVVT 1:1 mixing study, and dRVVT confirm.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Two Light blue tubes (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Two 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: Two 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
APTT, TT, LMWH, ACL, BGP, dRVVT, LAS, BGP. If indicated, PTT 1:1 mixing study, cRVVT 1:1 mixing study, and dRVVT confirm.

Stability:
Refrigerated (2-8°C): 8 Hours, frozen at -70C: 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB2307, LUP, Antiphospholipid Antibody Panel, LA Profile, Lupus Anticoag Profile
- LAB2307-VML
- LAB2307VML

Performed:
Twice weekly, variable days.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2-6 days, 7-10 days for interpretive report

Ordering Indicators:
Antiphospholipid antibody panel should be ordered to assess for antiphospholipid antibody syndrome. This test should not be ordered on patients in the ED or inpatients due to the risk of false positive results in the setting of physiologic stress.

Interpretive Data:
Direct Thrombin (IIa) and both Direct and Indirect anti-Xa inhibitors will interfere with these assays.

Reference Interval:
Refer to individual test components: APTT, TT, APA, DRVVT, LAS, BGP

Additional Information:
In-patient testing must by approved by the Coagulation Medical Director on-call (refer to Synergy for contact information). Request can be submitted using the following link: redcap.link/misc-coag .

Methodology:
Clotting, ELISA

Section:
Coagulation

Antithrombin Activity

LAB311

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB311, Antithrombin Activity, AT3, AT, AT Act
- LAB311-VML
- LAB311VML

Turn Around Time:

4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) or send as a frozen plasma aliquot if sample will not be received into the lab within 4 hours

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen: -70C 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB311, Antithrombin Activity, AT3, AT, AT Act
- LAB311-VML
- LAB311VML

Performed:

Daily

Turn Around Time:
4 hours

Methodology:
Chromogenic

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
75 - 140%

Interpretive Data:
Direct Thrombin (IIa) inhibitors can affect the AT results. Anti-IIa inhibitors specifically target thrombin and may lead to an overestimation of antithrombin.

Methodology:
Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
The STAChrom AT activity assay is insensitive to the presence of direct anti-Xa inhibtors.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen: -70C 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) or send as a frozen plasma aliquot if sample will not be received into the lab within 4 hours

Synonyms:

- LAB311, Antithrombin Activity, AT3, AT, AT Act
- LAB311-VML
- LAB311VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 hours

Ordering Indicators:
N/A

Interpretive Data:
Direct Thrombin (IIa) inhibitors can affect the AT results. Anti-IIa inhibitors specifically target thrombin and may lead to an overestimation of antithrombin.

Reference Interval:
75 - 140%

Additional Information:
The STAChrom AT activity assay is insensitive to the presence of direct anti-Xa inhibtors.

Methodology:
Chromogenic

Section:
Coagulation

Antithrombin Antigen

LAB759

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB759, ATG, AT3 Antigen, AT AG
- LAB759-VML
- LAB759VML

Turn Around Time:

1 - 6 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to aticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 8 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Performed:

Twice per week - variable days.

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB759, ATG, AT3 Antigen, AT AG
- LAB759-VML
- LAB759VML

Performed:
Twice per week - variable days.

Turn Around Time:
1 - 6 days

Methodology:
Immunoturbidimetric

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
85 - 135%

Interpretive Data:
Cloudy or lipemic plasma may lead to an overestimation of the antithrombin antigen level. The presence of rheumatoid factor may lead to an overestimation of the AT level.

Methodology:
Immunoturbidimetric

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 3:00 PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Direct on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to aticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 8 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 8 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Synonyms:

- LAB759, ATG, AT3 Antigen, AT AG
- LAB759-VML
- LAB759VML

Performed:
Twice per week - variable days.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 6 days

Ordering Indicators:
N/A

Interpretive Data:
Cloudy or lipemic plasma may lead to an overestimation of the antithrombin antigen level. The presence of rheumatoid factor may lead to an overestimation of the AT level.

Reference Interval:
85 - 135%

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 3:00 PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Direct on-call (refer to Synergy for contact information).

Methodology:
Immunoturbidimetric

Section:
Coagulation

Anti-Thyroglobulin Antibody, serum

LAB515

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB515, TGA, Tg-Ab, Thyroglobulin Antibody, Anti-Thyroid Antibody
- LAB515-VML
- LAB515VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Specimens should be centrifuged immediately, aliquotted and frozen. (Minimum: 0.7 mL serum)

Pediatric Collection:
Red microtainer (no gel)

Storage/Transport Temperature:
Frozen (-20°C)

Performed:
Monday - Friday

Stability:
After separation from cells: Ambient (15-25°C): no longer than 8 hours Refrigerated (2-8°C): 2 days Frozen (-20°C): 2 months

Specimen:
Serum

Alternate Specimen:
Light green tube (Lithium heparin with gel)

ORDERING

Ordering Indicators:
This test is used to aid in the clinical diagnosis of thyroid diseases. This test is performed with every thyroglobulin (TG) test ordered to verify a low TG result.

Synonyms:

- LAB515, TGA, Tg-Ab, Thyroglobulin Antibody, Anti-Thyroid Antibody
- LAB515-VML
- LAB515VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - 4 IU/mL

Interpretive Data:
Results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Light green tube (Lithium heparin with gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Specimens should be centrifuged immediately, aliquotted and frozen. (Minimum: 0.7 mL serum)

Pediatric Collection:
Red microtainer (no gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Light green tube (Lithium heparin with gel)

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
improper handling, frozen sample, QNS

Components:
N/A

Stability:
After separation from cells: Ambient (15-25°C): no longer than 8 hours Refrigerated (2-8°C): 2 days Frozen (-20°C): 2 months

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB515, TGA, Tg-Ab, Thyroglobulin Antibody, Anti-Thyroid Antibody
- LAB515-VML
- LAB515VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test is used to aid in the clinical diagnosis of thyroid diseases. This test is performed with every thyroglobulin (TG) test ordered to verify a low TG result.

Interpretive Data:
Results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.

Reference Interval:
0 - 4 IU/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Special Chemistry

Anti-Thyroperoxidase Antibody, serum

LAB858

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB858, TPO, TPO-Ab, Anti-Thyroid Peroxidase Antibody
- LAB858-VML
- LAB858VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Specimens should be centrifuged immediately, aliquotted and stored frozen. (Minimum: 0.7 mL serum)

Pediatric Collection:
Red microtainer (no gel)

Storage/Transport Temperature:
Frozen (-20°C)

Performed:
Monday - Friday

Stability:
After separation from cells: Ambient (15-25°C): no longer than 8 hours Refrigerated (2-8°C): 2 days Frozen (-20°C): 2 months

Specimen:
Serum

Alternate Specimen:
Light green tube (Lithium heparin with gel)

ORDERING

Ordering Indicators:
This test is used to detect autoimmune thyroid disease.

Synonyms:

- LAB858, TPO, TPO-Ab, Anti-Thyroid Peroxidase Antibody
- LAB858-VML
- LAB858VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - 9 IU/mL

Interpretive Data:
The test result is not diagnostic for thyroid disease and should be considered in conjunction with iodine uptake and other standard thyroid tests and the clinical presentation of the patient.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Light green tube (Lithium heparin with gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Specimens should be centrifuged immediately, aliquotted and stored frozen. (Minimum: 0.7 mL serum)

Pediatric Collection:
Red microtainer (no gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Light green tube (Lithium heparin with gel)

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
improper handling, frozen sample, QNS

Components:
N/A

Stability:
After separation from cells: Ambient (15-25°C): no longer than 8 hours Refrigerated (2-8°C): 2 days Frozen (-20°C): 2 months

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB858, TPO, TPO-Ab, Anti-Thyroid Peroxidase Antibody
- LAB858-VML
- LAB858VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test is used to detect autoimmune thyroid disease.

Interpretive Data:
The test result is not diagnostic for thyroid disease and should be considered in conjunction with iodine uptake and other standard thyroid tests and the clinical presentation of the patient.

Reference Interval:
0 - 9 IU/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Special Chemistry

Apolipoprotein B/A Ratio

LAB3694

ORDERING INFO

Collect:
Serum separator tube, plasma separator tube, K2EDTA, lithium heparin

Synonyms:

- Apo B & A ratio
- Apolipoprotein A-1 & B
- Apolipoprotein A1 and B, Plasma
- Apolipoprotein A1 and B-100, Plasma
- Apolipoprotein APO A/B Ratio
- LAB3694-VML
- LAB3694VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting specimen recommended.

Collect:
Serum separator tube, plasma separator tube, K2EDTA, lithium heparin

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 8 days; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Apo B & A ratio
- Apolipoprotein A-1 & B
- Apolipoprotein A1 and B, Plasma
- Apolipoprotein A1 and B-100, Plasma
- Apolipoprotein APO A/B Ratio
- LAB3694-VML
- LAB3694VML

Ordering Recommendations:
Acceptable nontraditional secondary cardiovascular risk screen for specific populations.

Performed:
Sun-Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Apolipoprotein B	Male: 55-140 mg/dL; Female: 55-125 mg/dL
Apolipoprotein A-1	Male: 94-178 mg/dL; Female: 101-199 mg/dL

Interpretive Data:

The ratio of apolipoprotein B/A can provide an estimate of the risk for major adverse cardiovascular events in adults.

Apolipoprotein B/A Ratio:	
Low Risk	0.2 - 0.6
Medium Risk	0.61 - 0.90
High Risk	0.91 - 5.0

Methodology:

Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:

82172 x2

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube, plasma separator tube, K2EDTA, lithium heparin

Specimen Preparation:

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Patient Preparation:

Fasting specimen recommended.

Stability (from collection to initiation):

After separation from cells: Ambient: 24 hours; Refrigerated: 8 days; Frozen: 2 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Apo B & A ratio
- Apolipoprotein A-1 & B
- Apolipoprotein A1 and B, Plasma
- Apolipoprotein A1 and B-100, Plasma
- Apolipoprotein APO A/B Ratio
- LAB3694-VML
- LAB3694VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

Within 24 hours

Ordering Recommendations:

Acceptable nontraditional secondary cardiovascular risk screen for specific populations.

Interpretive Data:

The ratio of apolipoprotein B/A can provide an estimate of the risk for major adverse cardiovascular events in adults.

Apolipoprotein B/A Ratio:	
Low Risk	0.2 - 0.6
Medium Risk	0.61 - 0.90
High Risk	0.91 - 5.0

Reference Interval:

Components	**Reference Interval**	
Apolipoprotein B	**Male**	**Female**
	55-140 mg/dL	55-125 mg/dL
Apolipoprotein A-1	**Male**	**Female**
	94-178 mg/dL	101-199 mg/dL

Methodology:

Quantitative Immunoturbidimetry

Section:

RF-ARUP

CPT Codes:

82172 x2

Aquaporin-4 (AQP4) Antibody, IgG by CBA-IFA With Reflex to Titer, CSF

LAB3159

ORDERING INFO

Collect:
CSF.

Synonyms:

- AQP4
- Pediatric CNS disorders
- Aquaporin; Devic's Ab
- Cell-based assay
- Cell-binding assay
- Myelopathy
- AQP
- AQP4 antibody
- Neuromyelitis Optica (NMO) Antibody
- Neuromyelitis Optica IgG
- CNS demyelinating disease
- Devic's Antibody
- NMO-IgG
- NMOSD
- Optic Neuritis Ab
- Optic Neuritis Antibody
- Optic-Spinal MS Antibody
- Soft-NMOS
- Transverse Myelitis Ab
- Vision Loss Ab
- Aquaporin
- Devic's Ab
- LAB3159-VML
- LAB3159VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 0.5 mL CSF to an ARUP standard transport tube. (Min: 0.15 mL)

Unacceptable Conditions:
Hemolyzed, contaminated specimens or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- AQP4
- Pediatric CNS disorders
- Aquaporin; Devic's Ab
- Cell-based assay
- Cell-binding assay
- Myelopathy
- AQP
- AQP4 antibody
- Neuromyelitis Optica (NMO) Antibody
- Neuromyelitis Optica IgG
- CNS demyelinating disease
- Devic's Antibody
- NMO-IgG
- NMOSD
- Optic Neuritis Ab
- Optic Neuritis Antibody
- Optic-Spinal MS Antibody
- Soft-NMOS
- Transverse Myelitis Ab
- Vision Loss Ab
- Aquaporin
- Devic's Ab
- LAB3159-VML
- LAB3159VML

Ordering Recommendations:
Useful in the initial evaluation of neuromyelitis optica (NMO) spectrum disorders. This test uses a cell-based assay (CBA) to detect antibodies against aquaporin-4.

Performed:
Mon, Wed, Fri

Methodology:
Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

Reported:
1-6 days

Notes:
If AQP4 antibody IgG is positive, then an AQP4 antibody IgG titer is reported. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:
Less than 1:1

Interpretive Data:
Neuromyelitis optic (NMO) commonly presents with optic neuritis or longitudinally extensive transverse myelitis. Approximately 75% of patients with NMO have antibodies to the aquaporin-4 (AQP4) receptor. While the absence of AQP4 receptor antibodies does not rule out a diagnosis of NMO, presence of this antibody is diagnostic for NMO.

This indirect fluorescent antibody assay utilizes AQP4 receptor transfected cell lines for the detection and semiquantification of AQP4 IgG antibody.

Methodology:
Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

ADDITIONAL INFORMATION

CPT Codes:
86052; if reflexed, add 86256

Section:
RF-ARUP

Notes:
If AQP4 antibody IgG is positive, then an AQP4 antibody IgG titer is reported. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
CSF.

Specimen Preparation:
Transfer 0.5 mL CSF to an ARUP standard transport tube. (Min: 0.15 mL)

Unacceptable Conditions:
Hemolyzed, contaminated specimens or severely lipemic specimens.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- AQP4
- Pediatric CNS disorders
- Aquaporin; Devic's Ab
- Cell-based assay
- Cell-binding assay
- Myelopathy
- AQP
- AQP4 antibody
- Neuromyelitis Optica (NMO) Antibody
- Neuromyelitis Optica IgG
- CNS demyelinating disease
- Devic's Antibody
- NMO-IgG
- NMOSD
- Optic Neuritis Ab
- Optic Neuritis Antibody
- Optic-Spinal MS Antibody
- Soft-NMOS
- Transverse Myelitis Ab
- Vision Loss Ab
- Aquaporin
- Devic's Ab
- LAB3159-VML
- LAB3159VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Useful in the initial evaluation of neuromyelitis optica (NMO) spectrum disorders. This test uses a cell-based assay (CBA) to detect antibodies against aquaporin-4.

Interpretive Data:
Neuromyelitis optic (NMO) commonly presents with optic neuritis or longitudinally extensive transverse myelitis. Approximately 75% of patients with NMO have antibodies to the aquaporin-4 (AQP4) receptor. While the absence of AQP4 receptor antibodies does not rule out a diagnosis of NMO, presence of this antibody is diagnostic for NMO.

This indirect fluorescent antibody assay utilizes AQP4 receptor transfected cell lines for the detection and semiquantification of AQP4 IgG antibody.

Reference Interval:
Less than 1:1

Methodology:
Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

Section:
RF-ARUP

CPT Codes:
86052; if reflexed, add 86256

Notes:
If AQP4 antibody IgG is positive, then an AQP4 antibody IgG titer is reported. Additional charges apply.

Aquaporin-4 Receptor Antibody

LAB4149

ORDERING INFO

Collect:
Serum Separator Tube.

Synonyms:

- AQP4 antibody
- AQP4 ELISA
- Devic's Ab
- Neuromyelitis Optica (NMO) Antibody
- Neuromyelitis Optica IgG
- NMO-IgG
- Optic Neuritix Ab
- Optic Neuritix Antibody
- Optic-Spinal MS Antibody
- Soft-NMOS
- Transverse Myelitis Ab
- Vision Loss Ab
- Aquaporin
- Devic's Antibody
- AQP
- AQP4
- LAB4149-VML
- LAB4149VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Amniotic fluid, ocular fluid peritoneal fluid, synovial fluid, or plasma. Contaminated, hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Tue, Thu

ORDERING

Synonyms:

- AQP4 antibody
- AQP4 ELISA
- Devic's Ab
- Neuromyelitis Optica (NMO) Antibody
- Neuromyelitis Optica IgG
- NMO-IgG
- Optic Neuritix Ab
- Optic Neuritix Antibody
- Optic-Spinal MS Antibody
- Soft-NMOS
- Transverse Myelitis Ab
- Vision Loss Ab
- Aquaporin
- Devic's Antibody
- AQP
- AQP4
- LAB4149-VML
- LAB4149VML

Ordering Recommendations:
Aids in evaluation of neuromyelitis optica (NMO) and NMO spectrum disorders.

Performed:
Tue, Thu

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Aquaporin-4 Receptor Antibody	2.9 U/mL or less

Interpretive Data:
Approximately 75 percent of patients with neuromyelitis optica (NMO) express antibodies to the aquaporin-4 (AQP4) receptor. Diagnosis of NMO requires the presence of longitudinally extensive acute myelitis (lesions extending over 3 or more vertebral segments) and optic neuritis. While absence of antibodies to the AQP4 receptor does not rule out the diagnosis of NMO, presence of this antibody is diagnostic for NMO.

Component	Interpretation
Aquaporin-4 Receptor Antibody	Negative: 2.9 U/mL or less Positive: 3.0 U/mL or greater

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86051

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Amniotic fluid, ocular fluid peritoneal fluid, synovial fluid, or plasma. Contaminated, hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- AQP4 antibody
- AQP4 ELISA
- Devic's Ab
- Neuromyelitis Optica (NMO) Antibody
- Neuromyelitis Optica IgG
- NMO-IgG
- Optic Neuritix Ab
- Optic Neuritix Antibody
- Optic-Spinal MS Antibody
- Soft-NMOS
- Transverse Myelitis Ab
- Vision Loss Ab
- Aquaporin
- Devic's Antibody
- AQP
- AQP4
- LAB4149-VML
- LAB4149VML

Performed:
Tue, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Aids in evaluation of neuromyelitis optica (NMO) and NMO spectrum disorders.

Interpretive Data:
Approximately 75 percent of patients with neuromyelitis optica (NMO) express antibodies to the aquaporin-4 (AQP4) receptor. Diagnosis of NMO requires the presence of longitudinally extensive acute myelitis (lesions extending over 3 or more vertebral segments) and optic neuritis. While absence of antibodies to the AQP4 receptor does not rule out the diagnosis of NMO, presence of this antibody is diagnostic for NMO.

Component	Interpretation
Aquaporin-4 Receptor Antibody	Negative: 2.9 U/mL or less Positive: 3.0 U/mL or greater

Reference Interval:

Components	Reference Interval
Aquaporin-4 Receptor Antibody	2.9 U/mL or less

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86051

Argatroban Level

LAB2308

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB2308, ARG, ANTI-IIa ASSAY, Argatroban Level
- LAB2308-VML
- LAB2308VML

Turn Around Time:

1 day

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hour

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Argatroban levels should only be ordered on patients who are receiving argatroban.

Synonyms:

- LAB2308, ARG, ANTI-IIa ASSAY, Argatroban Level
- LAB2308-VML
- LAB2308VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Chromogenic

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Normal reference range 0.00 mcg/mL. Argatroban levels of 0.40 to 1.50 mcg/mL correspond to a 1.5 to 2.5-fold increase of the baseline PTT.

Interpretive Data:
Argatroban interferes with clot-based assays and will result in test results that are greater than their actual value for the following assays: activated protein C resistance, clot-based protein C and S activity, thrombin-based (IIa) antithrombin assay, dilute Russell Viper venom time, and STAClot LA. Fibrinogen and factor activiy levels will be lower than their actual values.

Methodology:
Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daliy from 7:00 AM to 4:00 PM. The sample must by received in the laboratory by 3:00 PM for same day testing. After hours testing must by approved by the Coagulation Laboratory Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hour

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB2308, ARG, ANTI-IIa ASSAY, Argatroban Level
- LAB2308-VML
- LAB2308VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Argatroban levels should only be ordered on patients who are receiving argatroban.

Interpretive Data:
Argatroban interferes with clot-based assays and will result in test results that are greater than their actual value for the following assays: activated protein C resistance, clot-based protein C and S activity, thrombin-based (IIa) antithrombin assay, dilute Russell Viper venom time, and STAClot LA. Fibrinogen and factor activiy levels will be lower than their actual values.

Reference Interval:
Normal reference range 0.00 mcg/mL. Argatroban levels of 0.40 to 1.50 mcg/mL correspond to a 1.5 to 2.5-fold increase of the baseline PTT.

Additional Information:
Performed daliy from 7:00 AM to 4:00 PM. The sample must by received in the laboratory by 3:00 PM for same day testing. After hours testing must by approved by the Coagulation Laboratory Medical Director on-call (refer to Synergy for contact information).

Methodology:
Chromogenic

Section:
Coagulation

Arginase 1 (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath42

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- ARG1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ARG1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- ARG1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Arginine Vasopressin Hormone

LAB1108

ORDERING INFO

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Synonyms:

- ADH
- ADH, Plasma
- Antidiuretic Hormone, Plasma
- AVP
- Diabetes Insipidus
- SIADH
- Antidiuretic Hormone
- Arginine Vasopressin, Plasma
- AVH, Plasma
- Vasopressin/ADH
- Vasopressin
- LAB1108-VML
- LAB1108VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. Transfer 6 mL plasma to ARUP Standard Transport Tubes and freeze immediately. (Min: 2.5 mL)

Unacceptable Conditions:
Non-frozen specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 1 month

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- ADH
- ADH, Plasma
- Antidiuretic Hormone, Plasma
- AVP
- Diabetes Insipidus
- SIADH
- Antidiuretic Hormone
- Arginine Vasopressin, Plasma
- AVH, Plasma
- Vasopressin/ADH
- Vasopressin
- LAB1108-VML
- LAB1108VML

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Radioimmunoassay

Reported:
3-11 days

RESULTS INTERPRETATION

Reference Interval:
Effective May 21, 2012
0.0-6.9 pg/mL

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Radioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:
84588

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. Transfer 6 mL plasma to ARUP Standard Transport Tubes and freeze immediately. (Min: 2.5 mL)

Unacceptable Conditions:
Non-frozen specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 1 month

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- ADH
- ADH, Plasma
- Antidiuretic Hormone, Plasma
- AVP
- Diabetes Insipidus
- SIADH
- Antidiuretic Hormone
- Arginine Vasopressin, Plasma
- AVH, Plasma
- Vasopressin/ADH
- Vasopressin
- LAB1108-VML
- LAB1108VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
3-11 days

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective May 21, 2012
0.0-6.9 pg/mL

Methodology:
Quantitative Radioimmunoassay

Section:
RF-ARUP

CPT Codes:
84588

Aripiprazole and Metabolite, Serum or Plasma

LAB3695

ORDERING INFO

Collect:
Plain Red. Also acceptable: Lavender (EDTA) or Pink (K_2EDTA).

Synonyms:

- Abilify
- LAB3695-VML
- LAB3695VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain Red. Also acceptable: Lavender (EDTA) or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

Performed:
Wed, Sat

ORDERING

Synonyms:

- Abilify
- LAB3695-VML
- LAB3695VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Wed, Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Effective June 7, 2021

Therapeutic Range (Aripiprazole and Dehydroaripiprazole)	150-500 ng/mL
Toxic range (Aripiprazole and Dehydroaripiprazole)	Greater than or equal to 1000 ng/mL

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Adverse effects to aripiprazole therapy may include headache, nausea, somnolence and blurred vision.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80342 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red. Also acceptable: Lavender (EDTA) or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Abilify
- LAB3695-VML
- LAB3695VML

Performed:
Wed, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Adverse effects to aripiprazole therapy may include headache, nausea, somnolence and blurred vision.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective June 7, 2021

Therapeutic Range (Aripiprazole and Dehydroaripiprazole)	150-500 ng/mL
Toxic range (Aripiprazole and Dehydroaripiprazole)	Greater than or equal to 1000 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80342 (Alt code: G0480)

Arrhythmia NGS Panel, Blood Saliva DNA

LAB6262

ORDERING INFO

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Synonyms:

- LAB6262, Arrhythmia NGS Panel, GE ARR, Next Generation Sequencing
- LAB6262-VML
- LAB6262VML

Turn Around Time:
30 Business Days From Financial Clearance

SPECIMEN REQUIREMENTS

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:
REVIEW

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Performed:
Weekly

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Specimen:
N/A

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Preferred test to determine genetic causes for individuals with clinical features of arrhythmia or a family history of arrhythmia or sudden cardia death.

Synonyms:

- LAB6262, Arrhythmia NGS Panel, GE ARR, Next Generation Sequencing
- LAB6262-VML
- LAB6262VML

Performed:
Weekly

Turn Around Time:
30 Business Days From Financial Clearance

Methodology:
Next Generation Sequencing

Components:
Sequence and del/dup analysis of coding exons for genes associated with arrhythmia

RESULTS INTERPRETATION

Reference Interval:
Not Established for This Test

Interpretive Data:
N/A

Methodology:
Next Generation Sequencing

ADDITIONAL INFORMATION

Section:
Clinical Genomics

Alternate Specimen:
N/A

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Components:
Sequence and del/dup analysis of coding exons for genes associated with arrhythmia

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:
REVIEW

Preferred Collection Volume:
Blood, Saliva, DNA

Alternate Specimen:
N/A

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Specimen:
N/A

Reasons for Rejection:
Mislabeling, Improper Collection, QNS

Components:
Sequence and del/dup analysis of coding exons for genes associated with arrhythmia

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Synonyms:

- LAB6262, Arrhythmia NGS Panel, GE ARR, Next Generation Sequencing
- LAB6262-VML
- LAB6262VML

Performed:
Weekly

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Business Days From Financial Clearance

Ordering Indicators:
Preferred test to determine genetic causes for individuals with clinical features of arrhythmia or a family history of arrhythmia or sudden cardia death.

Interpretive Data:
N/A

Reference Interval:
Not Established for This Test

Additional Information:

Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Methodology:

Next Generation Sequencing

Section:

Clinical Genomics

Arsenic, Blood

LAB3696

ORDERING INFO

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Synonyms:

- ASB (Arsenic, Blood)
- As (Arsenic, Blood)
- LAB3696-VML
- LAB3696VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patient should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician) and avoid shellfish and seafood for 48 to 72 hours.

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:
Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep).

Specimens transported in containers other than Royal blue (K2EDTA) or Royal blue (NaHep) tube or Trace Element-Free Transport Tube. Clotted specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Trace Elements requisition form may be required (ARUP form #32990).

ORDERING

Synonyms:

- ASB (Arsenic, Blood)
- As (Arsenic, Blood)
- LAB3696-VML
- LAB3696VML

Ordering Recommendations:
May be useful for the detection of recent (<24 hours after exposure) and/or large dose arsenic exposures. For acute or chronic exposure, Arsenic, Urine with Reflex to Fractionated (0025000) is preferred.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Less than or equal to 12.0 µg/L

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood arsenic, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Potentially toxic ranges for blood arsenic: Greater than or equal to 600 µg/L.

Blood arsenic is for the detection of recent exposure poisoning only. Blood arsenic levels in healthy subjects vary considerably with exposure to arsenic in the diet and the environment. A 24-hour urine arsenic is useful for the detection of chronic exposure.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

ADDITIONAL INFORMATION

CPT Codes:

82175

Section:

RF-ARUP

Remarks:

Trace Elements requisition form may be required (ARUP form #32990).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:

Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patient should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician) and avoid shellfish and seafood for 48 to 72 hours.

Unacceptable Conditions:

Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep).

Specimens transported in containers other than Royal blue (K2EDTA) or Royal blue (NaHep) tube or Trace Element-Free Transport Tube. Clotted specimens.

Stability (from collection to initiation):

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Storage/Transport Temperature:

Room temperature. Also acceptable: Refrigerated.

Synonyms:

- ASB (Arsenic, Blood)
- As (Arsenic, Blood)
- LAB3696-VML
- LAB3696VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

May be useful for the detection of recent (<24 hours after exposure) and/or large dose arsenic exposures. For acute or chronic exposure, Arsenic, Urine with Reflex to Fractionated (0025000) is preferred.

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood arsenic, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Potentially toxic ranges for blood arsenic: Greater than or equal to 600 µg/L.

Blood arsenic is for the detection of recent exposure poisoning only. Blood arsenic levels in healthy subjects vary considerably with exposure to arsenic in the diet and the environment. A 24-hour urine arsenic is useful for the detection of chronic exposure.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Less than or equal to 12.0 µg/L

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Section:

RF-ARUP

CPT Codes:

82175

Remarks:

Trace Elements requisition form may be required (ARUP form #32990).

Arsenic, Fractionated, Urine

LAB362

ORDERING INFO

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Synonyms:

- arsenic metabolites
- arsenic, inorganic forms
- arsenic, methylated forms
- Arsenic, organic forms
- As metabolites
- As, inorganic forms
- As, methylated forms
- As, organic forms
- ASFR
- LAB362-VML
- LAB362VML

SPECIMEN REQUIREMENTS

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Specimen Preparation:

Transfer an 8 mL aliquot of urine from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 2 mL)

Unacceptable Conditions:

Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies). Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element-free transport tube (with the exception of the original device).

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):

Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 months

Performed:

Tue, Fri

Remarks:

Record total volume and collection time interval on transport tube and on test request form.

ORDERING

Synonyms:

- arsenic metabolites
- arsenic, inorganic forms
- arsenic, methylated forms
- Arsenic, organic forms
- As metabolites
- As, inorganic forms
- As, methylated forms
- As, organic forms
- ASFR
- LAB362-VML
- LAB362VML

Ordering Recommendations:

Useful when exposure to arsenic is known but the species is uncertain. For initial testing, Arsenic, Urine with Reflex to Fractionated (0025000) is preferred.

Performed:

Tue, Fri

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)/Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Reported:
1-10 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Arsenic, Organic	By report
Arsenic, Inorganic	By report
Arsenic, Methylated	By report

Interpretive Data:
The ACGIH Biological Exposure Index for the sum of inorganic and methylated species of arsenic is 35 µg/L. Inorganic species of arsenic are most toxic. Methylated species arise primarily from metabolism of inorganic species but may also come from dietary sources and are of moderate toxic potential. The organic species of arsenic are considered nontoxic and arise primarily from food. The sum of the inorganic, methylated, and organic species of arsenic may be lower than the total arsenic concentration due to the presence of unidentified organic species of arsenic.

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)/Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

ADDITIONAL INFORMATION

CPT Codes:
82175

Section:
RF-ARUP

Remarks:
Record total volume and collection time interval on transport tube and on test request form.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Specimen Preparation:
Transfer an 8 mL aliquot of urine from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 2 mL)

Unacceptable Conditions:
Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies). Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element-free transport tube (with the exception of the original device).

Stability (from collection to initiation):
Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- arsenic metabolites
- arsenic, inorganic forms
- arsenic, methylated forms
- Arsenic, organic forms
- As metabolites
- As, inorganic forms
- As, methylated forms
- As, organic forms
- ASFR
- LAB362-VML
- LAB362VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-10 days

Ordering Recommendations:
Useful when exposure to arsenic is known but the species is uncertain. For initial testing, Arsenic, Urine with Reflex to Fractionated (0025000) is preferred.

Interpretive Data:
The ACGIH Biological Exposure Index for the sum of inorganic and methylated species of arsenic is 35 µg/L. Inorganic species of arsenic are most toxic. Methylated species arise primarily from metabolism of inorganic species but may also come from dietary sources and are of moderate toxic potential. The organic species of arsenic are considered nontoxic and arise primarily from food. The sum of the inorganic, methylated, and organic species of arsenic may be lower than the total arsenic concentration due to the presence of unidentified organic species of arsenic.

Reference Interval:

Components	Reference Interval
Arsenic, Organic	By report
Arsenic, Inorganic	By report
Arsenic, Methylated	By report

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)/Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Section:
RF-ARUP

CPT Codes:
82175

Remarks:
Record total volume and collection time interval on transport tube and on test request form.

Arsenic, Urine with Reflex to Fractionated

LAB361

ORDERING INFO

Collect:
24-hour or random urine collection. Specimen must be collected in a plastic container and refrigerated during collection. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Synonyms:

- As
- ASU
- Normalized Urine As, Normalized Urine Arsenic
- Arsenic/Creatinine Ratio, Random, Urine
- LAB361-VML
- LAB361VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours. High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post contrast media exposure.

Collect:
24-hour or random urine collection. Specimen must be collected in a plastic container and refrigerated during collection. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Specimen Preparation:
Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 2 mL)

Unacceptable Conditions:
Acid preserved urine. Specimens collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element-free transport tube (with the exception of the original device).

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

Remarks:
Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode).

ORDERING

Synonyms:

- As
- ASU
- Normalized Urine As, Normalized Urine Arsenic
- Arsenic/Creatinine Ratio, Random, Urine
- LAB361-VML
- LAB361VML

Ordering Recommendations:
Preferred test for the assessment of acute or chronic arsenic exposure. This test is able to differentiate between toxic inorganic and methylated species as well as benign organic forms. Results are reported as total inorganic, total methylated, and organic arsenic

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography/Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-5 days

Notes:
If total arsenic concentration is found to be elevated based on reference intervals, then Arsenic, Fractionated, will be added to determine the proportion of organic, inorganic, and methylated forms. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Arsenic Urine - per volume</td><td>0.0-34.9 µg/L</td></tr>
<tr><td>Arsenic Urine - per 24h</td><td>0.0-49.9 µg/d</td></tr>
<tr><td>Arsenic, Urine - ratio to CRT</td><td>0.0-29.9 µg/g CRT</td></tr>
</table>

Interpretive Data:
The ACGIH Biological Exposure Index (BEI) for arsenic in urine is 35 µg/L. The ACGIH BEI is based on the sum of inorganic and methylated species. For specimens with elevated total arsenic results, fractionation is automatically performed to determine the proportions of inorganic, methylated and organic species.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative High Performance Liquid Chromatography/Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
82175; if reflexed, add 82175

Section:
RF-ARUP

Remarks:
Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode).

Notes:
If total arsenic concentration is found to be elevated based on reference intervals, then Arsenic, Fractionated, will be added to determine the proportion of organic, inorganic, and methylated forms. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24-hour or random urine collection. Specimen must be collected in a plastic container and refrigerated during collection. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Specimen Preparation:
Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 2 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours. High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post contrast media exposure.

Unacceptable Conditions:

Acid preserved urine. Specimens collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element-free transport tube (with the exception of the original device).

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- As
- ASU
- Normalized Urine As, Normalized Urine Arsenic
- Arsenic/Creatinine Ratio, Random, Urine
- LAB361-VML
- LAB361VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Preferred test for the assessment of acute or chronic arsenic exposure. This test is able to differentiate between toxic inorganic and methylated species as well as benign organic forms. Results are reported as total inorganic, total methylated, and organic arsenic

Interpretive Data:

The ACGIH Biological Exposure Index (BEI) for arsenic in urine is 35 µg/L. The ACGIH BEI is based on the sum of inorganic and methylated species. For specimens with elevated total arsenic results, fractionation is automatically performed to determine the proportions of inorganic, methylated and organic species.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

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<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Arsenic Urine - per volume</td><td>0.0-34.9 µg/L</td></tr>
<tr><td>Arsenic Urine - per 24h</td><td>0.0-49.9 µg/d</td></tr>
<tr><td>Arsenic, Urine - ratio to CRT</td><td>0.0-29.9 µg/g CRT</td></tr>
</table>

Methodology:

Quantitative High Performance Liquid Chromatography/Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82175; if reflexed, add 82175

Remarks:
Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode).

Notes:
If total arsenic concentration is found to be elevated based on reference intervals, then Arsenic, Fractionated, will be added to determine the proportion of organic, inorganic, and methylated forms. Additional charges apply.

ARVC New Patient-GNDX

LAB3271

ORDERING INFO

Synonyms:

- LAB3271-VML
- LAB3271VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3271-VML
- LAB3271VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3271-VML
- LAB3271VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Arylsulfatase A, Leukocytes - MAYO

LAB3867

ORDERING INFO

Synonyms:

- LAB3867-VML
- LAB3867VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3867-VML
- LAB3867VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3867-VML
- LAB3867VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

ASCITIC FLUID, PERITONEAL FLUID, ABDOMINAL FLUID CYTOLOGY

asc, pcfl

ORDERING INFO

Collect:
Clean specimen container.

Synonyms:

- Ascitic fluid, Paracentesis fluid, Peritoneal fluid, Abdominal fluid

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2.Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100ml is optimal)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours. Some specimens may have fixative added if specimen cannot be delivered within 2 hours and cannot be Refrigerated: (2-8°C) during transport. Call lab for assistance at 615-322-2721.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Fresh body cavity fluid specimen in a clean sample container.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Body cavities in the absence of disease contain only a small amount of fluid. The presence of larger amounts in quantities for aspiration indicates a pathologic condition. Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc. 1U/mL of Heparin may be added if bloody.

Synonyms:

- Ascitic fluid, Paracentesis fluid, Peritoneal fluid, Abdominal fluid

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2.Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100ml is optimal)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Fresh body cavity fluid specimen in a clean sample container.

Reasons for Rejection:
Mislabeled specimen, specimen received in glass container, specimen received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing

Components:
N/A

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours. Some specimens may have fixative added if specimen cannot be delivered within 2 hours and cannot be Refrigerated: (2-8°C) during transport. Call lab for assistance at 615-322-2721.

Synonyms:

- Ascitic fluid, Paracentesis fluid, Peritoneal fluid, Abdominal fluid

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Body cavities in the absence of disease contain only a small amount of fluid. The presence of larger amounts in quantities for aspiration indicates a pathologic condition. Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc. 1U/mL of Heparin may be added if bloody.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
ThinPrep procedure

Section:
Cytology

Aspartate Aminotransferase (AST), Plasma or Serum

LAB131

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- SGOT, Aspartate transaminase, LAB131
- LAB131-VML
- LAB131VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 4 days; 2° to 8°C: 7 days; Frozen: 3 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SGOT, Aspartate transaminase, LAB131
- LAB131-VML
- LAB131VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits, sample containing cellular material

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 4 days; 2° to 8°C: 7 days; Frozen: 3 months

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- SGOT, Aspartate transaminase, LAB131
- LAB131-VML
- LAB131VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Aspergillus Galactomannan Antigen by EIA, Serum or BAL

LAB6397

ORDERING INFO

Collect:

Serum: Red tube (no gel)

BAL: Sterile container

Synonyms:

- LAB6397, Aspergillus Galactomannan Antigen, Aspergillus Ag
- LAB6397-VML
- LAB6397VML

Turn Around Time:

1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:

NA

Collect:

Serum: Red tube (no gel)

BAL: Sterile container

Specimen Preparation:

Separate serum from cells ASAP, store refrigerated. Collect BAL, store refrigerated in a sterile container (Minimum 0.5 mL serum or BAL)

Pediatric Collection:

Two Red Microtainers (no gel) BAL in sterile container

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
Refrigerated (2-8°C): 5 days

Specimen:
Serum or BAL

Alternate Specimen:
Serum: Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is used, in conjunction with other diagnostic procedures, to aid in the diagnosis of invasive aspergillosis.

Synonyms:

- LAB6397, Aspergillus Galactomannan Antigen, Aspergillus Ag
- LAB6397-VML
- LAB6397VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Enzyme-linked Immunoassay

Components:
Aspergillus Galactomannan Ag; Aspergillus Galactomannan Ag Index

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result supports a diagnosis of invasive aspergillosis (IA). Positive results should be considered in conjunction with other diagnostic procedures, such as microbiologic culture, histological examination of biopsy specimens, and radiographic evidence. A negative results do not exclude the diagnosis of invasive aspergillosis

Methodology:
Enzyme-linked Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Serum: Gold SST tube (Clot activator with gel)

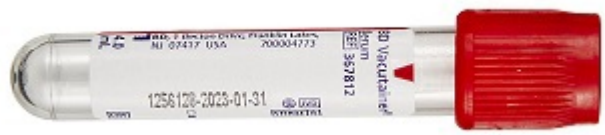
Additional Information:
NA

Components:
Aspergillus Galactomannan Ag; Aspergillus Galactomannan Ag Index

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Serum: Red tube (no gel)



BAL: Sterile container

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. Collect BAL, store refrigerated in a sterile container (Minimum 0.5 mL serum or BAL)

Pediatric Collection:
Two Red Microtainers (no gel) BAL in sterile container

Preferred Collection Volume:
Whole Blood: 1.5 mL BAL: 1.5 mL

Alternate Specimen:
Serum: Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum or BAL

Reasons for Rejection:
Specimens other than serum or BAL, Specimens with anticoagulant or preservative, Bacterial or fungal contamination

Components:
Aspergillus Galactomannan Ag; Aspergillus Galactomannan Ag Index

Stability:
Refrigerated (2-8°C): 5 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB6397, Aspergillus Galactomannan Antigen, Aspergillus Ag
- LAB6397-VML
- LAB6397VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used, in conjunction with other diagnostic procedures, to aid in the diagnosis of invasive aspergillosis.

Interpretive Data:
A positive result supports a diagnosis of invasive aspergillosis (IA). Positive results should be considered in conjunction with other diagnostic procedures, such as microbiologic culture, histological examination of biopsy specimens, and radiographic evidence. A negative results do not exclude the diagnosis of invasive aspergillosis

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Enzyme-linked Immunoassay

Section:
Immunoserology

Atopic Dermatitis Micro Pnl-VRCR

LAB3914

ORDERING INFO

Synonyms:

- LAB3914-VML
- LAB3914VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3914-VML
- LAB3914VML

ADDITIONAL INFORMATION

Section:

RF-VRCR

Resulting Laboratory:

Viracor

FULL VIEW

Synonyms:

- LAB3914-VML
- LAB3914VML

Resulting Laboratory:

Viracor

Section:

RF-VRCR

Links:

Test Sent to Reference Lab. Click Here for Test Details

ATRX (BSB-108) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath43

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Autosomal Dominant Ataxia Eval-ATH

LAB3272

ORDERING INFO

Synonyms:

- LAB3272-VML
- LAB3272VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3272-VML
- LAB3272VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3272-VML
- LAB3272VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Bacterial culture, abscess

LAB3087

ORDERING INFO

Collect:

Sterile screw-top container

Synonyms:

- ABB, Anaerobe, Anaerobe culture, Culture abscess
- LAB3087-VML
- LAB3087VML

Turn Around Time:

Gram stain: 3 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Sterile screw-top container

Specimen Preparation:

(Min , 0.5 mL or 1 swab).

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Daily

Stability:

Send to laboratory immediately. Ambient: (15-25°C) 24 hours.

Specimen:

Abscess: aspirate or purulent material. Specify source.

Alternate Specimen:
Purulent material collected on flocked swab and placed in eSwab transport (liquid amies).

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ABB, Anaerobe, Anaerobe culture, Culture abscess
- LAB3087-VML
- LAB3087VML

Performed:
Daily

Turn Around Time:
Gram stain: 3 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Methodology:
Aerobic and anaerobic culture and gram stain.

Components:
Gram stain, aerobic culture, anaerobic culture, identification and antimicrobial susceptibility testing.

RESULTS INTERPRETATION

Reference Interval:
No growth.

Interpretive Data:
Identification and suscesptibility tests are performed on significant isolates. Mixed cultures (3+ microorganisms) reported descriptively only. Plates held 4 days in case further testing needed, call laboratory.

Methodology:
Aerobic and anaerobic culture and gram stain.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
Purulent material collected on flocked swab and placed in eSwab transport (liquid amies).

Additional Information:
Gram stain included with culture and has a separate charge. Culture includes aerobic and anaerobic culture. There will be separate charges for organism identification and susceptibility testing when appropriate.

Components:
Gram stain, aerobic culture, anaerobic culture, identification and antimicrobial susceptibility testing.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screw-top container

Specimen Preparation:
(Min , 0.5 mL or 1 swab).

Pediatric Collection:
N/A

Preferred Collection Volume:
1 mL

Alternate Specimen:
Purulent material collected on flocked swab and placed in eSwab transport (liquid amies).

Patient Preparation:
N/A

Specimen:
Abscess: aspirate or purulent material. Specify source.

Reasons for Rejection:
Leaking or nonsterile container. Received outside stability. Refrigerated or frozen, unacceptable.

Components:
Gram stain, aerobic culture, anaerobic culture, identification and antimicrobial susceptibility testing.

Stability:
Send to laboratory immediately. Ambient: (15-25°C) 24 hours.

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- ABB, Anaerobe, Anaerobe culture, Culture abscess
- LAB3087-VML
- LAB3087VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Gram stain: 3 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Ordering Indicators:
N/A

Interpretive Data:
Identification and suscesptibility tests are performed on significant isolates. Mixed cultures (3+ microorganisms) reported descriptively only. Plates held 4 days in case further testing needed, call laboratory.

Reference Interval:
No growth.

Additional Information:
Gram stain included with culture and has a separate charge. Culture includes aerobic and anaerobic culture. There will be separate charges for organism identification and susceptibility testing when appropriate.

Methodology:
Aerobic and anaerobic culture and gram stain.

Section:
Microbiology

Bacterial Culture, Blood - Adult

LAB462

ORDERING INFO

Collect:

Bactec Plus Aerobic/F bottle: 8-10 mL AND Bactec Lytic/10 anaerobic bottle: 8-10 mL

Synonyms:

- Blood culture, C Blood Adult, sepsis culture, BAB
- LAB462-VML
- LAB462VML

Turn Around Time:

5 days for negative cultures. Positives reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Bactec Plus Aerobic/F bottle: 8-10 mL AND Bactec Lytic/10 anaerobic bottle: 8-10 mL

Specimen Preparation:

Send to laboratory immediately following collection. (Min, 1 mL per bottle)

Pediatric Collection:

Refer to Bacterial culture, pediatric blood

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Daily

Stability:

Ambient: (15-25°C), 4 hours

Specimen:

Blood

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
Assessment of bacterial sepsis/bacteremia.

Synonyms:

- Blood culture, C Blood Adult, sepsis culture, BAB
- LAB462-VML
- LAB462VML

Performed:
Daily

Turn Around Time:
5 days for negative cultures. Positives reported as soon as detected.

Methodology:
BACTEC FX, continuous monitoring system

Components:
Gram stain, ePlex® molecular identification and antimicrobial susceptibility testing.

RESULTS INTERPRETATION

Reference Interval:
No growth.

Interpretive Data:
N/A

Methodology:
BACTEC FX, continuous monitoring system

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Gram stain, ePlex® molecular identification and antimicrobial susceptibility testing.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Bactec Plus Aerobic/F bottle: 8-10 mL AND Bactec Lytic/10 anaerobic bottle: 8-10 mL

Specimen Preparation:
Send to laboratory immediately following collection. (Min, 1 mL per bottle)

Pediatric Collection:
Refer to Bacterial culture, pediatric blood

Preferred Collection Volume:
8-10 mL per bottle

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Leaking container. Received outside stability. Refrigerated or frozen, unacceptable.

Components:
Gram stain, ePlex® molecular identification and antimicrobial susceptibility testing.

Stability:
Ambient: (15-25°C), 4 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Blood culture, C Blood Adult, sepsis culture, BAB
- LAB462-VML
- LAB462VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
5 days for negative cultures. Positives reported as soon as detected.

Ordering Indicators:
Assessment of bacterial sepsis/bacteremia.

Interpretive Data:
N/A

Reference Interval:
No growth.

Additional Information:
N/A

Methodology:
BACTEC FX, continuous monitoring system

Section:
Microbiology

Bacterial Culture, Body Fluids

LAB269

ORDERING INFO

Collect:

Sterile screwtop container for Gram stain

and Bactec Aerobic PLUS bottle for culture.

Synonyms:

- BFB, Culture Bacterial Body Fluid, C Body Fluid, Anaerobe, Anaerobic
- LAB269-VML
- LAB269VML

Turn Around Time:

Gram stain: 3 hours after receipt in laboratory. Culture, 3-5 days to final. Positive results are reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

Collect prior to antimicrobial therapy to increase diagnostic yield.

Collect:
Sterile screwtop container for Gram stain

and Bactec Aerobic PLUS bottle for culture.

Specimen Preparation:
Submitting specimen in blood culture bottles may increase diagnostic yield. Submit BOTH blood culture bottle with fluid AND sterile container if both culture and Gram stain desired. (Min: 1 mL fluid in sterile container)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C), deliver to laboratory as soon as possible.

Specimen:
Body fluid, specify source

Alternate Specimen:
Sterile container

ORDERING

Ordering Indicators:
Assessment of suspected bacterial or Candida infection.

Synonyms:

- BFB, Culture Bacterial Body Fluid, C Body Fluid, Anaerobe, Anaerobic
- LAB269-VML
- LAB269VML

Performed:
Daily

Turn Around Time:
Gram stain: 3 hours after receipt in laboratory. Culture, 3-5 days to final. Positive results are reported as soon as detected.

Methodology:
Gram stain and aerobic and anaerobic culture.

Components:
Gram stain and bacterial (anaerobic and aerobic) culture. Identification and susceptibility testing as indicated.

RESULTS INTERPRETATION

Reference Interval:
No growth.

Interpretive Data:
Positive gram stain and cultures alerted to clinical team.

Methodology:
Gram stain and aerobic and anaerobic culture.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
Sterile container

Additional Information:
Gram stain, identification and antimicrobial susceptibility testing included and have a separate charge from culture.

Components:
Gram stain and bacterial (anaerobic and aerobic) culture. Identification and susceptibility testing as indicated.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screwtop container for Gram stain

and Bactec Aerobic PLUS bottle for culture.

Specimen Preparation:
Submitting specimen in blood culture bottles may increase diagnostic yield. Submit BOTH blood culture bottle with fluid AND sterile container if both culture and Gram stain desired. (Min: 1 mL fluid in sterile container)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 mL

Alternate Specimen:
Sterile container

Patient Preparation:
Collect prior to antimicrobial therapy to increase diagnostic yield.

Specimen:
Body fluid, specify source

Reasons for Rejection:
Non sterile or leaking container. Specimen submitted in anticoagulant. Refrigerated or frozen unacceptable

Components:
Gram stain and bacterial (anaerobic and aerobic) culture. Identification and susceptibility testing as indicated.

Stability:
Ambient: (15-25°C), deliver to laboratory as soon as possible.

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- BFB, Culture Bacterial Body Fluid, C Body Fluid, Anaerobe, Anaerobic
- LAB269-VML
- LAB269VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Gram stain: 3 hours after receipt in laboratory. Culture, 3-5 days to final. Positive results are reported as soon as detected.

Ordering Indicators:
Assessment of suspected bacterial or Candida infection.

Interpretive Data:
Positive gram stain and cultures alerted to clinical team.

Reference Interval:
No growth.

Additional Information:
Gram stain, identification and antimicrobial susceptibility testing included and have a separate charge from culture.

Methodology:
Gram stain and aerobic and anaerobic culture.

Section:
Microbiology

Bacterial Culture, Bone Marrow

LAB3088

ORDERING INFO

Collect:

Bactec Plus Aerobic/F bottle: 1-5 mL AND Bactec Lytic/10 anaerobic bottle: 1-5 mL

Synonyms:

- BMB, C B Marrow, bone marrow culture
- LAB3088-VML
- LAB3088VML

Turn Around Time:

5 days for negative cultures. Positives reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Bactec Plus Aerobic/F bottle: 1-5 mL AND Bactec Lytic/10 anaerobic bottle: 1-5 mL

Specimen Preparation:

Send to laboratory immediately following collection. (Min , 1 mL in single BACTEC Plus Aerobic/F media).

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Daily

Stability:

Ambient: (15-25°C), 4 hours

Specimen:

Bone marrow

Alternate Specimen:

Stem cell

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BMB, C B Marrow, bone marrow culture
- LAB3088-VML
- LAB3088VML

Performed:
Daily

Turn Around Time:
5 days for negative cultures. Positives reported as soon as detected.

Methodology:
Aerobic and anaerobic culture and gram stain.

Components:
Gram stain, identification and antimicrobial susceptibility testing as appropriate.

RESULTS INTERPRETATION

Reference Interval:
No growth.

Interpretive Data:
Positive cultures are called.

Methodology:
Aerobic and anaerobic culture and gram stain.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
Stem cell

Additional Information:
Gram stain, identification and antimicrobial susceptibility testing included and have a separate charge from culture.

Components:
Gram stain, identification and antimicrobial susceptibility testing as appropriate.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Bactec Plus Aerobic/F bottle: 1-5 mL AND Bactec Lytic/10 anaerobic bottle: 1-5 mL

Specimen Preparation:
Send to laboratory immediately following collection. (Min , 1 mL in single BACTEC Plus Aerobic/F media).

Pediatric Collection:
N/A

Preferred Collection Volume:
5 mL

Alternate Specimen:
Stem cell

Patient Preparation:
N/A

Specimen:
Bone marrow

Reasons for Rejection:
Leaking container. Received outside stability. Refrigerated or frozen, unacceptable.

Components:
Gram stain, identification and antimicrobial susceptibility testing as appropriate.

Stability:
Ambient: (15-25°C), 4 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- BMB, C B Marrow, bone marrow culture
- LAB3088-VML
- LAB3088VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
5 days for negative cultures. Positives reported as soon as detected.

Ordering Indicators:
N/A

Interpretive Data:
Positive cultures are called.

Reference Interval:
No growth.

Additional Information:
Gram stain, identification and antimicrobial susceptibility testing included and have a separate charge from culture.

Methodology:
Aerobic and anaerobic culture and gram stain.

Section:
Microbiology

Bacterial Culture, Bronchoalveolar lavage

LAB267

ORDERING INFO

Collect:

Sterile screw-top container

Synonyms:

- BRB, BAL Culture, C Resp
- LAB267-VML
- LAB267VML

Turn Around Time:

Gram stain: 3 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

Yield is improved if collected prior to starting antibiotics.

Collect:

Sterile screw-top container

Specimen Preparation:

Collect via bronchoscopy (Min: 1 mL)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C) (Refrigerated: (2-8°C)

Performed:

Daily

Stability:

Ambient: (15-25°C), 4 hours. If transport delayed, Refrigerated: (2-8°C) up to 24 hours. Specimens received >4 hr after collection may result in decreased ability to recover fastidious pathogens such as S. pneumoniae or H. influenzae.

Specimen:
Bronchoalveolar lavage

Alternate Specimen:
Bronchial wash, bronchial brushing, mini-BAL

ORDERING

Ordering Indicators:
Assessment of lower respiratory tract bacterial infections.

Synonyms:

- BRB, BAL Culture, C Resp
- LAB267-VML
- LAB267VML

Performed:
Daily

Turn Around Time:
Gram stain: 3 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Methodology:
Gram stain and aerobic culture.

Components:
Gram stain and bacterial culture.

RESULTS INTERPRETATION

Reference Interval:
Negative for pathogenic bacteria.

Interpretive Data:
N/A

Methodology:
Gram stain and aerobic culture.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
Bronchial wash, bronchial brushing, mini-BAL

Additional Information:
Identification and antimicrobial susceptibility tests billed seperately from culture.

Components:
Gram stain and bacterial culture.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screw-top container

Specimen Preparation:
Collect via bronchoscopy (Min: 1 mL)

Pediatric Collection:
N/A

Preferred Collection Volume:
5-10 mL

Alternate Specimen:
Bronchial wash, bronchial brushing, mini-BAL

Patient Preparation:
Yield is improved if collected prior to starting antibiotics.

Specimen:
Bronchoalveolar lavage

Reasons for Rejection:
Non-sterile or leaking container. Specimen received >24 hours after collection. Frozen, unacceptable.

Components:
Gram stain and bacterial culture.

Stability:
Ambient: (15-25°C), 4 hours. If transport delayed, Refrigerated: (2-8°C) up to 24 hours. Specimens received >4 hr after collection may result in decreased ability to recover fastidious pathogens such as S. pneumoniae or H. influenzae.

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- BRB, BAL Culture, C Resp
- LAB267-VML
- LAB267VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Gram stain: 3 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Ordering Indicators:
Assessment of lower respiratory tract bacterial infections.

Interpretive Data:
N/A

Reference Interval:
Negative for pathogenic bacteria.

Additional Information:
Identification and antimicrobial susceptibility tests billed seperately from culture.

Methodology:
Gram stain and aerobic culture.

Section:
Microbiology

Bacterial Culture, Cerebrospinal Fluid

LAB268

ORDERING INFO

Collect:
Sterile screwtop container. Submit tube 2 of CSF collection.

Synonyms:

- SFB, Spinal fluid culture bacteria, C CSF
- LAB268-VML
- LAB268VML

Turn Around Time:
Gram stain: 1 hour after receipt in laboratory. Culture, 3-5 days to final. Positive results are reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect initial CSF prior to antimicrobial therarpy for highest diagnostic sensitivity.

Collect:
Sterile screwtop container. Submit tube 2 of CSF collection.

Specimen Preparation:
(Min 0.5 mL)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C), deliver to laboratory as soon as possible.

Specimen:
Cerebrospinal fluid (CSF)

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Assessment of bacterial meningitis.

Synonyms:

- SFB, Spinal fluid culture bacteria, C CSF
- LAB268-VML
- LAB268VML

Performed:
Daily

Turn Around Time:
Gram stain: 1 hour after receipt in laboratory. Culture, 3-5 days to final. Positive results are reported as soon as detected.

Methodology:
Aerobic bacterial culture and gram stain

Components:
Gram stain and bacterial culture.

RESULTS INTERPRETATION

Reference Interval:
No growth.

Interpretive Data:
Positive gram stain and cultures alerted to clinical team.

Methodology:
Aerobic bacterial culture and gram stain

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Gram stain, identification and antimicrobial susceptibility testing included and have a separate charge from culture.

Components:
Gram stain and bacterial culture.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screwtop container. Submit tube 2 of CSF collection.

Specimen Preparation:
(Min 0.5 mL)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 mL

Alternate Specimen:
N/A

Patient Preparation:
Collect initial CSF prior to antimicrobial therarpy for highest diagnostic sensitivity.

Specimen:
Cerebrospinal fluid (CSF)

Reasons for Rejection:
Nonsterile or leaking container. Refrigerated or frozen unacceptable.

Components:
Gram stain and bacterial culture.

Stability:
Ambient: (15-25°C), deliver to laboratory as soon as possible.

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- SFB, Spinal fluid culture bacteria, C CSF
- LAB268-VML
- LAB268VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Gram stain: 1 hour after receipt in laboratory. Culture, 3-5 days to final. Positive results are reported as soon as detected.

Ordering Indicators:
Assessment of bacterial meningitis.

Interpretive Data:
Positive gram stain and cultures alerted to clinical team.

Reference Interval:
No growth.

Additional Information:
Gram stain, identification and antimicrobial susceptibility testing included and have a separate charge from culture.

Methodology:
Aerobic bacterial culture and gram stain

Section:
Microbiology

Bacterial culture, deep wound

LAB503

ORDERING INFO

Collect:
Sterile screwtop container or flocked swab in liquid Amies (Eswab®))

Synonyms:

- Wound culture, C Wound, WOB
- LAB503-VML
- LAB503VML

Turn Around Time:
Gram stain: 2 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile screwtop container or flocked swab in liquid Amies (Eswab®))

Specimen Preparation:
Send to lab immediately. Specimens sent from OR will be cultured for aerobes and anaerobes. Other specimens with a high suspicion of anaerobic bacteria should have a note made on the lab requisition and specimen should be sent in anaerobic transport media or Eswab (R).

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Send to laboratory immediately. Ambient: (15-25°C), 24 hours

Specimen:
Wound (subcutaneous), specify source

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Wound culture, C Wound, WOB
- LAB503-VML
- LAB503VML

Performed:
Daily

Turn Around Time:
Gram stain: 2 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Methodology:
Aerobic and anaerobic bacterial culture and Gram stain

Components:
Gram stain, aerobic culture, anaerobic culture, identification and antimicrobial susceptibility testing.

RESULTS INTERPRETATION

Reference Interval:
No pathogens detected.

Interpretive Data:
N/A

Methodology:
Aerobic and anaerobic bacterial culture and Gram stain

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Gram stain included with culture and has a separate charge. Anaerobic and aerobicculture included. There will be separate charges for organism identification and susceptibility testing when appropriate. .

Components:
Gram stain, aerobic culture, anaerobic culture, identification and antimicrobial susceptibility testing.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screwtop container or flocked swab in liquid Amies (Eswab®))

Specimen Preparation:
Send to lab immediately. Specimens sent from OR will be cultured for aerobes and anaerobes. Other specimens with a high suspicion of anaerobic bacteria should have a note made on the lab requisition and specimen should be sent in anaerobic transport media or Eswab (R).

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Wound (subcutaneous), specify source

Reasons for Rejection:
Non sterile or leaking container. Specimens received >24 hr after collection. Refrigerated or frozen, unacceptable.

Components:
Gram stain, aerobic culture, anaerobic culture, identification and antimicrobial susceptibility testing.

Stability:
Send to laboratory immediately. Ambient: (15-25°C), 24 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Wound culture, C Wound, WOB
- LAB503-VML
- LAB503VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Gram stain: 2 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
No pathogens detected.

Additional Information:
Gram stain included with culture and has a separate charge. Anaerobic and aerobicculture included. There will be separate charges for organism identification and susceptibility testing when appropriate. .

Methodology:
Aerobic and anaerobic bacterial culture and Gram stain

Section:
Microbiology

Bacterial culture, joint

LAB6578

ORDERING INFO

Collect:

Sterile screw-top container

Synonyms:

- C Bact Joint, Joint cutlure
- LAB6578-VML
- LAB6578VML

Turn Around Time:

3-14 days. Positives are reported as soon as detected

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Sterile screw-top container

Specimen Preparation:

Send to laboratory immediately following collection (Min 0.5mL fluid)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C) (Refrigerated: (2-8°C)

Stability:

Ambient: (15-25°C) 48 hours Refrigerated: (2-8°C) 48 hours

Specimen:

Joint aspirate or tissue, specify source

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
Evaluation of joint infections.

Synonyms:

- C Bact Joint, Joint cutlure
- LAB6578-VML
- LAB6578VML

Turn Around Time:
3-14 days. Positives are reported as soon as detected

Methodology:
Aerobic and anaerobic culture and gram stain.

Components:
Bacterial culture (aerobic and anaerobic), gram stain, identification and susceptibilty testing as indicated.

RESULTS INTERPRETATION

Reference Interval:
Negative.

Interpretive Data:
Test is held for 14 days to evaluate for growth of Propionibacterium acnes.

Methodology:
Aerobic and anaerobic culture and gram stain.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Includes gram stain, aerobic culture, anaerobic culture, identification and susceptibility testing.

Components:
Bacterial culture (aerobic and anaerobic), gram stain, identification and susceptibilty testing as indicated.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screw-top container

Specimen Preparation:
Send to laboratory immediately following collection (Min 0.5mL fluid)

Pediatric Collection:
N/A

Preferred Collection Volume:
0.5 mL fluid, send as much as possible

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Joint aspirate or tissue, specify source

Reasons for Rejection:
Non sterile or leaking container. Specimen submitted in anticoagulant. Refrigerated or frozen, unacceptable.

Components:
Bacterial culture (aerobic and anaerobic), gram stain, identification and susceptibilty testing as indicated.

Stability:
Ambient: (15-25°C) 48 hours Refrigerated: (2-8°C) 48 hours

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- C Bact Joint, Joint cutlure
- LAB6578-VML
- LAB6578VML

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3-14 days. Positives are reported as soon as detected

Ordering Indicators:
Evaluation of joint infections.

Interpretive Data:
Test is held for 14 days to evaluate for growth of Propionibacterium acnes.

Reference Interval:
Negative.

Additional Information:
Includes gram stain, aerobic culture, anaerobic culture, identification and susceptibility testing.

Methodology:
Aerobic and anaerobic culture and gram stain.

Section:
Microbiology

Bacterial culture, Legionella

LAB902

ORDERING INFO

Collect:
Sterile screwtop container.

Synonyms:

- Legionella culture, legionnaire's disease, TIL
- LAB902-VML
- LAB902VML

Turn Around Time:
2 weeks. Positives are reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile screwtop container.

Specimen Preparation:
Send to laboratory immediately following collection (Min 0.5mL fluid)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Send to laboratory immediately. Send to laboratory immediately. Ambient: (15-25°C) 24 hours

Specimen:
Respiratory secretions (sputum, bronchial and tracheal aspirates, bronchial washings); Sterile body fluids, lung tissue. Other tissues, specify source.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Evaluation of legionellosis.

Synonyms:

- Legionella culture, legionnaire's disease, TIL
- LAB902-VML
- LAB902VML

Performed:
Daily

Turn Around Time:
2 weeks. Positives are reported as soon as detected.

Methodology:
Aerobic bacterial culture.

Components:
Bacterial culture.

RESULTS INTERPRETATION

Reference Interval:
Legionella not detected.

Interpretive Data:
N/A

Methodology:
Aerobic bacterial culture.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Consider Legionella urinary antigen (LAB 886) or Legionella species by PCR (LAB3168). Sensitivity of culture is generally low.

Components:
Bacterial culture.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screwtop container.

Specimen Preparation:
Send to laboratory immediately following collection (Min 0.5mL fluid)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Respiratory secretions (sputum, bronchial and tracheal aspirates, bronchial washings); Sterile body fluids, lung tissue. Other tissues, specify source.

Reasons for Rejection:
Non-sterile or leaking container. Specimen received >24 hours after collection. Refrigerated or frozen, unacceptable.

Components:
Bacterial culture.

Stability:
Send to laboratory immediately. Send to laboratory immediately. Ambient: (15-25°C) 24 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Legionella culture, legionnaire's disease, TIL
- LAB902-VML
- LAB902VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 weeks. Positives are reported as soon as detected.

Ordering Indicators:
Evaluation of legionellosis.

Interpretive Data:
N/A

Reference Interval:
Legionella not detected.

Additional Information:
Consider Legionella urinary antigen (LAB 886) or Legionella species by PCR (LAB3168). Sensitivity of culture is generally low.

Methodology:
Aerobic bacterial culture.

Section:
Microbiology

Bacterial Culture, Pediatric Blood

LAB3089

ORDERING INFO

Collect:
Refer to Pediatric collection chart

Synonyms:

- BPB, Blood culture, C Bld
- LAB3089-VML
- LAB3089VML

Turn Around Time:
5 days for negative cultures. Positives reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Refer to Pediatric collection chart

Specimen Preparation:
Skin antisepsis is imperative to avoid contamination. Disinfect the venipuncture site with 2% chlorhexidine or 2% iodine tincture. Chlorhexidine is not recommended for children < 2 months old. Swab with disinfectant for 1 min, and allow to dry, prior to venipuncture. Do not collect from vein which intravenous solution is being delivered. Drawing blood from a port of an indwelling catheter should ONLY be done if poor access requires this practice. (Min 0.5 mL in Bactec Aerobic PLUS bottle)

Pediatric Collection:
Weight based blood collection. Refer to chart.

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C), 4 hours

Specimen:
Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Assessment of suspected bacterial or Candida infection.

Synonyms:

- BPB, Blood culture, C Bld
- LAB3089-VML
- LAB3089VML

Performed:
Daily

Turn Around Time:
5 days for negative cultures. Positives reported as soon as detected.

Methodology:
BACTEC FX, continuous monitoring system

Components:
Gram stain, ePlex® molecular identification and antimicrobial susceptibility testing.

RESULTS INTERPRETATION

Reference Interval:
No growth.

Interpretive Data:
Positive cultures are alerted to the clinical team.

Methodology:
BACTEC FX, continuous monitoring system

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Gram stain, molecular identification and antimicrobial susceptibility testing included and have a separate charge from culture.

Components:
Gram stain, ePlex® molecular identification and antimicrobial susceptibility testing.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Refer to Pediatric collection chart

Specimen Preparation:
Skin antisepsis is imperative to avoid contamination. Disinfect the venipuncture site with 2% chlorhexidine or 2% iodine tincture. Chlorhexidine is not recommended for children < 2 months old. Swab with disinfectant for 1 min, and allow to dry, prior to venipuncture. Do not collect from vein which intravenous solution is being delivered. Drawing blood from a port of an indwelling catheter should ONLY be done if poor access requires this practice. (Min 0.5 mL in Bactec Aerobic PLUS bottle)

Pediatric Collection:
Weight based blood collection. Refer to chart.

Preferred Collection Volume:
Refer to weight-based blood collection chart.

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Leaking container. Received outside stability. Refrigerated or frozen, unacceptable.

Components:
Gram stain, ePlex® molecular identification and antimicrobial susceptibility testing.

Stability:
Ambient: (15-25°C), 4 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- BPB, Blood culture, C Bld
- LAB3089-VML
- LAB3089VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
5 days for negative cultures. Positives reported as soon as detected.

Ordering Indicators:
Assessment of suspected bacterial or Candida infection.

Interpretive Data:
Positive cultures are alerted to the clinical team.

Reference Interval:
No growth.

Additional Information:
Gram stain, molecular identification and antimicrobial susceptibility testing included and have a separate charge from culture.

Methodology:
BACTEC FX, continuous monitoring system

Section:
Microbiology

Bacterial culture, respiratory

LAB900

ORDERING INFO

Collect:

Sterile screwtop container

Synonyms:

- Sputum, Culture bacterial respiratory, tracheal, RSP
- LAB900-VML
- LAB900VML

Turn Around Time:

Gram stain: 3 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Sterile screwtop container

Specimen Preparation:

(Min, 0.5 mL)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Daily

Stability:

Send to laboratory immediately. Ambient: (15-25°C) 2 hours; Refrigerated: (2-8°C) 24 hours.

Specimen:

Sputum

Alternate Specimen:
Throat

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Sputum, Culture bacterial respiratory, tracheal, RSP
- LAB900-VML
- LAB900VML

Performed:
Daily

Turn Around Time:
Gram stain: 3 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Methodology:
Gram stain and aerobic bacterial culture.

Components:
Gram

RESULTS INTERPRETATION

Reference Interval:
Negative for pathogenic bacteria.

Interpretive Data:
The number of microbial species associated with CF lung disease is relatively limited. Emphasis is placed on the recovery of mucoid and nonmucoid Pseudomonas aeruginosa, Staphylococcus aureus (including smallcolony variants and methicillin-resistant strains), specific members of the Burkholderia cepacia complex, Stenotrophomonas maltophilia, Achromobacter spp., and other potential pathogens

Methodology:
Gram stain and aerobic bacterial culture.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
Throat

Additional Information:
Gram stain included with culture for non-CF cultures and has a separate charge. There will be separate charges for organism identification and susceptibility testing when appropriate.

Components:
Gram

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screwtop container

Specimen Preparation:
(Min, 0.5 mL)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 mL

Alternate Specimen:
Throat

Patient Preparation:
N/A

Specimen:
Sputum

Reasons for Rejection:
Leaking or nonsterile container. Received outside stability.

Components:
Gram

Stability:
Send to laboratory immediately. Ambient: (15-25°C) 2 hours; Refrigerated: (2-8°C) 24 hours.

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Sputum, Culture bacterial respiratory, tracheal, RSP
- LAB900-VML
- LAB900VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Gram stain: 3 hours from receipt in laboratory. Culture: 1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Ordering Indicators:
N/A

Interpretive Data:
The number of microbial species associated with CF lung disease is relatively limited. Emphasis is placed on the recovery of mucoid and nonmucoid Pseudomonas aeruginosa, Staphylococcus aureus (including smallcolony variants and methicillin-resistant strains), specific members of the Burkholderia cepacia complex, Stenotrophomonas maltophilia, Achromobacter spp., and other potential pathogens

Reference Interval:
Negative for pathogenic bacteria.

Additional Information:
Gram stain included with culture for non-CF cultures and has a separate charge. There will be separate charges for organism identification and susceptibility testing when appropriate.

Methodology:
Gram stain and aerobic bacterial culture.

Section:
Microbiology

Bacterial culture, Respiratory Cystic Fibrosis

LAB3091

ORDERING INFO

Collect:

Collect throat swab with flocked swab and place in Eswab (liquid Amies) transport media.

Submit fluid in screwtop, sterile container.

Synonyms:

- CF culture, C Resp, CTB
- LAB3091-VML
- LAB3091VML

Turn Around Time:

3-5 days. Positives are reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

This test is only for Cystic Fibrosis Patients

Collect:

Collect throat swab with flocked swab and place in Eswab (liquid Amies) transport media.

Submit fluid in screwtop, sterile container.

Specimen Preparation:

(Min, 1 swab, 0.5 mL fluid)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C), 24 hours

Specimen:
Throat or respiratory secretions

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Evaluation of respiratory exacerrbation or annual surveillance for patients with Cystic Fibrosis.

Synonyms:

- CF culture, C Resp, CTB
- LAB3091-VML
- LAB3091VML

Performed:
Daily

Turn Around Time:
3-5 days. Positives are reported as soon as detected.

Methodology:
Aerobic bacterial culture.

Components:
Culture, identification and susceptibility testing

RESULTS INTERPRETATION

Reference Interval:
No pathogens detected.

Interpretive Data:
The CF throat workup includes culturing for Pseudomonas aeruginosa, Staphylococcus aureus, Burkholderia cepacia, Stenotrophomonas maltophilia, and other potential pathogens.

Methodology:
Aerobic bacterial culture.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
There will be separate charges for organism identification and susceptibility testing when indicated.

Components:
Culture, identification and susceptibility testing

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Collect throat swab with flocked swab and place in Eswab (liquid Amies) transport media.

Submit fluid in screwtop, sterile container.

Specimen Preparation:
(Min, 1 swab, 0.5 mL fluid)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab; 0.5 mL fluid

Alternate Specimen:
N/A

Patient Preparation:
This test is only for Cystic Fibrosis Patients

Specimen:
Throat or respiratory secretions

Reasons for Rejection:
Non-sterile or leaking container. Specimen received >24 hours after collection. Refrigerated or frozen, unacceptable.

Components:
Culture, identification and susceptibility testing

Stability:
Ambient: (15-25°C), 24 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- CF culture, C Resp, CTB
- LAB3091-VML
- LAB3091VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3-5 days. Positives are reported as soon as detected.

Ordering Indicators:
Evaluation of respiratory exacerrbation or annual surveillance for patients with Cystic Fibrosis.

Interpretive Data:
The CF throat workup includes culturing for Pseudomonas aeruginosa, Staphylococcus aureus, Burkholderia cepacia, Stenotrophomonas maltophilia, and other potential pathogens.

Reference Interval:
No pathogens detected.

Additional Information:
There will be separate charges for organism identification and susceptibility testing when indicated.

Methodology:
Aerobic bacterial culture.

Section:
Microbiology

Bacterial Culture, Stool

LAB223

ORDERING INFO

Collect:
Leak-proof, sterile screwtop container or Carey-Blair transport.

Synonyms:

- Culture, stool
- E. coli O157:H7 culture Enteric Pathogens Culture, Stool Feces Culture, Routine, STB
- LAB223-VML
- LAB223VML

Turn Around Time:
1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Leak-proof, sterile screwtop container or Carey-Blair transport.

Specimen Preparation:
Submit specimen in the accute stage of infection (usually 5-7 days). Send to laboratory immediately. If delay >2 h, use Cary-Blair transport medium. (Min: 1 mL liquid stool).

Pediatric Collection:
Rectal swab may be collected if stool specimen is not available for pediatric patients. However, culture sensitivity is reduced and a stool specimen should be submitted for culture when available.

Storage/Transport Temperature:
Ambient: (15-25°C) (fresh) Refrigerated: (2-8°C) (preserved).

Performed:
Daily

Stability:
Ambient: (15-25°C) 2 hours unpreserved. Refrigerated: (2-8°C) 24 hours, in Carey-Blair preservative.

Specimen:
Stool

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Preferred test for suspected bacterial diarrhea evaluation. Testing includes cultures for Salmonella, Shigella, Campylobacter, E. coli O157:H7. Can be used to rule out Aeromonas and Plesiomonas, specify the pathogen to rule out. For C. difficile testing, refer to C. difficile DNA by PCR (LAB 1053). For evaluation of an expanded panel of bacteria, viral and parasitic causes of gastroenteritis, refer to PCR Gastrointestinal (GI) Pathogen Panel (LAB 5886).

Synonyms:

- Culture, stool
- E. coli O157:H7 culture Enteric Pathogens Culture, Stool Feces Culture, Routine, STB
- LAB223-VML
- LAB223VML

Performed:
Daily

Turn Around Time:
1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Methodology:
Aerobic culture

Components:
Culture

RESULTS INTERPRETATION

Reference Interval:
Negative for Salmonella, Shigella, Campylobacter and E. coli O157:H7

Interpretive Data:
A positive culture result indicates infection with the identified organism. A negative culture does not rule out infection; sensitivity may be enhanced by submitting additional specimens, collected 3 days apart. Antimicrobial susceptibility testing performed on request, but not routinely.

Methodology:
Aerobic culture

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Identification and antimicrobial susceptibiltiy tests billed seperately from culture. Stool culture includes culture for Salmonella, Shigella, Campylobacter, and E. coli O157:H7. If an isolate requires testing for Shiga-like toxin, this is billed seperately.

Components:
Culture

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Leak-proof, sterile screwtop container or Carey-Blair transport.

Specimen Preparation:
Submit specimen in the accute stage of infection (usually 5-7 days). Send to laboratory immediately. If delay >2 h, use Cary-Blair transport medium. (Min: 1 mL liquid stool).

Pediatric Collection:
Rectal swab may be collected if stool specimen is not available for pediatric patients. However, culture sensitivity is reduced and a stool specimen should be submitted for culture when available.

Preferred Collection Volume:
5 mL liquid stool or 1 g (walnut-sized) formed stool

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Stool

Reasons for Rejection:
Patient hospitalized >3 days. Specimen received with no preservative >2 h after collection. Specimen received in Carey-Blair refrigerated >24 h after collection. Leaking container. Frozen, unacceptable.

Components:
Culture

Stability:
Ambient: (15-25°C) 2 hours unpreserved. Refrigerated: (2-8°C) 24 hours, in Carey-Blair preservative.

Storage/Transport Temperature:
Ambient: (15-25°C) (fresh) Refrigerated: (2-8°C) (preserved).

Synonyms:

- Culture, stool
- E. coli O157:H7 culture Enteric Pathogens Culture, Stool Feces Culture, Routine, STB
- LAB223-VML
- LAB223VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Ordering Indicators:

Preferred test for suspected bacterial diarrhea evaluation. Testing includes cultures for Salmonella, Shigella, Campylobacter, E. coli O157:H7. Can be used to rule out Aeromonas and Plesiomonas, specify the pathogen to rule out. For C. difficile testing, refer to C. difficile DNA by PCR (LAB 1053). For evaluation of an expanded panel of bacteria, viral and parasitic causes of gastroenteritis, refer to PCR Gastrointestinal (GI) Pathogen Panel (LAB 5886).

Interpretive Data:

A positive culture result indicates infection with the identified organism. A negative culture does not rule out infection; sensitivity may be enhanced by submitting additional specimens, collected 3 days apart. Antimicrobial susceptibility testing performed on request, but not routinely.

Reference Interval:

Negative for Salmonella, Shigella, Campylobacter and E. coli O157:H7

Additional Information:

Identification and antimicrobial susceptibiltiy tests billed seperately from culture. Stool culture includes culture for Salmonella, Shigella, Campylobacter, and E. coli O157:H7. If an isolate requires testing for Shiga-like toxin, this is billed seperately.

Methodology:

Aerobic culture

Section:

Microbiology

Bacterial culture, superficial wound

LAB6576

ORDERING INFO

Collect:
Flocked swab in eSwab (Liquid Amies) transport media.

Synonyms:

- C Bact Wnd Spr,Culture Bacterial Wound Superficial, Wound Culture
- LAB6576-VML
- LAB6576VML

Turn Around Time:
3-5 days. Positives are reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Flocked swab in eSwab (Liquid Amies) transport media.

Specimen Preparation:
Send to laboratory immediately following collection. (Min, 1 swab)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient:(15-25°C) 3 days.

Specimen:
Wounds affecting epidermis and dermis), specify source

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- C Bact Wnd Spr,Culture Bacterial Wound Superficial, Wound Culture
- LAB6576-VML
- LAB6576VML

Performed:
Daily

Turn Around Time:
3-5 days. Positives are reported as soon as detected.

Methodology:
Aerobic bacterial culture.

Components:
Bacterial culture, Gram stain, Identification and Susceptibility Testing as indicated.

RESULTS INTERPRETATION

Reference Interval:
Negative for pathogenic bacteria.

Interpretive Data:
N/A

Methodology:
Aerobic bacterial culture.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Includes culture, identification and susceptibility testing. No gram stain or anaerobic culture performed.

Components:
Bacterial culture, Gram stain, Identification and Susceptibility Testing as indicated.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Flocked swab in eSwab (Liquid Amies) transport media.

Specimen Preparation:
Send to laboratory immediately following collection. (Min, 1 swab)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Wounds affecting epidermis and dermis), specify source

Reasons for Rejection:
Non sterile or leaking container. Specimens received >24 hr after collection. Refrigerated or frozen, unacceptable.

Components:
Bacterial culture, Gram stain, Identification and Susceptibility Testing as indicated.

Stability:
Ambient:(15-25°C) 3 days.

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- C Bact Wnd Spr,Culture Bacterial Wound Superficial, Wound Culture
- LAB6576-VML
- LAB6576VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3-5 days. Positives are reported as soon as detected.

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Negative for pathogenic bacteria.

Additional Information:
Includes culture, identification and susceptibility testing. No gram stain or anaerobic culture performed.

Methodology:
Aerobic bacterial culture.

Section:
Microbiology

Bacterial culture, Tissue or Surgical

LAB271

ORDERING INFO

Collect:
Sterile srewtop container.

Synonyms:

- Tissue culture, TIB
- LAB271-VML
- LAB271VML

Turn Around Time:
Gram stain: 1 hour after receipt in laboratory. Culture, 3-5 days to final. Positive results are reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile srewtop container.

Specimen Preparation:
N/A

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C), deliver to laboratory as soon as possible.

Specimen:
Tissue, specify source

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Assessment of suspected bacterial or Candida infection.

Synonyms:

- Tissue culture, TIB
- LAB271-VML
- LAB271VML

Performed:
Daily

Turn Around Time:
Gram stain: 1 hour after receipt in laboratory. Culture, 3-5 days to final. Positive results are reported as soon as detected.

Methodology:
Aerobic and anaerobic culture and gram stain.

Components:
Gram stain, aerobic culture, anaerobic culture, identification and antimicrobial susceptibility testing.

RESULTS INTERPRETATION

Reference Interval:
No growth.

Interpretive Data:
Positive cultures are alerted to the clinical team.

Methodology:
Aerobic and anaerobic culture and gram stain.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Gram stain, aerobic bacterial culture, anaerobic bacterial culture, antimicrobial susceptibility testing included and have a separate charge from culture.

Components:
Gram stain, aerobic culture, anaerobic culture, identification and antimicrobial susceptibility testing.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile srewtop container.

Specimen Preparation:
N/A

Pediatric Collection:
N/A

Preferred Collection Volume:
Submit as much as possible

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Tissue, specify source

Reasons for Rejection:
Non-sterile or leaking container. Specimen received >24 hours after collection. Refrigerated or frozen, unacceptable.

Components:
Gram stain, aerobic culture, anaerobic culture, identification and antimicrobial susceptibility testing.

Stability:
Ambient: (15-25°C), deliver to laboratory as soon as possible.

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Tissue culture, TIB
- LAB271-VML
- LAB271VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Gram stain: 1 hour after receipt in laboratory. Culture, 3-5 days to final. Positive results are reported as soon as detected.

Ordering Indicators:
Assessment of suspected bacterial or Candida infection.

Interpretive Data:
Positive cultures are alerted to the clinical team.

Reference Interval:
No growth.

Additional Information:
Gram stain, aerobic bacterial culture, anaerobic bacterial culture, antimicrobial susceptibility testing included and have a separate charge from culture.

Methodology:
Aerobic and anaerobic culture and gram stain.

Section:
Microbiology

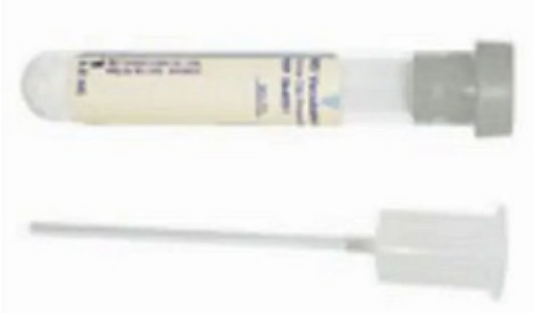
Bacterial Culture, Urine

LAB239

ORDERING INFO

Collect:

Boric Acid transport tube (gray top, BD vacutainer).



Synonyms:

- Urine culture, C Urine, URB, urinalysis with reflex to culture
- LAB239-VML
- LAB239VML

Turn Around Time:

1-4 days. Final negative result reported at 2 days. Positive culture reported as soon as detected.

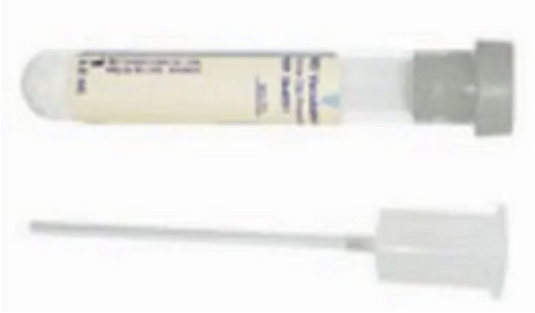
SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Boric Acid transport tube (gray top, BD vacutainer).



Specimen Preparation:

Proper specimen collection is imperative to avoid contamination. Prior to collection, wash vuvla thoroughly using cleansing towlettes (female) or wash the glans penis thoroughly with two succesive cleansing towlettes (uncircumsised male), paying close attention to urethral meatus. Have patient collect voided urine directly into sterile, leakproof container in midstream. Transfer to Boric Acid vacutainer, filling with urine to minimum fill line (Min: 3 mL).

Pediatric Collection:

Do not place <3 mL in boric acid transport as this will inhibit bacterial growth. Submit in sterile container, refrigerated, as soon as possible.

Storage/Transport Temperature:

Ambient: (15-25°C) (Refrigerated: (2-8°C)

Performed:

Daily

Stability:

Boric acid tube: Ambient: (15-25°C) 48 hours. Sterile container: Ambient: (15-25°C) 2 hours, Refrigerated: (2-8°C) for 24 hours.

Specimen:

Urine, midstream, catheterized, cystoscopic, or suprapubic. Indicate source of specimen.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
Quantitative culture to identify bacterial causes of urinary tract infections

Synonyms:

- Urine culture, C Urine, URB, urinalysis with reflex to culture
- LAB239-VML
- LAB239VML

Performed:
Daily

Turn Around Time:
1-4 days. Final negative result reported at 2 days. Positive culture reported as soon as detected.

Methodology:
Quantitative aerobic culture. Gram stain not included.

Components:
Bacterial culture (quantitative).

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive culture may indicate infection or asymptomatic bacteriuria. Should only be performed on patients with >5 WBC on urinalysis, with selected exclusions (e.g., patient with absolute neutrophil count <500, pregnant patient).

Methodology:
Quantitative aerobic culture. Gram stain not included.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

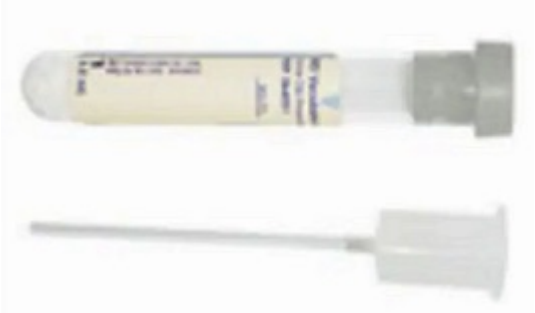
Additional Information:
Identification and antimicrobial susceptibility tests billed seperately from culture.

Components:
Bacterial culture (quantitative).

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Boric Acid transport tube (gray top, BD vacutainer).



Specimen Preparation:
Proper specimen collection is imperative to avoid contamination. Prior to collection, wash vuvla thoroughly using cleansing towlettes (female) or wash the glans penis thoroughly with two succesive cleansing towlettes (uncircumsised male), paying close attention to urethral meatus. Have patient collect voided urine directly into sterile, leakproof container in midstream. Transfer to Boric Acid vacutainer, filling with urine to minimum fill line (Min: 3 mL).

Pediatric Collection:
Do not place <3 mL in boric acid transport as this will inhibit bacterial growth. Submit in sterile container, refrigerated, as soon as possible.

Preferred Collection Volume:
4 mL urine

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine, midstream, catheterized, cystoscopic, or suprapubic. Indicate source of specimen.

Reasons for Rejection:
Urine collected from bedpan or urinal. Urine collected in non-sterile or leaking container. Specimen received outside stability. Urine collected on swab. 24 h urine collection. Frozen, unacceptable.

Components:
Bacterial culture (quantitative).

Stability:
Boric acid tube: Ambient: (15-25°C) 48 hours. Sterile container: Ambient: (15-25°C) 2 hours, Refrigerated: (2-8°C) for 24 hours.

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- Urine culture, C Urine, URB, urinalysis with reflex to culture
- LAB239-VML
- LAB239VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1-4 days. Final negative result reported at 2 days. Positive culture reported as soon as detected.

Ordering Indicators:
Quantitative culture to identify bacterial causes of urinary tract infections

Interpretive Data:
A positive culture may indicate infection or asymptomatic bacteriuria. Should only be performed on patients with >5 WBC on urinalysis, with selected exclusions (e.g., patient with absolute neutrophil count <500, pregnant patient).

Reference Interval:
Negative

Additional Information:
Identification and antimicrobial susceptibility tests billed seperately from culture.

Methodology:
Quantitative aerobic culture. Gram stain not included.

Section:
Microbiology

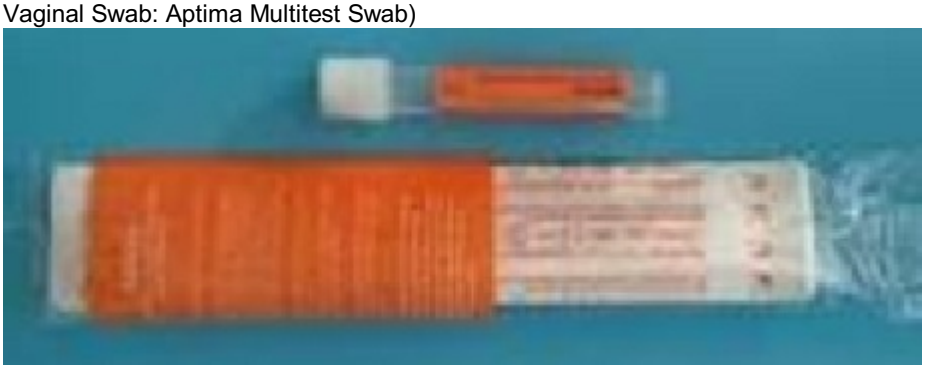
Bacterial Vaginosis by Transcription-Mediated Amplification (TMA)

LAB6082

ORDERING INFO

Collect:

Vaginal Swab: Aptima Multitest Swab)



Synonyms:

- LAB6082, BV PCR, Wet Prep, Vaginosis, gardnerella vaginalis
- LAB6082-VML
- LAB6082VML

Turn Around Time:

72 hours

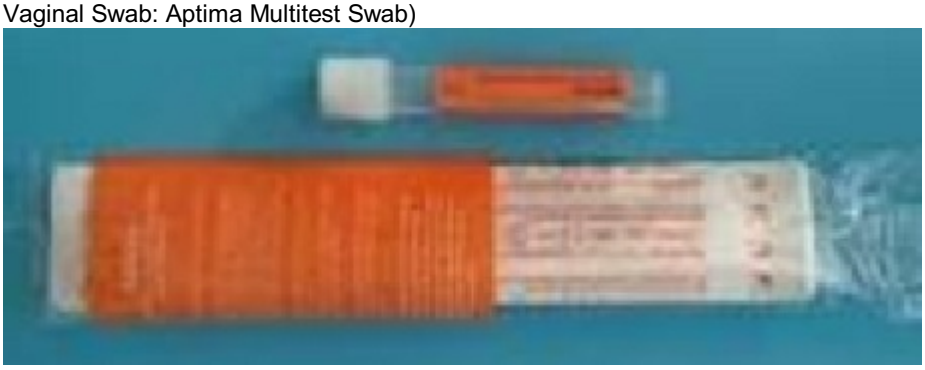
SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Vaginal Swab: Aptima Multitest Swab)



Specimen Preparation:

Place swab in MultiTest Swab Specimen Transport Tube (orange), break shaft at scoreline then recap tube. (Min 1.0mL Swab)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient (15-25°C)

Performed:

Monday - Friday

Stability:

Ambient (15-25°C): 30 days

Specimen:

Vaginal

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
The Aptima® BV assay is an in vitro nucleic acid amplification test that utilizes real time transcription-mediated amplification (TMA) for detection and quantitation of ribosomal RNA from bacteria associated with bacterial vaginosis (BV), including Lactobacillus (L. gasseri, L. crispatus, and L. jensenii), Gardnerella vaginalis, and Atopobium vaginae. The assay reports a qualitative result for BV and does not report results for individual organisms. The assay is intended to aid in the diagnosis of BV on the automated Panther® system using clinician-collected and patient-collected vaginal swab specimens from females with a clinical presentation consistent with vaginitis and/or vaginosis.

Synonyms:

- LAB6082, BV PCR, Wet Prep, Vaginosis, gardnerella vaginalis
- LAB6082-VML
- LAB6082VML

Performed:
Monday - Friday

Turn Around Time:
72 hours

Methodology:
TMA

Components:
None

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
N/A

Methodology:
TMA

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
None

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Vaginal Swab: Aptima Multitest Swab)

Specimen Preparation:
Place swab in MultiTest Swab Specimen Transport Tube (orange), break shaft at scoreline then recap tube. (Min 1.0mL Swab)

Pediatric Collection:
N/A

Preferred Collection Volume:
Swab: Aptima Tube

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Vaginal

Reasons for Rejection:
Specimen collected incorrectly (i.e. collected in an alternate Aptima container); no swab present in tube; alternative specimen type/source sent without Medical Director approval

Components:
None

Stability:
Ambient (15-25°C): 30 days

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB6082, BV PCR, Wet Prep, Vaginosis, gardnerella vaginalis
- LAB6082-VML
- LAB6082VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 hours

Ordering Indicators:
The Aptima® BV assay is an in vitro nucleic acid amplification test that utilizes real time transcription-mediated amplification (TMA) for detection and quantitation of ribosomal RNA from bacteria associated with bacterial vaginosis (BV), including Lactobacillus (L. gasseri, L. crispatus, and L. jensenii), Gardnerella vaginalis, and Atopobium vaginae. The assay reports a qualitative result for BV and does not report results for individual organisms. The assay is intended to aid in the diagnosis of BV on the automated Panther® system using clinician-collected and patient-collected vaginal swab specimens from females with a clinical presentation consistent with vaginitis and/or vaginosis.

Interpretive Data:
N/A

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
TMA

Section:
Molecular Infectious Disease

BAL Fungitell Beta-D-Glucan w/Rfx to Titr-VRCR

LAB6593

ORDERING INFO

Synonyms:

- LAB6593-VML
- LAB6593VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6593-VML
- LAB6593VML

ADDITIONAL INFORMATION

Section:

RF-VRCR

Resulting Laboratory:

Viracor

FULL VIEW

Synonyms:

- LAB6593-VML
- LAB6593VML

Resulting Laboratory:

Viracor

Section:

RF-VRCR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Barbiturates Screen, Urine

LAB364

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- LAB364, UDB, Barbiturates screen, LAB364
- LAB364-VML
- LAB364VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB364, UDB, Barbiturates screen, LAB364
- LAB364-VML
- LAB364VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- LAB364, UDB, Barbiturates screen, LAB364
- LAB364-VML
- LAB364VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Barbiturates, Serum or Plasma, Quantitative

LAB3701

ORDERING INFO

Collect:
Gray (sodium fluoride/potassium oxalate). Also acceptable: Plain red, green (sodium heparin), lavender (EDTA), or pink (K2EDTA).

Synonyms:

- Pain Management
- Sandoptal
- Seconal
- Amobarbitone
- Amytal
- Axocet
- Butalbital
- Fioricet
- Fiorinal
- Luminal
- Nembutal
- Phenobarbital
- Phenobarbitone
- Quinalbartbitone
- Pentobarbital
- Solfoton
- Tuinal
- LAB3701-VML
- LAB3701VML

SPECIMEN REQUIREMENTS

Collect:
Gray (sodium fluoride/potassium oxalate). Also acceptable: Plain red, green (sodium heparin), lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 3.5 mL serum or plasma to an ARUP standard transport tube. (Min: 1.5 mL)

Unacceptable Conditions:
Separator tubes. Plasma or whole blood collected in light blue (sodium citrate). Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- Pain Management
- Sandoptal
- Seconal
- Amobarbitone
- Amytal
- Axocet
- Butalbital
- Fioricet
- Fiorinal
- Luminal
- Nembutal
- Phenobarbital
- Phenobarbitone
- Quinalbartbitone
- Pentobarbital
- Solfoton
- Tuinal
- LAB3701-VML
- LAB3701VML

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence. Useful for ruling out barbiturate exposure. For follow-up testing of a presumptive result, the preferred test is Barbiturates, Urine, Quantitative (2012213).

Performed:
Tue, Thu, Sat

Methodology:
Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:

Drugs Covered	Cutoff Concentrations
Butalbital	50 ng/mL
Pentobarbital	50 ng/mL
Phenobarbital	50 ng/mL

Interpretive Data:
Methodology: Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology:
Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80345 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Gray (sodium fluoride/potassium oxalate). Also acceptable: Plain red, green (sodium heparin), lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 3.5 mL serum or plasma to an ARUP standard transport tube. (Min: 1.5 mL)

Unacceptable Conditions:
Separator tubes. Plasma or whole blood collected in light blue (sodium citrate). Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Pain Management
- Sandoptal
- Seconal
- Amobarbitone
- Amytal
- Axocet
- Butalbital
- Fioricet
- Fiorinal
- Luminal
- Nembutal
- Phenobarbital
- Phenobarbitone
- Quinalbartbitone
- Pentobarbital
- Solfoton
- Tuinal
- LAB3701-VML
- LAB3701VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence. Useful for ruling out barbiturate exposure. For follow-up testing of a presumptive result, the preferred test is Barbiturates, Urine, Quantitative (2012213).

Interpretive Data:
Methodology: Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Reference Interval:

Drugs Covered	Cutoff Concentrations
Butalbital	50 ng/mL
Pentobarbital	50 ng/mL
Phenobarbital	50 ng/mL

Methodology:
Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80345 (Alt code: G0480)

Barbiturates, Urine, Quantitative

LAB6110

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Tuinal
- Fioricet
- Fiorinal
- Luminal
- Nembutal
- Phenobarbitone
- Quinalbartbitone
- Sandoptal
- Seconal
- Solfoton
- Amobarbitone
- Amytal
- Axocet
- Butalbital
- Pain Management
- Pentobarbital
- Phenobarbital
- LAB6110-VML
- LAB6110VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 3.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 1.5 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- Tuinal
- Fioricet
- Fiorinal
- Luminal
- Nembutal
- Phenobarbitone
- Quinalbartbitone
- Sandoptal
- Seconal
- Solfoton
- Amobarbitone
- Amytal
- Axocet
- Butalbital
- Pain Management
- Pentobarbital
- Phenobarbital
- LAB6110-VML
- LAB6110VML

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Barbiturates, Urine Screen with Reflex to Quantitation (2012211).

Performed:
Tue, Thu, Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

Notes:
Compare to; Pain Management, Barbiturates, Quantitative, with medMATCH, Urine; Pain Management, Barbiturates, with Confirmation with medMATCH, Urine.

RESULTS INTERPRETATION

Reference Interval:

Drugs Covered	Cutoff Concentrations
Butalbital	50 ng/mL
Pentobarbital	50 ng/mL
Phenobarbital	50 ng/mL

Interpretive Data:
Methodology: Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80345 (Alt code: G0480)

Section:
RF-ARUP

Notes:
Compare to; Pain Management, Barbiturates, Quantitative, with medMATCH, Urine; Pain Management, Barbiturates, with Confirmation with medMATCH, Urine.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Transfer 3.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 1.5 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Storage/Transport Temperature:
Room temperature.

Synonyms:

- Tuinal
- Fioricet
- Fiorinal
- Luminal
- Nembutal
- Phenobarbitone
- Quinalbartbitone
- Sandoptal
- Seconal
- Solfoton
- Amobarbitone
- Amytal
- Axocet
- Butalbital
- Pain Management
- Pentobarbital
- Phenobarbital
- LAB6110-VML
- LAB6110VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Barbiturates, Urine Screen with Reflex to Quantitation (2012211).

Interpretive Data:
Methodology: Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Reference Interval:

Drugs Covered	Cutoff Concentrations
Butalbital	50 ng/mL
Pentobarbital	50 ng/mL
Phenobarbital	50 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80345 (Alt code: G0480)

Notes:
Compare to; Pain Management, Barbiturates, Quantitative, with medMATCH, Urine; Pain Management, Barbiturates, with Confirmation with medMATCH, Urine.

Basal Cell Cocktail + p504s (polyclonal) Immunohisotchemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath45

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- PIN4, Prostate Cocktail

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PIN4, Prostate Cocktail

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- PIN4, Prostate Cocktail

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Basic Metabolic Panel, Plasma

LAB15

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- BMP, Basic Metabolic Panel, LAB15
- LAB15-VML
- LAB15VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 30 mins of collection. (Min 0.3 mL)

Pediatric Collection:
2 Light Green Microtainers (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Specimen:
Plasma

Alternate Specimen:
N/A (Serum for Roche Not approved for CA)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BMP, Basic Metabolic Panel, LAB15
- LAB15-VML
- LAB15VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
See individual components

Components:
Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, Blood Urea Nitrogen, Calcium and Creatinine

RESULTS INTERPRETATION

Reference Interval:
See individual components for reference values

Interpretive Data:
N/A

Methodology:
See individual components

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A (Serum for Roche Not approved for CA)

Additional Information:
N/A

Components:
Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, Blood Urea Nitrogen, Calcium and Creatinine

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 30 mins of collection. (Min 0.3 mL)

Pediatric Collection:
2 Light Green Microtainers (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A (Serum for Roche Not approved for CA)

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, Blood Urea Nitrogen, Calcium and Creatinine

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- BMP, Basic Metabolic Panel, LAB15
- LAB15-VML
- LAB15VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
See individual components for reference values

Additional Information:
N/A

Methodology:
See individual components

Section:
Chemistry

BCL-2 (BCL-2/100/D5) Immunhistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath46

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- BCL-2 Oncoprotein

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BCL-2 Oncoprotein

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- BCL-2 Oncoprotein

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

BCL-6 (LN22) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath47

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

BCR-ABL1 Mutation Analysis for Tyrosine Kinase Inhibitor Resistance by Next Generation Sequencing

LAB5856

ORDERING INFO

Collect:
Lavendar (EDTA) or bone marrow (EDTA).

Synonyms:

- ABL Mutation (BCR-ABL1 Kinase Domain Mutation Analysis)
- ABL1 Mutation Analysis for Imatinib (BCR-ABL1 Kinase Domain Mutation Analysis)
- BCR-ABL1 Domain Mutation Analysis
- BCR-ABL1 Mutation (BCR-ABL1 Domain Mutation Analysis)
- Gleevec Resistance Mutation Analysis (BCR-ABL1 Kinase Domain Mutation Analysis)
- Imatinib Mesylate Resistance Analysis (BCR-ABL1 Kinase Domain Mutation)
- Imatinib Resistance Analysis (BCR-ABL1 Kinase Domain Mutation Analysis)
- TKI Therapy Resistance
- LAB5856-VML
- LAB5856VML

SPECIMEN REQUIREMENTS

Collect:
Lavendar (EDTA) or bone marrow (EDTA).

Specimen Preparation:
Transport 5 mL whole blood or 3 mL bone marrow. (Min: 1 mL)

Unacceptable Conditions:
Serum or plasma. Specimens collected in anticoagulants other than EDTA. Frozen Specimens. Clotted or serverely hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 48 hours; Frozen: Unacceptable

Performed:
Varies

ORDERING

Synonyms:

- ABL Mutation (BCR-ABL1 Kinase Domain Mutation Analysis)
- ABL1 Mutation Analysis for Imatinib (BCR-ABL1 Kinase Domain Mutation Analysis)
- BCR-ABL1 Domain Mutation Analysis
- BCR-ABL1 Mutation (BCR-ABL1 Domain Mutation Analysis)
- Gleevec Resistance Mutation Analysis (BCR-ABL1 Kinase Domain Mutation Analysis)
- Imatinib Mesylate Resistance Analysis (BCR-ABL1 Kinase Domain Mutation)
- Imatinib Resistance Analysis (BCR-ABL1 Kinase Domain Mutation Analysis)
- TKI Therapy Resistance
- LAB5856-VML
- LAB5856VML

Ordering Recommendations:
Order only for patients with an established diagnosis of a BCR-ABL1-positive leukemia. Use to determine if a variant is present that would interfere with response to TKI therapy in Philadelphia chromosome positive (Ph+) lymphoblastic leukemia or chronic myelogenous leukemia (CML). Detects all common mutations, including T315I. For initial BCR-ABL1 testing, refer to Diagnostic Qualitative BCR-ABL1 Assay with Reflex to p190 or p210 Quantitative Assays (3005839).

Performed:
Varies

Methodology:
Massively Parallel Sequencing

Reported:
10-12 days

RESULTS INTERPRETATION

Interpretive Data:
Refer to report

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Massively Parallel Sequencing

ADDITIONAL INFORMATION

CPT Codes:
81170

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavendar (EDTA) or bone marrow (EDTA).

Specimen Preparation:
Transport 5 mL whole blood or 3 mL bone marrow. (Min: 1 mL)

Unacceptable Conditions:
Serum or plasma. Specimens collected in anticoagulants other than EDTA. Frozen Specimens. Clotted or serverely hemolyzed specimens.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 48 hours; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- ABL Mutation (BCR-ABL1 Kinase Domain Mutation Analysis)
- ABL1 Mutation Analysis for Imatinib (BCR-ABL1 Kinase Domain Mutation Analysis)
- BCR-ABL1 Domain Mutation Analysis
- BCR-ABL1 Mutation (BCR-ABL1 Domain Mutation Analysis)
- Gleevec Resistance Mutation Analysis (BCR-ABL1 Kinase Domain Mutation Analysis)
- Imatinib Mesylate Resistance Analysis (BCR-ABL1 Kinase Domain Mutation)
- Imatinib Resistance Analysis (BCR-ABL1 Kinase Domain Mutation Analysis)
- TKI Therapy Resistance
- LAB5856-VML
- LAB5856VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
10-12 days

Ordering Recommendations:
Order only for patients with an established diagnosis of a BCR-ABL1-positive leukemia. Use to determine if a variant is present that would interfere with response to TKI therapy in Philadelphia chromosome positive (Ph+) lymphoblastic leukemia or chronic myelogenous leukemia (CML). Detects all common mutations, including T315I. For initial BCR-ABL1 testing, refer to Diagnostic Qualitative BCR-ABL1 Assay with Reflex to p190 or p210 Quantitative Assays (3005839).

Interpretive Data:
Refer to report

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Massively Parallel Sequencing

Section:
RF-ARUP

CPT Codes:
81170

Beckwith-Wiedemann Syndrome (BWS) and Russell-Silver Syndrome (RSS) by Methylation-Specific MLPA

LAB6439

ORDERING INFO

Collect:
Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A)

Synonyms:

- BWS
- BWSRSS
- H19-IGF2
- Silver-Russell syndrome
- hemihyperplasia
- IC1
- IC2
- RSS
- SRS
- Wilm's tumor
- LAB6439-VML
- LAB6439VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A)

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Storage/Transport Temperature:
Refrigerated. Also acceptable: Ambient.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: Unacceptable

Performed:
Varies

ORDERING

Synonyms:

- BWS
- BWSRSS
- H19-IGF2
- Silver-Russell syndrome
- hemihyperplasia
- IC1
- IC2
- RSS
- SRS
- Wilm's tumor
- LAB6439-VML
- LAB6439VML

Ordering Recommendations:
Preferred initial diagnostic test for Beckwith-Weidemann syndrome (BWS) or Russell-Silver syndrome (RSS).

Performed:
Varies

Methodology:
Multiplex Ligation-Dependent Probe Amplification (MLPA)

Reported:
12-14 days

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to report.

Methodology:
Multiplex Ligation-Dependent Probe Amplification (MLPA)

ADDITIONAL INFORMATION

CPT Codes:
81401

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A)

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated. Also acceptable: Ambient.

Synonyms:

- BWS
- BWSRSS
- H19-IGF2
- Silver-Russell syndrome
- hemihyperplasia
- IC1
- IC2
- RSS
- SRS
- Wilm's tumor
- LAB6439-VML
- LAB6439VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
12-14 days

Ordering Recommendations:
Preferred initial diagnostic test for Beckwith-Weidemann syndrome (BWS) or Russell-Silver syndrome (RSS).

Interpretive Data:
Refer to report.

Reference Interval:
By report

Methodology:
Multiplex Ligation-Dependent Probe Amplification (MLPA)

Section:
RF-ARUP

CPT Codes:
81401

Benzodiazepines Screen, Urine

LAB367

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- UBE, Benzodiazepines screen, LAB367
- LAB367-VML
- LAB367VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UBE, Benzodiazepines screen, LAB367
- LAB367-VML
- LAB367VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- UBE, Benzodiazepines screen, LAB367
- LAB367-VML
- LAB367VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Benzodiazepines, Urine, Quantitative

LAB6106

ORDERING INFO

Collect:
Random urine.

Synonyms:

- LAB6106-VML
- LAB6106VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 0.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.3 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB6106-VML
- LAB6106VML

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Benzodiazepines Urine Screen with Reflex to Quantitation (2012225).

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

Notes:
Compare to Pain Management, Benzodiazepines, Quantitative, w/ medMATCH, Urine (Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Urine); Pain Management, Benzodiazepines, w/Confirmation w/med MATACH, Urine (Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Urine).

RESULTS INTERPRETATION

Reference Interval:

Drugs Covered	Cutoff Concentrations
Alprazolam	5 ng/mL
Alpha-hydroxyalprazolam	5 ng/mL
Chlordiazepoxide	20 ng/mL
Clonazepam	5 ng/mL
7-aminoclonazepam	5 ng/mL
Diazepam	20 ng/mL
Lorazepam	20 ng/mL
Midazolam	20 ng/mL
Alpha-hydroxymidazolam	20 ng/mL
Nordiazepam	20 ng/mL
Oxazepam	20 ng/mL
Temazepam	20 ng/mL

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Drugs covered: alprazolam, alpha-hydroxyalprazolam, chlordiazepoxide, clonazepam, 7-aminoclonazepam, diazepam, lorazepam, midazolam, alpha-hydroxymidazolam, nordiazepam, oxazepam and temazepam..

Positive cutoff: 20 ng/mL unless specified below:
Alprazolam: 5 ng/mL
Alpha-hydroxyalprazolam: 5 ng/mL
Clonazepam: 5 ng/mL
7-aminoclonazepam: 5 ng/mL

For medical purposes only; not valid for forensic use.

Identification of specific drug(s) taken by specimen donor is problematic due to common metabolites, some of which are prescription drugs themselves. The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80346 (Alt code: G0480)

Section:

RF-ARUP

Notes:

Compare to Pain Management, Benzodiazepines, Quantitative, w/ medMATCH, Urine (Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Urine); Pain Management, Benzodiazepines, w/Confirmation w/med MATACH, Urine (Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Urine).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Random urine.

Specimen Preparation:

Transfer 0.5 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.3 mL)

Unacceptable Conditions:

Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Storage/Transport Temperature:

Room temperature.

Synonyms:

- LAB6106-VML
- LAB6106VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Benzodiazepines Urine Screen with Reflex to Quantitation (2012225).

Interpretive Data:
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Drugs covered: alprazolam, alpha-hydroxyalprazolam, chlordiazepoxide, clonazepam, 7-aminoclonazepam, diazepam, lorazepam, midazolam, alpha-hydroxymidazolam, nordiazepam, oxazepam and temazepam..

Positive cutoff: 20 ng/mL unless specified below:
Alprazolam: 5 ng/mL
Alpha-hydroxyalprazolam: 5 ng/mL
Clonazepam: 5 ng/mL
7-aminoclonazepam: 5 ng/mL

For medical purposes only; not valid for forensic use.

Identification of specific drug(s) taken by specimen donor is problematic due to common metabolites, some of which are prescription drugs themselves. The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Reference Interval:

Drugs Covered	Cutoff Concentrations
Alprazolam	5 ng/mL
Alpha-hydroxyalprazolam	5 ng/mL
Chlordiazepoxide	20 ng/mL
Clonazepam	5 ng/mL
7-aminoclonazepam	5 ng/mL
Diazepam	20 ng/mL
Lorazepam	20 ng/mL
Midazolam	20 ng/mL
Alpha-hydroxymidazolam	20 ng/mL
Nordiazepam	20 ng/mL
Oxazepam	20 ng/mL
Temazepam	20 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80346 (Alt code: G0480)

Notes:
Compare to Pain Management, Benzodiazepines, Quantitative, w/ medMATCH, Urine (Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Urine); Pain Management, Benzodiazepines, w/Confirmation w/med MATACH, Urine (Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Urine).

Beta hCG, Plasma or Serum (Pregnancy)

LAB143

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- BHC, HCG, Beta-Human Chorionic Gonadotropin Serum, Beta hCG Blood, LAB143
- LAB143-VML
- LAB143VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Red Microtainer (No Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 12 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
Beta hCG may be used to diagnose and monitor pregnancy. Patient results determined by assays using different manufacturers for methods may not be comparable.

Synonyms:

- BHC, HCG, Beta-Human Chorionic Gonadotropin Serum, Beta hCG Blood, LAB143
- LAB143-VML
- LAB143VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Males: 0-70 years: 0-4mIU/mL; Females (non-pregnant): 0-55 years: 0-5 mIU/mL

Interpretive Data:
N/A

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
If testing will be delayed more than 24 hours, remove serum or plasma from the clot, serum separator or red blood cells. It is important to use the same beta-hCG assay for serial monitoring as they are not standardized across platforms.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Red Microtainer (No Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 12 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- BHC, HCG, Beta-Human Chorionic Gonadotropin Serum, Beta hCG Blood, LAB143
- LAB143-VML
- LAB143VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Beta hCG may be used to diagnose and monitor pregnancy. Patient results determined by assays using different manufacturers for methods may not be comparable.

Interpretive Data:
N/A

Reference Interval:
Males: 0-70 years: 0-4mIU/mL; Females (non-pregnant): 0-55 years: 0-5 mIU/mL

Additional Information:
If testing will be delayed more than 24 hours, remove serum or plasma from the clot, serum separator or red blood cells. It is important to use the same beta-hCG assay for serial monitoring as they are not standardized across platforms.

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Beta-2 Glycoprotein 1 Antibodies, IgG and IgM

LAB1179

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB1179, B2GPI, Anti-Beta 2 Glycoprotein antibodies, Anti-Beta 2GP1, BGP
- LAB1179-VML
- LAB1179VML

Turn Around Time:

2 to 6 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 8 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within two hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Performed:

Twice weekly, variable days.

Stability:

Refrigerated (2-8°C): 8 hours, frozen at -70C: 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Beta 2 glycoporetein 1 antibodies should be ordered as a part of an assessment for antiphospholipid antibody syndrome.

Synonyms:

- LAB1179, B2GPI, Anti-Beta 2 Glycoprotein antibodies, Anti-Beta 2GP1, BGP
- LAB1179-VML
- LAB1179VML

Performed:
Twice weekly, variable days.

Turn Around Time:
2 to 6 days

Methodology:
ELISA (Enzyme-linked Immunosorbent Assay)

Components:
Anti-Beta 2 Glycoprotein IgG and IgM

RESULTS INTERPRETATION

Reference Interval:
< 20 G or M Units

Interpretive Data:
The persistent presence of IgG and/or IgM beta 2 glycoprotein I (B2GPI) antibodies is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels (> 40) of IgG and/or IgM B2GPI antibodies detected in two or more specimens drawn at least 12 weeks apart. B2GPI results greater than 20 GU (IgG) and/or MU (IgM) are considered positive based on the cutoff values established for this test. International reference materials and consensus units for anti-B2GPI antibodies have not been established (Clin Chim Acta. 2012;413(1-2):358-60; Arthritis Rheum. 2012;64(1):1-10.). Strong clinical correlation is recommended for a diagnosis of APS.

Methodology:
ELISA (Enzyme-linked Immunosorbent Assay)

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
In-patient testing must by approved by the Coagulation Medical Director on-call (refer to Synergy for contact information). Request can be submitted using the following link: redcap.link/misc-coag .

Components:
Anti-Beta 2 Glycoprotein IgG and IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 8 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 8 hours after collection. Thawed plasma aliquots.

Components:
Anti-Beta 2 Glycoprotein IgG and IgM

Stability:
Refrigerated (2-8°C): 8 hours, frozen at -70C: 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within two hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Synonyms:

- LAB1179, B2GPI, Anti-Beta 2 Glycoprotein antibodies, Anti-Beta 2GP1, BGP
- LAB1179-VML
- LAB1179VML

Performed:
Twice weekly, variable days.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 to 6 days

Ordering Indicators:
Beta 2 glycoporetein 1 antibodies should be ordered as a part of an assessment for antiphospholipid antibody syndrome.

Interpretive Data:
The persistent presence of IgG and/or IgM beta 2 glycoprotein I (B2GPI) antibodies is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels (> 40) of IgG and/or IgM B2GPI antibodies detected in two or more specimens drawn at least 12 weeks apart. B2GPI results greater than 20 GU (IgG) and/or MU (IgM) are considered positive based on the cutoff values established for this test. International reference materials and consensus units for anti-B2GPI antibodies have not been established (Clin Chim Acta. 2012;413(1-2):358-60; Arthritis Rheum. 2012;64(1):1-10.). Strong clinical correlation is recommended for a diagnosis of APS.

Reference Interval:
< 20 G or M Units

Additional Information:
In-patient testing must by approved by the Coagulation Medical Director on-call (refer to Synergy for contact information). Request can be submitted using the following link: redcap.link/misc-coag .

Methodology:
ELISA (Enzyme-linked Immunosorbent Assay)

Section:
Coagulation

Beta-2 Microglobulin, Serum or Plasma

LAB49

ORDERING INFO

Collect:
Serum/plasma separator tube. Also acceptable: Green (lithium heparin), or pink (K_2EDTA or K_3EDTA).

Synonyms:

- B2 Microglobulin
- B2M, Serum
- Beta Microglobulin
- Microglobulin, Beta 2
- Beta-2-Microglobulin
- Serum B2M
- Serum beta-2 microglobulin
- LAB49-VML
- LAB49VML

SPECIMEN REQUIREMENTS

Collect:
Serum/plasma separator tube. Also acceptable: Green (lithium heparin), or pink (K_2EDTA or K_3EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
CSF (refer to Beta-2 Microglobulin, CSF, ARUP test code 0080054)

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 72 hours; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- B2 Microglobulin
- B2M, Serum
- Beta Microglobulin
- Microglobulin, Beta 2
- Beta-2-Microglobulin
- Serum B2M
- Serum beta-2 microglobulin
- LAB49-VML
- LAB49VML

Ordering Recommendations:
Use for risk stratification and staging of multiple myeloma, Waldenstrom macroglobulinemia, and other lymphoproliferative disorders. Aids in differentiating glomerular and tubular renal disease.

Performed:
Sun-Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
Effective February 22, 2022

<60 years	0.8 - 2.4 mg/L
>60 years	<=3.0 mg/L

Methodology:
Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
82232

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum/plasma separator tube. Also acceptable: Green (lithium heparin), or pink (K_2EDTA or K_3EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
CSF (refer to Beta-2 Microglobulin, CSF, ARUP test code 0080054)

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 72 hours; Frozen: 6 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- B2 Microglobulin
- B2M, Serum
- Beta Microglobulin
- Microglobulin, Beta 2
- Beta-2-Microglobulin
- Serum B2M
- Serum beta-2 microglobulin
- LAB49-VML
- LAB49VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Use for risk stratification and staging of multiple myeloma, Waldenstrom macroglobulinemia, and other lymphoproliferative disorders. Aids in differentiating glomerular and tubular renal disease.

Reference Interval:
Effective February 22, 2022

<60 years	0.8 - 2.4 mg/L
>60 years	<=3.0 mg/L

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82232

Beta-2 Transferrin

LAB205

ORDERING INFO

Collect:

Aural or nasal fluid in sterile container. If there is enough secretion, the specimen is collected in a test tube. A specimen can also be obtained by specifically applied suction. Straining, increase in abdominal pressure, or performance of the Valsalva maneuver may result in an increase in drainage. Specimen kept refrigerated may be collected if there is slow or intermittent flow or fluid.

Synonyms:

- Transferrin B2
- Transferrin, Spinal Fluid
- CSF Leakage Detection
- B2 Transferrin
- CSF Specific Transferrin
- CSF-Specific Transferrin
- Desialated Transferrin
- Tau CSF Protein
- Cerebrospinal Fluid Leakage
- LAB205-VML
- LAB205VML

SPECIMEN REQUIREMENTS

Collect:

Aural or nasal fluid in sterile container. If there is enough secretion, the specimen is collected in a test tube. A specimen can also be obtained by specifically applied suction. Straining, increase in abdominal pressure, or performance of the Valsalva maneuver may result in an increase in drainage. Specimen kept refrigerated may be collected if there is slow or intermittent flow or fluid.

Specimen Preparation:

Transport 2 mL aural or nasal fluid in a tube without preservative. (Min: 1 mL aural or nasal fluid)

Storage/Transport Temperature:

Refrigerated.

Stability (from collection to initiation):

Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

Performed:

Sun-Sat

ORDERING

Synonyms:

- Transferrin B2
- Transferrin, Spinal Fluid
- CSF Leakage Detection
- B2 Transferrin
- CSF Specific Transferrin
- CSF-Specific Transferrin
- Desialated Transferrin
- Tau CSF Protein
- Cerebrospinal Fluid Leakage
- LAB205-VML
- LAB205VML

Ordering Recommendations:

Aids in diagnosis of CSF leak.

Performed:

Sun-Sat

Methodology:

Qualitative Immunofixation Electrophoresis

Reported:

1-4 days

Notes:

The beta-2 transferrin protein assay by IFE methodology is not a reliable method for detecting human perilymph due to the low sensitivity of the assay.

RESULTS INTERPRETATION

Reference Interval:
None detected

Interpretive Data:
Detection of a beta-2 transferrin band by IFE is diagnostic for the presence of cerebrospinal fluid (CSF). This test is useful in the differential diagnosis for CSF otorrhea or CSF rhinorrhea. Beta-2 transferrin is not detected by this methodology in normal serum, tears, saliva, sputum, nasal, or aural fluid.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Immunofixation Electrophoresis

ADDITIONAL INFORMATION

CPT Codes:
86335

Section:
RF-ARUP

Notes:
The beta-2 transferrin protein assay by IFE methodology is not a reliable method for detecting human perilymph due to the low sensitivity of the assay.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Aural or nasal fluid in sterile container. If there is enough secretion, the specimen is collected in a test tube. A specimen can also be obtained by specifically applied suction. Straining, increase in abdominal pressure, or performance of the Valsalva maneuver may result in an increase in drainage. Specimen kept refrigerated may be collected if there is slow or intermittent flow or fluid.

Specimen Preparation:
Transport 2 mL aural or nasal fluid in a tube without preservative. (Min: 1 mL aural or nasal fluid)

Stability (from collection to initiation):
Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Transferrin B2
- Transferrin, Spinal Fluid
- CSF Leakage Detection
- B2 Transferrin
- CSF Specific Transferrin
- CSF-Specific Transferrin
- Desialated Transferrin
- Tau CSF Protein
- Cerebrospinal Fluid Leakage
- LAB205-VML
- LAB205VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Aids in diagnosis of CSF leak.

Interpretive Data:

Detection of a beta-2 transferrin band by IFE is diagnostic for the presence of cerebrospinal fluid (CSF). This test is useful in the differential diagnosis for CSF otorrhea or CSF rhinorrhea. Beta-2 transferrin is not detected by this methodology in normal serum, tears, saliva, sputum, nasal, or aural fluid.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

None detected

Methodology:

Qualitative Immunofixation Electrophoresis

Section:

RF-ARUP

CPT Codes:

86335

Notes:

The beta-2 transferrin protein assay by IFE methodology is not a reliable method for detecting human perilymph due to the low sensitivity of the assay.

Beta-2-Microglobulin, Urine

LAB4074

ORDERING INFO

Collect:
Random urine.

Synonyms:

- B2 microglobulin
- Beta-2 Microglobulin, Urine Occupational
- B2M, Urine Occupational
- Beta 2 Test
- LAB4074-VML
- LAB4074VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Void the urinary bladder, then drink a large glass of water (around 500 mL or 17 oz) and collect a urine specimen within 1 hour.

Collect:
Random urine.

Specimen Preparation:
Transfer one 3 mL aliquot from a well-mixed random collection to an ARUP Standard Transport Tube. (Min: 1 mL)
If pH is greater than 8, lower pH to 6-8 by adding 1M HCL. If pH less than 6, increase pH to 6-8 by adding 5% NaOH. Titrate with appropriate preservative until pH of 6-8 has been reached. Record the pH on the transport tube and test request form.

Storage/Transport Temperature:
Frozen

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 48 hours; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- B2 microglobulin
- Beta-2 Microglobulin, Urine Occupational
- B2M, Urine Occupational
- Beta 2 Test
- LAB4074-VML
- LAB4074VML

Ordering Recommendations:
Evaluate renal tubular damage. Monitor exposure to mercury and cadmium.

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

Effective February 18, 2014	
Components	**Reference Interval**
Beta-2-Microglobulin, Urine	0-300 µg/L
Beta-2-Microglobulin, ratio to CRT	0-300 µg/g CRT

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
82232

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Transfer one 3 mL aliquot from a well-mixed random collection to an ARUP Standard Transport Tube. (Min: 1 mL)
If pH is greater than 8, lower pH to 6-8 by adding 1M HCL. If pH less than 6, increase pH to 6-8 by adding 5% NaOH. Titrate with appropriate preservative until pH of 6-8 has been reached. Record the pH on the transport tube and test request form.

Patient Preparation:
Void the urinary bladder, then drink a large glass of water (around 500 mL or 17 oz) and collect a urine specimen within 1 hour.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 48 hours; Frozen: 2 months

Storage/Transport Temperature:
Frozen

Synonyms:

- B2 microglobulin
- Beta-2 Microglobulin, Urine Occupational
- B2M, Urine Occupational
- Beta 2 Test
- LAB4074-VML
- LAB4074VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Evaluate renal tubular damage. Monitor exposure to mercury and cadmium.

Reference Interval:

Effective February 18, 2014	
Components	**Reference Interval**
Beta-2-Microglobulin, Urine	0-300 µg/L
Beta-2-Microglobulin, ratio to CRT	0-300 µg/g CRT

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
82232

Beta-Amyloid, (RBT-A4) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath49

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Amyloid

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Amyloid

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Amyloid

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Beta-Catenin (14) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath50

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- BCat

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BCat

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- BCat

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Beta-Galactosidase Leuk-LCOR

LAB3918

ORDERING INFO

Synonyms:

- LAB3918-VML
- LAB3918VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3918-VML
- LAB3918VML

ADDITIONAL INFORMATION

Section:

RF-LCOR

Resulting Laboratory:

LabCorp

FULL VIEW

Synonyms:

- LAB3918-VML
- LAB3918VML

Resulting Laboratory:

LabCorp

Section:

RF-LCOR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Beta-Hydroxybutyric Acid, Plasma or Serum

LAB3412

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- BHY, OH-Butyrate, LAB3412
- LAB3412-VML
- LAB3412VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BHY, OH-Butyrate, LAB3412
- LAB3412-VML
- LAB3412VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - 0.27 mmol/L

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- BHY, OH-Butyrate, LAB3412
- LAB3412-VML
- LAB3412VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0 - 0.27 mmol/L

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

BF Cell Count w/ Diff, Body fluid container

LAB210

ORDERING INFO

Collect:
Body fluid container

Synonyms:

- Body Fluid Cell Count, Cell Count w/Diff Body Fluid, BF Cell Count w/ Diff, LAB210, BF cell count
- LAB210-VML
- LAB210VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Body fluid container

Specimen Preparation:
Deliver to the lab immediately

Pediatric Collection:
N/A

Storage/Transport Temperature:
Refrigerated or room temperature

Performed:
Daily

Stability:
Refrigerated or room temperature

Specimen:
Body fluid

Alternate Specimen:
Sterile container with no additive

ORDERING

Ordering Indicators:
Hemorrhage, malignancy, inflammation, infection

Synonyms:

- Body Fluid Cell Count, Cell Count w/Diff Body Fluid, BF Cell Count w/ Diff, LAB210, BF cell count
- LAB210-VML
- LAB210VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Manual cell count and Wright stain differential; Manual or automated cell count (Sysmex XN)

Components:
BF Type, BF appearance, Nucleated Cells BF, RBC BF, Total cells BF (differential count), Comment BF

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
N/A

Methodology:
Manual cell count and Wright stain differential; Manual or automated cell count (Sysmex XN)

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
Sterile container with no additive

Additional Information:
N/A

Components:
BF Type, BF appearance, Nucleated Cells BF, RBC BF, Total cells BF (differential count), Comment BF

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Body fluid container

Specimen Preparation:
Deliver to the lab immediately

Pediatric Collection:
N/A

Preferred Collection Volume:
N/A

Alternate Specimen:
Sterile container with no additive

Patient Preparation:
N/A

Specimen:
Body fluid

Reasons for Rejection:
QNS, clotted, specimen age

Components:
BF Type, BF appearance, Nucleated Cells BF, RBC BF, Total cells BF (differential count), Comment BF

Stability:
Refrigerated or room temperature

Storage/Transport Temperature:
Refrigerated or room temperature

Synonyms:

- Body Fluid Cell Count, Cell Count w/Diff Body Fluid, BF Cell Count w/ Diff, LAB210, BF cell count
- LAB210-VML
- LAB210VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
Hemorrhage, malignancy, inflammation, infection

Interpretive Data:
N/A

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Manual cell count and Wright stain differential; Manual or automated cell count (Sysmex XN)

Section:
Hematology

BF Hematocrit, Lavender tube (EDTA)

LAB202

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- BF Hematocrit, HCT BF, HBF, LAB202, PCV Body Fluid, Packed cell Volume BF
- LAB202-VML
- LAB202VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
MD to collect. Indicate source.

Pediatric Collection:
1 mL

Storage/Transport Temperature:
Room temperature or refrigerated

Performed:
Daily

Stability:
Room temperature or refrigerated

Specimen:
Body fluid

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Bleed

Synonyms:

- BF Hematocrit, HCT BF, HBF, LAB202, PCV Body Fluid, Packed cell Volume BF
- LAB202-VML
- LAB202VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Packed cell Volume

Components:
BF HCT, BF Source

RESULTS INTERPRETATION

Reference Interval:
None

Interpretive Data:
N/A

Methodology:
Packed cell Volume

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
BF HCT, BF Source

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
MD to collect. Indicate source.

Pediatric Collection:
1 mL

Preferred Collection Volume:
1 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Body fluid

Reasons for Rejection:
QNS, clotted

Components:
BF HCT, BF Source

Stability:
Room temperature or refrigerated

Storage/Transport Temperature:
Room temperature or refrigerated

Synonyms:

- BF Hematocrit, HCT BF, HBF, LAB202, PCV Body Fluid, Packed cell Volume BF
- LAB202-VML
- LAB202VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
Bleed

Interpretive Data:
N/A

Reference Interval:
None

Additional Information:
N/A

Methodology:
Packed cell Volume

Section:
Hematology

BF Mycoplasma Other Species PCR-UAB

LAB3199

ORDERING INFO

Synonyms:

- LAB3199-VML
- LAB3199VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3199-VML
- LAB3199VML

ADDITIONAL INFORMATION

Section:

RF-UAB

Resulting Laboratory:

UAB Laboratories

FULL VIEW

Synonyms:

- LAB3199-VML
- LAB3199VML

Resulting Laboratory:

UAB Laboratories

Section:

RF-UAB

Links:

Test Sent to Reference Lab. Click Here for Test Details

BF Specific Gravity, Body fluid container

LAB199

ORDERING INFO

Collect:
Body fluid container

Synonyms:

- BF Specific Gravity, Body Fluid Specific Gravity, LAB199, SGB, Specific Gravity Body Fluid
- LAB199-VML
- LAB199VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Body fluid container

Specimen Preparation:
MD to collect. Deliver to the laboratory immediately. Indicate source.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Room temperature or refrigerated

Performed:
Daily

Stability:
Room temperature or refrigerated

Specimen:
Body fluid

Alternate Specimen:
Sterile container with no additive

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BF Specific Gravity, Body Fluid Specific Gravity, LAB199, SGB, Specific Gravity Body Fluid
- LAB199-VML
- LAB199VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Refractometer

Components:
BF SG, BF Source

RESULTS INTERPRETATION

Reference Interval:
Not established

Interpretive Data:
N/A

Methodology:
Refractometer

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
Sterile container with no additive

Additional Information:
N/A

Components:
BF SG, BF Source

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Body fluid container

Specimen Preparation:
MD to collect. Deliver to the laboratory immediately. Indicate source.

Pediatric Collection:
N/A

Preferred Collection Volume:
0.5 mL Body Fluid

Alternate Specimen:
Sterile container with no additive

Patient Preparation:
N/A

Specimen:
Body fluid

Reasons for Rejection:
Clotted, specimen age

Components:
BF SG, BF Source

Stability:
Room temperature or refrigerated

Storage/Transport Temperature:
Room temperature or refrigerated

Synonyms:

- BF Specific Gravity, Body Fluid Specific Gravity, LAB199, SGB, Specific Gravity Body Fluid
- LAB199-VML
- LAB199VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Not established

Additional Information:
N/A

Methodology:
Refractometer

Section:
Hematology

Bicarbonate (HCO_3), Urine

LAB4075

ORDERING INFO

Collect:
Random urine in sealed container.

Synonyms:

- HC03 urine
- bicarbonate urine
- LAB4075-VML
- LAB4075VML

SPECIMEN REQUIREMENTS

Collect:
Random urine in sealed container.

Specimen Preparation:
Immediately upon collection, mix and transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 0.3 mL) Do not expose to air.

Unacceptable Conditions:
Room temperature or refrigerated specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month (unstable if thawed and refrozen)

Performed:
Sun-Sat

ORDERING

Synonyms:

- HC03 urine
- bicarbonate urine
- LAB4075-VML
- LAB4075VML

Performed:
Sun-Sat

Methodology:
Enzymatic Assay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
Not defined.

Interpretive Data:
Reference Interval has not been defined for Bicarbonate, Urine.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
82374

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine in sealed container.

Specimen Preparation:
Immediately upon collection, mix and transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 0.3 mL) Do not expose to air.

Unacceptable Conditions:
Room temperature or refrigerated specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month (unstable if thawed and refrozen)

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- HC03 urine
- bicarbonate urine
- LAB4075-VML
- LAB4075VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Interpretive Data:
Reference Interval has not been defined for Bicarbonate, Urine.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Not defined.

Methodology:
Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
82374

Bile Acids, Fractionated and Total by LC-MS/MS

LAB3702

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- Fractionated Bile Acids
- Bile Salts
- Chenodeoxycholic Acid
- Cholic Acid
- Deoxycholic Acid
- Ursodeoxycholic Acid (UDC)
- LAB3702-VML
- LAB3702VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should fast for a minimum of eight hours prior to specimen collection.

Collect:
Plain red or serum separator tube.

Specimen Preparation:
After clot formation, centrifuge specimen and pour off serum into a transport tube. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Storage/Transport Temperature:
Refrigerated. Store specimen refrigerated or frozen.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 3 months

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- Fractionated Bile Acids
- Bile Salts
- Chenodeoxycholic Acid
- Cholic Acid
- Deoxycholic Acid
- Ursodeoxycholic Acid (UDC)
- LAB3702-VML
- LAB3702VML

Ordering Recommendations:
Aids in the evaluation of liver function and intrahepatic cholestasis of pregnancy. Use to monitor patients on bile acid therapy. This assay is not useful for the diagnosis of inborn errors of bile acid metabolism.

Performed:
Tue, Thu, Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-6 days

Notes:
Reference intervals were derived using samples obtained after an overnight fast.

RESULTS INTERPRETATION

Reference Interval:

7 years and older:
Cholic acid (CA) 0-1.9 µmol/L
Chenodeoxycholic acid (CDC) 0-3.4 µmol/L
Deoxycholic acid (DCA) 0-2.5 µmol/L
Ursodeoxycholic acid (UDC) 0-1.0 µmol/L
Total 0-7.0 µmol/L

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

83789

Section:

RF-ARUP

Notes:

Reference intervals were derived using samples obtained after an overnight fast.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red or serum separator tube.

Specimen Preparation:

After clot formation, centrifuge specimen and pour off serum into a transport tube. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Patient Preparation:

Patient should fast for a minimum of eight hours prior to specimen collection.

Stability (from collection to initiation):

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 3 months

Storage/Transport Temperature:

Refrigerated. Store specimen refrigerated or frozen.

Synonyms:

- Fractionated Bile Acids
- Bile Salts
- Chenodeoxycholic Acid
- Cholic Acid
- Deoxycholic Acid
- Ursodeoxycholic Acid (UDC)
- LAB3702-VML
- LAB3702VML

Performed:

Tue, Thu, Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-6 days

Ordering Recommendations:

Aids in the evaluation of liver function and intrahepatic cholestasis of pregnancy. Use to monitor patients on bile acid therapy. This assay is not useful for the diagnosis of inborn errors of bile acid metabolism.

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

7 years and older:
Cholic acid (CA) 0-1.9 µmol/L
Chenodeoxycholic acid (CDC) 0-3.4 µmol/L
Deoxycholic acid (DCA) 0-2.5 µmol/L
Ursodeoxycholic acid (UDC) 0-1.0 µmol/L
Total 0-7.0 µmol/L

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

83789

Notes:

Reference intervals were derived using samples obtained after an overnight fast.

Bile Acids, Total

LAB693

ORDERING INFO

Collect:
Serum separator tube or plasma separator tube. Also acceptable : Lavender (EDTA), Green (Lithium heparin)

Synonyms:

- Bile Salts, Total
- Bile Acids, Total
- Cholylglycine
- LAB693-VML
- LAB693VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should fast for 8 hours prior to collection.

Collect:
Serum separator tube or plasma separator tube. Also acceptable : Lavender (EDTA), Green (Lithium heparin)

Specimen Preparation:
Allow specimen to clot completely at room temperature before centrifugation. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Body fluids. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Bile Salts, Total
- Bile Acids, Total
- Cholylglycine
- LAB693-VML
- LAB693VML

Ordering Recommendations:
Use to detect hepatobiliary dysfunction. Do not order to detect inborn errors of bile acid metabolism. May aid in diagnosis of intrahepatic cholestasis of pregnancy.

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
0-10 µmol/L

Interpretive Data:
Reference interval applies to fasting specimens.

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
82239

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plasma separator tube. Also acceptable : Lavender (EDTA), Green (Lithium heparin)

Specimen Preparation:
Allow specimen to clot completely at room temperature before centrifugation. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Patient should fast for 8 hours prior to collection.

Unacceptable Conditions:
Body fluids. Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Bile Salts, Total
- Bile Acids, Total
- Cholylglycine
- LAB693-VML
- LAB693VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Use to detect hepatobiliary dysfunction. Do not order to detect inborn errors of bile acid metabolism. May aid in diagnosis of intrahepatic cholestasis of pregnancy.

Interpretive Data:
Reference interval applies to fasting specimens.

Reference Interval:
0-10 µmol/L

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
82239

BILE DUCT BRUSH CYTOLOGY

ORDERING INFO

Collect:
Clean specimen container filled with saline or RPMI and cytobrush.

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container filled with saline or RPMI and cytobrush.

Specimen Preparation:
1. Bile duct cells are collected on a cytobrush and immediately placed in either a saline or RPMI container (min 1mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Material brushed from bile duct in saline or RPMI

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
FISH testing can be ordered as a reference test at time of collection, but must be collected in a separate vial with its own order.

FULL VIEW

Collect:
Clean specimen container filled with saline or RPMI and cytobrush.

Specimen Preparation:
1. Bile duct cells are collected on a cytobrush and immediately placed in either a saline or RPMI container (min 1mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Material brushed from bile duct in saline or RPMI

Reasons for Rejection:
Mislabeled specimen, specimen received in a glass container, specimen leaked out in transit, insufficient fluid for processing.

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Turn Around Time:
4 Days

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:
FISH testing can be ordered as a reference test at time of collection, but must be collected in a separate vial with its own order.

Methodology:
ThinPrep procedure

Section:
Cytology

Bilirubin, Direct, Serum or Plasma

LAB52

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- CBR, Direct Bilirubin, Conjugated Bilirubin, Bilirubin Conjugated Blood, LAB52
- LAB52-VML
- LAB52VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Protect from light during collection, storage and shipment. Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days; Frozen: 3 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CBR, Direct Bilirubin, Conjugated Bilirubin, Bilirubin Conjugated Blood, LAB52
- LAB52-VML
- LAB52VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Diazo Reaction

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Diazo Reaction

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Protect from light during collection, storage and shipment. Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits, sample not protected from light.

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days; Frozen: 3 months

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- CBR, Direct Bilirubin, Conjugated Bilirubin, Bilirubin Conjugated Blood, LAB52
- LAB52-VML
- LAB52VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Diazo Reaction

Section:
Chemistry

Bilirubin, Total, Plasma

LAB50

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- TBR, Bilirubin Total Blood, LAB50
- LAB50-VML
- LAB50VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Protect from light during collection, storage and shipment. Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 1 day; 2° to 8°C: 7 days; Frozen: 6 months

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TBR, Bilirubin Total Blood, LAB50
- LAB50-VML
- LAB50VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Diazonium Salt

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Diazonium Salt

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Protect from light during collection, storage and shipment. Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits, sample not protected from light.

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 1 day; 2° to 8°C: 7 days; Frozen: 6 months

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- TBR, Bilirubin Total Blood, LAB50
- LAB50-VML
- LAB50VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Diazonium Salt

Section:
Chemistry

Biotinidase, Serum (with Paired Normal Control)

LAB958

ORDERING INFO

Collect:
Plain red or serum separator tube (patient) AND plain red serum separator tube (control).

Synonyms:

- Biotin-amide amidohydrolase
- Biotinidase deficiency
- LAB958-VML
- LAB958VML

SPECIMEN REQUIREMENTS

Patient Preparation:
A control specimen needs to be sent with the patient specimen. The control specimen needs to be drawn from a normal, healthy individual who is not biologically related to the patient. Collect control specimen within 30 minutes of patient specimen.

Collect:
Plain red or serum separator tube (patient) AND plain red serum separator tube (control).

Specimen Preparation:
Separate serum from cells and freeze ASAP or within 2 hours of collection. Transfer 2 mL serum (patient) AND 2 mL serum (control) to individual ARUP Standard Transport Tubes. (Min: 0.2 mL (patient) AND 0.2 mL (control)). Label control tube as "Control for [patient name]".

Unacceptable Conditions:
Refrigerated or room temperature specimens. Specimens subjected to more than one freeze/thaw cycle.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Ship patient and control specimens together.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 hour; Refrigerated: 1 hour; Frozen: 1 month

Performed:
Tue, Fri

ORDERING

Synonyms:

- Biotin-amide amidohydrolase
- Biotinidase deficiency
- LAB958-VML
- LAB958VML

Ordering Recommendations:
Initial biotinidase enzyme test to diagnose or rule out biotinidase deficiency.

Performed:
Tue, Fri

Methodology:
Spectrophotometry

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:
3.5-13.8 U/L

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
82261

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube (patient) AND plain red serum separator tube (control).

Specimen Preparation:
Separate serum from cells and freeze ASAP or within 2 hours of collection. Transfer 2 mL serum (patient) AND 2 mL serum (control) to individual ARUP Standard Transport Tubes. (Min: 0.2 mL (patient) AND 0.2 mL (control)). Label control tube as "Control for [patient name]".

Patient Preparation:
A control specimen needs to be sent with the patient specimen. The control specimen needs to be drawn from a normal, healthy individual who is not biologically related to the patient. Collect control specimen within 30 minutes of patient specimen.

Unacceptable Conditions:
Refrigerated or room temperature specimens. Specimens subjected to more than one freeze/thaw cycle.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 hour; Refrigerated: 1 hour; Frozen: 1 month

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Ship patient and control specimens together.

Synonyms:

- Biotin-amide amidohydrolase
- Biotinidase deficiency
- LAB958-VML
- LAB958VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Initial biotinidase enzyme test to diagnose or rule out biotinidase deficiency.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
3.5-13.8 U/L

Methodology:
Spectrophotometry

Section:
RF-ARUP

CPT Codes:
82261

Bivalirudin Level

LAB6348

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB6348, N/A
- LAB6348-VML
- LAB6348VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma - requires double centrifugation if sending a plasma aliquot. Aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB6348, N/A
- LAB6348-VML
- LAB6348VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Chromogenic

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0.5 - 1.5 mcg/mL

Interpretive Data:
Refer to report. This test was developed and its performance characteristics determined by Vanderbilt Medical Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Testing is performed from 7:00AM to 4:00PM. Samples must be received in the lab by 3:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma - requires double centrifugation if sending a plasma aliquot. Aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB6348, N/A
- LAB6348-VML
- LAB6348VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Refer to report. This test was developed and its performance characteristics determined by Vanderbilt Medical Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0.5 - 1.5 mcg/mL

Additional Information:
Testing is performed from 7:00AM to 4:00PM. Samples must be received in the lab by 3:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Chromogenic

Section:
Coagulation

BK Virus (BKV) by Quantitative PCR

LAB1374

ORDERING INFO

Collect:

Blood: Plasma Preparation Tube (PPT) [EDTA]

Urine: Sterile Container

Synonyms:

- LAB1374, BKV, BKV DNA Quant, Human Polyomavirus, BK Virus
- LAB1374-VML
- LAB1374VML

Turn Around Time:

72 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Blood: Plasma Preparation Tube (PPT) [EDTA]

Urine: Sterile Container

Specimen Preparation:
Blood: draw 4.0ml of whole blood (Plasma Preparation tube [EDTA]), deliver to lab within 24hrs at Ambient (15-25°C). Urine: Collect in sterile container and deliver to lab within 24hrs at Ambient (15-25°C) (Min 0.5mL Plasma), (Min 6mL Urine)

Pediatric Collection:
Preparation Tube (PPT) [EDTA]

Storage/Transport Temperature:
Blood: Ambient (15-25°C); Urine: Ambient (15-25°C)

Performed:
Monday - Friday

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days at Refrigerated (2-8°C) once spun and plasma separated. Urine: 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C) if transferred to a "Cobas PCR Urine kit".

Specimen:
Blood in a PPT tube (EDTA); Urine

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
Guidelines recommend regular monitoring for BKV in kidney transplant patients to identify patients at risk for PyVAN. Plasma testing for BKV viremia is recommended as part of the strategy to identify patients at increased risk for PyVAN, either as a confirmatory test for patients in hom BKV viruria is detected, or as the primary testing modality for routine screening. There are currently no recommendations for routine BKV monitoring for HSCT patients, and testing is recommended primarily for evaluation of patients with hematuria and clinical symptoms of cystitis

Synonyms:

- LAB1374, BKV, BKV DNA Quant, Human Polyomavirus, BK Virus
- LAB1374-VML
- LAB1374VML

Performed:
Monday - Friday

Turn Around Time:
72 Hours

Methodology:
PCR (Polymerase Chain Reaction)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not Detected

Interpretive Data:
The quantitative range of this assay is 1.33-8.00 log IU/mL (21.5-100,000,000 IU/mL) An interpretation of "Not Detected" does not rule out the presence of inhibitors or BKV DNA concentration below the level of detection of the assay. Care should be taken in the interpretation of any single viral load determination. International standardization has improved comparability of assay results across laboratories, but discrepancies still exist due to commutability issues with the standard.

Methodology:
PCR (Polymerase Chain Reaction)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:

Blood: Plasma Preparation Tube (PPT) [EDTA]

Urine: Sterile Container

Specimen Preparation:

Blood: draw 4.0ml of whole blood (Plasma Preparation tube [EDTA]), deliver to lab within 24hrs at Ambient (15-25°C). Urine: Collect in sterile container and deliver to lab within 24hrs at Ambient (15-25°C) (Min 0.5mL Plasma), (Min 6mL Urine)

Pediatric Collection:

Preparation Tube (PPT) [EDTA]

Preferred Collection Volume:

1mL Plasma; 10mL Urine

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:

N/A

Specimen:

Blood in a PPT tube (EDTA); Urine

Reasons for Rejection:

Specimen collected incorrectly (i.e. Whole Blood sent in wrong blood vacutainer); alternative specimen type/source sent without Medical Director approval

Components:

N/A

Stability:

Blood: Up to 24 hours at Ambient (15-25°C), 6 days at Refrigerated (2-8°C) once spun and plasma separated. Urine: 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C) if transferred to a "Cobas PCR Urine kit".

Storage/Transport Temperature:

Blood: Ambient (15-25°C); Urine: Ambient (15-25°C)

Synonyms:

- LAB1374, BKV, BKV DNA Quant, Human Polyomavirus, BK Virus
- LAB1374-VML
- LAB1374VML

Performed:

Monday - Friday

Resulting Laboratory:

Vanderbilt Medical Laboratories

Turn Around Time:

72 Hours

Ordering Indicators:

Guidelines recommend regular monitoring for BKV in kidney transplant patients to identify patients at risk for PyVAN. Plasma testing for BKV viremia is recommended as part of the strategy to identify patients at increased risk for PyVAN, either as a confirmatory test for patients in hom BKV viruria is detected, or as the primary testing modality for routine screening. There are currently no recommendations for routine BKV monitoring for HSCT patients, and testing is recommended primarily for evaluation of patients with hematuria and clinical symptoms of cystitis

Interpretive Data:

The quantitative range of this assay is 1.33-8.00 log IU/mL (21.5-100,000,000 IU/mL) An interpretation of "Not Detected" does not rule out the presence of inhibitors or BKV DNA concentration below the level of detection of the assay. Care should be taken in the interpretation of any single viral load determination. International standardization has improved comparability of assay results across laboratories, but discrepancies still exist due to commutability issues with the standard.

Reference Interval:

Not Detected

Additional Information:

N/A

Methodology:

PCR (Polymerase Chain Reaction)

Section:

Molecular Infectious Disease

Blastomyces Ag EIA-MRVS

LAB4034

ORDERING INFO

Synonyms:

- LAB4034-VML
- LAB4034VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4034-VML
- LAB4034VML

ADDITIONAL INFORMATION

Section:

RF-MRVS

Resulting Laboratory:

Mira Vista Labs

FULL VIEW

Synonyms:

- LAB4034-VML
- LAB4034VML

Resulting Laboratory:

Mira Vista Labs

Section:

RF-MRVS

Links:

Test Sent to Reference Lab. Click Here for Test Details

Blood Bank Micellaneous Specimen Includes: platelet crossmatching, Donath Landsteiner,ABD and RBC genotyping, blood

LAB1876

ORDERING INFO

Collect:
Dependent on test, call Blood Bank for instructions

Synonyms:

- BBMS, platelet crossmatching, Donath Landsteiner,ABD and RBC genotyping
- LAB1876-VML
- LAB1876VML

Turn Around Time:
Dependent on test, call Blood Bank for instructions

SPECIMEN REQUIREMENTS

Patient Preparation:
Dependent on test, call Blood Bank for instructions

Collect:
Dependent on test, call Blood Bank for instructions

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Dependent on test, call Blood Bank for instructions

Storage/Transport Temperature:
Dependent on test, call Blood Bank for instructions

Performed:
Dependent on test, call Blood Bank for instructions

Stability:
Dependent on test, call Blood Bank for instructions

Specimen:
Dependent on test, call Blood Bank for instructions

Alternate Specimen:
Dependent on test, call Blood Bank for instructions

ORDERING

Ordering Indicators:
NA

Synonyms:

- BBMS, platelet crossmatching, Donath Landsteiner,ABD and RBC genotyping
- LAB1876-VML
- LAB1876VML

Performed:
Dependent on test, call Blood Bank for instructions

Turn Around Time:
Dependent on test, call Blood Bank for instructions

Methodology:
Dependent on test, call Blood Bank for instructions

Components:
Dependent on test

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
Dependent on test, call Blood Bank for instructions

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
Dependent on test, call Blood Bank for instructions

Additional Information:
NA

Components:
Dependent on test

Resulting Laboratory:
Lab Varies

FULL VIEW

Collect:
Dependent on test, call Blood Bank for instructions

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Dependent on test, call Blood Bank for instructions

Preferred Collection Volume:
Dependent on test, call Blood Bank for instructions

Alternate Specimen:
Dependent on test, call Blood Bank for instructions

Patient Preparation:
Dependent on test, call Blood Bank for instructions

Specimen:
Dependent on test, call Blood Bank for instructions

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
Dependent on test

Stability:
Dependent on test, call Blood Bank for instructions

Storage/Transport Temperature:
Dependent on test, call Blood Bank for instructions

Synonyms:

- BBMS, platelet crossmatching, Donath Landsteiner,ABD and RBC genotyping
- LAB1876-VML
- LAB1876VML

Performed:
Dependent on test, call Blood Bank for instructions

Resulting Laboratory:
Lab Varies

Turn Around Time:
Dependent on test, call Blood Bank for instructions

Ordering Indicators:
NA

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
Dependent on test, call Blood Bank for instructions

Section:
Blood Bank

Blood Gas Arterial

LAB76

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- ABG , LAB76
- LAB76-VML
- LAB76VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Arterial blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- ABG , LAB76
- LAB76-VML
- LAB76VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Components:
pH Art, pCO2 Art, pO2 Art, O2 Sat Art, BE Art, HCO3 Art

RESULTS INTERPRETATION

Reference Interval:
pH Art: 7.35-7.45; pCO2 Art: 35-48 mmHG; pO2 Art: 83-108 mmHG; O2Sat Art: 95-98; BE Art: -2.0-3.0; HCO3 Art: 21-28 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Components:
pH Art, pCO2 Art, pO2 Art, O2 Sat Art, BE Art, HCO3 Art

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Arterial blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Components:
pH Art, pCO2 Art, pO2 Art, O2 Sat Art, BE Art, HCO3 Art

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- ABG , LAB76
- LAB76-VML
- LAB76VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
pH Art: 7.35-7.45; pCO2 Art: 35-48 mmHG; pO2 Art: 83-108 mmHG; O2Sat Art: 95-98; BE Art: -2.0-3.0; HCO3 Art: 21-28 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Blood Gas ECMO

LAB4532

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- ECM, ECMO BG, LAB4532
- LAB4532-VML
- LAB4532VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- ECM, ECMO BG, LAB4532
- LAB4532-VML
- LAB4532VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
pH ECMO: 7.35-7.45; pCO2 ECMO: 35-48 mmHG; pO2 ECMO: 83-108 mmHG; O2 Sat ECMO: 95-98; BE ECMO: -2.0-3.0; HCO3 ECMO: 21-28 mmol/L; See individual component reference ranges for: Ca Ionized, Glucose WB, Sodium WB, Potassium WB, Chloride WB, and Lactate WB

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Whole blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- ECM, ECMO BG, LAB4532
- LAB4532-VML
- LAB4532VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
pH ECMO: 7.35-7.45; pCO2 ECMO: 35-48 mmHG; pO2 ECMO: 83-108 mmHG; O2 Sat ECMO: 95-98; BE ECMO: -2.0-3.0; HCO3 ECMO: 21-28 mmol/L; See individual component reference ranges for: Ca Ionized, Glucose WB, Sodium WB, Potassium WB, Chloride WB, and Lactate WB

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Blood Gas Fetal Cord

LAB77

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- FCG, FetCord, LAB77
- LAB77-VML
- LAB77VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Fetal cord blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- FCG, FetCord, LAB77
- LAB77-VML
- LAB77VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Components:
pH Fcg, pCO2 Fcg, pO2 Fcg, O2 Sat Fcg, BE Fcg

RESULTS INTERPRETATION

Reference Interval:
N/A

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Components:
pH Fcg, pCO2 Fcg, pO2 Fcg, O2 Sat Fcg, BE Fcg

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Fetal cord blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Components:
pH Fcg, pCO2 Fcg, pO2 Fcg, O2 Sat Fcg, BE Fcg

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- FCG, FetCord, LAB77
- LAB77-VML
- LAB77VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
N/A

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Blood Gas Venous

LAB79

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- VBG , LAB79
- LAB79-VML
- LAB79VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Venous blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- VBG , LAB79
- LAB79-VML
- LAB79VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Components:
pH Ven, pCO2 Ven, pO2 Ven, O2 Sat Ven, BE Ven, HCO3 Ven

RESULTS INTERPRETATION

Reference Interval:
PH: 7.35 - 7.45, pCO2: 38 - 50 mmHG, HCO3: 21-28 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Components:
pH Ven, pCO2 Ven, pO2 Ven, O2 Sat Ven, BE Ven, HCO3 Ven

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Venous blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Components:
pH Ven, pCO2 Ven, pO2 Ven, O2 Sat Ven, BE Ven, HCO3 Ven

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- VBG , LAB79
- LAB79-VML
- LAB79VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
PH: 7.35 - 7.45, pCO2: 38 - 50 mmHG, HCO3: 21-28 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Body Fluid pH, Body Fluid Container

LAB110

ORDERING INFO

Collect:
Sterile Container

Synonyms:

- PHF, LAB110, Body Fluid pH
- LAB110-VML
- LAB110VML

Turn Around Time:
2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile Container

Specimen Preparation:
Collection for body fluid: Collect in sterile container, deliver to lab immediately (minimum 3.0 mL body fluid)

Pediatric Collection:
3.0mL Body Fluid

Storage/Transport Temperature:
Room Temperature

Performed:
Daily

Stability:
Ambient: 2 hours

Specimen:
Body Fluid

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PHF, LAB110, Body Fluid pH
- LAB110-VML
- LAB110VML

Performed:
Daily

Turn Around Time:
2 hours

Methodology:
Ph Meter / Electrochemical Sensor

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
pH measurements have not been verified in viscous fluids. pH may fluctuate with temperature or with time since collection.

Methodology:
Ph Meter / Electrochemical Sensor

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile Container

Specimen Preparation:
Collection for body fluid: Collect in sterile container, deliver to lab immediately (minimum 3.0 mL body fluid)

Pediatric Collection:
3.0mL Body Fluid

Preferred Collection Volume:
5.0 mL Body Fluid

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Body Fluid

Reasons for Rejection:
QNS, improper collection, clotted, specimen age

Components:
N/A

Stability:
Ambient: 2 hours

Storage/Transport Temperature:
Room Temperature

Synonyms:

- PHF, LAB110, Body Fluid pH
- LAB110-VML
- LAB110VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours

Ordering Indicators:
N/A

Interpretive Data:
pH measurements have not been verified in viscous fluids. pH may fluctuate with temperature or with time since collection.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Ph Meter / Electrochemical Sensor

Section:
Hematology

Bone Marrow Engraftment Studies, Whole Blood, Bone Marrow, Tissue

LAB3026

ORDERING INFO

Collect:

Blood or bone marrow: Lavender tube (EDTA); Buccal: 4 swabs

Synonyms:

- LAB3026, Chimerism Analysis, RFL
- LAB3026-VML
- LAB3026VML

Turn Around Time:

7 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Blood or bone marrow: Lavender tube (EDTA); Buccal: 4 swabs

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:

Two lavender microtainers (EDTA)

Storage/Transport Temperature:

EDTA and ACD-A tubes: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C); Paraffin block: Ambient (15-25°C); Buccal swab: Ambient (15-25°C)

Performed:

Monday - Friday

Stability:

EDTA and ACD-A tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C; Paraffin block: indefinitely; Buccal swab: indefinitely

Specimen:

Blood, bone marrow, tissue, DNA

Alternate Specimen:

Yellow tube (ACD-A)

ORDERING

Ordering Indicators:

Bone marrow engraftment studies (BME) are used to evaluate the degree of chimerism (percentage of donor versus recipient cells) in post-transplant peripheral blood or bone marrow specimens. Standard BME studies require DNA genotyping of the recipient, donor, and post-transplant specimen for comparison.

Synonyms:

- LAB3026, Chimerism Analysis, RFL
- LAB3026-VML
- LAB3026VML

Performed:
Monday - Friday

Turn Around Time:
7 days

Methodology:
Analysis of DNA polymorphisms for identification of host and donor cells post transplantation by fluorescent PCR and evaluated by capillary electrophoresis

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
Analysis of DNA corresponding to 15 independently segregating polymorphic loci and 1 sex-specific locus for the identification of recipient versus donor cells post-transplantation. Results must be interpreted in the appropriate clinical context. Refer to report.

Methodology:
Analysis of DNA polymorphisms for identification of host and donor cells post transplantation by fluorescent PCR and evaluated by capillary electrophoresis

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood or bone marrow: Lavender tube (EDTA); Buccal: 4 swabs

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two lavender microtainers (EDTA)

Preferred Collection Volume:
4 mL whole blood or bone marrow

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Blood, bone marrow, tissue, DNA

Reasons for Rejection:
Decalcification (paraffin embedded tissue). Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only accepted from CLIA-certified laboratories.

Components:
N/A

Stability:
EDTA and ACD-A tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C; Paraffin block: indefinitely; Buccal swab: indefinitely

Storage/Transport Temperature:
EDTA and ACD-A tubes: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C); Paraffin block: Ambient (15-25°C); Buccal swab: Ambient (15-25°C)

Synonyms:

- LAB3026, Chimerism Analysis, RFL
- LAB3026-VML
- LAB3026VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
Bone marrow engraftment studies (BME) are used to evaluate the degree of chimerism (percentage of donor versus recipient cells) in post-transplant peripheral blood or bone marrow specimens. Standard BME studies require DNA genotyping of the recipient, donor, and post-transplant specimen for comparison.

Interpretive Data:
Analysis of DNA corresponding to 15 independently segregating polymorphic loci and 1 sex-specific locus for the identification of recipient versus donor cells post-transplantation. Results must be interpreted in the appropriate clinical context. Refer to report.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Analysis of DNA polymorphisms for identification of host and donor cells post transplantation by fluorescent PCR and evaluated by capillary electrophoresis

Section:
Molecular Diagnostics

Bone Specific Alkaline Phosphatase

LAB1070

ORDERING INFO

Collect:
Serum separator tube. Also acceptable: Green (sodium or lithium heparin).

Synonyms:

- Alkaline Phosphatase
- Alkaline Phosphatase, Bone
- BAP
- Ostase
- Phosphatase
- Skeletal Alkaline Phosphatase
- LAB1070-VML
- LAB1070VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Also acceptable: Green (sodium or lithium heparin).

Specimen Preparation:
Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Urine. Grossly hemolyzed specimens.

Storage/Transport Temperature:
FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: 2 hours; Refrigerated: 48 hours; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Alkaline Phosphatase
- Alkaline Phosphatase, Bone
- BAP
- Ostase
- Phosphatase
- Skeletal Alkaline Phosphatase
- LAB1070-VML
- LAB1070VML

Performed:
Sun-Sat

Methodology:
Quantitative Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

Effective November 14, 2011

Age	Male	Female
6 months-2 years	31.6- 122.6 µg/L	33.4- 145.3 µg/L
3-6 years	31.3-103.4 µg/L	32.9-108.6 µg/L
7-9 years	48.6-140.4 µg/L	36.3-159.4 µg/L
10-12 years	48.8-155.5 µg/L	44.2-163.3 µg/L
13-15 years	27.8-210.9 µg/L	14.8-136.2 µg/L
16-17 years	15.3-126.8 µg/L	10.5-44.8 µg/L
18-24 years	10.0- 28.8 µg/L	
25 years and older	6.5-20.1 µg/L	
Premenopausal Female		4.5-16.9 µg/L
Postmenopausal Female		7.0-22.4 µg/L

Interpretive Data:

Liver alkaline phosphatase can affect the measurement of bone specific alkaline phosphatase in this assay. Each 100 U/L of liver alkaline phosphatase contributes an additional 2.5 to 5.8 µg/L to the bone specific alkaline phosphatase result.

Methodology:

Quantitative Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

84080

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. Also acceptable: Green (sodium or lithium heparin).

Specimen Preparation:

Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:

Urine. Grossly hemolyzed specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 2 hours; Refrigerated: 48 hours; Frozen: 2 months

Storage/Transport Temperature:

FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Alkaline Phosphatase
- Alkaline Phosphatase, Bone
- BAP
- Ostase
- Phosphatase
- Skeletal Alkaline Phosphatase
- LAB1070-VML
- LAB1070VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

Within 24 hours

Interpretive Data:

Liver alkaline phosphatase can affect the measurement of bone specific alkaline phosphatase in this assay. Each 100 U/L of liver alkaline phosphatase contributes an additional 2.5 to 5.8 µg/L to the bone specific alkaline phosphatase result.

Reference Interval:

Effective November 14, 2011

Age	Male	Female
6 months-2 years	31.6- 122.6 µg/L	33.4- 145.3 µg/L
3-6 years	31.3-103.4 µg/L	32.9-108.6 µg/L
7-9 years	48.6-140.4 µg/L	36.3-159.4 µg/L
10-12 years	48.8-155.5 µg/L	44.2-163.3 µg/L
13-15 years	27.8-210.9 µg/L	14.8-136.2 µg/L
16-17 years	15.3-126.8 µg/L	10.5-44.8 µg/L
18-24 years	10.0- 28.8 µg/L	
25 years and older	6.5-20.1 µg/L	
Premenopausal Female		4.5-16.9 µg/L
Postmenopausal Female		7.0-22.4 µg/L

Methodology:

Quantitative Immunoassay

Section:

RF-ARUP

CPT Codes:

84080

Borrelia burgdorferi VlsE1/pepC10 Antibodies, CSF, Total by ELISA With Reflex to IgM and IgG by Immunoblot (Standard Two-Tier Testing, CSF)

LAB6618

ORDERING INFO

Collect:
CSF.
New York State Clients: CSF and serum separator tube (SST) or plain red. Serum specimen should be drawn within 24 hours of CSF collection.

Synonyms:

- Lyme Disease CSF Abs Reflex Panel
- LAB6618-VML
- LAB6618VML

SPECIMEN REQUIREMENTS

Collect:
CSF.
New York State Clients: CSF and serum separator tube (SST) or plain red. Serum specimen should be drawn within 24 hours of CSF collection.

Specimen Preparation:
Transfer 6 mL CSF to an ARUP standard transport tube. (Min: 2.5 mL)
New York State Clients: Transfer 2 mL CSF (Min: 1 mL) to an ARUP standard transport tube AND transfer 2 mL serum to an ARUP standard transport tube.

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Lyme Disease CSF Abs Reflex Panel
- LAB6618-VML
- LAB6618VML

Ordering Recommendations:
Preferred CSF reflex panel for the workup of suspected neuroborreliosis.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Qualitative Immunoblot

Reported:
1-4 days

Notes:
If VlsE1/pepC10 antibodies by ELISA is 0.91 IV or greater, then B. burgdorferi IgG antibody by immunoblot and IgM antibody by immunoblot will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
B. burgdorferi VlsE1/pepC10 Abs, CSF	0.90 IV or less

Interpretive Data:

The detection of antibodies to Borrelia burgdorferi in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier. Lyme disease diagnosis in serum is recommended prior to any CSF studies.

Component	Interpretation
B. burgdorferi VlsE1/pepC10 Abs, ELISA	0.90 IV or less: Negative; VlsE1 and pepC10 antibodies to B. burgdorferi not detected. 0.91-1.09 IV: Equivocal; repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Positive; VlsE1 and pepC10 antibodies to B. burgdorferi detected.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:

86618; if reflexed, add 86617 x2

Section:

RF-ARUP

Notes:

If VlsE1/pepC10 antibodies by ELISA is 0.91 IV or greater, then B. burgdorferi IgG antibody by immunoblot and IgM antibody by immunoblot will be added. Additional charges apply.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

CSF.
New York State Clients: CSF and serum separator tube (SST) or plain red. Serum specimen should be drawn within 24 hours of CSF collection.

Specimen Preparation:

Transfer 6 mL CSF to an ARUP standard transport tube. (Min: 2.5 mL)
New York State Clients: Transfer 2 mL CSF (Min: 1 mL) to an ARUP standard transport tube AND transfer 2 mL serum to an ARUP standard transport tube.

Unacceptable Conditions:

Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

Stability (from collection to initiation):

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Lyme Disease CSF Abs Reflex Panel
- LAB6618-VML
- LAB6618VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

Preferred CSF reflex panel for the workup of suspected neuroborreliosis.

Interpretive Data:

The detection of antibodies to Borrelia burgdorferi in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier. Lyme disease diagnosis in serum is recommended prior to any CSF studies.

Component	Interpretation
B. burgdorferi VlsE1/pepC10 Abs, ELISA	0.90 IV or less: Negative; VlsE1 and pepC10 antibodies to B. burgdorferi not detected. 0.91-1.09 IV: Equivocal; repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Positive; VlsE1 and pepC10 antibodies to B. burgdorferi detected.

Reference Interval:

Components	Reference Interval
B. burgdorferi VlsE1/pepC10 Abs, CSF	0.90 IV or less

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Qualitative Immunoblot

Section:

RF-ARUP

CPT Codes:

86618; if reflexed, add 86617 x2

Notes:

If VlsE1/pepC10 antibodies by ELISA is 0.91 IV or greater, then B. burgdorferi IgG antibody by immunoblot and IgM antibody by immunoblot will be added. Additional charges apply.

BRAF (V600E) Mutation Analysis, Tissue, whole blood, bone marrow

LAB5655

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB5655, V6A, V600E
- LAB5655-VML
- LAB5655VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing. (Min 0.5mL whole blood)

Pediatric Collection:

N/A

Storage/Transport Temperature:

EDTA and ACD-A tubes: Ambient (15-25°C) or Refrigerated (2-8°C); paraffin block: Ambient (15-25°C); purified DNA: Refrigerated (2-8°C) or Frozen (-20°C)

Performed:

Once per week - variable days

Stability:

EDTA and ACD-A tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Paraffin block: indefinitely; Purified DNA: indefinitely at -70°C.

Specimen:

Paraffin embedded tissue, whole blood, bone marrow, purified DNA

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Assessment of BRAF V600E mutational status in certain neoplasms (e.g., colorectal cancer)

Synonyms:

- LAB5655, V6A, V600E
- LAB5655-VML
- LAB5655VML

Performed:

Once per week - variable days

Turn Around Time:
10 days

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of BRAF c.1799T>A (p.V600E); Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
This assay will detect the presence of the c.1799T>A (V600E) allele of BRAF with a sensitivity of approximately 1-2%.

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of BRAF c.1799T>A (p.V600E); Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
N/A

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing. (Min 0.5mL whole blood)

Pediatric Collection:
N/A

Preferred Collection Volume:
Paraffin embedded tissue: block, 5 unstained slides, or 5 curls; Blood or bone marrow: 4mL; Purified DNA: 1µg

Alternate Specimen:
N/A

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Paraffin embedded tissue, whole blood, bone marrow, purified DNA

Reasons for Rejection:
Insufficient tumor in tissue; Decalcified tissue may or may not yield interpretable results and is dependent on the degree of fixation during processing. An alternate tissue specimen is suggested if available. Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and ACD-A tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Paraffin block: indefinitely; Purified DNA: indefinitely at -70°C.

Storage/Transport Temperature:
EDTA and ACD-A tubes: Ambient (15-25°C) or Refrigerated (2-8°C); paraffin block: Ambient (15-25°C); purified DNA: Refrigerated (2-8°C) or Frozen (-20°C)

Synonyms:

- LAB5655, V6A, V600E
- LAB5655-VML
- LAB5655VML

Performed:
Once per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Assessment of BRAF V600E mutational status in certain neoplasms (e.g., colorectal cancer)

Interpretive Data:
This assay will detect the presence of the c.1799T>A (V600E) allele of BRAF with a sensitivity of approximately 1-2%.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of BRAF c.1799T>A (p.V600E); Laboratory Developed Test

Section:
Molecular Diagnostics

BRAF V600E (VE1) Immunhistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath51

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- BRAF

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BRAF

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- BRAF

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

BRCA1-Associated Protein 1 (BSB-109) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath44

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- BAP1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BAP1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- BAP1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

BREAST FLUID, PERI-IMPLANT CYTOLOGY

ORDERING INFO

Collect:
Clean specimen container with RPMI

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container with RPMI

Specimen Preparation:
1. Collect specimen in a clean specimen container filled with RPMI(min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source is peri-implant breast fluid to rule out breast implant associated anaplastic large cell lymphoma (BIA-ALCL) when completing the collection task in Epic (please include laterality). 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100 mL is optimal)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Specimen in clean specimen container with RPMI

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Must indicate the specimen is to rule out BIA-ALCL. Provide body site, need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
Cell block or cytospin protocol with immunohistochemical stains (CD30)

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
This test is to determine the presence or absence of breast implant associated anaplastic large cell lymphoma

Methodology:
Cell block or cytospin protocol with immunohistochemical stains (CD30)

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container with RPMI

Specimen Preparation:
1. Collect specimen in a clean specimen container filled with RPMI(min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source is peri-implant breast fluid to rule out breast implant associated anaplastic large cell lymphoma (BIA-ALCL) when completing the collection task in Epic (please include laterality). 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100 mL is optimal)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Specimen in clean specimen container with RPMI

Reasons for Rejection:
Mislabeled specimen, specimen received in glass container, specimen received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Must indicate the specimen is to rule out BIA-ALCL. Provide body site, need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Interpretive Data:
This test is to determine the presence or absence of breast implant associated anaplastic large cell lymphoma

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Cell block or cytospin protocol with immunohistochemical stains (CD30)

Section:
Cytology

BREAST SMEAR CYTOLOGY

nips

ORDERING INFO

Collect:
Clean glass slide and coplin jar with 95% alcohol

Synonyms:

- Nipple Discharge, Nipple Smear, Breast Smear

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean glass slide and coplin jar with 95% alcohol

Specimen Preparation:
1. Place Epic order for Cytology Non-Gyn/FNA. 2. Indicate specimen source and laterality and laterality when completing the collection task in Epic. 3. Glass slides, labeled with two patient identifiers, are placed in an alcohol filled coplin jar. 4.Coplin jar is labeled with a lab ready label. 5. If specimen is collected in ThinPrep vial, the lab ready label is placed on the vial. 6. Please send Epic requisition and specimen vial to the lab. (Minimum: 2 glass slides or 1 ThinPrep vial)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C). Call

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) 6 weeks

Specimen:
Nipple discharge on clean, labeled glass slide, or in ThinPrep vial.

Alternate Specimen:
Non-gyn ThinPrep Preservcyt vial

ORDERING

Ordering Indicators:
Spontaneous nipple discharge, except for lactation is usually considered an indication of a pathological process in the breast. Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Synonyms:

- Nipple Discharge, Nipple Smear, Breast Smear

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
Pap stain and /or ThinPrep procedure

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
Pap stain and /or ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
Non-gyn ThinPrep Preservcyt vial

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean glass slide and coplin jar with 95% alcohol

Specimen Preparation:
1. Place Epic order for Cytology Non-Gyn/FNA. 2. Indicate specimen source and laterality and laterality when completing the collection task in Epic. 3. Glass slides, labeled with two patient identifiers, are placed in an alcohol filled coplin jar. 4.Coplin jar is labeled with a lab ready label. 5. If specimen is collected in ThinPrep vial, the lab ready label is placed on the vial. 6. Please send Epic requisition and specimen vial to the lab. (Minimum: 2 glass slides or 1 ThinPrep vial)

Pediatric Collection:
N/A

Alternate Specimen:
Non-gyn ThinPrep Preservcyt vial

Patient Preparation:
N/A

Specimen:
Nipple discharge on clean, labeled glass slide, or in ThinPrep vial.

Reasons for Rejection:
Unlabeled or broken slide, mislabeled slide, unlabeled or mislabeled ThinPrep vial

Components:
N/A

Stability:
Ambient: (15-25°C) 6 weeks

Storage/Transport Temperature:
Ambient: (15-25°C). Call

Synonyms:

- Nipple Discharge, Nipple Smear, Breast Smear

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Spontaneous nipple discharge, except for lactation is usually considered an indication of a pathological process in the breast. Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Pap stain and /or ThinPrep procedure

Section:
Cytology

BRG1/SMARCA4 (GT2712) Immunhistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath52

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- BRG-1, SMARCA4

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BRG-1, SMARCA4

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- BRG-1, SMARCA4

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Brodifacoum QI-NMS

LAB3920

ORDERING INFO

Synonyms:

- LAB3920-VML
- LAB3920VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3920-VML
- LAB3920VML

ADDITIONAL INFORMATION

Section:

RF-NMS

Resulting Laboratory:

NMS Labs

FULL VIEW

Synonyms:

- LAB3920-VML
- LAB3920VML

Resulting Laboratory:

NMS Labs

Section:

RF-NMS

Links:

Test Sent to Reference Lab. Click Here for Test Details

BRONCHIAL BRUSH CYTOLOGY

broc

ORDERING INFO

Collect:
Clean specimen container filled with saline or RPMI and cytobrush.

Synonyms:

- Bronchial brushing

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container filled with saline or RPMI and cytobrush.

Specimen Preparation:
1. Bronchial cells are collected on a cytobrush and immediately placed in either a saline or RPMI container (min 1 mL). 2.Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours. Some specimens may have fixative added if specimen cannot be delivered within 2 hours and cannot be Refrigerated: (2-8°C) during transport. Call lab for assistance at 615-322-2721.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Material brushed from bronchus in saline or RPMI.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Cytologic examination of specimens collected during fiberoptic bronchoscopy augment transbronchial biopsy specimens. Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Synonyms:

- Bronchial brushing

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container filled with saline or RPMI and cytobrush.

Specimen Preparation:
1. Bronchial cells are collected on a cytobrush and immediately placed in either a saline or RPMI container (min 1 mL). 2.Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Material brushed from bronchus in saline or RPMI.

Reasons for Rejection:
Mislabeled specimen, specimen received in a glass container, received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing.

Components:
N/A

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours. Some specimens may have fixative added if specimen cannot be delivered within 2 hours and cannot be Refrigerated: (2-8°C) during transport. Call lab for assistance at 615-322-2721.

Synonyms:

- Bronchial brushing

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Cytologic examination of specimens collected during fiberoptic bronchoscopy augment transbronchial biopsy specimens. Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
ThinPrep procedure

Section:
Cytology

BRONCHIAL WASH CYTOLOGY

brow, bal

ORDERING INFO

Collect:
Clean specimen container.

Synonyms:

- Bronchial washing, Bronchoalveolar lavage, BAL, BW

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2.Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100 mL is optimal)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours. Some specimens may have fixative added if specimen cannot be delivered within 2 hours and cannot be Refrigerated: (2-8°C) during transport. Call lab for assistance at 615-322-2721.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Fresh specimen in a clean specimen container.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Cytologic examination of specimens collected during fiberoptic bronchoscopy augment transbronchial biopsy specimens. Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc. Special stains for fungus (GMS stain), AFB, lipid laden macrophages (Oil Red O), or hemosiderin laden macrophages (Iron stain) can be ordered if applicable.

Synonyms:

- Bronchial washing, Bronchoalveolar lavage, BAL, BW

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2.Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100 mL is optimal)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Fresh specimen in a clean specimen container.

Reasons for Rejection:
Mislabeled specimen, specimen received in a glass container, received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing.

Components:
N/A

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours. Some specimens may have fixative added if specimen cannot be delivered within 2 hours and cannot be Refrigerated: (2-8°C) during transport. Call lab for assistance at 615-322-2721.

Synonyms:

- Bronchial washing, Bronchoalveolar lavage, BAL, BW

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Cytologic examination of specimens collected during fiberoptic bronchoscopy augment transbronchial biopsy specimens. Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc. Special stains for fungus (GMS stain), AFB, lipid laden macrophages (Oil Red O), or hemosiderin laden macrophages (Iron stain) can be ordered if applicable.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
ThinPrep procedure

Section:
Cytology

B-Type Natriuretic Peptide, Plasma

LAB106

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- BNP, B-Type Natriuretic Peptide, Brain Natriuretic Peptide, LAB106
- LAB106-VML
- LAB106VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport at room temperature or 2° to 8°C. If testing will not be performed within 4 hours of collection, centrifuge plasma from cells, transfer 2 mL plasma into a transport tube and freeze. (Min 0.5 mL)

Pediatric Collection:
1 Lavender Microtainer (EDTA)

Storage/Transport Temperature:
Transport at Room Temperature: 15° to 25°C or Refrigerated: 2° to 8°C. If testing will not be performed within 4 hours of collection, centrifuge plasma from cells, transfer specimen into a transport tube and freeze.

Performed:
Daily

Stability:
Plasma and Whole Blood 15° to 25°C: 4 hrs; Plasma 2° to 8°C: 24hrs ; Plasma Frozen: 3 months

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Aids in diagnosis, prognosis, and management of acute and chronic heart failure.

Synonyms:

- BNP, B-Type Natriuretic Peptide, Brain Natriuretic Peptide, LAB106
- LAB106-VML
- LAB106VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
10-100 pg/mL

Interpretive Data:
A cutoff of 100 pg/mL has been demonstrated to provide the maximal combination of sensitivity, specificity, and negative predictive value for contributing to the diagnosis of congestive heart failure (CHF). A BNP value greater than 100 pg/mL is consistent with a diagnosis of CHF in the appropriate clinical setting. False-positive results are more common in females greater than 75 years of age. Blood concentrations of natriuretic peptides may also be elevated in patients with myocardial infarction and in patients who are candidates for or are undergoing renal dialysis.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport at room temperature or 2° to 8°C. If testing will not be performed within 4 hours of collection, centrifuge plasma from cells, transfer 2 mL plasma into a transport tube and freeze. (Min 0.5 mL)

Pediatric Collection:
1 Lavender Microtainer (EDTA)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Frozen whole blood. Specimens collected in non-EDTA tubes. Specimens frozen in Lavendar (EDTA Plasma) collection tube. Specimen exposed to repeated freeze/thaw cycles. Refrigerated or room temperature specimens more than 4 hours old. Hemolyzed specimens.

Components:
N/A

Stability:
Plasma and Whole Blood 15° to 25°C: 4 hrs; Plasma 2° to 8°C: 24hrs ; Plasma Frozen: 3 months

Storage/Transport Temperature:
Transport at Room Temperature: 15° to 25°C or Refrigerated: 2° to 8°C. If testing will not be performed within 4 hours of collection, centrifuge plasma from cells, transfer specimen into a transport tube and freeze.

Synonyms:

- BNP, B-Type Natriuretic Peptide, Brain Natriuretic Peptide, LAB106
- LAB106-VML
- LAB106VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Aids in diagnosis, prognosis, and management of acute and chronic heart failure.

Interpretive Data:
A cutoff of 100 pg/mL has been demonstrated to provide the maximal combination of sensitivity, specificity, and negative predictive value for contributing to the diagnosis of congestive heart failure (CHF). A BNP value greater than 100 pg/mL is consistent with a diagnosis of CHF in the appropriate clinical setting. False-positive results are more common in females greater than 75 years of age. Blood concentrations of natriuretic peptides may also be elevated in patients with myocardial infarction and in patients who are candidates for or are undergoing renal dialysis.

Reference Interval:
10-100 pg/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Buffy Coat Smears for Microorganims

LAB3431

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- BCM, Buffy Coat, Buffy Coat Smears for Microorganisms, PBS for microorganisms
- LAB3431-VML
- LAB3431VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collection for WBC concentration, draw 4ml whole blood EDTA for best concentration of WBCs (Min. 4ml whole blood)

Pediatric Collection:
Pediatric: 2mL EDTA 2K whole blood minimum

Storage/Transport Temperature:
Room Temperature or refrigerated

Performed:
Daily

Stability:
Room temperature or refrigerated

Specimen:
Whole Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is to concentrate the white cells to look for intracellular organisms in the peripheral blood. Do NOT order this test for malaria or babesia; order the Malaria Prep (thick and thin peripheral smear) instead

Synonyms:

- BCM, Buffy Coat, Buffy Coat Smears for Microorganisms, PBS for microorganisms
- LAB3431-VML
- LAB3431VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Wright Stained peripheral smears and buffy coat smears

Components:
Separate written report generated by hematopathologist

RESULTS INTERPRETATION

Reference Interval:
Negative for organisms

Interpretive Data:
A low WBC count will not produce adequate buffy coat

Methodology:
Wright Stained peripheral smears and buffy coat smears

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
Formal report issued by pathologist

Components:
Separate written report generated by hematopathologist

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collection for WBC concentration, draw 4ml whole blood EDTA for best concentration of WBCs (Min. 4ml whole blood)

Pediatric Collection:
Pediatric: 2mL EDTA 2K whole blood minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube, Two 2mL lavendar tops or one 5 mL lavendertop preferred

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
QNS, Clotted, Specimen Age

Components:
Separate written report generated by hematopathologist

Stability:
Room temperature or refrigerated

Storage/Transport Temperature:
Room Temperature or refrigerated

Synonyms:

- BCM, Buffy Coat, Buffy Coat Smears for Microorganisms, PBS for microorganisms
- LAB3431-VML
- LAB3431VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
This test is to concentrate the white cells to look for intracellular organisms in the peripheral blood. Do NOT order this test for malaria or babesia; order the Malaria Prep (thick and thin peripheral smear) instead

Interpretive Data:
A low WBC count will not produce adequate buffy coat

Reference Interval:
Negative for organisms

Additional Information:
Formal report issued by pathologist

Methodology:
Wright Stained peripheral smears and buffy coat smears

Section:
Hematology

Buprenorphine and Metabolites, Urine, Quantitative

LAB4076

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Narcan
- Pain Management
- Sublocade
- Suboxone
- Subutex
- Transtec
- Vetergesic
- Zubsolv
- Belbuca
- Buprenex
- Butrans
- Medication Adherence
- Opioids use disorders
- Probuphine
- Temgesic
- LAB4076-VML
- LAB4076VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 2 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 1 mL)

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Narcan
- Pain Management
- Sublocade
- Suboxone
- Subutex
- Transtec
- Vetergesic
- Zubsolv
- Belbuca
- Buprenex
- Butrans
- Medication Adherence
- Opioids use disorders
- Probuphine
- Temgesic
- LAB4076-VML
- LAB4076VML

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Buprenorphine, Urine Screen with Reflex to Quantitation (2012273).

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Buprenorphine	2 ng/mL
Norbuprenorphine	2 ng/mL
Buprenorphine glucuronide	5 ng/mL
Norbuprenorphine glucuronide	5 ng/mL
Naloxone	100 ng/mL

Interpretive Data:
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff:
Buprenorphine: 2 ng/mL
Norbuprenorphine: 2 ng/mL
Buprenorphine glucuronide: 5 ng/mL
Norbuprenorphine glucuronide: 5 ng/mL
Naloxone: 100 ng/mL

For medical purposes only; not valid for forensic use.

The presence of metabolite(s) without parent drug is common and may indicate use of parent drug during the prior week. Naloxone is included to detect the addition of a naloxone-containing drug directly into the urine.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80348 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Transfer 2 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 1 mL)

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Room temperature.

Synonyms:

- Narcan
- Pain Management
- Sublocade
- Suboxone
- Subutex
- Transtec
- Vetergesic
- Zubsolv
- Belbuca
- Buprenex
- Butrans
- Medication Adherence
- Opioids use disorders
- Probuphine
- Temgesic
- LAB4076-VML
- LAB4076VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Buprenorphine, Urine Screen with Reflex to Quantitation (2012273).

Interpretive Data:
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff:
Buprenorphine: 2 ng/mL
Norbuprenorphine: 2 ng/mL
Buprenorphine glucuronide: 5 ng/mL
Norbuprenorphine glucuronide: 5 ng/mL
Naloxone: 100 ng/mL

For medical purposes only; not valid for forensic use.

The presence of metabolite(s) without parent drug is common and may indicate use of parent drug during the prior week. Naloxone is included to detect the addition of a naloxone-containing drug directly into the urine.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Reference Interval:
Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Buprenorphine	2 ng/mL
Norbuprenorphine	2 ng/mL
Buprenorphine glucuronide	5 ng/mL
Norbuprenorphine glucuronide	5 ng/mL
Naloxone	100 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80348 (Alt code: G0480)

Buprenorphine Screen, Urine

ORDERING INFO

Collect:
Urine Clear

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15°-25°C 72 hours 2° to 8°C: 5 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
6 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15°-25°C 72 hours 2° to 8°C: 5 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Busulfan Lvl-SCCA

LAB3921

ORDERING INFO

Synonyms:

- LAB3921-VML
- LAB3921VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3921-VML
- LAB3921VML

ADDITIONAL INFORMATION

Section:

RF-SCCA

Resulting Laboratory:

Fred Hutch Seattle Cancer Center

FULL VIEW

Synonyms:

- LAB3921-VML
- LAB3921VML

Resulting Laboratory:

Fred Hutch Seattle Cancer Center

Section:

RF-SCCA

Links:

Test Sent to Reference Lab. Click Here for Test Details

C1-Esterase Inhibitor

LAB850

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- C1 Inhibitor Antigenic Protein
- C1 esterase inhibitor
- C1 Esterase Inhibitor Antigen, S
- C1 Esterase Inhibitor Antigen, Serum
- C1 Esterase Inhibitor Quantitative
- C1 Inactivator, Quantitative
- C1 Inhibitor
- C1 inhibitor level
- HAE
- Hereditary Angioedema
- LAB850-VML
- LAB850VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Ambient. Grossly hemolyzed and/or lipemic specimens

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 1 month.

Performed:
Sun-Sat

ORDERING

Synonyms:

- C1 Inhibitor Antigenic Protein
- C1 esterase inhibitor
- C1 Esterase Inhibitor Antigen, S
- C1 Esterase Inhibitor Antigen, Serum
- C1 Esterase Inhibitor Quantitative
- C1 Inactivator, Quantitative
- C1 Inhibitor
- C1 inhibitor level
- HAE
- Hereditary Angioedema
- LAB850-VML
- LAB850VML

Ordering Recommendations:
Aids in diagnosis of hereditary angioedema and in monitoring response to therapy.

Performed:
Sun-Sat

Methodology:
Quantitative Turbidimetry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 15, 2021
21-38 mg/dL

Methodology:
Quantitative Turbidimetry

ADDITIONAL INFORMATION

CPT Codes:
86160

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Ambient. Grossly hemolyzed and/or lipemic specimens

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 1 month.

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- C1 Inhibitor Antigenic Protein
- C1 esterase inhibitor
- C1 Esterase Inhibitor Antigen, S
- C1 Esterase Inhibitor Antigen, Serum
- C1 Esterase Inhibitor Quantitative
- C1 Inactivator, Quantitative
- C1 Inhibitor
- C1 inhibitor level
- HAE
- Hereditary Angioedema
- LAB850-VML
- LAB850VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Aids in diagnosis of hereditary angioedema and in monitoring response to therapy.

Reference Interval:
Effective November 15, 2021
21-38 mg/dL

Methodology:
Quantitative Turbidimetry

Section:
RF-ARUP

CPT Codes:
86160

C1-Esterase Inhibitor Functional

LAB769

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- Hereditary Angioedema
- C1 Esterase Inh,Func
- C1 esterase inhibitor
- C1 Inactivator
- C1 INH functional
- Functional Assay, Serum
- Functional C1 Esterase
- HAE
- LAB769-VML
- LAB769VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.1 mL)

Unacceptable Conditions:
Non-frozen specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks

Performed:
Sun, Wed, Fri

ORDERING

Synonyms:

- Hereditary Angioedema
- C1 Esterase Inh,Func
- C1 esterase inhibitor
- C1 Inactivator
- C1 INH functional
- Functional Assay, Serum
- Functional C1 Esterase
- HAE
- LAB769-VML
- LAB769VML

Ordering Recommendations:
Aids in diagnosis of hereditary angioedema and monitoring response to therapy.

Performed:
Sun, Wed, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
C-1-Esterase Inhib. Functional	41% or greater

Interpretive Data:

Component	Interpretation
C-1 Esterase Inhibitor Functional	68% or greater Normal 41-67% Indeterminate 40% or less Abnormal

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86161

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.1 mL)

Unacceptable Conditions:
Non-frozen specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Hereditary Angioedema
- C1 Esterase Inh,Func
- C1 esterase inhibitor
- C1 Inactivator
- C1 INH functional
- Functional Assay, Serum
- Functional C1 Esterase
- HAE
- LAB769-VML
- LAB769VML

Performed:
Sun, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Aids in diagnosis of hereditary angioedema and monitoring response to therapy.

Interpretive Data:

Component	Interpretation
C-1 Esterase Inhibitor Functional	68% or greater Normal 41-67% Indeterminate 40% or less Abnormal

Reference Interval:

Components	Reference Interval
C-1-Esterase Inhib. Functional	41% or greater

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86161

C3 Nephrotic Factor

LAB3922

ORDERING INFO

Synonyms:

- LAB3922-VML
- LAB3922VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3922-VML
- LAB3922VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3922-VML
- LAB3922VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

C4d (C4dpAb) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath53

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cadmium, Blood

LAB3710

ORDERING INFO

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Synonyms:

- Blood concentration, cadmium
- Cd
- CDB
- LAB3710-VML
- LAB3710VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician).

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:
Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep).

Specimens transported in containers other than Royal Blue blue (K2EDTA) or Royal blue (NaHep) tube or Trace Element-Free Transport Tube. Clotted specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Trace Elements requisition form may be required (ARUP form #32990).

ORDERING

Synonyms:

- Blood concentration, cadmium
- Cd
- CDB
- LAB3710-VML
- LAB3710VML

Ordering Recommendations:
Useful in the assessment of acute toxicity. For chronic exposure and the assessment of cadmium body burden, Cadmium, Urine (0025040) is preferred.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Less than or equal to 5.0 µg/L

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood cadmium, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Blood cadmium levels can be used to monitor acute toxicity and in combination with cadmium urine and B-2 microglobulin is the preferred method for monitoring occupational exposure. Symptoms associated with cadmium toxicity vary based upon route of exposure and may include tubular proteinuria, fever, headache, dyspnea, chest pain, conjunctivitis, rhinitis, sore throat and cough. Ingestion of cadmium in high concentration may cause vomiting, diarrhea, salivation, cramps, and abdominal pain.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

ADDITIONAL INFORMATION

CPT Codes:

82300

Section:

RF-ARUP

Remarks:

Trace Elements requisition form may be required (ARUP form #32990).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:

Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician).

Unacceptable Conditions:

Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep).

Specimens transported in containers other than Royal Blue blue (K2EDTA) or Royal blue (NaHep) tube or Trace Element-Free Transport Tube. Clotted specimens.

Stability (from collection to initiation):

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Storage/Transport Temperature:

Room temperature. Also acceptable: Refrigerated.

Synonyms:

- Blood concentration, cadmium
- Cd
- CDB
- LAB3710-VML
- LAB3710VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Useful in the assessment of acute toxicity. For chronic exposure and the assessment of cadmium body burden, Cadmium, Urine (0025040) is preferred.

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood cadmium, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Blood cadmium levels can be used to monitor acute toxicity and in combination with cadmium urine and B-2 microglobulin is the preferred method for monitoring occupational exposure. Symptoms associated with cadmium toxicity vary based upon route of exposure and may include tubular proteinuria, fever, headache, dyspnea, chest pain, conjunctivitis, rhinitis, sore throat and cough. Ingestion of cadmium in high concentration may cause vomiting, diarrhea, salivation, cramps, and abdominal pain.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Less than or equal to 5.0 µg/L

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Section:

RF-ARUP

CPT Codes:

82300

Remarks:

Trace Elements requisition form may be required (ARUP form #32990).

Cadmium, Urine

LAB370

ORDERING INFO

Collect:
24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Synonyms:

- Cd
- CDU
- LAB370-VML
- LAB370VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). High concentrations of iodine may interfere with elemental testing. Abstinence from iodine-containing medications or contrast agents for at least 1 month prior to collecting specimens for elemental testing is recommended.

Collect:
24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Specimen Preparation:
Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Unacceptable Conditions:
Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies). Acid preserved urine. Specimen contaminated with blood or fecal material. Specimens transported in non-trace element free transport tube (with the exception of the original device).

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

Remarks:
Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

ORDERING

Synonyms:

- Cd
- CDU
- LAB370-VML
- LAB370VML

Ordering Recommendations:
Useful in the assessment of chronic exposure and determination of cadmium body burden. For acute exposure, Cadmium, Blood (0099675) is preferred.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Cadmium, Urine - ratio to CRT</td><td>0.0-3.2 µg/g CRT</td></tr>
<tr><td>Cadmium, Urine - per 24h</td><td>0.0-3.2 µg/d</td></tr>
<tr><td>Cadmium, Urine - per volume</td><td>0.0-1.0 µg/L</td></tr>
</table>

Interpretive Data:

Urine cadmium levels can be used to assess cadmium body burden. In chronic exposures, the kidneys are the primary target organ. Symptoms associated with cadmium toxicity vary based upon route of exposure and may include tubular proteinuria, fever, headache, dyspnea, chest pain, conjunctivitis, rhinitis, sore throat and cough. Ingestion of cadmium in high concentration may cause vomiting, diarrhea, salivation, cramps, and abdominal pain.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82300

Section:

RF-ARUP

Remarks:

Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Specimen Preparation:

Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). High concentrations of iodine may interfere with elemental testing. Abstinence from iodine-containing medications or contrast agents for at least 1 month prior to collecting specimens for elemental testing is recommended.

Unacceptable Conditions:

Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies). Acid preserved urine. Specimen contaminated with blood or fecal material. Specimens transported in non-trace element free transport tube (with the exception of the original device).

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Cd
- CDU
- LAB370-VML
- LAB370VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Useful in the assessment of chronic exposure and determination of cadmium body burden. For acute exposure, Cadmium, Blood (0099675) is preferred.

Interpretive Data:
Urine cadmium levels can be used to assess cadmium body burden. In chronic exposures, the kidneys are the primary target organ. Symptoms associated with cadmium toxicity vary based upon route of exposure and may include tubular proteinuria, fever, headache, dyspnea, chest pain, conjunctivitis, rhinitis, sore throat and cough. Ingestion of cadmium in high concentration may cause vomiting, diarrhea, salivation, cramps, and abdominal pain.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
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<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Cadmium, Urine - ratio to CRT</td><td>0.0-3.2 µg/g CRT</td></tr>
<tr><td>Cadmium, Urine - per 24h</td><td>0.0-3.2 µg/d</td></tr>
<tr><td>Cadmium, Urine - per volume</td><td>0.0-1.0 µg/L</td></tr>
</table>

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82300

Remarks:
Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

Caffeine, Serum or Plasma

LAB706

ORDERING INFO

Collect:
Serum Random or Plasma Random in Plain Red, Lavender (K_2EDTA), Lavender (K_3EDTA), or Pink (K_2EDTA).

Synonyms:

- Caffeine Citrate Injection
- Durvitan
- NoDoz
- Vivarin
- LAB706-VML
- LAB706VML

SPECIMEN REQUIREMENTS

Collect:
Serum Random or Plasma Random in Plain Red, Lavender (K_2EDTA), Lavender (K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 6 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Citrated Plasma, Serum separator tube (SST)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Caffeine Citrate Injection
- Durvitan
- NoDoz
- Vivarin
- LAB706-VML
- LAB706VML

Ordering Recommendations:
Therapeutic monitoring for patients receiving caffeine therapy.

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Effective February 21, 2017

Age	0-28 days	29 days and older
Therapeutic Range:	8-20 µg/mL	Less than or equal to 20 (not well established)
Toxic:	Greater than 20 µg/mL	Greater than 20 µg/mL

Interpretive Data:
Toxic concentrations may cause tremor, cardiac abnormalities and seizures.

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

ADDITIONAL INFORMATION

CPT Codes:
80155

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Random or Plasma Random in Plain Red, Lavender (K_2EDTA), Lavender (K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 6 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Citrated Plasma, Serum separator tube (SST)

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Caffeine Citrate Injection
- Durvitan
- NoDoz
- Vivarin
- LAB706-VML
- LAB706VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Therapeutic monitoring for patients receiving caffeine therapy.

Interpretive Data:
Toxic concentrations may cause tremor, cardiac abnormalities and seizures.

Reference Interval:
Effective February 21, 2017

Age	0-28 days	29 days and older
Therapeutic Range:	8-20 µg/mL	Less than or equal to 20 (not well established)
Toxic:	Greater than 20 µg/mL	Greater than 20 µg/mL

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

Section:
RF-ARUP

CPT Codes:
80155

CAH Profile 6-ESTX

LAB3924

ORDERING INFO

Synonyms:

- LAB3924-VML
- LAB3924VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3924-VML
- LAB3924VML

ADDITIONAL INFORMATION

Section:

RF-ESTX

Resulting Laboratory:

Esoterix

FULL VIEW

Synonyms:

- LAB3924-VML
- LAB3924VML

Resulting Laboratory:

Esoterix

Section:

RF-ESTX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Calcitonin

LAB6011

ORDERING INFO

Collect:
Serum separator tube or green (sodium or lithium heparin).

Synonyms:

- Human Calcitonin
- Thyrocalcitonin
- LAB6011-VML
- LAB6011VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Tissue or urine. EDTA plasma. Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Human Calcitonin
- Thyrocalcitonin
- LAB6011-VML
- LAB6011VML

Ordering Recommendations:
Use to diagnose and monitor medullary thyroid carcinoma (MTC). Secondary test to assist in diagnosing multiple endocrine neoplasia type II and familial MTC.

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
Male 3 years and older: 0.0-7.5 pg/mL
Female 3 years and older: 0.0-5.1 pg/mL

Interpretive Data:
Calcitonin levels greater than 100 pg/mL may occur in the following conditions: medullary thyroid carcinomas (MTC), leukemias, and myeloproliferative disorders.

Provocative testing (calcium) is suggested in patients with MTC if the calcitonin is not clearly diagnostic.

The Siemens Immulite® 2000 method is used. Results obtained with different assay methods or kits cannot be used interchangeably. Calcitonin is useful in monitoring medullary thyroid carcinoma. The calcitonin assay value, regardless of level, should not be interpreted as absolute evidence of the presence or absence of malignant disease.

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
82308

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Tissue or urine. EDTA plasma. Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Human Calcitonin
- Thyrocalcitonin
- LAB6011-VML
- LAB6011VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Use to diagnose and monitor medullary thyroid carcinoma (MTC). Secondary test to assist in diagnosing multiple endocrine neoplasia type II and familial MTC.

Interpretive Data:
Calcitonin levels greater than 100 pg/mL may occur in the following conditions: medullary thyroid carcinomas (MTC), leukemias, and myeloproliferative disorders.

Provocative testing (calcium) is suggested in patients with MTC if the calcitonin is not clearly diagnostic.

The Siemens Immulite® 2000 method is used. Results obtained with different assay methods or kits cannot be used interchangeably. Calcitonin is useful in monitoring medullary thyroid carcinoma. The calcitonin assay value, regardless of level, should not be interpreted as absolute evidence of the presence or absence of malignant disease.

Reference Interval:
Male 3 years and older: 0.0-7.5 pg/mL
Female 3 years and older: 0.0-5.1 pg/mL

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
82308

Calcitonin (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath54

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Calcium, Ionized, Arterial

LAB700

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- CAI, CalArt, Ionized Calcium, LAB700
- LAB700-VML
- LAB700VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C for syringes and Refrigerated: 2° to 8°C for vacutainers

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes for syringes, up to 24 hrs at 4°C for vacutainers

Specimen:
Arterial blood

Alternate Specimen:
Dark green tube (Sodium Heparin)

ORDERING

Synonyms:

- CAI, CalArt, Ionized Calcium, LAB700
- LAB700-VML
- LAB700VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Components:
Calcium Ionized Whole blood, pH Arterial

RESULTS INTERPRETATION

Reference Interval:
< 30 day: 3.20 - 6.50 mg/dL; 30 days - 150 years: 4.48 - 5.28 mg/dL

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
Dark green tube (Sodium Heparin)

Components:
Calcium Ionized Whole blood, pH Arterial

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
Dark green tube (Sodium Heparin)

Specimen:
Arterial blood

Reasons for Rejection:
Clotted sample, Vacutainers less than 2/3 full, pediatric bullets or microtainers

Components:
Calcium Ionized Whole blood, pH Arterial

Stability:
15° to 25°C: 30 Minutes for syringes, up to 24 hrs at 4°C for vacutainers

Storage/Transport Temperature:
Room Temperature: 15° to 25°C for syringes and Refrigerated: 2° to 8°C for vacutainers

Synonyms:

- CAI, CalArt, Ionized Calcium, LAB700
- LAB700-VML
- LAB700VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
< 30 day: 3.20 - 6.50 mg/dL; 30 days - 150 years: 4.48 - 5.28 mg/dL

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Calcium, Ionized, Venous

LAB54

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- VIC, CalVen, Ionized Calcium Venous, LAB54
- LAB54-VML
- LAB54VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C for syringes and Refrigerated: 2° to 8°C for vacutainers

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes for syringes, up to 24 hrs at 4°C for vacutainers

Specimen:
Venous blood

Alternate Specimen:
Dark green tube (Sodium Heparin)

ORDERING

Synonyms:

- VIC, CalVen, Ionized Calcium Venous, LAB54
- LAB54-VML
- LAB54VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Components:
Calcium Ionized Whole blood, pH Venous

RESULTS INTERPRETATION

Reference Interval:
< 30 day: 3.20 - 6.50 mg/dL; 30 days - 150 years: 4.48 - 5.28 mg/dL

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
Dark green tube (Sodium Heparin)

Components:
Calcium Ionized Whole blood, pH Venous

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
Dark green tube (Sodium Heparin)

Specimen:
Venous blood

Reasons for Rejection:
Clotted sample, Vacutainers less than 2/3 full, pediatric bullets or microtainers

Components:
Calcium Ionized Whole blood, pH Venous

Stability:
15° to 25°C: 30 Minutes for syringes, up to 24 hrs at 4°C for vacutainers

Storage/Transport Temperature:
Room Temperature: 15° to 25°C for syringes and Refrigerated: 2° to 8°C for vacutainers

Synonyms:

- VIC, CalVen, Ionized Calcium Venous, LAB54
- LAB54-VML
- LAB54VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
< 30 day: 3.20 - 6.50 mg/dL; 30 days - 150 years: 4.48 - 5.28 mg/dL

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Calcium, Plasma

LAB53

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- CA, Calcium Blood, Calcium Level, LAB53
- LAB53-VML
- LAB53VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 21 days; Frozen: 8 months

Specimen:
Plasma

Alternate Specimen:
N/A (Serum for Roche Not approved for CA)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CA, Calcium Blood, Calcium Level, LAB53
- LAB53-VML
- LAB53VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A (Serum for Roche Not approved for CA)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A (Serum for Roche Not approved for CA)

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 21 days; Frozen: 8 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- CA, Calcium Blood, Calcium Level, LAB53
- LAB53-VML
- LAB53VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Quantitative Spectrophotometry

Section:
Chemistry

Calcium, Random, Urine

LAB371

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- UR Calcium Level, Urine Calcium Level, Calcium Urine, LAB371
- LAB371-VML
- LAB371VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 2 days; 2° to 8°C: 4 days; Frozen: 3 weeks

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UR Calcium Level, Urine Calcium Level, Calcium Urine, LAB371
- LAB371-VML
- LAB371VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
2.5 - 25 mg/dL

Interpretive Data:
N/A

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Acidify pH <2

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 days; 2° to 8°C: 4 days; Frozen: 3 weeks

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- UR Calcium Level, Urine Calcium Level, Calcium Urine, LAB371
- LAB371-VML
- LAB371VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
2.5 - 25 mg/dL

Additional Information:
Acidify pH <2

Methodology:
Quantitative Spectrophotometry

Section:
Chemistry

Calponin (EP798Y) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath55

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Calprotectin, Fecal

LAB6504

ORDERING INFO

Collect:

Stool in clean container

Synonyms:

- Calprotectin, Stool
- Fecal Calprotectin
- LAB6504-VML
- LAB6504VML

Turn Around Time:

1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:

NA

Collect:

Stool in clean container

Specimen Preparation:

Collect stool sample in clean container, store refrigerated.

Pediatric Collection:

Stool in clean container

Storage/Transport Temperature:

Refrigerated (2-8°C)

Performed:

Monday - Friday

Stability:

Refrigerated (2-8°C): 72 hours

Specimen:

Stool

Alternate Specimen:

NA

ORDERING

Ordering Indicators:

This test aids in differentiation of inflammatory bowel disease (IBD) from irritable bowel syndrome (IBS)

Synonyms:

- Calprotectin, Stool
- Fecal Calprotectin
- LAB6504-VML
- LAB6504VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Chemiluminescent Immunoassay

Components:
Calprotectin, Fecal

RESULTS INTERPRETATION

Reference Interval:
<50 ug/g

Interpretive Data:
Calprotectin concentrations above 120 ug/g are suggestive of an active inflammatory process within the gastrointestinal system. Fecal Calprotectin is not specific for IBD, the diagnosis of IBD cannot be established solely on the basis of a positive calprotectin result.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
NA

Additional Information:
NA

Components:
Calprotectin, Fecal

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Stool in clean container

Specimen Preparation:
Collect stool sample in clean container, store refrigerated.

Pediatric Collection:
Stool in clean container

Preferred Collection Volume:
Stool: 2 grams (thumbnail-size portion)

Alternate Specimen:
NA

Patient Preparation:
NA

Specimen:
Stool

Reasons for Rejection:
Specimens other than stool; gastric specimens; swabs; diapers; specimens in preservative

Components:
Calprotectin, Fecal

Stability:
Refrigerated (2-8°C): 72 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- Calprotectin, Stool
- Fecal Calprotectin
- LAB6504-VML
- LAB6504VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test aids in differentiation of inflammatory bowel disease (IBD) from irritable bowel syndrome (IBS)

Interpretive Data:
Calprotectin concentrations above 120 ug/g are suggestive of an active inflammatory process within the gastrointestinal system. Fecal Calprotectin is not specific for IBD, the diagnosis of IBD cannot be established solely on the basis of a positive calprotectin result.

Reference Interval:
<50 ug/g

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Calreticulin (CALR) Exon 9 Mutation Analysis by PCR, whole blood or bone marrow

LAB3028

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3028, CAL, CALR, CALR Insert/Deletion Mutation
- LAB3028-VML
- LAB3028VML

Turn Around Time:
10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:
Once per week - variable days

Stability:
EDTA and ACD-A tubes: Ambient (15-25°C): 2 days; Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C.

Specimen:
Whole blood or bone marrow

Alternate Specimen:
Yellow tube (ACD-A)

ORDERING

Ordering Indicators:
Identification of CALR variants provides diagnostic and prognostic information in JAK2/MPL-negative patients with myeloproliferative neoplasms (MPNs).

Synonyms:

- LAB3028, CAL, CALR, CALR Insert/Deletion Mutation
- LAB3028-VML
- LAB3028VML

Performed:
Once per week - variable days

Turn Around Time:
10 days

Methodology:
Fluorescent PCR designed to detect CALR exon 9 insertions or deletions with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
Disease-associated variants in CALR typically involve exon 9 and most frequently involve a frameshift alteration. The following alterations are the most common ones observed; a 52 bp deletion or a 5 bp insertion. Results must be interpreted in the appropriate clinical context. Refer to report.

Methodology:
Fluorescent PCR designed to detect CALR exon 9 insertions or deletions with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Preferred Collection Volume:
4 mL whole blood or bone marrow

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood or bone marrow

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and ACD-A tubes: Ambient (15-25°C): 2 days; Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C.

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- LAB3028, CAL, CALR, CALR Insert/Deletion Mutation
- LAB3028-VML
- LAB3028VML

Performed:
Once per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Identification of CALR variants provides diagnostic and prognostic information in JAK2/MPL-negative patients with myeloproliferative neoplasms (MPNs).

Interpretive Data:
Disease-associated variants in CALR typically involve exon 9 and most frequently involve a frameshift alteration. The following alterations are the most common ones observed; a 52 bp deletion or a 5 bp insertion. Results must be interpreted in the appropriate clinical context. Refer to report.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Fluorescent PCR designed to detect CALR exon 9 insertions or deletions with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

Section:
Molecular Diagnostics

Calretinin (CAL6) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath56

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

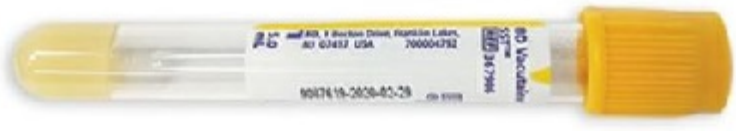
Section:
Histology

Cancer Antigen 125 (CA125), Serum

LAB155

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

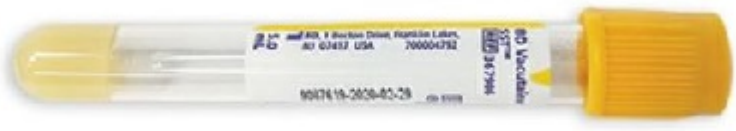
- CA 125, Cancer Antigen 125, LAB155
- LAB155-VML
- LAB155VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 8 hours; 2° to 8°C: 5 days; Frozen: 24 weeks

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CA 125, Cancer Antigen 125, LAB155
- LAB155-VML
- LAB155VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Roche Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Premenopause: 5.4 - 127 U/mL Postmenopause: 4.1 - 47.9 U/mL

Interpretive Data:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Methodology:
Roche Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 8 hours; 2° to 8°C: 5 days; Frozen: 24 weeks

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- CA 125, Cancer Antigen 125, LAB155
- LAB155-VML
- LAB155VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Reference Interval:
Premenopause: 5.4 - 127 U/mL Postmenopause: 4.1 - 47.9 U/mL

Additional Information:
N/A

Methodology:
Roche Electrochemiluminescent Immunoassay

Section:
Chemistry

Cancer Antigen 27.29

LAB853

ORDERING INFO

Collect:
Plain red or serum separator tube or EDTA plasma.

Synonyms:

- Breast Carcinoma-Associated Antigen (CA 27.29), Serum
- CA 27.29
- MAM 6
- Milk Mucin
- Breast Cancer Tumor Markers
- CA 27-29
- LAB853-VML
- LAB853VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube or EDTA plasma.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 7 days; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Breast Carcinoma-Associated Antigen (CA 27.29), Serum
- CA 27.29
- MAM 6
- Milk Mucin
- Breast Cancer Tumor Markers
- CA 27-29
- LAB853-VML
- LAB853VML

Ordering Recommendations:
Monitor therapy and identify disease recurrence in individuals with a metastatic breast cancer diagnosis. Do not use for diagnosis or screening of breast cancer.

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
Effective August 16, 2021
Less than or equal to 39 U/mL

Interpretive Data:

Test Information: The CA 27.29 assay is intended for use in monitoring: 1) disease progression and/or response to therapy in patients with metastatic disease, and 2) disease recurrence in patients treated previously for stages II or III breast carcinoma who are clinically free of the disease. Serial testing in patients who are clinically free of disease should be used in conjunction with other clinical methods for early detection of cancer recurrence.

Limitations: Patients with confirmed breast carcinoma frequently have CA 27.29 assay values in the same range as healthy individuals. Elevations may also be observed in patients with non-malignant disease. Results of this test must always be interpreted in the context of morphologic and other relevant data and should not be used alone for a diagnosis of malignancy.

Methodology: Siemens Atellica IM BR 27.29 (BR) chemiluminescent immunoassay was used. Results obtained with different assay methods or kits cannot be used interchangeably.

Methodology:

Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86300

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red or serum separator tube or EDTA plasma.

Specimen Preparation:

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Stability (from collection to initiation):

After separation from cells: Ambient: 8 hours; Refrigerated: 7 days; Frozen: 3 months

Storage/Transport Temperature:

Frozen.

Synonyms:

- Breast Carcinoma-Associated Antigen (CA 27.29), Serum
- CA 27.29
- MAM 6
- Milk Mucin
- Breast Cancer Tumor Markers
- CA 27-29
- LAB853-VML
- LAB853VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

Within 24 hours

Ordering Recommendations:

Monitor therapy and identify disease recurrence in individuals with a metastatic breast cancer diagnosis. Do not use for diagnosis or screening of breast cancer.

Interpretive Data:

Test Information: The CA 27.29 assay is intended for use in monitoring: 1) disease progression and/or response to therapy in patients with metastatic disease, and 2) disease recurrence in patients treated previously for stages II or III breast carcinoma who are clinically free of the disease. Serial testing in patients who are clinically free of disease should be used in conjunction with other clinical methods for early detection of cancer recurrence.

Limitations: Patients with confirmed breast carcinoma frequently have CA 27.29 assay values in the same range as healthy individuals. Elevations may also be observed in patients with non-malignant disease. Results of this test must always be interpreted in the context of morphologic and other relevant data and should not be used alone for a diagnosis of malignancy.

Methodology: Siemens Atellica IM BR 27.29 (BR) chemiluminescent immunoassay was used. Results obtained with different assay methods or kits cannot be used interchangeably.

Reference Interval:

Effective August 16, 2021
Less than or equal to 39 U/mL

Methodology:

Quantitative Chemiluminescent Immunoassay

Section:

RF-ARUP

CPT Codes:

86300

Cancer Antigen-Breast (CA 15-3)

LAB776

ORDERING INFO

Collect:
Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin), lavender (K_2EDTA), or pink (K_2EDTA).

Synonyms:

- CA153
- Cancer Antigen-Breast
- MUC-1
- Mucin-Like Carcinoma-Associated Antigen
- CA 15-3
- CA-Breast
- LAB776-VML
- LAB776VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin), lavender (K_2EDTA), or pink (K_2EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 5 days; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- CA153
- Cancer Antigen-Breast
- MUC-1
- Mucin-Like Carcinoma-Associated Antigen
- CA 15-3
- CA-Breast
- LAB776-VML
- LAB776VML

Ordering Recommendations:
Monitor therapy and identify disease recurrence in individuals with metastatic breast cancer. Do not use for diagnosis or screening of breast cancer.

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
0-31 U/mL

Interpretive Data:
The Roche CA 15-3 electrochemiluminescent immunoassay is used. Results obtained with different methods or kits cannot be used interchangeably. The CA 15-3 test is used to aid in the management of Stage II and III breast cancer patients. Serial testing for patient CA 15-3 values should be used in conjunction with other clinical methods for monitoring breast cancer. Patients with confirmed breast carcinoma frequently have CA 15-3 values in the same range as healthy individuals. Elevations may be observed in patients with nonmalignant disease. Therefore, a CA 15-3 value, regardless of level, should not be interpreted as absolute evidence of the presence or absence of malignant disease.

Methodology:
Quantitative Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86300

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin), lavender (K_2EDTA), or pink (K_2EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 5 days; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- CA153
- Cancer Antigen-Breast
- MUC-1
- Mucin-Like Carcinoma-Associated Antigen
- CA 15-3
- CA-Breast
- LAB776-VML
- LAB776VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Monitor therapy and identify disease recurrence in individuals with metastatic breast cancer. Do not use for diagnosis or screening of breast cancer.

Interpretive Data:
The Roche CA 15-3 electrochemiluminescent immunoassay is used. Results obtained with different methods or kits cannot be used interchangeably. The CA 15-3 test is used to aid in the management of Stage II and III breast cancer patients. Serial testing for patient CA 15-3 values should be used in conjunction with other clinical methods for monitoring breast cancer. Patients with confirmed breast carcinoma frequently have CA 15-3 values in the same range as healthy individuals. Elevations may be observed in patients with nonmalignant disease. Therefore, a CA 15-3 value, regardless of level, should not be interpreted as absolute evidence of the presence or absence of malignant disease.

Reference Interval:
0-31 U/mL

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
86300

Cancer Antigen-GI (CA 19-9)

LAB777

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plasma Separator Tube (PST). Also acceptable: Green (lithium heparin), Lavender (K_2EDTA or K_3EDTA), or Pink (K_2EDTA).

Synonyms:

- CA 19-9
- Cancer Antigen 19-9
- CA-GI
- Cancer Antigen-GI
- Carbohydrate Antigen
- Carbohydrate Antigen 19-9
- GI Cancer Antigen
- LAB777-VML
- LAB777VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Plasma Separator Tube (PST). Also acceptable: Green (lithium heparin), Lavender (K_2EDTA or K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Body Fluid (refer to Cancer Antigen-GI (CA19-9), Body Fluid, ARUP test code 0020746). Specimens collected in sodium citrate.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- CA 19-9
- Cancer Antigen 19-9
- CA-GI
- Cancer Antigen-GI
- Carbohydrate Antigen
- Carbohydrate Antigen 19-9
- GI Cancer Antigen
- LAB777-VML
- LAB777VML

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
Effective February 22, 2022
Less than or equal to 35 U/mL

Interpretive Data:
This test uses Roche CA 19-9 electrochemiluminescent immunoassay. Results obtained with different test methods or kits cannot be used interchangeably. CA 19-9 is useful in monitoring pancreatic, hepatobiliary, gastric, hepatocellular, and colorectal cancer. CA 19-9 value regardless of level, should not be interpreted as absolute evidence of the presence or absence of malignant disease.

Methodology:
Quantitative Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86301

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plasma Separator Tube (PST). Also acceptable: Green (lithium heparin), Lavender (K_2EDTA or K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Body Fluid (refer to Cancer Antigen-GI (CA19-9), Body Fluid, ARUP test code 0020746). Specimens collected in sodium citrate.

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- CA 19-9
- Cancer Antigen 19-9
- CA-GI
- Cancer Antigen-GI
- Carbohydrate Antigen
- Carbohydrate Antigen 19-9
- GI Cancer Antigen
- LAB777-VML
- LAB777VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Interpretive Data:
This test uses Roche CA 19-9 electrochemiluminescent immunoassay. Results obtained with different test methods or kits cannot be used interchangeably. CA 19-9 is useful in monitoring pancreatic, hepatobiliary, gastric, hepatocellular, and colorectal cancer. CA 19-9 value regardless of level, should not be interpreted as absolute evidence of the presence or absence of malignant disease.

Reference Interval:
Effective February 22, 2022
Less than or equal to 35 U/mL

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
86301

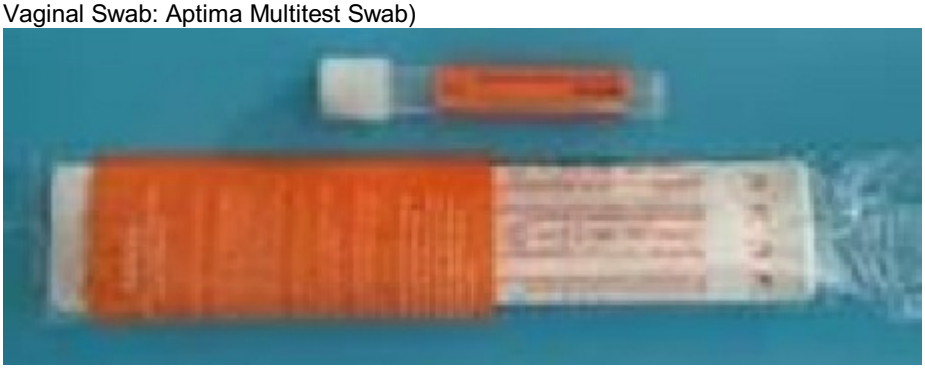
Candida Vaginosis and Trichomonas vaginalis by Transcription-Mediated Amplification (TMA)

LAB6083

ORDERING INFO

Collect:

Vaginal Swab: Aptima Multitest Swab)



Synonyms:

- LAB6083, CV, TV, Trich, Wet Prep, PCR, Candida PCR, Yeast Panel, Trichomonas vaginalis
- LAB6083-VML
- LAB6083VML

Turn Around Time:

72 hours

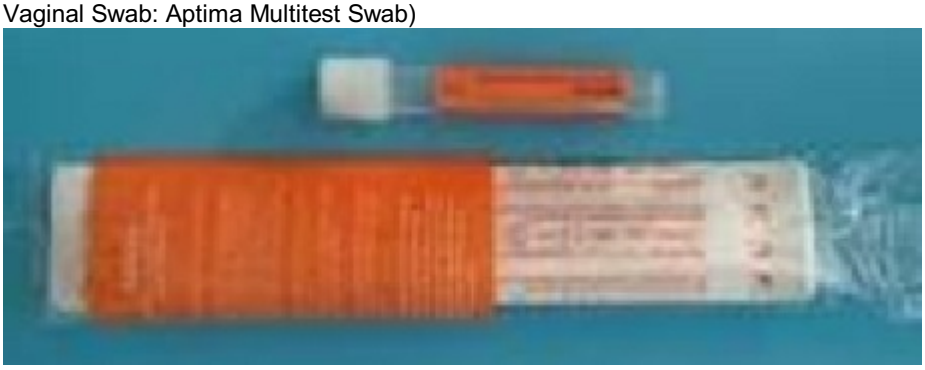
SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Vaginal Swab: Aptima Multitest Swab)



Specimen Preparation:

Place swab in MultiTest Swab Specimen Transport Tube (orange), break shaft at scoreline then recap tube. (Min 1.0mL Swab)

Pediatric Collection:

Performance of the assay has not been evaluated in women less than 14 years of age.

Storage/Transport Temperature:

Ambient (15-25°C)

Performed:

Monday - Friday

Stability:

Ambient (15-25°C): 30 days

Specimen:

Vaginal

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
Results from the Aptima CV/TV assay should be interpreted in conjunction with other clinical data available to the clinician. A negative result does not preclude a possible infection because results are dependent on adequate specimen collection. A Candida species group positive result can be due to one or multiple Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis)

Synonyms:

- LAB6083, CV, TV, Trich, Wet Prep, PCR, Candida PCR, Yeast Panel, Trichomonas vaginalis
- LAB6083-VML
- LAB6083VML

Performed:
Monday - Friday

Turn Around Time:
72 hours

Methodology:
Transcription-Mediated Amplificiation (TMA)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
A negative result does not preclude a possible infection. This test detects Trichomonas vaginalis, Candida glabrata, and other Candida species (C. albicans, C. parapsilosis, C. dubliniensis, and C. tropicalis). The assay does not differentiate among organisms in the Candida species group. Results should be interpreted in conjunction with other clinical data. This test has not been validated for use with specimens collected by patients at home. This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes.

Methodology:
Transcription-Mediated Amplificiation (TMA)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
The Aptima CV/TV assay has not been evaluated for use with specimens collected by patients at home. Therapeutic failure or success cannot be determined with the Aptima CV/TV assay since nucleic acid may persist following appropriate antimicrobial therapy.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Vaginal Swab: Aptima Multitest Swab)

Specimen Preparation:
Place swab in MultiTest Swab Specimen Transport Tube (orange), break shaft at scoreline then recap tube. (Min 1.0mL Swab)

Pediatric Collection:
Performance of the assay has not been evaluated in women less than 14 years of age.

Preferred Collection Volume:
Swab: Aptima Tube

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Vaginal

Reasons for Rejection:
Specimen collected incorrectly (i.e. collected in an alternate Aptima container); no swab present in tube; alternative specimen type/source sent without Medical Director approval

Components:
N/A

Stability:
Ambient (15-25°C): 30 days

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB6083, CV, TV, Trich, Wet Prep, PCR, Candida PCR, Yeast Panel, Trichomonas vaginalis
- LAB6083-VML
- LAB6083VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 hours

Ordering Indicators:
Results from the Aptima CV/TV assay should be interpreted in conjunction with other clinical data available to the clinician. A negative result does not preclude a possible infection because results are dependent on adequate specimen collection. A Candida species group positive result can be due to one or multiple Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis)

Interpretive Data:
A negative result does not preclude a possible infection. This test detects Trichomonas vaginalis, Candida glabrata, and other Candida species (C. albicans, C. parapsilosis, C. dubliniensis, and C. tropicalis). The assay does not differentiate among organisms in the Candida species group. Results should be interpreted in conjunction with other clinical data. This test has not been validated for use with specimens collected by patients at home. This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes.

Reference Interval:
Not detected

Additional Information:
The Aptima CV/TV assay has not been evaluated for use with specimens collected by patients at home. Therapeutic failure or success cannot be determined with the Aptima CV/TV assay since nucleic acid may persist following appropriate antimicrobial therapy.

Methodology:
Transcription-Mediated Amplificiation (TMA)

Section:
Molecular Infectious Disease

Carbamazepine, Free and Total, Serum or Plasma

LAB3711

ORDERING INFO

Collect:
Serum Pre-dose (Trough) Draw - At a Steady State Concentration in Plain Red.

Synonyms:

- Protein Free Carbamazepine
- Sirtal
- Atretol
- Biston
- Calesin
- Carbamazepine, Free
- Epitol
- Equetro
- Free Carbamazepine
- Epimaz
- Epitrol
- Finlepsin
- Free Tegretol
- Carbatrol
- Tegretol, Free
- Telesmin
- LAB3711-VML
- LAB3711VML

SPECIMEN REQUIREMENTS

Collect:
Serum Pre-dose (Trough) Draw - At a Steady State Concentration in Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Whole Blood, Citrated Plasma. Tubes that contain liquid anticoagulant.or Serum separator tube (SST).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 5 days; Refrigerated: 5 days; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Protein Free Carbamazepine
- Sirtal
- Atretol
- Biston
- Calesin
- Carbamazepine, Free
- Epitol
- Equetro
- Free Carbamazepine
- Epimaz
- Epitrol
- Finlepsin
- Free Tegretol
- Carbatrol
- Tegretol, Free
- Telesmin
- LAB3711-VML
- LAB3711VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 16, 2015

Components	Reference Interval
Total Carbamazepine	Therapeutic Range: 4.0-12.0 µg/mL Toxic Range: Greater than 15 µg/mL
Free Carbamazepine	Therapeutic Range: 1.0-3.0 µg/mL Toxic Range: Greater than 3.8 µg/mL
Percent Free Carbamazepine	8.0-35.0%

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Free carbamazepine may be important to monitor in patients with altered or unpredictable protein binding capacity. Carbamazepine is also subject to drug-drug interactions due to displacement of protein binding and extensive metabolism. Cross-reactivity with metabolites may account for differences in carbamazepine among analytical methods. Calculating percent free attempts to minimize differences in assay cross-reactivity and may be useful in dose optimization.

A rare adverse drug reaction to carbamazepine therapy includes Stevens-Johnson syndrome or toxic epidermal necrolysis. Patients of Asian ancestry with the presence of the HLA-B*15:02 have an increased risk for this carbamazepine-induced life-threatening reaction. Pharmacogenetic testing for HLA-B*15:02 is recommended for patients at risk for carbamazepine hypersensitivity prior to treatment. This information has been included in the FDA-approved label for carbamazepine (https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm) and guideline from the Clinical Pharmacogenetics Implementation Consortium (https://www.pharmgkb.org/guidelines) [ARUP test code 2012049, HLA-B*15:02 Genotyping, Carbamazepine Hypersensitivity.] A combination of therapeutic drug monitoring with HLA-B*15:02 pharmacogenetics genotyping may benefit patients who are at increased risk for developing carbamazepine-induced adverse events due to rare genotypes other than HLA-B*15:02 variant allele.

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

ADDITIONAL INFORMATION

CPT Codes:
80156; 80157

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Pre-dose (Trough) Draw - At a Steady State Concentration in Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Whole Blood, Citrated Plasma. Tubes that contain liquid anticoagulant.or Serum separator tube (SST).

Stability (from collection to initiation):
Ambient: 5 days; Refrigerated: 5 days; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Protein Free Carbamazepine
- Sirtal
- Atretol
- Biston
- Calesin
- Carbamazepine, Free
- Epitol
- Equetro
- Free Carbamazepine
- Epimaz
- Epitrol
- Finlepsin
- Free Tegretol
- Carbatrol
- Tegretol, Free
- Telesmin
- LAB3711-VML
- LAB3711VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Free carbamazepine may be important to monitor in patients with altered or unpredictable protein binding capacity. Carbamazepine is also subject to drug-drug interactions due to displacement of protein binding and extensive metabolism. Cross-reactivity with metabolites may account for differences in carbamazepine among analytical methods. Calculating percent free attempts to minimize differences in assay cross-reactivity and may be useful in dose optimization.

A rare adverse drug reaction to carbamazepine therapy includes Stevens-Johnson syndrome or toxic epidermal necrolysis. Patients of Asian ancestry with the presence of the HLA-B*15:02 have an increased risk for this carbamazepine-induced life-threatening reaction. Pharmacogenetic testing for HLA-B*15:02 is recommended for patients at risk for carbamazepine hypersensitivity prior to treatment. This information has been included in the FDA-approved label for carbamazepine (https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm) and guideline from the Clinical Pharmacogenetics Implementation Consortium (https://www.pharmgkb.org/guidelines) [ARUP test code 2012049, HLA-B*15:02 Genotyping, Carbamazepine Hypersensitivity.] A combination of therapeutic drug monitoring with HLA-B*15:02 pharmacogenetics genotyping may benefit patients who are at increased risk for developing carbamazepine-induced adverse events due to rare genotypes other than HLA-B*15:02 variant allele.

Reference Interval:
Effective November 16, 2015

Components	Reference Interval
Total Carbamazepine	Therapeutic Range: 4.0-12.0 µg/mL Toxic Range: Greater than 15 µg/mL
Free Carbamazepine	Therapeutic Range: 1.0-3.0 µg/mL Toxic Range: Greater than 3.8 µg/mL
Percent Free Carbamazepine	8.0-35.0%

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

Section:
RF-ARUP

CPT Codes:
80156; 80157

Carbamazepine, Plasma or Serum

LAB21

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- Tegretol, CBM, LAB21
- LAB21-VML
- LAB21VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days; Frozen: 1 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Tegretol, CBM, LAB21
- LAB21-VML
- LAB21VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
4 - 12 µg/mL

Interpretive Data:
N/A

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Draw immediately before next dose

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days; Frozen: 1 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Tegretol, CBM, LAB21
- LAB21-VML
- LAB21VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
4 - 12 µg/mL

Additional Information:
Draw immediately before next dose

Methodology:
Immunoassay

Section:
Chemistry

Carbohydrate Deficient Transferrin (Adult)-MAYO

LAB961

ORDERING INFO

Synonyms:

- LAB961-VML
- LAB961VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB961-VML
- LAB961VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB961-VML
- LAB961VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Carbon Dioxide, Plasma or Serum

LAB55

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- CO2, Carbon Dioxide Blood, Carbon Dioxide Level, LAB55
- LAB55-VML
- LAB55VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 1 days; 2° to 8°C: 7 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CO2, Carbon Dioxide Blood, Carbon Dioxide Level, LAB55
- LAB55-VML
- LAB55VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
PEP Carboxylase

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
PEP Carboxylase

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Keep specimen tightly capped.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 1 days; 2° to 8°C: 7 days

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- CO2, Carbon Dioxide Blood, Carbon Dioxide Level, LAB55
- LAB55-VML
- LAB55VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
Keep specimen tightly capped.

Methodology:
PEP Carboxylase

Section:
Chemistry

Carbonic Anhydrase IX (EP161) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath57

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- CAIX, CA9

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CAIX, CA9

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- CAIX, CA9

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Carboxyhemoglobin Quantitation, Whole Blood by Co-Oximetry

LAB4533

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- CAR, COHb, Carbon Monoxide, LAB4533
- LAB4533-VML
- LAB4533VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- CAR, COHb, Carbon Monoxide, LAB4533
- LAB4533-VML
- LAB4533VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Cooximetry

RESULTS INTERPRETATION

Reference Interval:
0.5-1.5%

Methodology:
Cooximetry

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Whole blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- CAR, COHb, Carbon Monoxide, LAB4533
- LAB4533-VML
- LAB4533VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
0.5-1.5%

Methodology:
Cooximetry

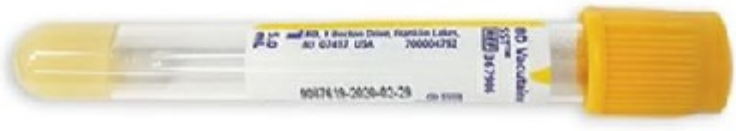
Section:
Misc Chemistry

Carcinoembryonic Antigen, Serum

LAB57

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

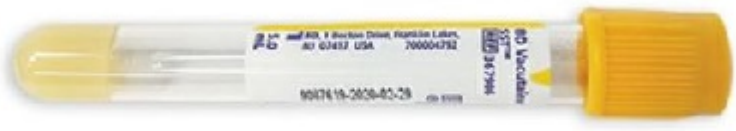
- CEA, Carcinoembryonic Antigen, LAB57
- LAB57-VML
- LAB57VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 14 days; Frozen: 6 months

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CEA, Carcinoembryonic Antigen, LAB57
- LAB57-VML
- LAB57VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Roche Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - 3 ng/mL

Interpretive Data:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Methodology:
Roche Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 14 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- CEA, Carcinoembryonic Antigen, LAB57
- LAB57-VML
- LAB57VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Reference Interval:
0 - 3 ng/mL

Additional Information:
N/A

Methodology:
Roche Electrochemiluminescent Immunoassay

Section:
Chemistry

Carcinoembryonic Antigen-Monoclonal (II-7) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath90

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- CEA-monoclonal

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CEA-monoclonal

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- CEA-monoclonal

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cardiolipin Antibodies, IgG and IgM

LAB1735

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB1735, Antiphospholipid antibody, Anticardiolipin Antibody, APA, ACL AB
- LAB1735-VML
- LAB1735VML

Turn Around Time:

2 - 6 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 8 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 8 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Performed:

Twice weekly, variable days.

Stability:

Refrigerated (2-8°C): 8 Hours, frozen at -70C: 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Anticardiolipin antibodies should be ordered as a part of an assessment for antiphospholipid antibody syndrome.

Synonyms:

- LAB1735, Antiphospholipid antibody, Anticardiolipin Antibody, APA, ACL AB
- LAB1735-VML
- LAB1735VML

Performed:
Twice weekly, variable days.

Turn Around Time:
2 - 6 days

Methodology:
ELISA (Enzyme-linked Immunosorbent Assay)

Components:
Antiphospholipid Antibodies IgG and IgM

RESULTS INTERPRETATION

Reference Interval:
IgG: < 23 GPL, IgM: < 11 MPL

Interpretive Data:
The persistent presence of IgG and/or IgM cardiolipin (CL) antibodies in moderate or high levels (greater than 40 GPL and/or greater than 40 MPL units) is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM CL antibodies detected in two or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). Lower positive levels of IgG and/or IgM CL antibodies (above cutoff but less than 40 GPL and/or less than 40 MPL units) may occur in patients with the clinical symptoms of APS; therefore, the actual significance of these levels is undefined. Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

Methodology:
ELISA (Enzyme-linked Immunosorbent Assay)

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
In-patient testing must by approved by the Coagulation Medical Director on-call (refer to Synergy for contact information). Request can be submitted using the following link: redcap.link/misc-coag .

Components:
Antiphospholipid Antibodies IgG and IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 8 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 8 hours after collection. Thawed plasma aliquots.

Components:
Antiphospholipid Antibodies IgG and IgM

Stability:
Refrigerated (2-8°C): 8 Hours, frozen at -70C: 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 8 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Synonyms:

- LAB1735, Antiphospholipid antibody, Anticardiolipin Antibody, APA, ACL AB
- LAB1735-VML
- LAB1735VML

Performed:
Twice weekly, variable days.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 - 6 days

Ordering Indicators:
Anticardiolipin antibodies should be ordered as a part of an assessment for antiphospholipid antibody syndrome.

Interpretive Data:
The persistent presence of IgG and/or IgM cardiolipin (CL) antibodies in moderate or high levels (greater than 40 GPL and/or greater than 40 MPL units) is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM CL antibodies detected in two or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). Lower positive levels of IgG and/or IgM CL antibodies (above cutoff but less than 40 GPL and/or less than 40 MPL units) may occur in patients with the clinical symptoms of APS; therefore, the actual significance of these levels is undefined. Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

Reference Interval:
IgG: < 23 GPL, IgM: < 11 MPL

Additional Information:
In-patient testing must by approved by the Coagulation Medical Director on-call (refer to Synergy for contact information). Request can be submitted using the following link: redcap.link/misc-coag .

Methodology:
ELISA (Enzyme-linked Immunosorbent Assay)

Section:
Coagulation

Cardiomyopathy NGS Panel, Blood Saliva DNA

LAB6275

ORDERING INFO

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Synonyms:

- LAB6275, Cardiomyopathy NGS Panel, Next Generation Sequencing
- LAB6275-VML
- LAB6275VML

Turn Around Time:

30 Business Days From Financial Clearance

SPECIMEN REQUIREMENTS

Patient Preparation:

Saliva: Patient Must Follow Kit Instructions

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:

Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:

REVIEW

Storage/Transport Temperature:

Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Performed:

Weekly

Stability:

Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Specimen:

N/A

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Preferred test to determine genetic causes for individuals with cardiomyopathy or a family history of cardiomyopathy or sudden cardiac death.

Synonyms:

- LAB6275, Cardiomyopathy NGS Panel, Next Generation Sequencing
- LAB6275-VML
- LAB6275VML

Performed:

Weekly

Turn Around Time:

30 Business Days From Financial Clearance

Methodology:
Next Generation Sequencing

Components:
Sequence and del/dup analysis of coding exons for genes associated with cardiomyopathy

RESULTS INTERPRETATION

Reference Interval:
Not Established for This Test

Interpretive Data:
N/A

Methodology:
Next Generation Sequencing

ADDITIONAL INFORMATION

Section:
Clinical Genomics

Alternate Specimen:
N/A

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Components:
Sequence and del/dup analysis of coding exons for genes associated with cardiomyopathy

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:
REVIEW

Preferred Collection Volume:
Blood, Saliva, DNA

Alternate Specimen:
N/A

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Specimen:
N/A

Reasons for Rejection:
Mislabeling, Improper Collection, QNS

Components:
Sequence and del/dup analysis of coding exons for genes associated with cardiomyopathy

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Synonyms:

- LAB6275, Cardiomyopathy NGS Panel, Next Generation Sequencing
- LAB6275-VML
- LAB6275VML

Performed:
Weekly

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Business Days From Financial Clearance

Ordering Indicators:
Preferred test to determine genetic causes for individuals with cardiomyopathy or a family history of cardiomyopathy or sudden cardiac death.

Interpretive Data:
N/A

Reference Interval:
Not Established for This Test

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Methodology:
Next Generation Sequencing

Section:
Clinical Genomics

Carnitine Dried Bld Spot-BAYD

LAB3925

ORDERING INFO

Synonyms:

- LAB3925-VML
- LAB3925VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3925-VML
- LAB3925VML

ADDITIONAL INFORMATION

Section:

RF-BAYD

Resulting Laboratory:

BaylorScott&White Resarch Institute

FULL VIEW

Synonyms:

- LAB3925-VML
- LAB3925VML

Resulting Laboratory:

BaylorScott&White Resarch Institute

Section:

RF-BAYD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Carnitine, Free & Total (Includes Carnitine, Esterified)

LAB815

ORDERING INFO

Collect:
Green (sodium or lithium heparin). Also acceptable: Plain red.

Synonyms:

- Free and Total Carnitine
- L-Carnitine Free and Total
- Esterified carnitine
- LAB815-VML
- LAB815VML

SPECIMEN REQUIREMENTS

Collect:
Green (sodium or lithium heparin). Also acceptable: Plain red.

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL) Avoid hemolysis.

Unacceptable Conditions:
Room temperature specimens. Specimens refrigerated greater than 12 hours.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 12 hours; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Tue-Sat

ORDERING

Synonyms:

- Free and Total Carnitine
- L-Carnitine Free and Total
- Esterified carnitine
- LAB815-VML
- LAB815VML

Ordering Recommendations:
Useful in the diagnosis of primary carnitine deficiency (carnitine uptake defect). Monitor carnitine status.

Performed:
Tue-Sat

Methodology:
Tandem Mass Spectrometry

Reported:
1-4 days

Notes:
The concentration of esterified carnitine is derived from a mathematical calculation using free and total carnitine.

RESULTS INTERPRETATION

Reference Interval:

Age	Carnitine, Free, Serum/Plasma	Carnitine, Total, Serum/Plasma	Carnitine, Esterified, Serum/Plasma	Carnitine E/F Ratio, Serum/Plasma
1 - 31 days	15 - 55 µmol/L	21 - 83 µmol/L	4 - 29 µmol/L	0.2 - 0.8
32 days-12 months	29 - 61 µmol/L	38 - 73 µmol/L	7 - 24 µmol/L	0.1 - 0.8
13 months - 6 years	25 - 55 µmol/L	35 - 90 µmol/L	4 - 36 µmol/L	0.1 - 0.8
7 years -20 years	22 - 63 µmol/L	31 - 78 µmol/L	3 - 38 µmol/L	0.1 - 0.9
21 years or older	25 - 60 µmol/L	34 - 86 µmol/L	5 - 29 µmol/L	0.1 - 1.0

Methodology:
Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
82379

Section:
RF-ARUP

Notes:
The concentration of esterified carnitine is derived from a mathematical calculation using free and total carnitine.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (sodium or lithium heparin). Also acceptable: Plain red.

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL) Avoid hemolysis.

Unacceptable Conditions:
Room temperature specimens. Specimens refrigerated greater than 12 hours.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 12 hours; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Free and Total Carnitine
- L-Carnitine Free and Total
- Esterified carnitine
- LAB815-VML
- LAB815VML

Performed:
Tue-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Useful in the diagnosis of primary carnitine deficiency (carnitine uptake defect). Monitor carnitine status.

Reference Interval:

Age	Carnitine, Free, Serum/Plasma	Carnitine, Total, Serum/Plasma	Carnitine, Esterified, Serum/Plasma	Carnitine E/F Ratio, Serum/Plasma
1 - 31 days	15 - 55 µmol/L	21 - 83 µmol/L	4 - 29 µmol/L	0.2 - 0.8
32 days-12 months	29 - 61 µmol/L	38 - 73 µmol/L	7 - 24 µmol/L	0.1 - 0.8
13 months - 6 years	25 - 55 µmol/L	35 - 90 µmol/L	4 - 36 µmol/L	0.1 - 0.8
7 years -20 years	22 - 63 µmol/L	31 - 78 µmol/L	3 - 38 µmol/L	0.1 - 0.9
21 years or older	25 - 60 µmol/L	34 - 86 µmol/L	5 - 29 µmol/L	0.1 - 1.0

Methodology:
Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82379

Notes:
The concentration of esterified carnitine is derived from a mathematical calculation using free and total carnitine.

Catecholamines Fractionated by LC-MS/MS, Urine Free

LAB6088

ORDERING INFO

Collect:
24-hour or random urine. Refrigerate 24-hour specimen during collection.

Synonyms:

- Adrenaline
- Dopamine, Random
- Epinephrine, Random
- Fractionation, Catecholamines
- Free Catecholamine Fractionation
- Noradrenaline
- Norepinephrine, Random
- LAB6088-VML
- LAB6088VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible.

Collect:
24-hour or random urine. Refrigerate 24-hour specimen during collection.

Specimen Preparation:
Thoroughly mix entire collection (24-hour or random) in one container. Transfer a 4 mL aliquot to an ARUP standard transport tube. (Min: 2.5 mL) Catecholamines are not stable above pH 7. The pH of such specimens must be adjusted by the addition of 6M HCl acid or sulfamic acid prior to transport. A pH less than 2 can cause assay interference.
Specimen preservation can be extended to 1 month refrigerated by performing one of the following:
Option 1: Transfer a 4 mL aliquot to an ARUP standard transport tube and adjust pH to 2.0-4.0 with 6M HCl. (Min: 2.5 mL)
Option 2: Transfer a 4 mL aliquot to an ARUP standard transport tube containing 20 mg sulfamic acid (ARUP Supply #48098), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 2.5 mL)

Unacceptable Conditions:
Specimens preserved with boric acid or acetic acid. Specimens with pH greater than 7.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Unpreserved: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Undefined
Preserved: Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 6 months

Performed:
Sun-Sat

Remarks:
Record total volume and collection time interval on transport tube and test request form.

ORDERING

Synonyms:

- Adrenaline
- Dopamine, Random
- Epinephrine, Random
- Fractionation, Catecholamines
- Free Catecholamine Fractionation
- Noradrenaline
- Norepinephrine, Random
- LAB6088-VML
- LAB6088VML

Ordering Recommendations:
Not recommended for the evaluation of pheochromocytoma or paraganglioma. Use to evaluate clinical symptoms of excess catecholamine secretion. For the assessment of pheochromocytoma or paraganglioma, refer to Metanephrines, Plasma (Free) (0050184) or Metanephrines Fractionated by HPLC-MS/MS, Urine (2007996).

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

Notes:
Secreting neuroendocrine tumors are typically associated with catecholamine concentrations several times higher than the upper reference intervals. Large elevations can be seen in life-threatening illnesses and drug interferences. Common reasons for slight and moderate elevations include intense physical activity, emotional and physical stress, drug interferences, and improper specimen collection.

Medications which may physiologically interfere with catecholamines and metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, carbidopa-levodopa (Sinemet), clonidine, dexamethasone, diuretics (in doses sufficient to deplete sodium), ethanol, isoproterenol, methyldopa (Aldomet), MAO inhibitors, nicotine, nose drops, propafenone (Rythmol), reserpine, theophylline, tricyclic antidepressants, and vasodilators. The effects of some drugs on catecholamine results may not be predictable.

References: 1) Optimal collection and storage conditions for catecholamine measurements in human plasma and urine. (Clinical Chemistry. 1993;39:2503-8.); 2) Effect of urine pH, storage time, and temperature on stability of catecholamines, cortisol, and creatinine. (Clinical Chemistry1998;44:1759-62.).

RESULTS INTERPRETATION

Reference Interval:

Components

Creatinine, Urine - per 24h

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Dopamine, Urine - per 24h

Age	ug/d
0-3 years	Not established
4-10 years	80-440
11-17 years	100-496
18 years and older	71-485

Norepinephrine, Urine - per 24h

Age	ug/d
0-3 years	Not established
4-10 years	7-65
11-17 years	12-96
18 years and older	14-120

Epinephrine, Urine - per 24h

Age	ug/d
0-3 years	Not established
4-10 years	1-14
11-17 years	1-18
18 years and okder	1-14

Norepinephrine, Urine - ratio to CRT

Age	ug/g CRT
0-11 months	25-310
1-3 years	25-290
4-10 years	27-110
11-17 years	4-105
18 years and older	0-45

Dopamine, Urine - ratio to CRT

Age	ug/g CRT
0-11 months	240-1290
1-3 years	80-1220
4-10 years	220-720
11-17 years	120-450
18 years and older	0-250

Epinephrine, Urine - ratio to CRT

Age	ug/g CRT
0-11 months	0-380
1-3 years	0-82
4-10 years	5-93
11-17 years	3-58
18 years and older	0-20

Interpretive Data:

Smaller increases in catecholamine concentrations (less than two times the upper limit) usually are the result of physiological stimuli, drugs, or improper specimen collection. Significant elevation of one or more catecholamines (three or more times the upper reference limit) is associated with an increased probability of a neuroendocrine tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82384

Section:

RF-ARUP

Remarks:

Record total volume and collection time interval on transport tube and test request form.

Notes:

Secreting neuroendocrine tumors are typically associated with catecholamine concentrations several times higher than the upper reference intervals. Large elevations can be seen in life-threatening illnesses and drug interferences. Common reasons for slight and moderate elevations include intense physical activity, emotional and physical stress, drug interferences, and improper specimen collection.

Medications which may physiologically interfere with catecholamines and metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, carbidopa-levodopa (Sinemet), clonidine, dexamethasone, diuretics (in doses sufficient to deplete sodium), ethanol, isoproterenol, methyldopa (Aldomet), MAO inhibitors, nicotine, nose drops, propafenone (Rythmol), reserpine, theophylline, tricyclic antidepressants, and vasodilators. The effects of some drugs on catecholamine results may not be predictable.

References: 1) Optimal collection and storage conditions for catecholamine measurements in human plasma and urine. (Clinical Chemistry. 1993;39:2503-8.); 2) Effect of urine pH, storage time, and temperature on stability of catecholamines, cortisol, and creatinine. (Clinical Chemistry1998;44:1759-62.).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour or random urine. Refrigerate 24-hour specimen during collection.

Specimen Preparation:

Thoroughly mix entire collection (24-hour or random) in one container. Transfer a 4 mL aliquot to an ARUP standard transport tube. (Min: 2.5 mL) Catecholamines are not stable above pH 7. The pH of such specimens must be adjusted by the addition of 6M HCl acid or sulfamic acid prior to transport. A pH less than 2 can cause assay interference.
Specimen preservation can be extended to 1 month refrigerated by performing one of the following:
Option 1: Transfer a 4 mL aliquot to an ARUP standard transport tube and adjust pH to 2.0-4.0 with 6M HCl. (Min: 2.5 mL)
Option 2: Transfer a 4 mL aliquot to an ARUP standard transport tube containing 20 mg sulfamic acid (ARUP Supply #48098), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 2.5 mL)

Patient Preparation:

Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible.

Unacceptable Conditions:

Specimens preserved with boric acid or acetic acid. Specimens with pH greater than 7.

Stability (from collection to initiation):

Unpreserved: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Undefined
Preserved: Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 6 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Adrenaline
- Dopamine, Random
- Epinephrine, Random
- Fractionation, Catecholamines
- Free Catecholamine Fractionation
- Noradrenaline
- Norepinephrine, Random
- LAB6088-VML
- LAB6088VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Not recommended for the evaluation of pheochromocytoma or paraganglioma. Use to evaluate clinical symptoms of excess catecholamine secretion. For the assessment of pheochromocytoma or paraganglioma, refer to Metanephrines, Plasma (Free) (0050184) or Metanephrines Fractionated by HPLC-MS/MS, Urine (2007996).

Interpretive Data:
Smaller increases in catecholamine concentrations (less than two times the upper limit) usually are the result of physiological stimuli, drugs, or improper specimen collection. Significant elevation of one or more catecholamines (three or more times the upper reference limit) is associated with an increased probability of a neuroendocrine tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Reference Interval:

Components

Creatinine, Urine - per 24h

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Dopamine, Urine - per 24h

Age	ug/d
0-3 years	Not established
4-10 years	80-440
11-17 years	100-496
18 years and older	71-485

Norepinephrine, Urine - per 24h

Age	ug/d
0-3 years	Not established
4-10 years	7-65
11-17 years	12-96
18 years and older	14-120

Epinephrine, Urine - per 24h

Age	ug/d
0-3 years	Not established
4-10 years	1-14
11-17 years	1-18
18 years and okder	1-14

Norepinephrine, Urine - ratio to CRT

Age	ug/g CRT
0-11 months	25-310
1-3 years	25-290
4-10 years	27-110
11-17 years	4-105
18 years and older	0-45

Dopamine, Urine - ratio to CRT

Age	ug/g CRT
0-11 months	240-1290
1-3 years	80-1220
4-10 years	220-720
11-17 years	120-450
18 years and older	0-250

Epinephrine, Urine - ratio to CRT

Age	ug/g CRT
0-11 months	0-380
1-3 years	0-82
4-10 years	5-93
11-17 years	3-58
18 years and older	0-20

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82384

Remarks:
Record total volume and collection time interval on transport tube and test request form.

Notes:
Secreting neuroendocrine tumors are typically associated with catecholamine concentrations several times higher than the upper reference intervals. Large elevations can be seen in life-threatening illnesses and drug interferences. Common reasons for slight and moderate elevations include intense physical activity, emotional and physical stress, drug interferences, and improper specimen collection.

Medications which may physiologically interfere with catecholamines and metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, carbidopa-levodopa (Sinemet), clonidine, dexamethasone, diuretics (in doses sufficient to deplete sodium), ethanol, isoproterenol, methyldopa (Aldomet), MAO inhibitors, nicotine, nose drops, propafenone (Rythmol), reserpine, theophylline, tricyclic antidepressants, and vasodilators. The effects of some drugs on catecholamine results may not be predictable.

References: 1) Optimal collection and storage conditions for catecholamine measurements in human plasma and urine. (Clinical Chemistry. 1993;39:2503-8.); 2) Effect of urine pH, storage time, and temperature on stability of catecholamines, cortisol, and creatinine. (Clinical Chemistry1998;44:1759-62.).

Catecholamines Fractionated, Plasma

LAB963

ORDERING INFO

Collect:
Green (sodium or lithium heparin), lavender (EDTA). Collect on ice.

Synonyms:

- Plasma Catecholamines
- Norepinephrine
- Adrenalin
- Catecholamine Fractionation
- Catecholamines, Free
- Dopamine
- Epinephrine
- Noradrenaline
- LAB963-VML
- LAB963VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should be calm and seated for 15 minutes prior to collection. Alternately, patient may be calm and supine for 30 minutes prior to collection. Drugs and medications may affect results and should be discontinued for 72 hours prior to specimen collection, if possible.

Collect:
Green (sodium or lithium heparin), lavender (EDTA). Collect on ice.

Specimen Preparation:
Specimen should be centrifuged and frozen within one hour (refrigerated centrifuge is preferred but not required). Transfer 3 mL plasma to an ARUP standard transport tube(Min: 1.1 mL)

Unacceptable Conditions:
Serum or urine.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen at -20 C: 1 month; Frozen at -70 C: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Plasma Catecholamines
- Norepinephrine
- Adrenalin
- Catecholamine Fractionation
- Catecholamines, Free
- Dopamine
- Epinephrine
- Noradrenaline
- LAB963-VML
- LAB963VML

Ordering Recommendations:
Not recommended for evaluation of pheochromocytoma or paraganglioma. Use to evaluate clinical symptoms of excess catecholamine secretion. For the assessment of pheochromocytoma and paraganglioma, refer to Metanephrines, Plasma (Free) (0050184) or Metanephrines Fractionated by HPLC-MS/MS, Urine (2007996).

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-4 days

Notes:

Medications may interfere with catecholamines and metabolites. The effect of drugs on catecholamine results may not be predictable. (N Rifai, A R Horvath, and C Wittwer. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. Sixth edition. St. Louis, Missouri: Elsevier, 2018; Table 63.9.)

For optimum assessment, patient should be supine for 30 minutes prior to specimen collection.

Children, particularly those under 2 years of age, often show an elevated catecholamine response to stress.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval	
Dopamine	**18 years and older**	
	Seated (15 min)	Less than or equal to 240 pmol/L
Epinephrine	**18 years and older**	
	Seated (15 min)	Less than or equal to 330 pmol/L
Norepinephrine	**18 years and older**	
	Seated (15 min)	1050-4800 pmol/L

Interpretive Data:

Small increases in catecholamines (less than 2 times the upper reference limit) are usually the result of physiological stimuli, drugs, or improper specimen collection. Significant elevation of one or more catecholamines (2 or more times the upper reference limit) can result from a neuroendocrine tumor. Measurement of plasma or urine fractionated metanephrines should be used for assessment of suspected pheochromocytoma or paraganglioma.

Lower catecholamine concentrations are observed in specimens collected from supine adults.

To convert to picograms per milliliter (pg/mL), multiply the reported concentration for dopamine by 0.153, epinephrine by 0.183, and norepinephrine by 0.169

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Supine Reference Intervals	
Dopamine	Less than or equal to 240 pmol/L
Epinephrine	Less than or equal to 265 pmol/L
Norepinephrine	680-3100 pmol/L

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82384

Section:

RF-ARUP

Notes:

Medications may interfere with catecholamines and metabolites. The effect of drugs on catecholamine results may not be predictable. (N Rifai, A R Horvath, and C Wittwer. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. Sixth edition. St. Louis, Missouri: Elsevier, 2018; Table 63.9.)

For optimum assessment, patient should be supine for 30 minutes prior to specimen collection.

Children, particularly those under 2 years of age, often show an elevated catecholamine response to stress.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:
Green (sodium or lithium heparin), lavender (EDTA). Collect on ice.

Specimen Preparation:
Specimen should be centrifuged and frozen within one hour (refrigerated centrifuge is preferred but not required). Transfer 3 mL plasma to an ARUP standard transport tube(Min: 1.1 mL)

Patient Preparation:
Patient should be calm and seated for 15 minutes prior to collection. Alternately, patient may be calm and supine for 30 minutes prior to collection. Drugs and medications may affect results and should be discontinued for 72 hours prior to specimen collection, if possible.

Unacceptable Conditions:
Serum or urine.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen at -20 C: 1 month; Frozen at -70 C: 1 year

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Plasma Catecholamines
- Norepinephrine
- Adrenalin
- Catecholamine Fractionation
- Catecholamines, Free
- Dopamine
- Epinephrine
- Noradrenaline
- LAB963-VML
- LAB963VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Not recommended for evaluation of pheochromocytoma or paraganglioma. Use to evaluate clinical symptoms of excess catecholamine secretion. For the assessment of pheochromocytoma and paraganglioma, refer to Metanephrines, Plasma (Free) (0050184) or Metanephrines Fractionated by HPLC-MS/MS, Urine (2007996).

Interpretive Data:
Small increases in catecholamines (less than 2 times the upper reference limit) are usually the result of physiological stimuli, drugs, or improper specimen collection. Significant elevation of one or more catecholamines (2 or more times the upper reference limit) can result from a neuroendocrine tumor. Measurement of plasma or urine fractionated metanephrines should be used for assessment of suspected pheochromocytoma or paraganglioma.

Lower catecholamine concentrations are observed in specimens collected from supine adults.

To convert to picograms per milliliter (pg/mL), multiply the reported concentration for dopamine by 0.153, epinephrine by 0.183, and norepinephrine by 0.169

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Supine Reference Intervals	
Dopamine	Less than or equal to 240 pmol/L
Epinephrine	Less than or equal to 265 pmol/L
Norepinephrine	680-3100 pmol/L

Reference Interval:

Components	Reference Interval	
Dopamine	**18 years and older**	
	Seated (15 min)	Less than or equal to 240 pmol/L
Epinephrine	**18 years and older**	
	Seated (15 min)	Less than or equal to 330 pmol/L
Norepinephrine	**18 years and older**	
	Seated (15 min)	1050-4800 pmol/L

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82384

Notes:
Medications may interfere with catecholamines and metabolites. The effect of drugs on catecholamine results may not be predictable. (N Rifai, A R Horvath, and C Wittwer. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. Sixth edition. St. Louis, Missouri: Elsevier, 2018; Table 63.9.)

For optimum assessment, patient should be supine for 30 minutes prior to specimen collection.

Children, particularly those under 2 years of age, often show an elevated catecholamine response to stress.

Cathartic Laxatives Stool Profile-MAYO

LAB6210

ORDERING INFO

Synonyms:

- LAB6210-VML
- LAB6210VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6210-VML
- LAB6210VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6210-VML
- LAB6210VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Cathepsin K (3F9) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath58

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Cathepsin, Cat K

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Cathepsin, Cat K

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Cathepsin, Cat K

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD10 (56C6) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath59

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD117 (EP10) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath60

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- cKit

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- cKit

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- cKit

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD123 (BR4MS) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath61

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD138 (B-A38) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath62

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD15 (Carb3) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath63

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD163 (MRQ-26) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath64

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD19 (BT51E) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath65

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD1a (EP3622) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath66

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Langerhans

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Langerhans

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Langerhans

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD2 (11F11) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath67

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD20 (L26) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath68

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD21 (EP3093) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath69

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD23 (1B12) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath70

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD3 (2GV6) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath71

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD30 (Ber-H2) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath72

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD31 (JC70A) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath73

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD33 (PWS44) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath74

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD34 (QBEND/10) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath75

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD4 (4B12) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath76

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD4+ T-Cell Recent Thymic Emigrants (RTEs)

LAB3712

ORDERING INFO

Collect:
Lavender (EDTA) or Green (Sodium or Lithium Heparin).
New York State Clients: Lavender (EDTA).

Synonyms:

- LAB3712-VML
- LAB3712VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or Green (Sodium or Lithium Heparin).
New York State Clients: Lavender (EDTA).

Specimen Preparation:
Transport 4 mL whole blood. (Min: 0.5 mL)
New York State Clients: Transport 3 mL whole blood in the original collection tube. (Min: 1.5 mL) Do not send to ARUP Laboratories. Specimen must be received at performing laboratory within 48 hours of collection. For specimen requirements and direct submission instructions please contact ARUP Referral Testing at (800) 242-2787, ext. 5145.

Unacceptable Conditions:
Cord blood. Specimens older than 72 hours. Clotted or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature.
New York State Clients: Room temperature.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
New York State Clients: Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Specimens must be analyzed within 72 hours of collection.
New York State Clients: Specimens must be analyzed within 48 hours of collection.

ORDERING

Synonyms:

- LAB3712-VML
- LAB3712VML

Ordering Recommendations:
Assess thymic function in suspected severe combined immunodeficiency (SCID), DiGeorge syndrome and other T- cell immune deficiency disorders. Evaluate immune reconstitution during highly active antiviral therapy (HAART) in HIV patients and post chemotherapy and hematopoietic cell transplant.

Performed:
Sun-Sat

Methodology:
Quantitative Flow Cytometry

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval

% CD4+CD31+CD45RA+ (RTEs)

Age	Reference Interval
1 Week-2 months	50-100% of CD4+
2-5 months	64-94% of CD4+
5-9 months	65-90 % of CD4+
9-15 months	61-93% of CD4+
15-24 months	40-100% of CD4+
2-5 years	37-100% of CD4+
5-10 years	41-81% of CD4+
10-16 years	31-81% of CD4+
>16 years	6-51% of CD4+

Abs CD4+CD31+CD45RA+ (RTEs)

Age	Reference Interval
1 Week-2 months	1000-4900 cells/µL
2-5 months	1400-5200 cells/µL
5-9 months	800-6200 cells/µL
9-15 months	900-5800 cells/µL
15-24 months	170-7400 cells/µL
2-5 years	190-2600 cells/µL
5-10 years	200-1700 cells/µL
10-16 years	150-1500 cells/µL
>16 years	51-609 cells/µL

Interpretive Data:

Recent thymic emigrants (RTEs) $CD4^+CD45RA^+CD31^+$ represent naive T-cells recently migrated from the thymus and are measured as a percent of $CD4^+$ T-cells. A decrease or absence of RTEs is associated with a decrease or loss of thymic output in children, as seen in severe combined immunodeficiency (SCID), DiGeorge syndrome and other cellular immune deficiency disorders. RTE results should be interpreted with caution in adults due to age-related decline in thymic function. RTE assessment may also be used to evaluate immune reconstitution after hematopoietic cell transplant, post chemotherapy and in HIV patients undergoing highly active antiviral therapy (HAART). Serial measurement is recommended.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Flow Cytometry

ADDITIONAL INFORMATION

CPT Codes:

86356 x3

Section:

RF-ARUP

Remarks:

Specimens must be analyzed within 72 hours of collection.
New York State Clients: Specimens must be analyzed within 48 hours of collection.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA) or Green (Sodium or Lithium Heparin).
New York State Clients: Lavender (EDTA).

Specimen Preparation:

Transport 4 mL whole blood. (Min: 0.5 mL)
New York State Clients: Transport 3 mL whole blood in the original collection tube. (Min: 1.5 mL) Do not send to ARUP Laboratories. Specimen must be received at performing laboratory within 48 hours of collection. For specimen requirements and direct submission instructions please contact ARUP Referral Testing at (800) 242-2787, ext. 5145.

Unacceptable Conditions:

Cord blood. Specimens older than 72 hours. Clotted or hemolyzed specimens.

Stability (from collection to initiation):

Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
New York State Clients: Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature.
New York State Clients: Room temperature.

Synonyms:

- LAB3712-VML
- LAB3712VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Assess thymic function in suspected severe combined immunodeficiency (SCID), DiGeorge syndrome and other T- cell immune deficiency disorders. Evaluate immune reconstitution during highly active antiviral therapy (HAART) in HIV patients and post chemotherapy and hematopoietic cell transplant.

Interpretive Data:

Recent thymic emigrants (RTEs) $CD4^+CD45RA^+CD31^+$ represent naive T-cells recently migrated from the thymus and are measured as a percent of $CD4^+$ T-cells. A decrease or absence of RTEs is associated with a decrease or loss of thymic output in children, as seen in severe combined immunodeficiency (SCID), DiGeorge syndrome and other cellular immune deficiency disorders. RTE results should be interpreted with caution in adults due to age-related decline in thymic function. RTE assessment may also be used to evaluate immune reconstitution after hematopoietic cell transplant, post chemotherapy and in HIV patients undergoing highly active antiviral therapy (HAART). Serial measurement is recommended.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
% CD4+CD31+CD45RA+ (RTEs)	**Age** / **Reference Interval** 1 Week-2 months: 50-100% of CD4+ 2-5 months: 64-94% of CD4+ 5-9 months: 65-90 % of CD4+ 9-15 months: 61-93% of CD4+ 15-24 months: 40-100% of CD4+ 2-5 years: 37-100% of CD4+ 5-10 years: 41-81% of CD4+ 10-16 years: 31-81% of CD4+ >16 years: 6-51% of CD4+
Abs CD4+CD31+CD45RA+ (RTEs)	**Age** / **Reference Interval** 1 Week-2 months: 1000-4900 cells/µL 2-5 months: 1400-5200 cells/µL 5-9 months: 800-6200 cells/µL 9-15 months: 900-5800 cells/µL 15-24 months: 170-7400 cells/µL 2-5 years: 190-2600 cells/µL 5-10 years: 200-1700 cells/µL 10-16 years: 150-1500 cells/µL >16 years: 51-609 cells/µL

Methodology:
Quantitative Flow Cytometry

Section:
RF-ARUP

CPT Codes:
86356 x3

Remarks:
Specimens must be analyzed within 72 hours of collection.
New York State Clients: Specimens must be analyzed within 48 hours of collection.

CD40 Ligand-CINN

LAB6303

ORDERING INFO

Synonyms:

- LAB6303-VML
- LAB6303VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6303-VML
- LAB6303VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB6303-VML
- LAB6303VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

CD43 (L60) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath77

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD45 (2B11 and PD7/26) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath78

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- LCA

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LCA

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- LCA

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD5 (4C7) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath79

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD56 (CD564) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath80

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD57 (NK-1) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath81

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD61 (2F2) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath82

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD68 (KP-1) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath83

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD7 (CBC.37) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath84

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD71 (MRQ-48) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath85

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD79a (JCB117) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath86

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD8 (4B11) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath87

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CD99 (EP8) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath88

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Ewings, Ewing Sarcoma

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Ewings, Ewing Sarcoma

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Ewings, Ewing Sarcoma

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

CDC73 (HRPT2) Select Exons Seq-GNDX

LAB3927

ORDERING INFO

Synonyms:

- LAB3927-VML
- LAB3927VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3927-VML
- LAB3927VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3927-VML
- LAB3927VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

CDX2 (EPR2764Y) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath89

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Celiac Disease *HLA-DQ* Genotyping

LAB6354

ORDERING INFO

Collect:
Lavender (EDTA). Also acceptable: Yellow (ACD solution A).

Synonyms:

- Celiac Disease genotyping
- DQ2
- DQ8
- HLA Celiac Disease Testing
- HLA DQ
- HLA genotyping for Celiac Disease
- HLA-DQ2
- HLA-DQ2.2
- HLA-DQ2.5
- HLA-DQ8
- HLA-DQA1*05, HLA-DQB1*02, and *03:02
- LAB6354-VML
- LAB6354VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA). Also acceptable: Yellow (ACD solution A).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Specimens collected in yellow (ACD solution B). Clotted, grossly hemolyzed, or heparinized specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

Performed:
Mon-Fri

ORDERING

Synonyms:

- Celiac Disease genotyping
- DQ2
- DQ8
- HLA Celiac Disease Testing
- HLA DQ
- HLA genotyping for Celiac Disease
- HLA-DQ2
- HLA-DQ2.2
- HLA-DQ2.5
- HLA-DQ8
- HLA-DQA1*05, HLA-DQB1*02, and *03:02
- LAB6354-VML
- LAB6354VML

Ordering Recommendations:
Not recommended for use in the initial evaluation of celiac disease. May be useful to rule out celiac disease in selective clinical situations (eg, when a patient has started a gluten-free diet prior to testing or when small bowel histologic findings are equivocal) or to identify risk (eg, in individuals who have first-degree family members with celiac disease). For more information, refer to the Celiac Disease HLA-DQ Genotyping Test Fact Sheet.

Performed:
Mon-Fri

Methodology:
Polymerase Chain Reaction/Massively Parallel Sequencing/Sequence-Specific Oligonucleotide Probe Hybridization

Reported:
8-15 days

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Background Information for Celiac Disease HLA-DQ Genotyping:
Characteristics: Celiac disease is a systemic autoimmune disease of the gastrointestinal system caused by exposure to cereal gluten in genetically susceptible individuals.
Incidence: On average, 1 in 133 individuals in the United States is affected.
Inheritance: Multifactorial.
Cause: The presence of either HLA-DQ2 or the HLA-DQ8 alleles in combination with dietary gluten.
Clinical Sensitivity: greater than 99 percent.
Methodology: Polymerase Chain Reaction/Massively Parallel Sequencing, or Polymerase Chain Reaction/Sequence-Specific Oligonucleotide Probe Hybridization.
Analytical Sensitivity and Specificity: greater than 99 percent.
Limitations: Rare diagnostic errors may occur due to primer site mutations. Other genetic and nongenetic factors that influence celiac disease are not evaluated. In cases where an HLA allele cannot be resolved unambiguously, the allele assignment will be reported as the most common, based on allele frequencies from the common, intermediate and well-documented alleles catalogue version 3.0.0 (Hurley CK, et al, 2020).
Alleles tested: HLA-DQA1 and HLA-DQB1 alleles.
Most celiac disease patients (approximately 90 percent) carry HLA-DQ2.5 heterodimers encoded by HLA-DQA1*05 and HLA-DQB1*02 alleles. The remaining 5-10 percent of the patients carry HLA-DQ8, encoded by HLA-DQB1*03:02 allele, most commonly in combination with HLA-DQA1*03 alleles. A minority of patients negative for the above genotypes may carry HLA-DQB1*02 but without the DQA1*05 alpha chain, most commonly with DQA1*02. The presence of the DQB1*02 allele in combination with either DQ2.5 or DQ8 may further increase celiac disease risk.

Stratified overall genetic risk for patients carrying the celiac disease-associated HLA-DQ genotypes:

Genotype	Risk**
DQ2.5 homozygous	Very high (greater than 1:10)
DQ2.5 + DQB1*02	Very high (greater than 1:10)
DQ2.5 + DQ8	High (greater than 1:20)
DQ8 homozygous	High (greater than 1:20)
DQ8 + DQB1*02 (without DQA1*05)	Intermediate (greater than 1:50)
DQ2.5 heterozygous	Intermediate (greater than 1:50)
DQ8 heterozygous	At risk (greater than 1:100)
Population risk for unknown genotype	1:100
DQB1*02 (without DQA1*05)	Low
DQA1*05 (without DQB1*02)	Minimal
Negative for DQ2 and DQ8	Not at risk

**Risk is provided from the references below, and defined according to HLA allele combinations, considering a disease prevalence of 1:100. However, these alleles are common in the general population and the majority of individuals positive for celiac-associated alleles do not develop the disease. Detection of these alleles can support a clinical diagnosis but should not be interpreted as diagnostic of celiac disease.

References:
1. Megiorni F, Mora B, Bonamico M, et al. HLA-DQ and risk gradient for celiac disease. Hum Immunol. 2009;70(1):55-59.
2. Pietzak MM, Schofield TC, McGinnis MJ, et al. Stratifying risk for celiac disease in a large at-risk United States population by using HLA alleles. Clin Gastroenterol and Hepatol. 2009;7(9):966-971.
3. Almeida LM, Gandolfi L, Pratesi R, et al. Presence of DQ2.2 associated with DQ2.5 increases the risk for celiac disease. Autoimmune Dis. 2016;2016:5409653.
4. Vader W, Stepniak D, Kooy Y, et al. The HLA-DQ2 gene dose effect in celiac disease is directly related to the magnitude and breadth of gluten-specific T cell responses. Proc Natl Acad Sci U S A. 2003;100(21):12390-12395.

Disclaimer Information:
This test was developed and its performance characteristics determined by the Histocompatibility & Immunogenetics Laboratory at the University of Utah Health. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. The Histocompatibility & Immunogenetics Laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.
Performed at: Histocompatibility & Immunogenetics Laboratory, University of Utah Health, 417 Wakara Way, Suite 3220, Salt Lake City, UT 84108.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Methodology:
Polymerase Chain Reaction/Massively Parallel Sequencing/Sequence-Specific Oligonucleotide Probe Hybridization

ADDITIONAL INFORMATION

CPT Codes:
81382 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA). Also acceptable: Yellow (ACD solution A).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Specimens collected in yellow (ACD solution B). Clotted, grossly hemolyzed, or heparinized specimens.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Celiac Disease genotyping
- DQ2
- DQ8
- HLA Celiac Disease Testing
- HLA DQ
- HLA genotyping for Celiac Disease
- HLA-DQ2
- HLA-DQ2.2
- HLA-DQ2.5
- HLA-DQ8
- HLA-DQA1*05, HLA-DQB1*02, and *03:02
- LAB6354-VML
- LAB6354VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
8-15 days

Ordering Recommendations:
Not recommended for use in the initial evaluation of celiac disease. May be useful to rule out celiac disease in selective clinical situations (eg, when a patient has started a gluten-free diet prior to testing or when small bowel histologic findings are equivocal) or to identify risk (eg, in individuals who have first-degree family members with celiac disease). For more information, refer to the Celiac Disease HLA-DQ Genotyping Test Fact Sheet.

Interpretive Data:

Background Information for Celiac Disease HLA-DQ Genotyping:
Characteristics: Celiac disease is a systemic autoimmune disease of the gastrointestinal system caused by exposure to cereal gluten in genetically susceptible individuals.
Incidence: On average, 1 in 133 individuals in the United States is affected.
Inheritance: Multifactorial.
Cause: The presence of either HLA-DQ2 or the HLA-DQ8 alleles in combination with dietary gluten.
Clinical Sensitivity: greater than 99 percent.
Methodology: Polymerase Chain Reaction/Massively Parallel Sequencing, or Polymerase Chain Reaction/Sequence-Specific Oligonucleotide Probe Hybridization.
Analytical Sensitivity and Specificity: greater than 99 percent.
Limitations: Rare diagnostic errors may occur due to primer site mutations. Other genetic and nongenetic factors that influence celiac disease are not evaluated. In cases where an HLA allele cannot be resolved unambiguously, the allele assignment will be reported as the most common, based on allele frequencies from the common, intermediate and well-documented alleles catalogue version 3.0.0 (Hurley CK, et al, 2020).
Alleles tested: HLA-DQA1 and HLA-DQB1 alleles.
Most celiac disease patients (approximately 90 percent) carry HLA-DQ2.5 heterodimers encoded by HLA-DQA1*05 and HLA-DQB1*02 alleles. The remaining 5-10 percent of the patients carry HLA-DQ8, encoded by HLA-DQB1*03:02 allele, most commonly in combination with HLA-DQA1*03 alleles. A minority of patients negative for the above genotypes may carry HLA-DQB1*02 but without the DQA1*05 alpha chain, most commonly with DQA1*02. The presence of the DQB1*02 allele in combination with either DQ2.5 or DQ8 may further increase celiac disease risk.

Stratified overall genetic risk for patients carrying the celiac disease-associated HLA-DQ genotypes:

Genotype	Risk**
DQ2.5 homozygous	Very high (greater than 1:10)
DQ2.5 + DQB1*02	Very high (greater than 1:10)
DQ2.5 + DQ8	High (greater than 1:20)
DQ8 homozygous	High (greater than 1:20)
DQ8 + DQB1*02 (without DQA1*05)	Intermediate (greater than 1:50)
DQ2.5 heterozygous	Intermediate (greater than 1:50)
DQ8 heterozygous	At risk (greater than 1:100)
Population risk for unknown genotype	1:100
DQB1*02 (without DQA1*05)	Low
DQA1*05 (without DQB1*02)	Minimal
Negative for DQ2 and DQ8	Not at risk

**Risk is provided from the references below, and defined according to HLA allele combinations, considering a disease prevalence of 1:100. However, these alleles are common in the general population and the majority of individuals positive for celiac-associated alleles do not develop the disease. Detection of these alleles can support a clinical diagnosis but should not be interpreted as diagnostic of celiac disease.

References:
1. Megiorni F, Mora B, Bonamico M, et al. HLA-DQ and risk gradient for celiac disease. Hum Immunol. 2009;70(1):55-59.
2. Pietzak MM, Schofield TC, McGinnis MJ, et al. Stratifying risk for celiac disease in a large at-risk United States population by using HLA alleles. Clin Gastroenterol and Hepatol. 2009;7(9):966-971.
3. Almeida LM, Gandolfi L, Pratesi R, et al. Presence of DQ2.2 associated with DQ2.5 increases the risk for celiac disease. Autoimmune Dis. 2016;2016:5409653.
4. Vader W, Stepniak D, Kooy Y, et al. The HLA-DQ2 gene dose effect in celiac disease is directly related to the magnitude and breadth of gluten-specific T cell responses. Proc Natl Acad Sci U S A. 2003;100(21):12390-12395.

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Performed at: Histocompatibility & Immunogenetics Laboratory, University of Utah Health, 417 Wakara Way, Suite 3220, Salt Lake City, UT 84108.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Reference Interval:
By report

Methodology:
Polymerase Chain Reaction/Massively Parallel Sequencing/Sequence-Specific Oligonucleotide Probe Hybridization

Section:
RF-ARUP

CPT Codes:
81382 x2

Celiac Panel with reflex EMA, serum or plasma

LAB821

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB821, CPE
- LAB821-VML
- LAB821VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 1.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
Evaluating patients suspected of having celiac disease, including patients with compatible symptoms, patients with atypical symptoms, and individuals at increased risk (family history, previous diagnosis with associated disease)

Synonyms:

- LAB821, CPE
- LAB821-VML
- LAB821VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
Deamidated Gliadin IgG, Deamidated Gliadin IgA, Tissue Transglutaminase IgG Ab, Tissue Transglutaminase IgA

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
The recommended screening test for celiac disease is tissue transglutaminase IgA (tTG IgA) . Tissue transglutaminase IgG (tTG IgG) and deamidated gliadin IgG should only be used for diagnosis when a patient has a total IgA deficiency. The IgG-based tests have a lower specificity and therefore a lower positive predictive value. If the patient has a positive serology and celiac disease is likely, consider consulting the VUMC adult celiac gastroenterology clinic or pediatric gastroenterology clinic to discuss diagnosis further. Patients should continue to consume gluten until seen in the clinic.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
If the quantitative IgA is >5 and the tTG IgA is positive, there is an automatic reflex to ARUP test EMA IgA; If the quantitative IgA is <5 and the tTG IgG is positive, there is an automatic reflex to ARUP test EMA IgG.

Components:
Deamidated Gliadin IgG, Deamidated Gliadin IgA, Tissue Transglutaminase IgG Ab, Tissue Transglutaminase IgA

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 1.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 3.0 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
Deamidated Gliadin IgG, Deamidated Gliadin IgA, Tissue Transglutaminase IgG Ab, Tissue Transglutaminase IgA

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB821, CPE
- LAB821-VML
- LAB821VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
Evaluating patients suspected of having celiac disease, including patients with compatible symptoms, patients with atypical symptoms, and individuals at increased risk (family history, previous diagnosis with associated disease)

Interpretive Data:
The recommended screening test for celiac disease is tissue transglutaminase IgA (tTG IgA) . Tissue transglutaminase IgG (tTG IgG) and deamidated gliadin IgG should only be used for diagnosis when a patient has a total IgA deficiency. The IgG-based tests have a lower specificity and therefore a lower positive predictive value. If the patient has a positive serology and celiac disease is likely, consider consulting the VUMC adult celiac gastroenterology clinic or pediatric gastroenterology clinic to discuss diagnosis further. Patients should continue to consume gluten until seen in the clinic.

Reference Interval:
Negative

Additional Information:
If the quantitative IgA is >5 and the tTG IgA is positive, there is an automatic reflex to ARUP test EMA IgA; If the quantitative IgA is <5 and the tTG IgG is positive, there is an automatic reflex to ARUP test EMA IgG.

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Celiac Panel, serum or plasma

LAB822

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB822, CP, CEL, Celiac Panel
- LAB822-VML
- LAB822VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
Evaluating patients suspected of having celiac disease, including patients with compatible symptoms, patients with atypical symptoms, and individuals at increased risk (family history, previous diagnosis with associated disease)

Synonyms:

- LAB822, CP, CEL, Celiac Panel
- LAB822-VML
- LAB822VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
Deamidated Gliadin IgG, Deamidated Gliadin IgA, Tissue Transglutaminase IgG Ab, Tissue Transglutaminase IgA

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
The recommended screening test for celiac disease is tissue transglutaminase IgA (tTG IgA) . Tissue transglutaminase IgG (tTG IgG) and deamidated gliadin IgG should only be used for diagnosis when a patient has a total IgA deficiency. The IgG-based tests have a lower specificity and therefore a lower positive predictive value. If the patient has a positive serology and celiac disease is likely, consider consulting the VUMC adult celiac gastroenterology clinic or pediatric gastroenterology clinic to discuss diagnosis further. Patients should continue to consume gluten until seen in the clinic.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
NA

Components:
Deamidated Gliadin IgG, Deamidated Gliadin IgA, Tissue Transglutaminase IgG Ab, Tissue Transglutaminase IgA

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
Deamidated Gliadin IgG, Deamidated Gliadin IgA, Tissue Transglutaminase IgG Ab, Tissue Transglutaminase IgA

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB822, CP, CEL, Celiac Panel
- LAB822-VML
- LAB822VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
Evaluating patients suspected of having celiac disease, including patients with compatible symptoms, patients with atypical symptoms, and individuals at increased risk (family history, previous diagnosis with associated disease)

Interpretive Data:
The recommended screening test for celiac disease is tissue transglutaminase IgA (tTG IgA) . Tissue transglutaminase IgG (tTG IgG) and deamidated gliadin IgG should only be used for diagnosis when a patient has a total IgA deficiency. The IgG-based tests have a lower specificity and therefore a lower positive predictive value. If the patient has a positive serology and celiac disease is likely, consider consulting the VUMC adult celiac gastroenterology clinic or pediatric gastroenterology clinic to discuss diagnosis further. Patients should continue to consume gluten until seen in the clinic.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Centromere Antibody, IgG

LAB3715

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- ACA
- Anti-centromere Antibodies
- Anti-Centromere Antibody
- Centromere Autoantibodies
- Centromere B
- CREST
- Anticentromere Antibodies
- Centromere Antibodies, IgG
- CENTROMERE ANTIBODY
- HEp-2
- LAB3715-VML
- LAB3715VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

Unacceptable Conditions:
Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- ACA
- Anti-centromere Antibodies
- Anti-Centromere Antibody
- Centromere Autoantibodies
- Centromere B
- CREST
- Anticentromere Antibodies
- Centromere Antibodies, IgG
- CENTROMERE ANTIBODY
- HEp-2
- LAB3715-VML
- LAB3715VML

Ordering Recommendations:
Aid in diagnosis of systemic sclerosis (SSc). Negative results do not rule out SSc. Preferred test is Comprehensive Systemic Sclerosis Panel (3000480).

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Multiplex Bead Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Centromere Ab, IgG	0-40 AU/mL

Interpretive Data:

When detected by this multiplex bead assay, the presence of centromere antibodies is mainly associated with CREST syndrome, a variant of systemic sclerosis (SSc). These antibodies target the centromere B, a dominant antigen of the centromeric complex associated with the centromere pattern observed in antinuclear antibody (ANA) testing by IFA. Centromere antibodies may also be seen in a varying percentage of patients with other autoimmune diseases, including diffuse cutaneous SSc, Raynaud syndrome, interstitial pulmonary fibrosis, autoimmune liver disease, systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA).

A negative result indicates no detectable IgG antibodies to centromere B. If the result is negative but clinical suspicion for SSc is strong, consider testing for ANA by IFA along with other antibodies associated with SSc, including Scl-70, U3-RNP, PM/Scl, or Th/To.

Component	Interpretation
Centromere Antibody, IgG	29 AU/mL or less Negative 30-40 AU/mL Equivocal 41 AU/mL or greater Positive

Methodology:

Semi-Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:

83516

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

Unacceptable Conditions:

Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ACA
- Anti-centromere Antibodies
- Anti-Centromere Antibody
- Centromere Autoantibodies
- Centromere B
- CREST
- Anticentromere Antibodies
- Centromere Antibodies, IgG
- CENTROMERE ANTIBODY
- HEp-2
- LAB3715-VML
- LAB3715VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Aid in diagnosis of systemic sclerosis (SSc). Negative results do not rule out SSc. Preferred test is Comprehensive Systemic Sclerosis Panel (3000480).

Interpretive Data:
When detected by this multiplex bead assay, the presence of centromere antibodies is mainly associated with CREST syndrome, a variant of systemic sclerosis (SSc). These antibodies target the centromere B, a dominant antigen of the centromeric complex associated with the centromere pattern observed in antinuclear antibody (ANA) testing by IFA. Centromere antibodies may also be seen in a varying percentage of patients with other autoimmune diseases, including diffuse cutaneous SSc, Raynaud syndrome, interstitial pulmonary fibrosis, autoimmune liver disease, systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA).

A negative result indicates no detectable IgG antibodies to centromere B. If the result is negative but clinical suspicion for SSc is strong, consider testing for ANA by IFA along with other antibodies associated with SSc, including Scl-70, U3-RNP, PM/Scl, or Th/To.

Component	Interpretation
Centromere Antibody, IgG	29 AU/mL or less Negative 30-40 AU/mL Equivocal 41 AU/mL or greater Positive

Reference Interval:

Components	Reference Interval
Centromere Ab, IgG	0-40 AU/mL

Methodology:
Semi-Quantitative Multiplex Bead Assay

Section:
RF-ARUP

CPT Codes:
83516

Certolizumab w/Ab-MAYO

LAB6543

ORDERING INFO

Synonyms:

- LAB6543-VML
- LAB6543VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6543-VML
- LAB6543VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6543-VML
- LAB6543VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Ceruloplasmin

LAB6063

ORDERING INFO

Collect:
Serum Separator Tube (SST). Also acceptable: Plasma collected in Green (Lithium Heparin).

Synonyms:

- Copper Oxidase
- Ferroxidase
- LAB6063-VML
- LAB6063VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST). Also acceptable: Plasma collected in Green (Lithium Heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
EDTA plasma or hemolyzed specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 days; Refrigerated: 2 weeks; Frozen: 1 years

Performed:
Sun-Sat

ORDERING

Synonyms:

- Copper Oxidase
- Ferroxidase
- LAB6063-VML
- LAB6063VML

Ordering Recommendations:
May be used as initial screening test in Wilson disease or copper transport disorders.

Performed:
Sun-Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
Within 24 hours

Notes:
Fasting specimen preferred.

RESULTS INTERPRETATION

Reference Interval:
Effective February 22, 2022

6 months-6 years	18-37 mg/dL
7-17 years	20-43 mg/dL
18 years and older Male	15-30 mg/dL
18 years and older Female	16-45 mg/dL

Methodology:
Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
82390

Section:
RF-ARUP

Notes:
Fasting specimen preferred.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST). Also acceptable: Plasma collected in Green (Lithium Heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
EDTA plasma or hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 days; Refrigerated: 2 weeks; Frozen: 1 years

Storage/Transport Temperature:
Frozen.

Synonyms:

- Copper Oxidase
- Ferroxidase
- LAB6063-VML
- LAB6063VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
May be used as initial screening test in Wilson disease or copper transport disorders.

Reference Interval:
Effective February 22, 2022

6 months-6 years	18-37 mg/dL
7-17 years	20-43 mg/dL
18 years and older Male	15-30 mg/dL
18 years and older Female	16-45 mg/dL

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82390

Notes:
Fasting specimen preferred.

CG FISH AML/MDS Pnl

LAB3399

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- MLM, Acute Myeloid Leukemia
- LAB3399-VML
- LAB3399VML

Turn Around Time:
6 - 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Bone Marrow

Alternate Specimen:
Peripheral blood if blasts are present

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MLM, Acute Myeloid Leukemia
- LAB3399-VML
- LAB3399VML

Performed:
Monday - Saturday

Turn Around Time:
6 - 10 days

Methodology:
Fluorescence in situ Hybridization

Components:
t(8;21) (AML1-ETO), APL: t(15;17) (PML-RARA), inv(16) (MYH11-CBFB), Chr 11q23 (MLL), RARA B/A

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
Peripheral blood if blasts are present

Additional Information:
N/A

Components:
t(8;21) (AML1-ETO), APL: t(15;17) (PML-RARA), inv(16) (MYH11-CBFB), Chr 11q23 (MLL), RARA B/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
Peripheral blood if blasts are present

Patient Preparation:
N/A

Specimen:
Bone Marrow

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Components:
t(8;21) (AML1-ETO), APL: t(15;17) (PML-RARA), inv(16) (MYH11-CBFB), Chr 11q23 (MLL), RARA B/A

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- MLM, Acute Myeloid Leukemia
- LAB3399-VML
- LAB3399VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 - 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

CG FISH Oncology Male/Female

LAB3020

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- FMF, FISH
- LAB3020-VML
- LAB3020VML

Turn Around Time:
6 - 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Bone Marrow

Alternate Specimen:
Peripheral blood if blasts are present

ORDERING

Ordering Indicators:
N/A

Synonyms:

- FMF, FISH
- LAB3020-VML
- LAB3020VML

Performed:
Monday - Saturday

Turn Around Time:
6 - 10 days

Methodology:
Fluorescence in situ Hybridization

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
Peripheral blood if blasts are present

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
Peripheral blood if blasts are present

Patient Preparation:
N/A

Specimen:
Bone Marrow

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- FMF, FISH
- LAB3020-VML
- LAB3020VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 - 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

CG FISH PDGFRA/B PnI

LAB3021

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- PDG, Myeloproliferative Neoplasm
- LAB3021-VML
- LAB3021VML

Turn Around Time:
6 - 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Bone Marrow

Alternate Specimen:
Peripheral blood if blasts are present

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PDG, Myeloproliferative Neoplasm
- LAB3021-VML
- LAB3021VML

Performed:
Monday - Saturday

Turn Around Time:
6 - 10 days

Methodology:
Fluorescence in situ Hybridization

Components:
PDGFRA (4q12), PDGFRB breakapart (CSFIRA), FGFR1 B/A

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
Peripheral blood if blasts are present

Additional Information:
N/A

Components:
PDGFRA (4q12), PDGFRB breakapart (CSFIRA), FGFR1 B/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
Peripheral blood if blasts are present

Patient Preparation:
N/A

Specimen:
Bone Marrow

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Components:
PDGFRA (4q12), PDGFRB breakapart (CSFIRA), FGFR1 B/A

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- PDG, Myeloproliferative Neoplasm
- LAB3021-VML
- LAB3021VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 - 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

CG FISH Plasma Cell Pnl

LAB3023

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- PMY
- LAB3023-VML
- LAB3023VML

Turn Around Time:
6 - 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Bone Marrow

Alternate Specimen:
Peripheral blood if blasts are present

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PMY
- LAB3023-VML
- LAB3023VML

Performed:
Monday - Saturday

Turn Around Time:
6 - 10 days

Methodology:
Fluorescence in situ Hybridization

Components:
1p32/q21 (CDKN2C-CKS1B), t(11;14)(CCND1-IGH), Chr 17p13 (p53), Chr13q14(RB), t(4;14) (FGFR3-IGH)

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
Peripheral blood if blasts are present

Additional Information:
N/A

Components:
1p32/q21 (CDKN2C-CKS1B), t(11;14)(CCND1-IGH), Chr 17p13 (p53), Chr13q14(RB), t(4;14) (FGFR3-IGH)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
Peripheral blood if blasts are present

Patient Preparation:
N/A

Specimen:
Bone Marrow

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Components:
1p32/q21 (CDKN2C-CKS1B), t(11;14)(CCND1-IGH), Chr 17p13 (p53), Chr13q14(RB), t(4;14) (FGFR3-IGH)

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- PMY
- LAB3023-VML
- LAB3023VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 - 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

Chlamydia pneumoniae Abs-LCOR

LAB3929

ORDERING INFO

Synonyms:

- LAB3929-VML
- LAB3929VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3929-VML
- LAB3929VML

ADDITIONAL INFORMATION

Section:

RF-LCOR

Resulting Laboratory:

LabCorp

FULL VIEW

Synonyms:

- LAB3929-VML
- LAB3929VML

Resulting Laboratory:

LabCorp

Section:

RF-LCOR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Chlamydia trachomatis and Neisseria gonorrhoeae (CT/NG) Detection by PCR

LAB1364

ORDERING INFO

Collect:
Swabs: Yellow top cobas® Female Swab Sample Kit, Urine: Yellow top cobas® PCR Urine Sample kit. Cervical Sample: Preservcyt ThinPrep media.

Synonyms:

- LAB1364, Chlamydia, Gonorrhea, CTNG, CT/NG, CGD, CT NG PCR
- LAB1364-VML
- LAB1364VML

Turn Around Time:
1-3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Swabs: Yellow top cobas® Female Swab Sample Kit, Urine: Yellow top cobas® PCR Urine Sample kit. Cervical Sample: Preservcyt ThinPrep media.

Specimen Preparation:
Urine: Send neat urine in a sterile container or filled completely to the indicator box using the cobas Urine Collection Kit. Swab: Collect a single swab from the Swab Sample Kit and snap off in the yellow top cobas® PCR media. (Min 0.6mL Urine)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Urine (neat): Refrigerated (2-8°C). Swabs or Urine collected in cobas Collection Kit: Ambient (15-25°C) if same day, Refrigerated (2-8°C) if overnight or up to 7 days. ThinPrep: Ambient (15-25°C)

Performed:
Monday - Friday

Stability:
Urine (Neat): Up to 24 hours at Ambient (15-25°C), 3 days at Refrigerated (2-8°C) . Urine or Swabs collected in cobas Collection Kits: 7 days at Ambient (15-25°C), Cervical ThinPrep specimens: 4 weeks at Ambient (15-25°C)

Specimen:
Urine (male or female), Rectal Swabs, Oropharyngeal Swabs, Vaginal Swabs, Endocervical Swabs (can be collected in Cobas Media or Preservcyt ThinPrep)

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
C. trachomatis (CT) and Neisseria gonorrhoeae (NG) infections are the two most common communicable notifiable diseases in the United States. CT causes cervicitis, urethritis, salpingitis, proctitis, and endometritis in women and urethritis, epididymitis, and proctitis in men. CT can also be transmitted via the birth canal, potentially resulting in infant conjunctivitis and/or chlamydial pneumonia in newborns. NG causes acute urethritis in males, which if untreated can develop into epididymitis, prostatitis, and urethral stricture. In females, the primary site of NG infection is the endocervix. An important complication in females is development of pelvic inflammatory disease, which contributes to infertility. Asymptomatic NG infections occur often in females but infrequently in males. Current methods for detection of CT and/or NG include culture, immunoassays, non-amplified probes, and nucleic acid amplification tests (NAATs). NAATs have demonstrated two advantages over non-amplified methods: increased sensitivity and applicability to a variety of sample types, including urine. NAATs have been accepted as the preferred method for laboratory diagnosis of CT and NG infections. In addition to testing for genital CT and NG infections, CDC recommendations reflect the clinical utility of NAA-based CT and NG testing of rectal and oropharyngeal specimens collected from patients at increased risk of infection at these extragenital sites, in particular, men who have sex with men.

Synonyms:

- LAB1364, Chlamydia, Gonorrhea, CTNG, CT/NG, CGD, CT NG PCR
- LAB1364-VML
- LAB1364VML

Performed:
Monday - Friday

Turn Around Time:
1-3 days

Methodology:
PCR - Polymerase Chain Reaction

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes. In certain contexts, culture may be required to meet applicable laws and regulations for diagnosis of C. trachomatis and N. gonorrhoeae infections. Per CDC recommendations, this test does not include confirmation of positive results by an alternative nucleic acid target.

Methodology:
PCR - Polymerase Chain Reaction

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Swabs: Yellow top cobas® Female Swab Sample Kit, Urine: Yellow top cobas® PCR Urine Sample kit. Cervical Sample: Preservcyt ThinPrep media.

Specimen Preparation:
Urine: Send neat urine in a sterile container or filled completely to the indicator box using the cobas Urine Collection Kit. Swab: Collect a single swab from the Swab Sample Kit and snap off in the yellow top cobas® PCR media. (Min 0.6mL Urine)

Pediatric Collection:
N/A

Preferred Collection Volume:
Urine: 8mL

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Urine (male or female), Rectal Swabs, Oropharyngeal Swabs, Vaginal Swabs, Endocervical Swabs (can be collected in Cobas Media or Preservcyt ThinPrep)

Reasons for Rejection:
Specimen collected incorrectly (i.e. Urine in cobas media not filled to indicator box); alternative specimen type/source sent without Medical Director approval

Components:
N/A

Stability:
Urine (Neat): Up to 24 hours at Ambient (15-25°C), 3 days at Refrigerated (2-8°C) . Urine or Swabs collected in cobas Collection Kits: 7 days at Ambient (15-25°C), Cervical ThinPrep specimens: 4 weeks at Ambient (15-25°C)

Storage/Transport Temperature:
Urine (neat): Refrigerated (2-8°C). Swabs or Urine collected in cobas Collection Kit: Ambient (15-25°C) if same day, Refrigerated (2-8°C) if overnight or up to 7 days. ThinPrep: Ambient (15-25°C)

Synonyms:

- LAB1364, Chlamydia, Gonorrhea, CTNG, CT/NG, CGD, CT NG PCR
- LAB1364-VML
- LAB1364VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1-3 days

Ordering Indicators:
C. trachomatis (CT) and Neisseria gonorrhoeae (NG) infections are the two most common communicable notifiable diseases in the United States. CT causes cervicitis, urethritis, salpingitis, proctitis, and endometritis in women and urethritis, epididymitis, and proctitis in men. CT can also be transmitted via the birth canal, potentially resulting in infant conjunctivitis and/or chlamydial pneumonia in newborns. NG causes acute urethritis in males, which if untreated can develop into epididymitis, prostatitis, and urethral stricture. In females, the primary site of NG infection is the endocervix. An important complication in females is development of pelvic inflammatory disease, which contributes to infertility. Asymptomatic NG infections occur often in females but infrequently in males. Current methods for detection of CT and/or NG include culture, immunoassays, non-amplified probes, and nucleic acid amplification tests (NAATs). NAATs have demonstrated two advantages over non-amplified methods: increased sensitivity and applicability to a variety of sample types, including urine. NAATs have been accepted as the preferred method for laboratory diagnosis of CT and NG infections. In addition to testing for genital CT and NG infections, CDC recommendations reflect the clinical utility of NAA-based CT and NG testing of rectal and oropharyngeal specimens collected from patients at increased risk of infection at these extragenital sites, in particular, men who have sex with men.

Interpretive Data:
This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes. In certain contexts, culture may be required to meet applicable laws and regulations for diagnosis of C. trachomatis and N. gonorrhoeae infections. Per CDC recommendations, this test does not include confirmation of positive results by an alternative nucleic acid target.

Reference Interval:
Not detected

Additional Information:
N/A

Methodology:
PCR - Polymerase Chain Reaction

Section:
Molecular Infectious Disease

Chloride, Fecal

LAB3157

ORDERING INFO

Collect:
Liquid random stool.

Synonyms:

- LAB3157-VML
- LAB3157VML

SPECIMEN REQUIREMENTS

Collect:
Liquid random stool.

Specimen Preparation:
Transfer 5 g aliquot of liquid random stool to an unpreserved stool transport vial (ARUP Supply #40910). (Min: 1 g) Do not add saline or water to liquefy specimen.

Unacceptable Conditions:
Formed or viscous stool.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3157-VML
- LAB3157VML

Performed:
Sun-Sat

Methodology:
Quantitative Ion-Selective Electrode

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
A reference interval has not been established for fecal specimens.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Ion-Selective Electrode

ADDITIONAL INFORMATION

CPT Codes:
82438

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Liquid random stool.

Specimen Preparation:
Transfer 5 g aliquot of liquid random stool to an unpreserved stool transport vial (ARUP Supply #40910). (Min: 1 g) Do not add saline or water to liquefy specimen.

Unacceptable Conditions:
Formed or viscous stool.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3157-VML
- LAB3157VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
A reference interval has not been established for fecal specimens.

Methodology:
Quantitative Ion-Selective Electrode

Section:
RF-ARUP

CPT Codes:
82438

Chloride, Plasma or Serum

LAB59

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- CL, Chloride Blood, Chloride Level, LAB59
- LAB59-VML
- LAB59VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
2 Light Green Microtainers (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CL, Chloride Blood, Chloride Level, LAB59
- LAB59-VML
- LAB59VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Ion-selective electrode diluted (Indirect)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Ion-selective electrode diluted (Indirect)

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Multiple myeloma and lipid samples are known to give low results on diluted ISE systems due to high amounts of proteins/lipids present in sample.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
2 Light Green Microtainers (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- CL, Chloride Blood, Chloride Level, LAB59
- LAB59-VML
- LAB59VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
Multiple myeloma and lipid samples are known to give low results on diluted ISE systems due to high amounts of proteins/lipids present in sample.

Methodology:
Ion-selective electrode diluted (Indirect)

Section:
Chemistry

Chloride, Random, Urine

LAB374

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- UCL, Chloride Urine Spot, Urine Chloride Level, LAB374
- LAB374-VML
- LAB374VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 7 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UCL, Chloride Urine Spot, Urine Chloride Level, LAB374
- LAB374-VML
- LAB374VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Ion-Selective Electrode (Indirect)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Reference intervals not established.

Interpretive Data:
N/A

Methodology:
Ion-Selective Electrode (Indirect)

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 7 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- UCL, Chloride Urine Spot, Urine Chloride Level, LAB374
- LAB374-VML
- LAB374VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Reference intervals not established.

Additional Information:
N/A

Methodology:
Ion-Selective Electrode (Indirect)

Section:
Chemistry

Chloride, Whole Blood

LAB4535

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- CLW, CL WB, Chloride Whole Blood, LAB4535
- LAB4535-VML
- LAB4535VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- CLW, CL WB, Chloride Whole Blood, LAB4535
- LAB4535-VML
- LAB4535VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
98-107 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Whole blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- CLW, CL WB, Chloride Whole Blood, LAB4535
- LAB4535-VML
- LAB4535VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
98-107 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Cholestasis Pnl Seq & Del/Dup - FULG

LAB6080

ORDERING INFO

Synonyms:

- LAB6080-VML
- LAB6080VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6080-VML
- LAB6080VML

ADDITIONAL INFORMATION

Section:

RF-FULG

Resulting Laboratory:

Fulgent

FULL VIEW

Synonyms:

- LAB6080-VML
- LAB6080VML

Resulting Laboratory:

Fulgent

Section:

RF-FULG

Links:

Test Sent to Reference Lab. Click Here for Test Details

Cholinesterase, RBC - Ratio to Hemoglobin

LAB966

ORDERING INFO

Collect:
Lavender (EDTA) or pink (K2EDTA).

Synonyms:

- AChE
- CHS
- RBC Cholinesterase
- Red cell cholinesterase
- LAB966-VML
- LAB966VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or pink (K2EDTA).

Specimen Preparation:
DO NOT FREEZE. Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Green (sodium or lithium heparin). Frozen specimens. Clotted or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated. Do not place whole blood directly on cool packs when shipping.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 1 week; Frozen: Unacceptable

Performed:
Mon-Fri

ORDERING

Synonyms:

- AChE
- CHS
- RBC Cholinesterase
- Red cell cholinesterase
- LAB966-VML
- LAB966VML

Ordering Recommendations:
Acceptable test for determining chronic exposure to organophosphate insecticides. Preferred test is Insecticide Exposure Panel (0020175).

Performed:
Mon-Fri

Methodology:
Quantitative Enzymatic Assay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
25-52 U/g Hb

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
82482

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA) or pink (K2EDTA).

Specimen Preparation:
DO NOT FREEZE. Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Green (sodium or lithium heparin). Frozen specimens. Clotted or hemolyzed specimens.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 1 week; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated. Do not place whole blood directly on cool packs when shipping.

Synonyms:

- AChE
- CHS
- RBC Cholinesterase
- Red cell cholinesterase
- LAB966-VML
- LAB966VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Acceptable test for determining chronic exposure to organophosphate insecticides. Preferred test is Insecticide Exposure Panel (0020175).

Reference Interval:
25-52 U/g Hb

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
82482

Chromium, Serum

LAB967

ORDERING INFO

Collect:
Royal Blue (No Additive).

Synonyms:

- Cr, Blood
- CRS
- serum chromium levels
- serum metal ion concentration
- LAB967-VML
- LAB967VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Collect:
Royal Blue (No Additive).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Royal Blue (EDTA) or separator tubes. Specimens that are not separated from the clot within 2 hours. Specimens transported in tubes other than specified.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cr, Blood
- CRS
- serum chromium levels
- serum metal ion concentration
- LAB967-VML
- LAB967VML

Ordering Recommendations:
May be useful in the assessment of chromium deficiency or overload. For the assessment of hexavalent chromium exposure, Chromium, RBC (2014505) is preferred.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Less than or equal to 5.0 µg/L

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum chromium, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Serum chromium levels can be significantly higher in patients with metal-on-metal total hip replacement implants than in control patients without metal implants. Serum chromium levels may be increased in asymptomatic patients with metal-on-metal prosthetics and should be considered in the context of the overall clinical scenario. Whole blood is the specimen type recommended by the U.S. Food and Drug Administration for assessing the risks of metal-on-metal hip implants in symptomatic patients.

Symptoms associated with chromium toxicity vary based on route of exposure and dose, and may include dermatitis, impairment of pulmonary function, gastroenteritis, hepatic necrosis, bleeding, and acute tubular necrosis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82495

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal Blue (No Additive).

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Unacceptable Conditions:

Plasma. Royal Blue (EDTA) or separator tubes. Specimens that are not separated from the clot within 2 hours. Specimens transported in tubes other than specified.

Stability (from collection to initiation):

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Storage/Transport Temperature:

Room temperature. Also acceptable: Refrigerated or frozen.

Synonyms:

- Cr, Blood
- CRS
- serum chromium levels
- serum metal ion concentration
- LAB967-VML
- LAB967VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

May be useful in the assessment of chromium deficiency or overload. For the assessment of hexavalent chromium exposure, Chromium, RBC (2014505) is preferred.

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum chromium, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Serum chromium levels can be significantly higher in patients with metal-on-metal total hip replacement implants than in control patients without metal implants. Serum chromium levels may be increased in asymptomatic patients with metal-on-metal prosthetics and should be considered in the context of the overall clinical scenario. Whole blood is the specimen type recommended by the U.S. Food and Drug Administration for assessing the risks of metal-on-metal hip implants in symptomatic patients.

Symptoms associated with chromium toxicity vary based on route of exposure and dose, and may include dermatitis, impairment of pulmonary function, gastroenteritis, hepatic necrosis, bleeding, and acute tubular necrosis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Less than or equal to 5.0 µg/L

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

82495

Chromium, Urine

LAB4077

ORDERING INFO

Collect:
24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Synonyms:

- Cr
- CRU
- Urine chromium concentration
- LAB4077-VML
- LAB4077VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collections from patients with impaired kidney function should be avoided for a minimum of 14 days post contrast media exposure.

Collect:
24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Specimen Preparation:
Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Unacceptable Conditions:
Urine collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element-free transport tube (with the exception of the original device).

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

Remarks:
Record total volume and collection time interval on transport tube and on test request form.

ORDERING

Synonyms:

- Cr
- CRU
- Urine chromium concentration
- LAB4077-VML
- LAB4077VML

Ordering Recommendations:
May be used to monitor short-term chromium exposure

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Creatinine, Urine - per 24h	<table><tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr><tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr><tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr><tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr><tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr><tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr><tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr></table>
Chromium, Urine - per 24h	0.0-2.0 µg/d
Chromium, Urine - ratio to CRT	0.0-10.0 µg/g CRT
Chromium, Urine - per volume	0.0-2.0 µg/L

Interpretive Data:

Chromium urine levels can be used to monitor short term exposure. The form of chromium greatly influences distribution. Trivalent chromium resides in the plasma and is usually not of clinical importance. Hexavalent chromium is considered highly toxic. Symptoms associated with chromium toxicity vary based upon route of exposure and dose and may include dermatitis, impairment of pulmonary function, gastroenteritis, hepatic necrosis, bleeding, and acute tubular necrosis.

The ACGIH Biological Exposure Index for daily exposure of hexavalent chromium is an increase of 10 µg/gCRT between pre-shift and post-shift urine collections. The ACGIH Biological Exposure Index for long- and short-term hexavalent chromium is an end-of-shift concentration of 30 µg/gCRT at the end of the work week.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82495

Section:

RF-ARUP

Remarks:

Record total volume and collection time interval on transport tube and on test request form.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Specimen Preparation:

Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collections from patients with impaired kidney function should be avoided for a minimum of 14 days post contrast media exposure.

Unacceptable Conditions:

Urine collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element-free transport tube (with the exception of the original device).

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Cr
- CRU
- Urine chromium concentration
- LAB4077-VML
- LAB4077VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

May be used to monitor short-term chromium exposure

Interpretive Data:

Chromium urine levels can be used to monitor short term exposure. The form of chromium greatly influences distribution. Trivalent chromium resides in the plasma and is usually not of clinical importance. Hexavalent chromium is considered highly toxic. Symptoms associated with chromium toxicity vary based upon route of exposure and dose and may include dermatitis, impairment of pulmonary function, gastroenteritis, hepatic necrosis, bleeding, and acute tubular necrosis.

The ACGIH Biological Exposure Index for daily exposure of hexavalent chromium is an increase of 10 µg/gCRT between pre-shift and post-shift urine collections. The ACGIH Biological Exposure Index for long- and short-term hexavalent chromium is an end-of-shift concentration of 30 µg/gCRT at the end of the work week.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
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<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Chromium, Urine - per 24h</td><td>0.0-2.0 µg/d</td></tr>
<tr><td>Chromium, Urine - ratio to CRT</td><td>0.0-10.0 µg/g CRT</td></tr>
<tr><td>Chromium, Urine - per volume</td><td>0.0-2.0 µg/L</td></tr>
</table>

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82495

Remarks:
Record total volume and collection time interval on transport tube and on test request form.

Chromogenic Factor VIII Activiy

LAB6350

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB6350, N/A
- LAB6350-VML
- LAB6350VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Inpatients and VPLS clients: daily. Outpatients: once per week; variable days.

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma - Requires double centrifugation if sending a plasma aliquot. Aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB6350, N/A
- LAB6350-VML
- LAB6350VML

Performed:
Inpatients and VPLS clients: daily. Outpatients: once per week; variable days.

Turn Around Time:
1 - 3 days

Methodology:
Chromogenic

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50-150 %

Interpretive Data:
Direct Xa inhibitors can affect the chromogenic factor VIII activity assay. These drugs specifically inhibit factor Xa and cause a underestimation of factor VIII activity.

Methodology:
Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
The Chromogenic Factor VIII activity assay is used to quantitate Factor VIII levels on patients receiving Hemlibra® (emicizumab). The assay is not intended for the routine quantitation of Factor VIII levels. The appropriate test is F8, LAB306. Testing is performed 7:00AM to 4:00PM. Samples must be received in the laboratory by 3:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma - Requires double centrifugation if sending a plasma aliquot. Aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB6350, N/A
- LAB6350-VML
- LAB6350VML

Performed:
Inpatients and VPLS clients: daily. Outpatients: once per week; variable days.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct Xa inhibitors can affect the chromogenic factor VIII activity assay. These drugs specifically inhibit factor Xa and cause a underestimation of factor VIII activity.

Reference Interval:
50-150 %

Additional Information:
The Chromogenic Factor VIII activity assay is used to quantitate Factor VIII levels on patients receiving Hemlibra® (emicizumab). The assay is not intended for the routine quantitation of Factor VIII levels. The appropriate test is F8, LAB306. Testing is performed 7:00AM to 4:00PM. Samples must be received in the laboratory by 3:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Chromogenic

Section:
Coagulation

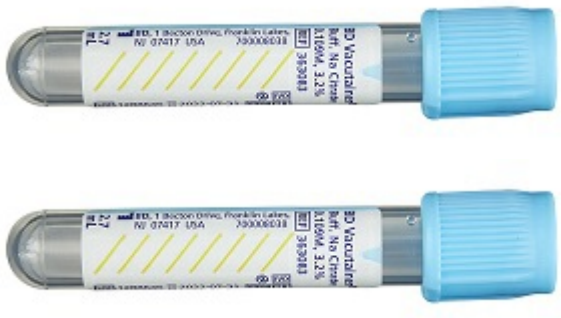
Chromogenic Factor VIII Inhibitor

LAB6349

ORDERING INFO

Collect:

Two 2.7 mL Light blue tube (3.2% Sodium Citrate)



Synonyms:

- LAB6349, CHROM FVIII IN, Chromogenic F8 Inhibitor
- LAB6349-VML
- LAB6349VML

Turn Around Time:

1 - 7 days

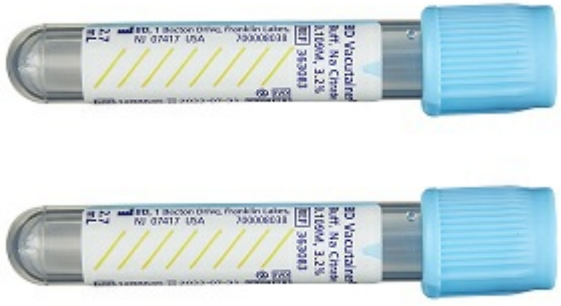
SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Two 2.7 mL Light blue tube (3.2% Sodium Citrate)



Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: Two 2.7 mL Light blue (3.2% Sodium Citrate). Neonatal: 1.8ml Two Light blue top (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Inpatients and VPLS clients: daily. Outpatients: once per week; variable days.

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma - Requires double centrifugation if sending a plasma aliquot. Aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB6349, CHROM FVIII IN, Chromogenic F8 Inhibitor
- LAB6349-VML
- LAB6349VML

Performed:
Inpatients and VPLS clients: daily. Outpatients: once per week; variable days.

Turn Around Time:
1 - 7 days

Methodology:
Chromogenic

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 Niejmegen Bethesda Units (NBU)

Interpretive Data:
Direct Xa inhibitors can affect the chromogenic factor VIII inhibtor assay. These drugs specifically inhibit factor Xa and cause a underestimation of factor VIII activity.

Methodology:
Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

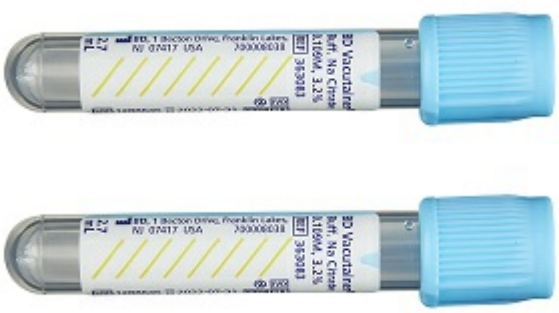
Additional Information:
The Chromogenic Factor VIII inhibitor assay is used to monitor the development of a Factor VIII inhibitor in patients receiving Hemlibra® (enicizumab). The assay is not intended for monitoring inhibitors in patients on traditional factor replacement therapy or an acquired factor VIII inhibitor. The appropriate test is 8IN, LAB3441. Testing is performed from 7:00AM to 4:00PM. Samples must be received in the lab by 1:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact information.)

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Two 2.7 mL Light blue tube (3.2% Sodium Citrate)



Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Two 2.7 mL Light blue (3.2% Sodium Citrate). Neonatal: 1.8ml Two Light blue top (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma - Requires double centrifugation if sending a plasma aliquot. Aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB6349, CHROM FVIII IN, Chromogenic F8 Inhibitor
- LAB6349-VML
- LAB6349VML

Performed:
Inpatients and VPLS clients: daily. Outpatients: once per week; variable days.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 7 days

Ordering Indicators:
N/A

Interpretive Data:
Direct Xa inhibitors can affect the chromogenic factor VIII inhibtor assay. These drugs specifically inhibit factor Xa and cause a underestimation of factor VIII activity.

Reference Interval:
0 Niejmegen Bethesda Units (NBU)

Additional Information:
The Chromogenic Factor VIII inhibitor assay is used to monitor the development of a Factor VIII inhibitor in patients receiving Hemlibra® (enicizumab). The assay is not intended for monitoring inhibitors in patients on traditional factor replacement therapy or an acquired factor VIII inhibitor. The appropriate test is 8IN, LAB3441. Testing is performed from 7:00AM to 4:00PM. Samples must be received in the lab by 1:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact information.)

Methodology:
Chromogenic

Section:
Coagulation

Chromogenic Factor X Activity

LAB5924

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB5924, F10, Factor X activity
- LAB5924-VML
- LAB5924VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB5924, F10, Factor X activity
- LAB5924-VML
- LAB5924VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Chromogenic

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50 - 150%

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. Patients on warfarin may have lower than expected levels of factor X.

Methodology:
Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Testing is performed daily for 7:00AM to 4:00PM. Samples must be received in the laboratory by 2:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB5924, F10, Factor X activity
- LAB5924-VML
- LAB5924VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. Patients on warfarin may have lower than expected levels of factor X.

Reference Interval:
50 - 150%

Additional Information:
Testing is performed daily for 7:00AM to 4:00PM. Samples must be received in the laboratory by 2:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Chromogenic

Section:
Coagulation

Chromogranin A (LK2H10) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath92

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Chromogranin A, Serum

LAB6157

ORDERING INFO

Collect:
Serum separator tube or plain red.

Synonyms:

- CgA
- LAB6157-VML
- LAB6157VML
- Chromogranin

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Allow serum specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma

Storage/Transport Temperature:
Frozen

Stability (from collection to initiation):
After separation from cells: Room Temperature: 48 hours; Refrigerated: 3 days; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- CgA
- LAB6157-VML
- LAB6157VML
- Chromogranin

Ordering Recommendations:
Aids in monitoring but is not recommended for diagnosis of carcinoid tumors. May be useful in monitoring nonsecretory sympathetic and parasympathetic neuroendocrine tumors.

Performed:
Sun-Sat

Methodology:
Immunofluorescence

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
0-187 ng/mL

Interpretive Data:

This test is performed using the BRAHMS CGA II Kryptor kit. Results obtained with different methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease and should be evaluated in combination with clinical symptoms, diagnostic evidence, and/or other laboratory parameters. The change ofCgA concentration over time provides diagnostic information whether a tumor progression has occurred.

An increase of CgA serum concentrations of more than 50% to avalue of greater than 100 ng/ml between consecutive monitoring visits defines a positive test result, representing a higher probability that a tumor progression has occurred.

A change of CgA serum concentrations of equal or less than 50% increase between monitoring visits or to a value of 100 ng/ml or less defines a negative test result, representing a lower probability that a tumor progression has occurred. Nontumor related elevations of Chromogranin A can be observed in gastrointestinal, cardiovascular, and renal disorders, cancers other than neuroendocrine tumors, as well as with proton pump inhibitor (PPI) therapy. It is recommended to stop PPI treatment for at least 14 days prior to testing.

Methodology:

Immunofluorescence

ADDITIONAL INFORMATION

CPT Codes:

86316

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or plain red.

Specimen Preparation:

Allow serum specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:

Plasma

Stability (from collection to initiation):

After separation from cells: Room Temperature: 48 hours; Refrigerated: 3 days; Frozen: 3 months

Storage/Transport Temperature:

Frozen

Synonyms:

- CgA
- LAB6157-VML
- LAB6157VML
- Chromogranin

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

Aids in monitoring but is not recommended for diagnosis of carcinoid tumors. May be useful in monitoring nonsecretory sympathetic and parasympathetic neuroendocrine tumors.

Interpretive Data:

This test is performed using the BRAHMS CGA II Kryptor kit. Results obtained with different methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease and should be evaluated in combination with clinical symptoms, diagnostic evidence, and/or other laboratory parameters. The change ofCgA concentration over time provides diagnostic information whether a tumor progression has occurred.

An increase of CgA serum concentrations of more than 50% to avalue of greater than 100 ng/ml between consecutive monitoring visits defines a positive test result, representing a higher probability that a tumor progression has occurred.

A change of CgA serum concentrations of equal or less than 50% increase between monitoring visits or to a value of 100 ng/ml or less defines a negative test result, representing a lower probability that a tumor progression has occurred. Nontumor related elevations of Chromogranin A can be observed in gastrointestinal, cardiovascular, and renal disorders, cancers other than neuroendocrine tumors, as well as with proton pump inhibitor (PPI) therapy. It is recommended to stop PPI treatment for at least 14 days prior to testing.

Reference Interval:

0-187 ng/mL

Methodology:

Immunofluorescence

Section:

RF-ARUP

CPT Codes:

86316

Chromosome Analysis, Constitutional Peripheral Blood

LAB3009

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- CBA, Karyotype, Constitutional Chromosome Analysis, CBL, Chromosome Analysis Blood
- LAB3009-VML
- LAB3009VML

Turn Around Time:
6 - 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history and diagnosis

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Peripheral blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CBA, Karyotype, Constitutional Chromosome Analysis, CBL, Chromosome Analysis Blood
- LAB3009-VML
- LAB3009VML

Performed:
Monday - Saturday

Turn Around Time:
6 - 10 days

Methodology:
Tissue culture and karyotype

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
N/A

Methodology:
Tissue culture and karyotype

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history and diagnosis

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Peripheral blood

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Components:
N/A

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- CBA, Karyotype, Constitutional Chromosome Analysis, CBL, Chromosome Analysis Blood
- LAB3009-VML
- LAB3009VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 - 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Tissue culture and karyotype

Section:
Cytogenetics

Chromosome Analysis, Leukemic Blood

LAB3010

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- Karyotype, CBO
- LAB3010-VML
- LAB3010VML

Turn Around Time:
6 - 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Bone Marrow

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Karyotype, CBO
- LAB3010-VML
- LAB3010VML

Performed:
Monday - Saturday

Turn Around Time:
6 - 10 days

Methodology:
Tissue culture and karyotype

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
N/A

Methodology:
Tissue culture and karyotype

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Bone Marrow

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Components:
N/A

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Karyotype, CBO
- LAB3010-VML
- LAB3010VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 - 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Tissue culture and karyotype

Section:
Cytogenetics

Chromosome Anly, Amniotic Fl-GNAS

LAB936

ORDERING INFO

Collect:

Dark green tube (Sodium Heparin)

Synonyms:

- LAB936-VML
- LAB936VML

SPECIMEN REQUIREMENTS

Collect:

Dark green tube (Sodium Heparin)

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB936-VML
- LAB936VML

ADDITIONAL INFORMATION

Section:

RF-GNAS

Resulting Laboratory:

Genetics Associates

FULL VIEW

Collect:

Dark green tube (Sodium Heparin)

Synonyms:

- LAB936-VML
- LAB936VML

Resulting Laboratory:

Genetics Associates

Section:

RF-GNAS

Links:

Test Sent to Reference Lab. Click Here for Test Details

Chromosome FISH, CLL Panel

LAB3015

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- LCL, Chronic Lymphocytic Leukemia
- LAB3015-VML
- LAB3015VML

Turn Around Time:
6 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Bone Marrow

Alternate Specimen:
Peripheral blood if blasts are present

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LCL, Chronic Lymphocytic Leukemia
- LAB3015-VML
- LAB3015VML

Performed:
Monday - Saturday

Turn Around Time:
6 10 days

Methodology:
Fluorescence in situ Hybridization

Components:
CLL1: Chr 12, Chr 13q14 (RB1/D13S25,D13S319) CLL2: Chr 11q23 (ATM), Chr 17p13(TP53)

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
Peripheral blood if blasts are present

Additional Information:
N/A

Components:
CLL1: Chr 12, Chr 13q14 (RB1/D13S25,D13S319) CLL2: Chr 11q23 (ATM), Chr 17p13(TP53)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
Peripheral blood if blasts are present

Patient Preparation:
N/A

Specimen:
Bone Marrow

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Components:
CLL1: Chr 12, Chr 13q14 (RB1/D13S25,D13S319) CLL2: Chr 11q23 (ATM), Chr 17p13(TP53)

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- LCL, Chronic Lymphocytic Leukemia
- LAB3015-VML
- LAB3015VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

Chromosome FISH, Interphase

LAB6277

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- CG FISH CML Panel, Chronic Myeloid Leukemia, CML
- LAB6277-VML
- LAB6277VML

Turn Around Time:
6 - 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Bone Marrow

Alternate Specimen:
Peripheral blood if blasts are present

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CG FISH CML Panel, Chronic Myeloid Leukemia, CML
- LAB6277-VML
- LAB6277VML

Performed:
Monday - Saturday

Turn Around Time:
6 - 10 days

Methodology:
Fluorescence in situ Hybridization

Components:
t(9;22) (BCR-ABL)

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
Peripheral blood if blasts are present

Additional Information:
N/A

Components:
t(9;22) (BCR-ABL)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
Peripheral blood if blasts are present

Patient Preparation:
N/A

Specimen:
Bone Marrow

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Components:
t(9;22) (BCR-ABL)

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- CG FISH CML Panel, Chronic Myeloid Leukemia, CML
- LAB6277-VML
- LAB6277VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 - 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

Chromosome FISH, Metaphase

LAB3019

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- DEL, FISH
- LAB3019-VML
- LAB3019VML

Turn Around Time:
5 - 8 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count.

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Peripheral blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- DEL, FISH
- LAB3019-VML
- LAB3019VML

Performed:
Monday - Saturday

Turn Around Time:
5 - 8 days

Methodology:
Fluorescence in situ Hybridization

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
N/A

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count.

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Peripheral blood

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- DEL, FISH
- LAB3019-VML
- LAB3019VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
5 - 8 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

Circulating Immune Complex, C1q Binding

LAB3708

ORDERING INFO

Collect:
Plain red or serum separator tube (SST)

Synonyms:

- CIC
- Circulating complement binding immune complex
- Immune Complex Assay
- LAB3708-VML
- LAB3708VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube (SST)

Specimen Preparation:
Allow complete clotting of red blood cells (up to 1 hour), then separate serum from cells within 30 minutes and freeze immediately. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) If ordered in conjunction with a Circulating Immune Complex, C3 fragments, transfer TWO (2) 1 mL aliquots of serum to individual ARUP Standard Transport Tubes.

Unacceptable Conditions:
Non-frozen specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks (avoid repeated freeze/thaw cycles)

Performed:
Mon, Thu, Sat

ORDERING

Synonyms:

- CIC
- Circulating complement binding immune complex
- Immune Complex Assay
- LAB3708-VML
- LAB3708VML

Ordering Recommendations:
Detect circulating immune complexes.

Performed:
Mon, Thu, Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
2-9 days

RESULTS INTERPRETATION

Reference Interval:
Effective February 19, 2019
Less than or equal to 3.9 µg Eq/mL

Interpretive Data:
Less than or equal to 3.9 µg Eq/mL is considered negative for circulating complement binding immune complexes. Circulating immune complexes may be found without any evident pathology and positive results do not necessarily implicate the immune complex in a disease process.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86332

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube (SST)

Specimen Preparation:
Allow complete clotting of red blood cells (up to 1 hour), then separate serum from cells within 30 minutes and freeze immediately. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) If ordered in conjunction with a Circulating Immune Complex, C3 fragments, transfer TWO (2) 1 mL aliquots of serum to individual ARUP Standard Transport Tubes.

Unacceptable Conditions:
Non-frozen specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- CIC
- Circulating complement binding immune complex
- Immune Complex Assay
- LAB3708-VML
- LAB3708VML

Performed:
Mon, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-9 days

Ordering Recommendations:
Detect circulating immune complexes.

Interpretive Data:
Less than or equal to 3.9 µg Eq/mL is considered negative for circulating complement binding immune complexes. Circulating immune complexes may be found without any evident pathology and positive results do not necessarily implicate the immune complex in a disease process.

Reference Interval:
Effective February 19, 2019
Less than or equal to 3.9 µg Eq/mL

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86332

Citrated platelet

LAB5779

ORDERING INFO

Collect:
Light blue tube (3.2% Sodium Citrate)

Synonyms:

- PCC, Citrated Platelet, Citrated Plt, Plt Count Citrated, CITPLT
- LAB5779-VML
- LAB5779VML

Turn Around Time:
STAT: 1 hour; Routine: 2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Tube must be full to fill line, do not overfill

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Light blue tube (Sodium Citrate), must be filled to etched line at top of tube. Overfilled and underfilled specimens will be rejected.

Pediatric Collection:
1.9mL Light blue tube (Sodium Citrate); tube must be full

Storage/Transport Temperature:
Room Temperature

Performed:
Daily

Stability:
Room Temperature

Specimen:
Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Order if platelets are clumping in lavendar EDTA tube

Synonyms:

- PCC, Citrated Platelet, Citrated Plt, Plt Count Citrated, CITPLT
- LAB5779-VML
- LAB5779VML

Performed:
Daily

Turn Around Time:
STAT: 1 hour; Routine: 2 hours

Methodology:
Sysmex

Components:
Citrated Plt

RESULTS INTERPRETATION

Reference Interval:
0-7 days: 140-300 x10(3)/mcL; 7-30 days: 200-470 x10(3)/mcL; 30 days-17 yrs: 150-400 x10(3)/mcL; 17-150 yrs: 135-371 x10(3)/mcL

Interpretive Data:
N/A

Methodology:
Sysmex

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Citrated Plt

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Light blue tube (Sodium Citrate), must be filled to etched line at top of tube. Overfilled and underfilled specimens will be rejected.

Pediatric Collection:
1.9mL Light blue tube (Sodium Citrate); tube must be full

Preferred Collection Volume:
Light blue tube (Sodium Citrate), must be filled to etched line at top of tube. Overfilled and underfilled specimens will be rejected.

Alternate Specimen:
N/A

Patient Preparation:
Tube must be full to fill line, do not overfill

Specimen:
Blood

Reasons for Rejection:
QNS, clotted, specimen age

Components:
Citrated Plt

Stability:
Room Temperature

Storage/Transport Temperature:
Room Temperature

Synonyms:

- PCC, Citrated Platelet, Citrated Plt, Plt Count Citrated, CITPLT
- LAB5779-VML
- LAB5779VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 hour; Routine: 2 hours

Ordering Indicators:
Order if platelets are clumping in lavendar EDTA tube

Interpretive Data:
N/A

Reference Interval:
0-7 days: 140-300 x10(3)/mcL; 7-30 days: 200-470 x10(3)/mcL; 30 days-17 yrs: 150-400 x10(3)/mcL; 17-150 yrs: 135-371 x10(3)/mcL

Additional Information:
N/A

Methodology:
Sysmex

Section:
Hematology

Citric Acid, Urine

LAB3230

ORDERING INFO

Collect:
24-hour urine. Refrigerate during collection. Also acceptable: Random urine.

Synonyms:

- Citrate
- Citric Acid, Random Urine
- Citric Acid, Urine
- Citric Acid/Creatinine Ratio, Random Urine
- Urinary Citrate Excretion
- LAB3230-VML
- LAB3230VML

SPECIMEN REQUIREMENTS

Collect:
24-hour urine. Refrigerate during collection. Also acceptable: Random urine.

Specimen Preparation:
Adjust pH to less than or equal to 2 by adding 6M HCl. Transfer a 4 mL aliquot of urine to an ARUP Standard Transport Tube. (Min: 0.5 mL) Record total volume, collection time interval, and pH on transport tube and test request form. Also acceptable: Specimens previously preserved with boric acid.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Citrate
- Citric Acid, Random Urine
- Citric Acid, Urine
- Citric Acid/Creatinine Ratio, Random Urine
- Urinary Citrate Excretion
- LAB3230-VML
- LAB3230VML

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Citric Acid, Urine - per 24h	18 years and older: 320-1240 mg/d
Citric Acid/Creatinine Ratio, Urine	1 year and older: greater than or equal to 150 mg/g.

Interpretive Data:
Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
82507

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24-hour urine. Refrigerate during collection. Also acceptable: Random urine.

Specimen Preparation:
Adjust pH to less than or equal to 2 by adding 6M HCl. Transfer a 4 mL aliquot of urine to an ARUP Standard Transport Tube. (Min: 0.5 mL) Record total volume, collection time interval, and pH on transport tube and test request form. Also acceptable: Specimens previously preserved with boric acid.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Citrate
- Citric Acid, Random Urine
- Citric Acid, Urine
- Citric Acid/Creatinine Ratio, Random Urine
- Urinary Citrate Excretion
- LAB3230-VML
- LAB3230VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Interpretive Data:
Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Citric Acid, Urine - per 24h	18 years and older: 320-1240 mg/d
Citric Acid/Creatinine Ratio, Urine	1 year and older: greater than or equal to 150 mg/g.

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
82507

Clobazam and Desmethylclobazam - MTOX

LAB6085

ORDERING INFO

Synonyms:

- LAB6085-VML
- LAB6085VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6085-VML
- LAB6085VML

ADDITIONAL INFORMATION

Section:

RF-MTOX

Resulting Laboratory:

MedTox Labs

FULL VIEW

Synonyms:

- LAB6085-VML
- LAB6085VML

Resulting Laboratory:

MedTox Labs

Section:

RF-MTOX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Clomipramine and Metabolite, Serum or Plasma (Test on Referral as of 03/05/24)

LAB3717

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Synonyms:

- Anafranil
- Norclomipramine
- Desmethylclomipramine
- LAB3717-VML
- LAB3717VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Predose (trough) draw at steady-state concentration.

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 6 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Anafranil
- Norclomipramine
- Desmethylclomipramine
- LAB3717-VML
- LAB3717VML

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:
Effective February 19, 2013

Therapeutic Range	Total (clomipramine and norclomipramine): 220-500 ng/mL
Toxic Level	Greater than 900 ng/mL

Interpretive Data:
The therapeutic range listed relates to the antidepressant characteristics of the drug. A therapeutic range for treating obsessive compulsive disorder is not well established. Toxic concentrations may cause anticholinergic effects, CNS depression, cardiac abnormalities, seizures, and hypotension.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80335 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Predose (trough) draw at steady-state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Anafranil
- Norclomipramine
- Desmethylclomipramine
- LAB3717-VML
- LAB3717VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Interpretive Data:
The therapeutic range listed relates to the antidepressant characteristics of the drug. A therapeutic range for treating obsessive compulsive disorder is not well established. Toxic concentrations may cause anticholinergic effects, CNS depression, cardiac abnormalities, seizures, and hypotension.

Reference Interval:
Effective February 19, 2013

Therapeutic Range	Total (clomipramine and norclomipramine): 220-500 ng/mL
Toxic Level	Greater than 900 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80335 (Alt code: G0480)

Clonazepam

LAB466

ORDERING INFO

Collect:
Gray (potassium oxalate/sodium fluoride). Also acceptable: Plain red, green (sodium heparin), lavender (K2 or K3EDTA) or pink (K2EDTA).

Synonyms:

- Nitrozepane
- 340 Clonazepam
- Clonopin, S
- Klonopin
- Klonopin Wafers
- Nitrazepam
- Rivotril
- LAB466-VML
- LAB466VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Predose (trough) draw at steady state concentration

Collect:
Gray (potassium oxalate/sodium fluoride). Also acceptable: Plain red, green (sodium heparin), lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Gel separator tubes. Plasma or whole blood collected in light blue (sodium citrate). Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years (Avoid repeated freeze/thaw cycles).

Performed:
Tue, Fri

ORDERING

Synonyms:

- Nitrozepane
- 340 Clonazepam
- Clonopin, S
- Klonopin
- Klonopin Wafers
- Nitrazepam
- Rivotril
- LAB466-VML
- LAB466VML

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Performed:
Tue, Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 18, 2013

Dose-Related Range	20-70 ng/mL - Dose (Adult) 1-8 mg/d
Toxic	Greater than 80 ng/mL

Interpretive Data:
Adverse effects may include drowsiness, headache, fatigue, and ataxia.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80346 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Gray (potassium oxalate/sodium fluoride). Also acceptable: Plain red, green (sodium heparin), lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 1 mL)

Patient Preparation:
Timing of specimen collection: Predose (trough) draw at steady state concentration

Unacceptable Conditions:
Gel separator tubes. Plasma or whole blood collected in light blue (sodium citrate). Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years (Avoid repeated freeze/thaw cycles).

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Nitrozepane
- 340 Clonazepam
- Clonopin, S
- Klonopin
- Klonopin Wafers
- Nitrazepam
- Rivotril
- LAB466-VML
- LAB466VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Interpretive Data:
Adverse effects may include drowsiness, headache, fatigue, and ataxia.

Reference Interval:
Effective November 18, 2013

Dose-Related Range	20-70 ng/mL - Dose (Adult) 1-8 mg/d
Toxic	Greater than 80 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80346 (Alt code: G0480)

Clonidine, Serum or Plasma

LAB3718

ORDERING INFO

Collect:
Plain red, lavender (K2EDTA), or pink (K2EDTA).

Synonyms:

- Catapres
- Duraclon
- Kapvay
- LAB3718-VML
- LAB3718VML

SPECIMEN REQUIREMENTS

Collect:
Plain red, lavender (K2EDTA), or pink (K2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 0.7 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 years

Performed:
Varies

ORDERING

Synonyms:

- Catapres
- Duraclon
- Kapvay
- LAB3718-VML
- LAB3718VML

Performed:
Varies

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
8-11 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80375 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red, lavender (K2EDTA), or pink (K2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 0.7 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 years

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Catapres
- Duraclon
- Kapvay
- LAB3718-VML
- LAB3718VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Reference Interval:
By report

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80375 (Alt code: G0480)

Clostridium difficile by PCR with Reflex to Toxin Detection

LAB5888

ORDERING INFO

Collect:
Sterile screwtop container

Synonyms:

- CDD, C. diff PCR, CDIFF
- LAB5888-VML
- LAB5888VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile screwtop container

Specimen Preparation:
(Min 0.5 mL)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Refrigerated: (2-8°C)

Performed:
Daily

Stability:
Ambient: (15-25°C) 48 hours; Refrigerated: (2-8°C) 5 days. Frozen, unacceptable

Specimen:
Stool, non-formed

Alternate Specimen:
Stool in Cary-Blair transport

ORDERING

Ordering Indicators:
Testing for C. difficile should be performed on patients with clinically significant diarrhea, defined as 3 or more loose stools per day. Repeat stool test for cure is NOT recommended.

Synonyms:

- CDD, C. diff PCR, CDIFF
- LAB5888-VML
- LAB5888VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Real time PCR and immunochromagraphic method

Components:
Real-time PCR for C. difficile. If positive, reflex to immunochromatographic method for toxin detection.

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
Current guidelines recommend a multiple analyte algorithm for C. difficile testing which includes a nucleic acid amplification test performed with free toxin antigen detection. Please see below for interpretative data/clinical significance: 1. C. difficile PCR - Not Detected: No toxigenic C. difficile detected. 2. C. difficile PCR - Detected, C. difficile toxin antigen - Detected: These results are consistent with C. difficile infection in the context of the patient's clinical scenario. 3. C. difficile PCR - Detected, C. difficile toxin antigen - Not Detected: These results are suggestive of C. difficile colonization and may not reflect C. difficile infection requiring treatment. The significance of these results must be interpreted in the context of the patient's clinical scenario.

Methodology:
Real time PCR and immunochromagraphic method

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
Stool in Cary-Blair transport

Additional Information:
Positive C. difficile results will be reflexed to toxin assay.

Components:
Real-time PCR for C. difficile. If positive, reflex to immunochromatographic method for toxin detection.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screwtop container

Specimen Preparation:
(Min 0.5 mL)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 mL liquid stool

Alternate Specimen:
Stool in Cary-Blair transport

Patient Preparation:
N/A

Specimen:
Stool, non-formed

Reasons for Rejection:
Formed stool, leaking container, more than 2 negative samples in 7 day period or 1 positive in 7 day period.

Components:
Real-time PCR for C. difficile. If positive, reflex to immunochromatographic method for toxin detection.

Stability:
Ambient: (15-25°C) 48 hours; Refrigerated: (2-8°C) 5 days. Frozen, unacceptable

Storage/Transport Temperature:
Refrigerated: (2-8°C)

Synonyms:

- CDD, C. diff PCR, CDIFF
- LAB5888-VML
- LAB5888VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Testing for C. difficile should be performed on patients with clinically significant diarrhea, defined as 3 or more loose stools per day. Repeat stool test for cure is NOT recommended.

Interpretive Data:
Current guidelines recommend a multiple analyte algorithm for C. difficile testing which includes a nucleic acid amplification test performed with free toxin antigen detection. Please see below for interpretative data/clinical significance: 1. C. difficile PCR - Not Detected: No toxigenic C. difficile detected. 2. C. difficile PCR - Detected, C. difficile toxin antigen - Detected: These results are consistent with C. difficile infection in the context of the patient's clinical scenario. 3. C. difficile PCR - Detected, C. difficile toxin antigen - Not Detected: These results are suggestive of C. difficile colonization and may not reflect C. difficile infection requiring treatment. The significance of these results must be interpreted in the context of the patient's clinical scenario.

Reference Interval:
Not detected

Additional Information:
Positive C. difficile results will be reflexed to toxin assay.

Methodology:
Real time PCR and immunochromagraphic method

Section:
Microbiology

Clozapine and Metabolites, Serum or Plasma, Quantitative

LAB5768

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Synonyms:

- Clozaril
- Clopine
- Denzapine
- FazaClo
- Versacloz
- Zaponex
- LAB5768-VML
- LAB5768VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Predose(trough) draw - at steady -state concentration.

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube.(Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Clozaril
- Clopine
- Denzapine
- FazaClo
- Versacloz
- Zaponex
- LAB5768-VML
- LAB5768VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Therapeutic Range	Not well established
Toxic Level	Total Clozapine and Metabolites: Greater than or equal to 1500 ng/mL

Interpretive Data:
Therapeutic ranges are not well established. Clozapine is metabolized to norclozapine and clozapine-N-oxide. Clozapine concentrations between 100 and 700 ng/mL may correlate more with clinical response; however, nonresponsiveness may also occur within this range. For refractory schizophrenia, clozapine concentrations greater than 350 ng/mL are suggested to achieve a therapeutic response.

Toxicity: Adverse effects to clozapine therapy may include tachycardia, drowsiness, hypotension, and seizures.

Therapeutic and toxic ranges are not well established in children.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80159

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube.(Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Predose(trough) draw - at steady -state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Clozaril
- Clopine
- Denzapine
- FazaClo
- Versacloz
- Zaponex
- LAB5768-VML
- LAB5768VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Therapeutic ranges are not well established. Clozapine is metabolized to norclozapine and clozapine-N-oxide. Clozapine concentrations between 100 and 700 ng/mL may correlate more with clinical response; however, nonresponsiveness may also occur within this range. For refractory schizophrenia, clozapine concentrations greater than 350 ng/mL are suggested to achieve a therapeutic response.

Toxicity: Adverse effects to clozapine therapy may include tachycardia, drowsiness, hypotension, and seizures.

Therapeutic and toxic ranges are not well established in children.

Reference Interval:

Therapeutic Range	Not well established
Toxic Level	Total Clozapine and Metabolites: Greater than or equal to 1500 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80159

C-Myc (EP121) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath95

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cobalt, Blood

LAB3722

ORDERING INFO

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Synonyms:

- Blood cobalt concentration
- COB
- Co
- LAB3722-VML
- LAB3722VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:
Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep). Clotted specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Performed:
Sun-Sat

ORDERING

Synonyms:

- Blood cobalt concentration
- COB
- Co
- LAB3722-VML
- LAB3722VML

Ordering Recommendations:
May be used in the assessment of occupational exposure or toxic ingestion.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
0.5-3.9 µg/L

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood cobalt, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Blood cobalt levels can be used in the assessment of occupational exposure or toxic ingestion. Symptoms associated with cobalt toxicity vary based on route of exposure and may include cardiomyopathy, allergic dermatitis, pulmonary fibrosis, cough and dyspnea. Blood is the preferred specimen type for evaluating metal ion release from metal-on-metal joint arthroplasty.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

ADDITIONAL INFORMATION

CPT Codes:

83018

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:

Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Unacceptable Conditions:

Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep). Clotted specimens.

Stability (from collection to initiation):

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Storage/Transport Temperature:

Room temperature. Also acceptable: Refrigerated.

Synonyms:

- Blood cobalt concentration
- COB
- Co
- LAB3722-VML
- LAB3722VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

May be used in the assessment of occupational exposure or toxic ingestion.

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood cobalt, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Blood cobalt levels can be used in the assessment of occupational exposure or toxic ingestion. Symptoms associated with cobalt toxicity vary based on route of exposure and may include cardiomyopathy, allergic dermatitis, pulmonary fibrosis, cough and dyspnea. Blood is the preferred specimen type for evaluating metal ion release from metal-on-metal joint arthroplasty.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

0.5-3.9 µg/L

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Section:

RF-ARUP

CPT Codes:

83018

Cobalt, Serum or Plasma

LAB1020

ORDERING INFO

Collect:
Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Synonyms:

- Co
- COS
- Plasma cobalt level
- LAB1020-VML
- LAB1020VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Collect:
Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens collected in containers other than specified. Specimens transported in containers other than specified.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Performed:
Sun-Sat

ORDERING

Synonyms:

- Co
- COS
- Plasma cobalt level
- LAB1020-VML
- LAB1020VML

Ordering Recommendations:
May be used in the assessment of occupational exposure or toxic ingestion.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Less than or equal to 1.0 µg/L

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma cobalt, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Serum cobalt levels can be used in the assessment of occupational exposure or toxic ingestion. Symptoms associated with cobalt toxicity vary based on route of exposure, and may include cardiomyopathy, allergic dermatitis, pulmonary fibrosis, cough, and dyspnea.

Serum cobalt levels can be significantly higher in patients with metal-on-metal total hip replacement implants than in control patients without metal implants. Serum cobalt levels may be increased in asymptomatic patients with metal-on-metal prosthetics and should be considered in the context of the overall clinical scenario. Whole blood is the specimen type recommended by the U.S. Food and Drug Administration for assessing the risks of metal-on-metal hip implants in symptomatic patients.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

83018

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Unacceptable Conditions:

Specimens collected in containers other than specified. Specimens transported in containers other than specified.

Stability (from collection to initiation):

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Storage/Transport Temperature:

Room temperature. Also acceptable: Refrigerated or frozen.

Synonyms:

- Co
- COS
- Plasma cobalt level
- LAB1020-VML
- LAB1020VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

May be used in the assessment of occupational exposure or toxic ingestion.

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma cobalt, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Serum cobalt levels can be used in the assessment of occupational exposure or toxic ingestion. Symptoms associated with cobalt toxicity vary based on route of exposure, and may include cardiomyopathy, allergic dermatitis, pulmonary fibrosis, cough, and dyspnea.

Serum cobalt levels can be significantly higher in patients with metal-on-metal total hip replacement implants than in control patients without metal implants. Serum cobalt levels may be increased in asymptomatic patients with metal-on-metal prosthetics and should be considered in the context of the overall clinical scenario. Whole blood is the specimen type recommended by the U.S. Food and Drug Administration for assessing the risks of metal-on-metal hip implants in symptomatic patients.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Less than or equal to 1.0 µg/L

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

83018

Cocaine Metabolite, Serum or Plasma, Quantitative

LAB968

ORDERING INFO

Collect:
Gray (sodium fluoride/potassium oxalate). Also acceptable: Plain red, green (sodium heparin), lavender (EDTA), or pink (K2EDTA).

Synonyms:

- Benzoylecgonine
- Cocaethylene
- Benzoylmethylecgonine
- Cocaine
- Crack
- Pain Management
- M-OH Benzoylecgonine
- LAB968-VML
- LAB968VML

SPECIMEN REQUIREMENTS

Collect:
Gray (sodium fluoride/potassium oxalate). Also acceptable: Plain red, green (sodium heparin), lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Separator tubes. Plasma or whole blood collected in lt. blue (sodium citrate). Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years

Performed:
Sun-Sat

ORDERING

Synonyms:

- Benzoylecgonine
- Cocaethylene
- Benzoylmethylecgonine
- Cocaine
- Crack
- Pain Management
- M-OH Benzoylecgonine
- LAB968-VML
- LAB968VML

Ordering Recommendations:
Use to detect exposure to cocaine.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:

Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Benzoylecgonine	20 ng/mL

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 20 ng/mL

For medical purposes only; not valid for forensic use.

The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80353 (Alt code: G0480)

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Gray (sodium fluoride/potassium oxalate). Also acceptable: Plain red, green (sodium heparin), lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:

Separator tubes. Plasma or whole blood collected in lt. blue (sodium citrate). Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Benzoylecgonine
- Cocaethylene
- Benzoylmethylecgonine
- Cocaine
- Crack
- Pain Management
- M-OH Benzoylecgonine
- LAB968-VML
- LAB968VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-6 days

Ordering Recommendations:

Use to detect exposure to cocaine.

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 20 ng/mL

For medical purposes only; not valid for forensic use.

The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Reference Interval:

Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Benzoylecgonine	20 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80353 (Alt code: G0480)

Cocaine Metabolite, Urine, Quantitative

LAB6102

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Cocaine
- Crack
- Pain Management
- Benzoylecgonine
- Benzoylmethylecgonine
- LAB6102-VML
- LAB6102VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 1 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cocaine
- Crack
- Pain Management
- Benzoylecgonine
- Benzoylmethylecgonine
- LAB6102-VML
- LAB6102VML

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Cocaine, Urine Screen with Reflex to Quantitation (2012231).

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-6 days

Notes:
Compare to Pain Management, Cocaine Metabolite with Confirmation with medMATCH, Urine; Pain Management, Cocaine Metabolite, Quantitative, with medMATCH, Urine.

RESULTS INTERPRETATION

Reference Interval:
Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Benzoylecgonine	50 ng/mL

Interpretive Data:
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 50 ng/mL

For medical purposes only; not valid for forensic use.

The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80353 (Alt code: G0480)

Section:
RF-ARUP

Notes:
Compare to Pain Management, Cocaine Metabolite with Confirmation with medMATCH, Urine; Pain Management, Cocaine Metabolite, Quantitative, with medMATCH, Urine.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Transfer 1 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Storage/Transport Temperature:
Room temperature.

Synonyms:

- Cocaine
- Crack
- Pain Management
- Benzoylecgonine
- Benzoylmethylecgonine
- LAB6102-VML
- LAB6102VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Cocaine, Urine Screen with Reflex to Quantitation (2012231).

Interpretive Data:
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 50 ng/mL

For medical purposes only; not valid for forensic use.

The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Reference Interval:

Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Benzoylecgonine	50 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80353 (Alt code: G0480)

Notes:

Compare to Pain Management, Cocaine Metabolite with Confirmation with medMATCH, Urine; Pain Management, Cocaine Metabolite, Quantitative, with medMATCH, Urine.

Cocaine Screen, Urine

LAB378

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- LAB378, UCO, Benzoylecognine, Cocaine metabolites screen, LAB378
- LAB378-VML
- LAB378VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB378, UCO, Benzoylecognine, Cocaine metabolites screen, LAB378
- LAB378-VML
- LAB378VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- LAB378, UCO, Benzoylecognine, Cocaine metabolites screen, LAB378
- LAB378-VML
- LAB378VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Coenzyme Q10, Total

LAB3723

ORDERING INFO

Collect:
Plasma separator tube, green (sodium or lithium heparin), serum separator tube, or plain red.

Synonyms:

- CoQ10
- LAB3723-VML
- LAB3723VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should fast overnight prior to specimen collection. Patient may have water. It is not necessary to discontinue nutritional supplements prior to this test.

Collect:
Plasma separator tube, green (sodium or lithium heparin), serum separator tube, or plain red.

Specimen Preparation:
Separate plasma or serum from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Specimens other than heparinized plasma or serum. Hemolyzed specimens. Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: 1 month

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- CoQ10
- LAB3723-VML
- LAB3723VML

Ordering Recommendations:
Monitor replacement therapy in coenzyme Q deficiencies; not useful in coenzyme Q deficiency diagnosis.

Performed:
Tue, Thu, Sat

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
0.4-1.6 mg/L

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

ADDITIONAL INFORMATION

CPT Codes:
82542

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plasma separator tube, green (sodium or lithium heparin), serum separator tube, or plain red.

Specimen Preparation:
Separate plasma or serum from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Patient Preparation:
Patient should fast overnight prior to specimen collection. Patient may have water. It is not necessary to discontinue nutritional supplements prior to this test.

Unacceptable Conditions:
Specimens other than heparinized plasma or serum. Hemolyzed specimens. Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: 1 month

Storage/Transport Temperature:
Frozen.

Synonyms:

- CoQ10
- LAB3723-VML
- LAB3723VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Monitor replacement therapy in coenzyme Q deficiencies; not useful in coenzyme Q deficiency diagnosis.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0.4-1.6 mg/L

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Section:
RF-ARUP

CPT Codes:
82542

COL2A1 & COL11A1, Stickler syndrome-CTGT

LAB3276

ORDERING INFO

Synonyms:

- LAB3276-VML
- LAB3276VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3276-VML
- LAB3276VML

ADDITIONAL INFORMATION

Section:

RF-CTGT

Resulting Laboratory:

Health Network Laboratories

FULL VIEW

Synonyms:

- LAB3276-VML
- LAB3276VML

Resulting Laboratory:

Health Network Laboratories

Section:

RF-CTGT

Links:

Test Sent to Reference Lab. Click Here for Test Details

Cold Agglutinin Screen, blood

LAB3128

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- CAS, Cold Agglutinin Screen
- LAB3128-VML
- LAB3128VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
Place specimen immediately on heel warmer and transported to the Blood Bank

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA)

Storage/Transport Temperature:
37°C (transport in heel warmer)

Performed:
Daily

Stability:
3 days after separation of plasma

Specimen:
Plasma

Alternate Specimen:
NA

ORDERING

Ordering Indicators:
Aid in diagnosis of Cold Agglutinin Syndrome

Synonyms:

- CAS, Cold Agglutinin Screen
- LAB3128-VML
- LAB3128VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Antiglobulin test

Components:
Antibody screen, Direct Antiglobulin test

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
Antiglobulin test

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
NA

Additional Information:
NA

Components:
Antibody screen, Direct Antiglobulin test

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA)

Preferred Collection Volume:
Adult: 5 ml Pediatric: 2 ml <4 month: 0.5 ml

Alternate Specimen:
NA

Patient Preparation:
Place specimen immediately on heel warmer and transported to the Blood Bank

Specimen:
Plasma

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
Antibody screen, Direct Antiglobulin test

Stability:
3 days after separation of plasma

Storage/Transport Temperature:
37°C (transport in heel warmer)

Synonyms:

- CAS, Cold Agglutinin Screen
- LAB3128-VML
- LAB3128VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Aid in diagnosis of Cold Agglutinin Syndrome

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
Antiglobulin test

Section:
Blood Bank

Cold Agglutinin Titer, blood

LAB3005

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- CAT
- LAB3005-VML
- LAB3005VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
Place specimen immediately on heel warmer and transported to the Blood Bank

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA)

Storage/Transport Temperature:
37°C (transport in heel warmer)

Performed:
Daily

Stability:
3 days after separation of plasma

Specimen:
Plasma

Alternate Specimen:
NA

ORDERING

Ordering Indicators:
Aid in the diagnosis of Cold Agglutinin Disease

Synonyms:

- CAT
- LAB3005-VML
- LAB3005VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Antiglobulin test

Components:
Cold Agglutinin Titer

RESULTS INTERPRETATION

Reference Interval:
Normal titer range 0 - 32

Interpretive Data:
NA

Methodology:
Antiglobulin test

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
NA

Additional Information:
NA

Components:
Cold Agglutinin Titer

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA)

Preferred Collection Volume:
Adult: 5 ml Pediatric: 2 ml <4 month: 0.5 ml

Alternate Specimen:
NA

Patient Preparation:
Place specimen immediately on heel warmer and transported to the Blood Bank

Specimen:
Plasma

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
Cold Agglutinin Titer

Stability:
3 days after separation of plasma

Storage/Transport Temperature:
37°C (transport in heel warmer)

Synonyms:

- CAT
- LAB3005-VML
- LAB3005VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Aid in the diagnosis of Cold Agglutinin Disease

Interpretive Data:
NA

Reference Interval:
Normal titer range 0 - 32

Additional Information:
NA

Methodology:
Antiglobulin test

Section:
Blood Bank

Collagen Type II Abs-MAYO

LAB3869

ORDERING INFO

Synonyms:

- LAB3869-VML
- LAB3869VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3869-VML
- LAB3869VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3869-VML
- LAB3869VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Colloidal Iron Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath10

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Colloidal Fe, coliron

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Colloidal Fe, coliron

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Colloidal Fe, coliron

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Complement Alternate Path Functional-MAYO

LAB3870

ORDERING INFO

Synonyms:

- LAB3870-VML
- LAB3870VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3870-VML
- LAB3870VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3870-VML
- LAB3870VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Complement Component 1Q Level

LAB3709

ORDERING INFO

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Synonyms:

- C1
- C1 esterase inhibitor
- C1q
- C1q Level
- Complement Component C1q
- First Component of Complement
- Total Complement
- Total Hemolytic Complement Activity
- LAB3709-VML
- LAB3709VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.1 mL)

Unacceptable Conditions:
Grossly hemolyzed, hyperlipemic, or room temperature specimens. Serum or non-EDTA plasma.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: 1 month

Performed:
Tue, Fri

ORDERING

Synonyms:

- C1
- C1 esterase inhibitor
- C1q
- C1q Level
- Complement Component C1q
- First Component of Complement
- Total Complement
- Total Hemolytic Complement Activity
- LAB3709-VML
- LAB3709VML

Ordering Recommendations:
Aids in the diagnosis of C1q deficiency. For testing to detect circulating immune complexes, refer to Circulating Immune Complex, C1q Binding (0050301).

Performed:
Tue, Fri

Methodology:
Radial Immunodiffusion

Reported:
5-10 days

Notes:
For the C1q Binding assay, refer to ARUP test code 0050301. The C1q Binding assay detects circulating immune complexes. The Complement Component 1q Level assay quantifies the active fraction component, C1q, of the C1 complement protein complex.

RESULTS INTERPRETATION

Reference Interval:
109-242 µg/mL

Methodology:
Radial Immunodiffusion

ADDITIONAL INFORMATION

CPT Codes:
86160

Section:
RF-ARUP

Notes:
For the C1q Binding assay, refer to ARUP test code 0050301. The C1q Binding assay detects circulating immune complexes. The Complement Component 1q Level assay quantifies the active fraction component, C1q, of the C1 complement protein complex.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.1 mL)

Unacceptable Conditions:
Grossly hemolyzed, hyperlipemic, or room temperature specimens. Serum or non-EDTA plasma.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: 1 month

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- C1
- C1 esterase inhibitor
- C1q
- C1q Level
- Complement Component C1q
- First Component of Complement
- Total Complement
- Total Hemolytic Complement Activity
- LAB3709-VML
- LAB3709VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
5-10 days

Ordering Recommendations:
Aids in the diagnosis of C1q deficiency. For testing to detect circulating immune complexes, refer to Circulating Immune Complex, C1q Binding (0050301).

Reference Interval:
109-242 µg/mL

Methodology:
Radial Immunodiffusion

Section:
RF-ARUP

CPT Codes:
86160

Notes:
For the C1q Binding assay, refer to ARUP test code 0050301. The C1q Binding assay detects circulating immune complexes. The Complement Component 1q Level assay quantifies the active fraction component, C1q, of the C1 complement protein complex.

Complement Component 2

LAB153

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- C2
- C2 Antigen
- C2 Level
- Classical Pathway - Complement
- complement classical pathway
- Second componenet of complement
- LAB153-VML
- LAB153VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.3 mL)

Unacceptable Conditions:
Non-frozen specimens. Specimens exposed to repeated freeze/thaw cycles. Specimens left to clot at refrigerated temperature.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks

Performed:
Mon, Thu

ORDERING

Synonyms:

- C2
- C2 Antigen
- C2 Level
- Classical Pathway - Complement
- complement classical pathway
- Second componenet of complement
- LAB153-VML
- LAB153VML

Ordering Recommendations:
Follow-up test for complement activity screening when CH50 is low or absent and AH50 is normal and high suspicion remains for complement deficiency.

Performed:
Mon, Thu

Methodology:
Quantitative Radial Immunodiffusion

Reported:
5-10 days

RESULTS INTERPRETATION

Reference Interval:
Effective May 21, 2018
1.6-4.0 mg/dL

Interpretive Data:
Decreased C2 levels may be associated with increased susceptibility to infection (especially pneumococcal infections), systemic lupus erythematosus-like disease, rashes, arthritis, nephritis, and with C1-Esterase deficiency. Increased C2 levels are associated with the acute phase response.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Radial Immunodiffusion

ADDITIONAL INFORMATION

CPT Codes:
86160

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.3 mL)

Unacceptable Conditions:
Non-frozen specimens. Specimens exposed to repeated freeze/thaw cycles. Specimens left to clot at refrigerated temperature.

Stability (from collection to initiation):
After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- C2
- C2 Antigen
- C2 Level
- Classical Pathway - Complement
- complement classical pathway
- Second componenet of complement
- LAB153-VML
- LAB153VML

Performed:
Mon, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
5-10 days

Ordering Recommendations:
Follow-up test for complement activity screening when CH50 is low or absent and AH50 is normal and high suspicion remains for complement deficiency.

Interpretive Data:
Decreased C2 levels may be associated with increased susceptibility to infection (especially pneumococcal infections), systemic lupus erythematosus-like disease, rashes, arthritis, nephritis, and with C1-Esterase deficiency. Increased C2 levels are associated with the acute phase response.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective May 21, 2018
1.6-4.0 mg/dL

Methodology:
Quantitative Radial Immunodiffusion

Section:
RF-ARUP

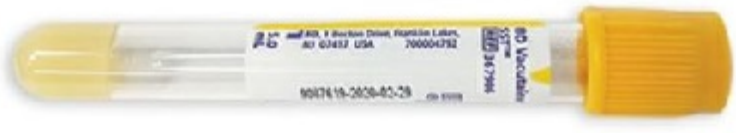
CPT Codes:
86160

Complement Component 3, Serum

LAB3413

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

- Serum C3, Complement C3, LAB3413
- LAB3413-VML
- LAB3413VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
2 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 1 day; Frozen: 8 days

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Serum C3, Complement C3, LAB3413
- LAB3413-VML
- LAB3413VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoturbidimetric

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: 0-14 days: 50-121 mg/dL 15 days-< 1 year: 50-160 mg/dL 1 year-18 years: 83-152 mg/dL 19-80 years: 82-185 mg/dL
Female: 0-14 days: 50-121 mg/dL 15 days-< 1 year: 50-160 mg/dL 1 year-18 years: 83-152 mg/dL 19-80 years: 83-193 mg/dL

Interpretive Data:
N/A

Methodology:
Immunoturbidimetric

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
2 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 1 day; Frozen: 8 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Serum C3, Complement C3, LAB3413
- LAB3413-VML
- LAB3413VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male: 0-14 days: 50-121 mg/dL 15 days-< 1 year: 50-160 mg/dL 1 year-18 years: 83-152 mg/dL 19-80 years: 82-185 mg/dL
Female: 0-14 days: 50-121 mg/dL 15 days-< 1 year: 50-160 mg/dL 1 year-18 years: 83-152 mg/dL 19-80 years: 83-193 mg/dL

Additional Information:
N/A

Methodology:
Immunoturbidimetric

Section:
Chemistry

Complement Component 4, Serum

LAB3414

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)

Synonyms:

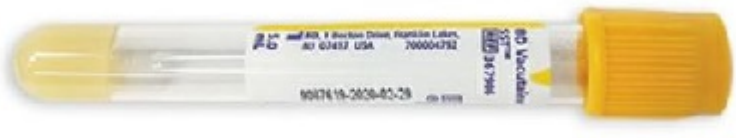
- Serum C4, Complement C4, LAB3414
- LAB3414-VML
- LAB3414VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
2 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 2 day; Frozen: 2 days

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Serum C4, Complement C4, LAB3414
- LAB3414-VML
- LAB3414VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoturbidimetric

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: 0-< 1 year: 7-30 mg/dL 1 year-< 14 years: 13-37 mg/dL 14-80 years: 15-53 mg/dL Female: 0-< 1 year: 7-30 mg/dL 1 year-< 14 years: 13-37 mg/dL 14-80 years: 15-53 mg/d 15-57 mg/dL

Interpretive Data:
N/A

Methodology:
Immunoturbidimetric

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
2 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 2 day; Frozen: 2 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Serum C4, Complement C4, LAB3414
- LAB3414-VML
- LAB3414VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male: 0-< 1 year: 7-30 mg/dL 1 year-< 14 years: 13-37 mg/dL 14-80 years: 15-53 mg/dL Female: 0-< 1 year: 7-30 mg/dL 1 year-< 14 years: 13-37 mg/dL 14-80 years: 15-53 mg/d 15-57 mg/dL

Additional Information:
N/A

Methodology:
Immunoturbidimetric

Section:
Chemistry

Complete Alport Syndrome-ATH

LAB3280

ORDERING INFO

Synonyms:

- LAB3280-VML
- LAB3280VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3280-VML
- LAB3280VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3280-VML
- LAB3280VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Complete Blood Count

LAB294

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- CBP, Complete Blood Count, Hemogram, CBC with Platelet
- LAB294-VML
- LAB294VML

Turn Around Time:
STAT 1 hour; Routine 2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Performed:
Daily

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Specimen:
Whole Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CBP, Complete Blood Count, Hemogram, CBC with Platelet
- LAB294-VML
- LAB294VML

Performed:
Daily

Turn Around Time:
STAT 1 hour; Routine 2 hours

Methodology:
Sysmex

Components:
White Blood Cell, Red Blood Cell, Hemoglobin, Hematocrit, Mean corpuscular volume, Mean corpuscular hemoglobin, Mean corpuscular hemoglobin concentration, Red Cell Distribution Width, Platelets, Mean platelet volume, Nucleated red blood cells, Nucleated red blood cell absolute

RESULTS INTERPRETATION

Reference Interval:
Click here for CBC Reference Ranges.

Interpretive Data:
Lipemia, icterus, cold agglutinins, sickled cells, high white cell counts, hemolysis

Methodology:
Sysmex

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
White Blood Cell, Red Blood Cell, Hemoglobin, Hematocrit, Mean corpuscular volume, Mean corpuscular hemoglobin, Mean corpuscular hemoglobin concentration, Red Cell Distribution Width, Platelets, Mean platelet volume, Nucleated red blood cells, Nucleated red blood cell absolute

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
Gross hemolysis, clotted, improper collection, QNS, specimen age

Components:
White Blood Cell, Red Blood Cell, Hemoglobin, Hematocrit, Mean corpuscular volume, Mean corpuscular hemoglobin, Mean corpuscular hemoglobin concentration, Red Cell Distribution Width, Platelets, Mean platelet volume, Nucleated red blood cells, Nucleated red blood cell absolute

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Synonyms:

- CBP, Complete Blood Count, Hemogram, CBC with Platelet
- LAB294-VML
- LAB294VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT 1 hour; Routine 2 hours

Ordering Indicators:
N/A

Interpretive Data:
Lipemia, icterus, cold agglutinins, sickled cells, high white cell counts, hemolysis

Reference Interval:
Click here for CBC Reference Ranges.

Additional Information:
N/A

Methodology:
Sysmex

Section:
Hematology

Complete Blood Count with Differential

LAB293

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- CPD, Complete Blood Count with differential, CBC with Diff
- LAB293-VML
- LAB293VML

Turn Around Time:
STAT 1 hour; Routine 2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Performed:
Daily

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Specimen:
Whole Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Anemias, leukemias, allergic reactions, viral, bacterial, and parasitic infections

Synonyms:

- CPD, Complete Blood Count with differential, CBC with Diff
- LAB293-VML
- LAB293VML

Performed:
Daily

Turn Around Time:
STAT 1 hour; Routine 2 hours

Methodology:
Sysmex

Components:
Hemogram, Platelet Count, White Blood Cell differential including immature granulocytes

RESULTS INTERPRETATION

Reference Interval:
Click here for CBC Reference Ranges.

Interpretive Data:
Lipemia, icterus, cold agglutinins, sickled cells, high white cell counts, hemolysis

Methodology:
Sysmex

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Hemogram, Platelet Count, White Blood Cell differential including immature granulocytes

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
Gross hemolysis, clotted, improper collection, QNS, specimen age

Components:
Hemogram, Platelet Count, White Blood Cell differential including immature granulocytes

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Synonyms:

- CPD, Complete Blood Count with differential, CBC with Diff
- LAB293-VML
- LAB293VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT 1 hour; Routine 2 hours

Ordering Indicators:
Anemias, leukemias, allergic reactions, viral, bacterial, and parasitic infections

Interpretive Data:
Lipemia, icterus, cold agglutinins, sickled cells, high white cell counts, hemolysis

Reference Interval:
Click here for CBC Reference Ranges.

Additional Information:
N/A

Methodology:
Sysmex

Section:
Hematology

Complete CADASIL Eval-ATH

LAB3281

ORDERING INFO

Synonyms:

- LAB3281-VML
- LAB3281VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3281-VML
- LAB3281VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3281-VML
- LAB3281VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Complete Tuberous Sclerosis-ATH

LAB3279

ORDERING INFO

Synonyms:

- LAB3279-VML
- LAB3279VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3279-VML
- LAB3279VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3279-VML
- LAB3279VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Comprehensive Cardiac NGS Panel, Blood Saliva DNA

LAB6274

ORDERING INFO

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Synonyms:

- LAB6274, Comprehensive Cardiac NGS Panel, Next Generation Sequencing, Sudden cardiac arrest, Brugada Syndrome, Atrial Fibrilation, Bradycardia
- LAB6274-VML
- LAB6274VML

Turn Around Time:

30 Business Days From Financial Clearance

SPECIMEN REQUIREMENTS

Patient Preparation:

Saliva: Patient Must Follow Kit Instructions

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:

Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:

REVIEW

Storage/Transport Temperature:

Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Performed:

Weekly

Stability:

Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Specimen:

N/A

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Preferred test to determine genetic causes for individuals with cardiomyopathy, arrhythmia, or a family history of heart failure or sudden cardiac death.

Synonyms:

- LAB6274, Comprehensive Cardiac NGS Panel, Next Generation Sequencing, Sudden cardiac arrest, Brugada Syndrome, Atrial Fibrilation, Bradycardia
- LAB6274-VML
- LAB6274VML

Performed:

Weekly

Turn Around Time:
30 Business Days From Financial Clearance

Methodology:
Next Generation Sequencing

Components:
Sequence and del/dup analysis of coding exons for genes associated with channelopathies and cardiomyopathies

RESULTS INTERPRETATION

Reference Interval:
Not Established for This Test

Interpretive Data:
N/A

Methodology:
Next Generation Sequencing

ADDITIONAL INFORMATION

Section:
Clinical Genomics

Alternate Specimen:
N/A

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Components:
Sequence and del/dup analysis of coding exons for genes associated with channelopathies and cardiomyopathies

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:
REVIEW

Preferred Collection Volume:
Blood, Saliva, DNA

Alternate Specimen:
N/A

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Specimen:
N/A

Reasons for Rejection:
Mislabeling, Improper Collection, QNS

Components:
Sequence and del/dup analysis of coding exons for genes associated with channelopathies and cardiomyopathies

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Synonyms:

- LAB6274, Comprehensive Cardiac NGS Panel, Next Generation Sequencing, Sudden cardiac arrest, Brugada Syndrome, Atrial Fibrilation, Bradycardia
- LAB6274-VML
- LAB6274VML

Performed:
Weekly

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Business Days From Financial Clearance

Ordering Indicators:
Preferred test to determine genetic causes for individuals with cardiomyopathy, arrhythmia, or a family history of heart failure or sudden cardiac death.

Interpretive Data:
N/A

Reference Interval:
Not Established for This Test

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Methodology:
Next Generation Sequencing

Section:
Clinical Genomics

Comprehensive Epilepsy NGS Panel, Blood Saliva DNA

LAB6150

ORDERING INFO

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Synonyms:

- LAB6150, Epilepsy NGS Panel, GE CTD, Epilepsy Next Generation Sequencing
- LAB6150-VML
- LAB6150VML

Turn Around Time:

30 Business Days From Financial Clearance

SPECIMEN REQUIREMENTS

Patient Preparation:

Saliva: Patient Must Follow Kit Instructions

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:

Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:

REVIEW

Storage/Transport Temperature:

Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Performed:

Weekly

Stability:

Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Specimen:

N/A

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Preferred test to determine genetic causes for individuals with seizures or a family history of epilepsy.

Synonyms:

- LAB6150, Epilepsy NGS Panel, GE CTD, Epilepsy Next Generation Sequencing
- LAB6150-VML
- LAB6150VML

Performed:

Weekly

Turn Around Time:

30 Business Days From Financial Clearance

Methodology:
Next Generation Sequencing

Components:
Sequence and del/dup analysis of coding exons for genes associated with epilepsy

RESULTS INTERPRETATION

Reference Interval:
Not Established for This Test

Interpretive Data:
N/A

Methodology:
Next Generation Sequencing

ADDITIONAL INFORMATION

Section:
Clinical Genomics

Alternate Specimen:
N/A

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Components:
Sequence and del/dup analysis of coding exons for genes associated with epilepsy

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:
REVIEW

Preferred Collection Volume:
Blood, Saliva, DNA

Alternate Specimen:
N/A

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Specimen:
N/A

Reasons for Rejection:
Mislabeling, Improper Collection, QNS

Components:
Sequence and del/dup analysis of coding exons for genes associated with epilepsy

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Synonyms:

- LAB6150, Epilepsy NGS Panel, GE CTD, Epilepsy Next Generation Sequencing
- LAB6150-VML
- LAB6150VML

Performed:
Weekly

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Business Days From Financial Clearance

Ordering Indicators:
Preferred test to determine genetic causes for individuals with seizures or a family history of epilepsy.

Interpretive Data:
N/A

Reference Interval:
Not Established for This Test

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Methodology:
Next Generation Sequencing

Section:
Clinical Genomics

Comprehensive Metabolic Panel (CMP), Plasma

LAB17

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- CMP, Comprehensive Metabolic Panel, LAB17
- LAB17-VML
- LAB17VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Protect from light during collection, storage and shipment. Separate plasma from cells ASAP or within 30 mins of collection. (Min 2.0 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CMP, Comprehensive Metabolic Panel, LAB17
- LAB17-VML
- LAB17VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
See individual components

Components:
Sodium, Potassium Chloride, Carbon Dioxide, Glucose, Blood Urea Nitrogen, Calcium, Creatinine, Total Bilirubin, Albumin, Total Protein, Alkaline Phosphatase, Alanine Aminotransferase, Aspartate Aminotransferase

RESULTS INTERPRETATION

Reference Interval:
See individual components for reference values

Interpretive Data:
N/A

Methodology:
See individual components

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Sodium, Potassium Chloride, Carbon Dioxide, Glucose, Blood Urea Nitrogen, Calcium, Creatinine, Total Bilirubin, Albumin, Total Protein, Alkaline Phosphatase, Alanine Aminotransferase, Aspartate Aminotransferase

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Protect from light during collection, storage and shipment. Separate plasma from cells ASAP or within 30 mins of collection. (Min 2.0 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
Sodium, Potassium Chloride, Carbon Dioxide, Glucose, Blood Urea Nitrogen, Calcium, Creatinine, Total Bilirubin, Albumin, Total Protein, Alkaline Phosphatase, Alanine Aminotransferase, Aspartate Aminotransferase

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- CMP, Comprehensive Metabolic Panel, LAB17
- LAB17-VML
- LAB17VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
See individual components for reference values

Additional Information:
N/A

Methodology:
See individual components

Section:
Chemistry

Comprehensive mtDNA Anly by Massively Parallel Seq-BAYH

LAB3054

ORDERING INFO

Synonyms:

- LAB3054-VML
- LAB3054VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3054-VML
- LAB3054VML

ADDITIONAL INFORMATION

Section:

RF-BAYH

Resulting Laboratory:

Baylor Genetics

FULL VIEW

Synonyms:

- LAB3054-VML
- LAB3054VML

Resulting Laboratory:

Baylor Genetics

Section:

RF-BAYH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Comprehensive Neuropathy NGS Panel, Blood Saliva DNA

LAB6214

ORDERING INFO

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Synonyms:

- LAB6214, GE Neuropathy, CMT, Charcot-Marie Tooth, PMP22
- LAB6214-VML
- LAB6214VML

Turn Around Time:

30 Business Days From Financial Clearance

SPECIMEN REQUIREMENTS

Patient Preparation:

Saliva: Patient Must Follow Kit Instructions

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:

Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:

REVIEW

Storage/Transport Temperature:

Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Performed:

Weekly

Stability:

Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Specimen:

N/A

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Preferred test to determine genetic causes for individuals with clinical features of peripheral neuropathy or a family history of neuropathy.

Synonyms:

- LAB6214, GE Neuropathy, CMT, Charcot-Marie Tooth, PMP22
- LAB6214-VML
- LAB6214VML

Performed:

Weekly

Turn Around Time:

30 Business Days From Financial Clearance

Methodology:
Next Generation Sequencing

Components:
Sequence and del/dup analysis of coding exons for genes associated with neuropathy

RESULTS INTERPRETATION

Reference Interval:
Not Established for This Test

Interpretive Data:
N/A

Methodology:
Next Generation Sequencing

ADDITIONAL INFORMATION

Section:
Clinical Genomics

Alternate Specimen:
N/A

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Components:
Sequence and del/dup analysis of coding exons for genes associated with neuropathy

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:
REVIEW

Preferred Collection Volume:
Blood, Saliva, DNA

Alternate Specimen:
N/A

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Specimen:
N/A

Reasons for Rejection:
Mislabeling, Improper Collection, QNS

Components:
Sequence and del/dup analysis of coding exons for genes associated with neuropathy

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Synonyms:

- LAB6214, GE Neuropathy, CMT, Charcot-Marie Tooth, PMP22
- LAB6214-VML
- LAB6214VML

Performed:
Weekly

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Business Days From Financial Clearance

Ordering Indicators:
Preferred test to determine genetic causes for individuals with clinical features of peripheral neuropathy or a family history of neuropathy.

Interpretive Data:
N/A

Reference Interval:
Not Established for This Test

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Methodology:
Next Generation Sequencing

Section:
Clinical Genomics

Congenital Cytomegalovirus (cCMV) Detection by Qualitative PCR

LAB1332

ORDERING INFO

Collect:

Saliva: Viral/Universal Transport Media (VTM/UTM)

Urine: Sterile Container

Synonyms:

- LAB1332, CMD, CMV Infant Saliva, Cytomegalovirus by PCR, CMV Qualitative PCR Urine, Congenital CMV PCR
- LAB1332-VML
- LAB1332VML

Turn Around Time:

2 days

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Saliva: Viral/Universal Transport Media (VTM/UTM)

Urine: Sterile Container

Specimen Preparation:

Infant Saliva: Use swab to collect saliva and place in 1mL VTM/UTM tube. Urine: Collect at least 0.5mL of urine in sterile container. (Min 1.0mL VTM/UTM), (Min 0.5mL Urine)

Pediatric Collection:

Saliva: VTM tube (1mL)

Storage/Transport Temperature:

Infant Saliva in VTM/UTM: Ambient (15-25°C), Urine: Refrigerated (2-8°C)

Performed:

Sunday, Monday, Wednesday, Friday

Stability:

Infant Saliva in VTM/UTM: 24 hours, Ambient (15-25°C) ; 72 hours Refrigerated (2-8°C). Urine: 2 hours Ambient (15-25°C), ; 8 hours, Refrigerated (2-8°C).

Specimen:

Infant Saliva: Swab collected in VTM/UTM pediatric tube. Urine

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

The DiaSorin Molecular Simplexa Congenital CMV Direct is a real time PCR assay intended for use on the LIAISON MDX instrument for the in vitro qualitative detection of cytomegalovirus (CMV) from saliva swabs and urine from infants less than 21 days of age.

Synonyms:

- LAB1332, CMD, CMV Infant Saliva, Cytomegalovirus by PCR, CMV Qualitative PCR Urine, Congenital CMV PCR
- LAB1332-VML
- LAB1332VML

Performed:

Sunday, Monday, Wednesday, Friday

Turn Around Time:

2 days

Methodology:

PCR (Polymerase Chain Reaction)

Components:

N/A

RESULTS INTERPRETATION

Reference Interval:
CMV: Not Detected

Interpretive Data:
All results should be used in conjunction with the results of other clinical findings to aid with diagnosing congenital CMV (cCMV) infection. Positive saliva testing should be confirmed by urine testing. False positivie results are possible if saliva specimens are obtained shortly after breastfeeding.

Methodology:
PCR (Polymerase Chain Reaction)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Saliva: Viral/Universal Transport Media (VTM/UTM)

Urine: Sterile Container

Specimen Preparation:
Infant Saliva: Use swab to collect saliva and place in 1mL VTM/UTM tube. Urine: Collect at least 0.5mL of urine in sterile container. (Min 1.0mL VTM/UTM), (Min 0.5mL Urine)

Pediatric Collection:
Saliva: VTM tube (1mL)

Preferred Collection Volume:
Infant Saliva: 1mL; Urine: 2mL

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Infant Saliva: Swab collected in VTM/UTM pediatric tube. Urine

Reasons for Rejection:
Specimen collected incorrectly (i.e. Whole Blood sent in wrong blood vacutainer); alternative specimen type/source sent without Medical Director approval

Components:
N/A

Stability:
Infant Saliva in VTM/UTM: 24 hours, Ambient (15-25°C) ; 72 hours Refrigerated (2-8°C). Urine: 2 hours Ambient (15-25°C), ; 8 hours, Refrigerated (2-8°C).

Storage/Transport Temperature:
Infant Saliva in VTM/UTM: Ambient (15-25°C), Urine: Refrigerated (2-8°C)

Synonyms:

- LAB1332, CMD, CMV Infant Saliva, Cytomegalovirus by PCR, CMV Qualitative PCR Urine, Congenital CMV PCR
- LAB1332-VML
- LAB1332VML

Performed:
Sunday, Monday, Wednesday, Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 days

Ordering Indicators:
The DiaSorin Molecular Simplexa Congenital CMV Direct is a real time PCR assay intended for use on the LIAISON MDX instrument for the in vitro qualitative detection of cytomegalovirus (CMV) from saliva swabs and urine from infants less than 21 days of age.

Interpretive Data:
All results should be used in conjunction with the results of other clinical findings to aid with diagnosing congenital CMV (cCMV) infection. Positive saliva testing should be confirmed by urine testing. False positivie results are possible if saliva specimens are obtained shortly after breastfeeding.

Reference Interval:
CMV: Not Detected

Additional Information:
N/A

Methodology:
PCR (Polymerase Chain Reaction)

Section:
Molecular Infectious Disease

Congo Red Amyloid Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath11

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Congo, amyloid

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 8-10 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Congo, amyloid

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 8-10 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Congo, amyloid

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Connective Tissue Disorder and Aortopathy NGS Panel, Blood Saliva DNA

LAB6151

ORDERING INFO

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Synonyms:

- LAB6151, Connective Tissue Disorder and Aortopathy NGS Panel, Next Generation Sequencing, GE CTD
- LAB6151-VML
- LAB6151VML

Turn Around Time:

30 Business Days From Financial Clearance

SPECIMEN REQUIREMENTS

Patient Preparation:

Saliva: Patient Must Follow Kit Instructions

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:

Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:

REVIEW

Storage/Transport Temperature:

Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Performed:

Weekly

Stability:

Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Specimen:

N/A

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Preferred test to determine genetic causes for individuals with clinical features of aortic or vascular aneurysm, dissection, or rupture as well as individuals with suspected syndromic connective tissue disorders.

Synonyms:

- LAB6151, Connective Tissue Disorder and Aortopathy NGS Panel, Next Generation Sequencing, GE CTD
- LAB6151-VML
- LAB6151VML

Performed:

Weekly

Turn Around Time:

30 Business Days From Financial Clearance

Methodology:
Next Generation Sequencing

Components:
Sequence and del/dup analysis of coding exons for genes associated with connective tissue disorder and aortopathy.

RESULTS INTERPRETATION

Reference Interval:
Not Established for This Test

Interpretive Data:
N/A

Methodology:
Next Generation Sequencing

ADDITIONAL INFORMATION

Section:
Clinical Genomics

Alternate Specimen:
N/A

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Components:
Sequence and del/dup analysis of coding exons for genes associated with connective tissue disorder and aortopathy.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:
REVIEW

Preferred Collection Volume:
Blood, Saliva, DNA

Alternate Specimen:
N/A

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Specimen:
N/A

Reasons for Rejection:
Mislabeling, Improper Collection, QNS

Components:
Sequence and del/dup analysis of coding exons for genes associated with connective tissue disorder and aortopathy.

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Synonyms:

- LAB6151, Connective Tissue Disorder and Aortopathy NGS Panel, Next Generation Sequencing, GE CTD
- LAB6151-VML
- LAB6151VML

Performed:
Weekly

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Business Days From Financial Clearance

Ordering Indicators:
Preferred test to determine genetic causes for individuals with clinical features of aortic or vascular aneurysm, dissection, or rupture as well as individuals with suspected syndromic connective tissue disorders.

Interpretive Data:
N/A

Reference Interval:
Not Established for This Test

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Methodology:
Next Generation Sequencing

Section:
Clinical Genomics

Copper, Liver Tissue-MAYO

LAB3218

ORDERING INFO

Synonyms:

- LAB3218-VML
- LAB3218VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3218-VML
- LAB3218VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3218-VML
- LAB3218VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Copper, Serum or Plasma

LAB817

ORDERING INFO

Collect:
Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Synonyms:

- Copper Plasma
- Cu
- Cu, Plasma
- CUS
- Kaiser Fleischer Ring
- total blood copper level
- Wilson disease
- LAB817-VML
- LAB817VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Collect:
Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens that are not separated from the red cells or clot within 2 hours. Specimens collected in containers other than specified. Specimens transported in containers other than specified.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Performed:
Sun-Sat

ORDERING

Synonyms:

- Copper Plasma
- Cu
- Cu, Plasma
- CUS
- Kaiser Fleischer Ring
- total blood copper level
- Wilson disease
- LAB817-VML
- LAB817VML

Ordering Recommendations:
Useful in the assessment of deficiency or overload. Measures both protein-bound and free forms of copper in serum or plasma.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Age	Male	Female
0-10 years	75.0-153.0 µg/dL	75.0-153.0 µg/dL
11 years-12 years	64.0-132.0 µg/dL	64.0-132.0 µg/dL
13 years-18 years	57.0-129.0 µg/dL	57.0-129.0 µg/dL
19 years and older	70.0-140.0 µg/dL	80.0-155.0 µg/dL

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma copper, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Serum copper may be elevated with infection, inflammation, stress, and copper supplementation. In females, elevated copper may also be caused by oral contraceptives and pregnancy (concentrations may be elevated up to 3 times normal during the third trimester).

Serum copper may be reduced by use of corticosteroids and zinc and by malnutrition or malabsorption.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82525

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Unacceptable Conditions:

Specimens that are not separated from the red cells or clot within 2 hours. Specimens collected in containers other than specified. Specimens transported in containers other than specified.

Stability (from collection to initiation):

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Storage/Transport Temperature:

Room temperature. Also acceptable: Refrigerated or frozen.

Synonyms:

- Copper Plasma
- Cu
- Cu, Plasma
- CUS
- Kaiser Fleischer Ring
- total blood copper level
- Wilson disease
- LAB817-VML
- LAB817VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Useful in the assessment of deficiency or overload. Measures both protein-bound and free forms of copper in serum or plasma.

Interpretive Data:
Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma copper, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Serum copper may be elevated with infection, inflammation, stress, and copper supplementation. In females, elevated copper may also be caused by oral contraceptives and pregnancy (concentrations may be elevated up to 3 times normal during the third trimester).

Serum copper may be reduced by use of corticosteroids and zinc and by malnutrition or malabsorption.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Age	Male	Female
0-10 years	75.0-153.0 µg/dL	75.0-153.0 µg/dL
11 years-12 years	64.0-132.0 µg/dL	64.0-132.0 µg/dL
13 years-18 years	57.0-129.0 µg/dL	57.0-129.0 µg/dL
19 years and older	70.0-140.0 µg/dL	80.0-155.0 µg/dL

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82525

Copper, Urine

LAB380

ORDERING INFO

Collect:
24 hour urine. Refrigerate during collection. Specimen must be collected in a plastic container. Also acceptable: Random urine.

Synonyms:

- 24-hour urine copper
- Copper/Creatinine Ratio, Urine
- Cu
- CUU
- Normalized Urine Copper
- Normalized Urine Cu
- LAB380-VML
- LAB380VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and nonessential over-the-counter medications (upon the advice of their physician). Collection from patients receiving iodinated or gadolinium-based contrast media must be avoided for a minimum of 72 hours postexposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days postcontrast media exposure.

Collect:
24 hour urine. Refrigerate during collection. Specimen must be collected in a plastic container. Also acceptable: Random urine.

Specimen Preparation:
Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 1 mL)

Unacceptable Conditions:
Specimens collected within 72 hours after administration of iodinated or gadolinium-based contrast media.. Acid preserved urine. Specimens transported in containers other than specified. Specimens contaminated with blood or fecal material.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

Remarks:
Record total volume and collection time interval on transport tube and on test request form.

ORDERING

Synonyms:

- 24-hour urine copper
- Copper/Creatinine Ratio, Urine
- Cu
- CUU
- Normalized Urine Copper
- Normalized Urine Cu
- LAB380-VML
- LAB380VML

Ordering Recommendations:
Useful in the assessment of overload.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Reported:
1-5 days

Notes:
High concentrations of iodine or gadolinium may interfere with elemental testing.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Copper, Urine - per volume	Less than or equal to 3.2 µg/dL
Copper, Urine - per 24h	3.0-45.0 µg/d
Creatinine, Urine - per 24h	See table below
Copper, Urine - ratio to CRT	10.0-45.0 µg/g CRT

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Interpretive Data:
Individuals with symptomatic Wilson disease usually excrete more than 100 µg copper per day. Other conditions associated with elevated urine copper include cholestatic liver disease, proteinuria, some medications, and contaminated specimens. Although random specimens may contain diagnostic information, a 24-hour collection is a more consistent indicator of copper urine.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

ADDITIONAL INFORMATION

CPT Codes:
82525

Section:
RF-ARUP

Remarks:
Record total volume and collection time interval on transport tube and on test request form.

Notes:
High concentrations of iodine or gadolinium may interfere with elemental testing.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24 hour urine. Refrigerate during collection. Specimen must be collected in a plastic container. Also acceptable: Random urine.

Specimen Preparation:
Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 1 mL)

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and nonessential over-the-counter medications (upon the advice of their physician). Collection from patients receiving iodinated or gadolinium-based contrast media must be avoided for a minimum of 72 hours postexposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days postcontrast media exposure.

Unacceptable Conditions:
Specimens collected within 72 hours after administration of iodinated or gadolinium-based contrast media.. Acid preserved urine. Specimens transported in containers other than specified. Specimens contaminated with blood or fecal material.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- 24-hour urine copper
- Copper/Creatinine Ratio, Urine
- Cu
- CUU
- Normalized Urine Copper
- Normalized Urine Cu
- LAB380-VML
- LAB380VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Useful in the assessment of overload.

Interpretive Data:
Individuals with symptomatic Wilson disease usually excrete more than 100 µg copper per day. Other conditions associated with elevated urine copper include cholestatic liver disease, proteinuria, some medications, and contaminated specimens. Although random specimens may contain diagnostic information, a 24-hour collection is a more consistent indicator of copper urine.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Copper, Urine - per volume</td><td>Less than or equal to 3.2 µg/dL</td></tr>
<tr><td>Copper, Urine - per 24h</td><td>3.0-45.0 µg/d</td></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Copper, Urine - ratio to CRT</td><td>10.0-45.0 µg/g CRT</td></tr>
</table>

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Section:
RF-ARUP

CPT Codes:
82525

Remarks:
Record total volume and collection time interval on transport tube and on test request form.

Notes:
High concentrations of iodine or gadolinium may interfere with elemental testing.

Cord blood workup

LAB892

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- CBWT, DAG, Type and Coombs
- LAB892-VML
- LAB892VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C): 3 days

Specimen:
Cord blood

Alternate Specimen:
NA

ORDERING

Ordering Indicators:
Determine incompatibility for evaluation of Hemolytic Disease of the fetus and newborn.

Synonyms:

- CBWT, DAG, Type and Coombs
- LAB892-VML
- LAB892VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
agglutination and antiglobulin testing

Components:
ABO, Rh type and IgG antihumanglobulin test

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
agglutination and antiglobulin testing

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
NA

Additional Information:
NA

Components:
ABO, Rh type and IgG antihumanglobulin test

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
5 ml

Alternate Specimen:
NA

Patient Preparation:
NA

Specimen:
Cord blood

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
ABO, Rh type and IgG antihumanglobulin test

Stability:
Ambient: (15-25°C): 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- CBWT, DAG, Type and Coombs
- LAB892-VML
- LAB892VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Determine incompatibility for evaluation of Hemolytic Disease of the fetus and newborn.

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
agglutination and antiglobulin testing

Section:
Blood Bank

Cortisol by LC-MS/MS, Salivary

LAB6614

ORDERING INFO

Collect:
Saliva. Swab must be completely saturated to ensure sufficient volume for testing.

Synonyms:

- LAB6614-VML
- LAB6614VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Do not collect specimen within 60 minutes after eating a meal, within 12 hours after consuming alcohol, immediately after brushing teeth, or after any activity that may cause gums to bleed. Rinse mouth thoroughly with water 10 minutes before specimen collection. Recommended collection time is between 11:00 p.m.-1:00 a.m.

Collect:
Saliva. Swab must be completely saturated to ensure sufficient volume for testing.

Specimen Preparation:
Transfer saturated swab to plain (noncitric acid) cotton Salivette collection device (ARUP Supply #52056). Record the time of collection on the test request form, and on Salivette transport container.

Unacceptable Conditions:
Specimens not collected using the Salivette collection device. Sodium azide preservative. Specimens with pH values greater than 9.0 or less than 3.5 must be recollected. Specimens visibly contaminated with blood, cellular debris, food particles, or mucus.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 week
Refrigerated: 3 weeks
Frozen: 6 months

Performed:
Mon-Sat

ORDERING

Synonyms:

- LAB6614-VML
- LAB6614VML

Ordering Recommendations:
Use to rule out Cushing syndrome or screen for thymic and bronchial carcinoid tumors.

Performed:
Mon-Sat

Methodology:
Quantitative: Mass Spectrometry

Reported:
1-4 days

Notes:
Bovine hormones normally present in dairy products can cross-react with anticortisol antibodies and cause false results. Acidic or high sugar foods can compromise assay performance by lowering sample pH and influencing bacterial growth. Samples with pH values greater than 9.0 or less than 3.5 must be recollected.

Testing is not New York approved, and there are no NY approved laboratories available. Specimens received from NY clients need to be placed on Except. Client can either cancel testing, request specimen be returned, or submit a New York State Non-Permitted Laboratory Request Form (NPL) to NYSDOH requesting approval for ARUP to perform testing.

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:

Reference Intervals:

7 a.m. to 9 a.m.: 0.1-0.75 ug/dL

3 p.m. to 5 p.m.: <0.401 ug/dL

11 p.m. to midnight: <0.1 ug/dL

Methodology:

Quantitative: Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82533

Section:

RF-ARUP

Notes:

Bovine hormones normally present in dairy products can cross-react with anticortisol antibodies and cause false results. Acidic or high sugar foods can compromise assay performance by lowering sample pH and influencing bacterial growth. Samples with pH values greater than 9.0 or less than 3.5 must be recollected.

Testing is not New York approved, and there are no NY approved laboratories available. Specimens received from NY clients need to be placed on Except. Client can either cancel testing, request specimen be returned, or submit a New York State Non-Permitted Laboratory Request Form (NPL) to NYSDOH requesting approval for ARUP to perform testing.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Saliva. Swab must be completely saturated to ensure sufficient volume for testing.

Specimen Preparation:

Transfer saturated swab to plain (noncitric acid) cotton Salivette collection device (ARUP Supply #52056). Record the time of collection on the test request form, and on Salivette transport container.

Patient Preparation:

Do not collect specimen within 60 minutes after eating a meal, within 12 hours after consuming alcohol, immediately after brushing teeth, or after any activity that may cause gums to bleed. Rinse mouth thoroughly with water 10 minutes before specimen collection. Recommended collection time is between 11:00 p.m.-1:00 a.m.

Unacceptable Conditions:

Specimens not collected using the Salivette collection device. Sodium azide preservative. Specimens with pH values greater than 9.0 or less than 3.5 must be recollected. Specimens visibly contaminated with blood, cellular debris, food particles, or mucus.

Stability (from collection to initiation):

Ambient: 1 week
Refrigerated: 3 weeks
Frozen: 6 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB6614-VML
- LAB6614VML

Performed:

Mon-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

Use to rule out Cushing syndrome or screen for thymic and bronchial carcinoid tumors.

Interpretive Data:

Reference Intervals:

7 a.m. to 9 a.m.: 0.1-0.75 ug/dL

3 p.m. to 5 p.m.: <0.401 ug/dL

11 p.m. to midnight: <0.1 ug/dL

Reference Interval:

By report

Methodology:

Quantitative: Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

82533

Notes:

Bovine hormones normally present in dairy products can cross-react with anticortisol antibodies and cause false results. Acidic or high sugar foods can compromise assay performance by lowering sample pH and influencing bacterial growth. Samples with pH values greater than 9.0 or less than 3.5 must be recollected.

Testing is not New York approved, and there are no NY approved laboratories available. Specimens received from NY clients need to be placed on Except. Client can either cancel testing, request specimen be returned, or submit a New York State Non-Permitted Laboratory Request Form (NPL) to NYSDOH requesting approval for ARUP to perform testing.

Cortisol Urine Free by LC-MS/MS

LAB568

ORDERING INFO

Collect:
24-hour or random urine. Refrigerate 24-hour specimen during collection.

Synonyms:

- Cortisol, Free, LC/MS/MS, Second Void Urine
- Urinary Free Cortisol
- LAB568-VML
- LAB568VML

SPECIMEN REQUIREMENTS

Collect:
24-hour or random urine. Refrigerate 24-hour specimen during collection.

Specimen Preparation:
Transport one 4 mL aliquot of urine. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

Unacceptable Conditions:
Room temperature specimens. Acidified specimens or specimens with preservatives.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cortisol, Free, LC/MS/MS, Second Void Urine
- Urinary Free Cortisol
- LAB568-VML
- LAB568VML

Ordering Recommendations:
Rule-out Cushing syndrome.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

Notes:
Reference intervals based on literature from Taylor R.L. et al., Validation of a High-Throughput Liquid Chromatography-Tandem Mass Spectrometry Method for Urine Cortisol and Cortisone. Clinical Chemistry 2002; 48:1511-1519.

RESULTS INTERPRETATION

Reference Interval:

Components

Reference Interval

Creatinine, Urine - per 24h

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Cortisol, Urine Free - ratio to CRT

Age	Male (ug/g CRT)	Female (ug/g CRT)
Prepubertal	Less than 25	Less than 25
18 years and older	Less than 32	Less than 24
Pregnancy	Not Applicable	Less than 59

Cortisol, Urine Free - per 24h

Age	Male (ug/24 h)	Female (ug/24 h)
3-8 years	Less than or equal to 18	Less than or equal to 18
9-12 years	Less than or equal to 37	Less than or equal to 37
13-17 years	Less than or equal to 56	Less than or equal to 56
18 years and older	Less than or equal to 60	Less than or equal to 45

Interpretive Data:

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82530

Section:

RF-ARUP

Notes:

Reference intervals based on literature from Taylor R.L. et al., Validation of a High-Throughput Liquid Chromatography-Tandem Mass Spectrometry Method for Urine Cortisol and Cortisone. Clinical Chemistry 2002; 48:1511-1519.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour or random urine. Refrigerate 24-hour specimen during collection.

Specimen Preparation:

Transport one 4 mL aliquot of urine. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

Unacceptable Conditions:

Room temperature specimens. Acidified specimens or specimens with preservatives.

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 6 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cortisol, Free, LC/MS/MS, Second Void Urine
- Urinary Free Cortisol
- LAB568-VML
- LAB568VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Rule-out Cushing syndrome.

Interpretive Data:
Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components: Creatinine, Urine - per 24h

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Components: Cortisol, Urine Free - ratio to CRT

Age	Male (ug/g CRT)	Female (ug/g CRT)
Prepubertal	Less than 25	Less than 25
18 years and older	Less than 32	Less than 24
Pregnancy	Not Applicable	Less than 59

Components: Cortisol, Urine Free - per 24h

Age	Male (ug/24 h)	Female (ug/24 h)
3-8 years	Less than or equal to 18	Less than or equal to 18
9-12 years	Less than or equal to 37	Less than or equal to 37
13-17 years	Less than or equal to 56	Less than or equal to 56
18 years and older	Less than or equal to 60	Less than or equal to 45

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82530

Notes:
Reference intervals based on literature from Taylor R.L. et al., Validation of a High-Throughput Liquid Chromatography-Tandem Mass Spectrometry Method for Urine Cortisol and Cortisone. Clinical Chemistry 2002; 48:1511-1519.

Cortisol, Plasma

LAB61

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- COR , LAB61
- LAB61-VML
- LAB61VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.5 mL).

Pediatric Collection:
1 Light Green Microtainers (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 14 days; Frozen: 30 days

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- COR , LAB61
- LAB61-VML
- LAB61VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
See interpretive data.

Interpretive Data:
Before 10AM: 3.7-19.4 µg/dL After 5PM: 2.9 - 17.3 µg/dL Stimulation Test: >20 µg/dL one hour after 0.25 mg Cortosyn (ACTH). Supression Test: Note: The Endocrine Society suggests a cut-off of <1.8 µg/dL 8 hours after 1 mg overnight Dexamethasone supression test, or 2 hours after the last dose in the longer low-dose dexamethasone suppression test.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
If testing will be delayed for more than 8 hours, remove plasma from the plasma separator

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.5 mL).

Pediatric Collection:
1 Light Green Microtainers (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 14 days; Frozen: 30 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- COR , LAB61
- LAB61-VML
- LAB61VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Before 10AM: 3.7-19.4 µg/dL After 5PM: 2.9 - 17.3 µg/dL Stimulation Test: >20 µg/dL one hour after 0.25 mg Cortosyn (ACTH). Supression Test: Note: The Endocrine Society suggests a cut-off of <1.8 µg/dL 8 hours after 1 mg overnight Dexamethasone supression test, or 2 hours after the last dose in the longer low-dose dexamethasone suppression test.

Reference Interval:
See interpretive data.

Additional Information:
If testing will be delayed for more than 8 hours, remove plasma from the plasma separator

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Coxiella burnetii DNA Ql PCR-QSTD

LAB4037

ORDERING INFO

Synonyms:

- LAB4037-VML
- LAB4037VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4037-VML
- LAB4037VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB4037-VML
- LAB4037VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Coxsackie A9 Virus Antibodies by CF

LAB3725

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Coxsackie A Antibodies
- Coxsackie A Ab Panel
- Enterovirus
- LAB3725-VML
- LAB3725VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as acute or convalescent.

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Coxsackie A Antibodies
- Coxsackie A Ab Panel
- Enterovirus
- LAB3725-VML
- LAB3725VML

Ordering Recommendations:
May be used to confirm disease occurrence if PCR or culture is not a viable option.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Complement Fixation

Reported:
2-5 days

RESULTS INTERPRETATION

Reference Interval:
Less than 1:8

Interpretive Data:
Single positive antibody titers of greater than 1:32 may indicate past or current infection. Seroconversion or an increase in titers between acute and convalescent sera of at least fourfold is considered strong evidence of current or recent infection.

Methodology:
Semi-Quantitative Complement Fixation

ADDITIONAL INFORMATION

CPT Codes:
86658

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as acute or convalescent.

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Coxsackie A Antibodies
- Coxsackie A Ab Panel
- Enterovirus
- LAB3725-VML
- LAB3725VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
May be used to confirm disease occurrence if PCR or culture is not a viable option.

Interpretive Data:
Single positive antibody titers of greater than 1:32 may indicate past or current infection. Seroconversion or an increase in titers between acute and convalescent sera of at least fourfold is considered strong evidence of current or recent infection.

Reference Interval:
Less than 1:8

Methodology:
Semi-Quantitative Complement Fixation

Section:
RF-ARUP

CPT Codes:
86658

Coxsackie B Virus Antibodies

LAB3726

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- Enterovirus
- Coxsackie B
- Coxsackie B Antibody Panel-Serum
- Coxsackie B virus antibody profile, IgG, IgM
- Coxsackie Antibody, Neutralization
- LAB3726-VML
- LAB3726VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens.

Unacceptable Conditions:
CSF or plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon-Fri

Remarks:
Mark specimens plainly as "acute" or "convalescent."

ORDERING

Synonyms:

- Enterovirus
- Coxsackie B
- Coxsackie B Antibody Panel-Serum
- Coxsackie B virus antibody profile, IgG, IgM
- Coxsackie Antibody, Neutralization
- LAB3726-VML
- LAB3726VML

Ordering Recommendations:
PCR testing is preferred for diagnosis of acute infection. Detect neutralizing antibodies to coxsackie B virus.

Performed:
Mon-Fri

Methodology:
Semi-Quantitative Serum Neutralization

Reported:
6-12 days

RESULTS INTERPRETATION

Reference Interval:
Coxsackie B1: Less than 1:10
Coxsackie B2: Less than 1:10
Coxsackie B3: Less than 1:10
Coxsackie B4: Less than 1:10
Coxsackie B5: Less than 1:10
Coxsackie B6: Less than 1:10

Interpretive Data:
Single positive antibody titers of greater than or equal to 1:80 may indicate past or current infection. Seroconversion or an increase in titers between acute and convalescent sera of at least fourfold is considered strong evidence of current or recent infection.

Methodology:
Semi-Quantitative Serum Neutralization

ADDITIONAL INFORMATION

CPT Codes:
86658 x6

Section:
RF-ARUP

Remarks:
Mark specimens plainly as "acute" or "convalescent."

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens.

Unacceptable Conditions:
CSF or plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Enterovirus
- Coxsackie B
- Coxsackie B Antibody Panel-Serum
- Coxsackie B virus antibody profile, IgG, IgM
- Coxsackie Antibody, Neutralization
- LAB3726-VML
- LAB3726VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
6-12 days

Ordering Recommendations:
PCR testing is preferred for diagnosis of acute infection. Detect neutralizing antibodies to coxsackie B virus.

Interpretive Data:
Single positive antibody titers of greater than or equal to 1:80 may indicate past or current infection. Seroconversion or an increase in titers between acute and convalescent sera of at least fourfold is considered strong evidence of current or recent infection.

Reference Interval:
Coxsackie B1: Less than 1:10
Coxsackie B2: Less than 1:10
Coxsackie B3: Less than 1:10
Coxsackie B4: Less than 1:10
Coxsackie B5: Less than 1:10
Coxsackie B6: Less than 1:10

Methodology:
Semi-Quantitative Serum Neutralization

Section:
RF-ARUP

CPT Codes:
86658 x6

Remarks:
Mark specimens plainly as "acute" or "convalescent."

C-Peptide, Serum

LAB521

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)

Synonyms:

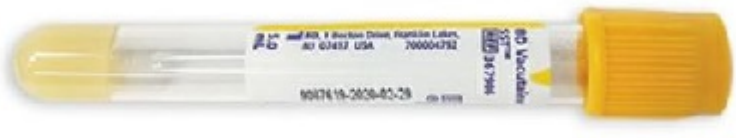
- PEP , LAB521
- LAB521-VML
- LAB521VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP (Min 0.3 mL).

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 24 hours; Frozen: 30 days

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PEP , LAB521
- LAB521-VML
- LAB521VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
1.1 - 4.4 ng/mL

Interpretive Data:
Nonfasting specimens can be as high as 9.0 ng/mL.

Methodology:
Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Samples should not be taken from patients receiving therapy with biotin doses until at least 8 hours following the last biotin administration.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP (Min 0.3 mL).

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, icterus, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 24 hours; Frozen: 30 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PEP , LAB521
- LAB521-VML
- LAB521VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Nonfasting specimens can be as high as 9.0 ng/mL.

Reference Interval:
1.1 - 4.4 ng/mL

Additional Information:
Samples should not be taken from patients receiving therapy with biotin doses until at least 8 hours following the last biotin administration.

Methodology:
Electrochemiluminescent Immunoassay

Section:
Chemistry

CPVT Seq Pnl-GNDX

LAB3286

ORDERING INFO

Synonyms:

- LAB3286-VML
- LAB3286VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3286-VML
- LAB3286VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3286-VML
- LAB3286VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

C-Reactive Protein (CRP), Plasma

LAB149

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- CRP, C Reactive Protein Blood, LAB149
- LAB149-VML
- LAB149VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 15 days; 2° to 8°C: 2 months; Frozen: 1 years

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CRP, C Reactive Protein Blood, LAB149
- LAB149-VML
- LAB149VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoturbidimetry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 days - <15 days: 0.3-6.1 mg/L 15 days - <15 years: 0.1-1 mg/L 15 years - <19 years: 0.1-1.7 mg/L >=19 years: 0-5 mg/L

Interpretive Data:
Preferred test for identifying acute phase inflammation, such as in autoimmune diseases, connective tissue disease, rheumatoid arthritis, infection, or sepsis.

Methodology:
Immunoturbidimetry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 15 days; 2° to 8°C: 2 months; Frozen: 1 years

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- CRP, C Reactive Protein Blood, LAB149
- LAB149-VML
- LAB149VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Preferred test for identifying acute phase inflammation, such as in autoimmune diseases, connective tissue disease, rheumatoid arthritis, infection, or sepsis.

Reference Interval:
0 days - <15 days: 0.3-6.1 mg/L 15 days - <15 years: 0.1-1 mg/L 15 years - <19 years: 0.1-1.7 mg/L >=19 years: 0-5 mg/L

Additional Information:
N/A

Methodology:
Immunoturbidimetry

Section:
Chemistry

C-Reactive Protein, High Sensitivity (hsCRP), Plasma or Serum

LAB150

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- CRH, High Sensitivity CRP, C Reactive Protein, LAB150
- LAB150-VML
- LAB150VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 15 days; 2° to 8°C: 2 months; Frozen: 1 years

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
Not recommended for overall cardiovascular disease risk evaluation in asymptomatic adults, but may assist in stratifying cardiovascular disease risk in certain populations.

Synonyms:

- CRH, High Sensitivity CRP, C Reactive Protein, LAB150
- LAB150-VML
- LAB150VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoturbidimetry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
3.0 mg/L or less

Interpretive Data:
Patients exhibiting elevated hs-CRP concentrations face an increased likelihood of developing stroke, myocardial infarction, and severe peripheral vascular disease. CRP, a nonspecific inflammation marker, may show elevated levels due to various conditions beyond atherosclerosis. If the initial result surpasses 3.0 mg/L, it is advisable to repeat the test at least 2 weeks later in a metabolically stable state, devoid of infection or acute illness. The lower of the two results is recommended for assessing the patient's risk.

Methodology:
Immunoturbidimetry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 15 days; 2° to 8°C: 2 months; Frozen: 1 years

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- CRH, High Sensitivity CRP, C Reactive Protein, LAB150
- LAB150-VML
- LAB150VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Not recommended for overall cardiovascular disease risk evaluation in asymptomatic adults, but may assist in stratifying cardiovascular disease risk in certain populations.

Interpretive Data:
Patients exhibiting elevated hs-CRP concentrations face an increased likelihood of developing stroke, myocardial infarction, and severe peripheral vascular disease. CRP, a nonspecific inflammation marker, may show elevated levels due to various conditions beyond atherosclerosis. If the initial result surpasses 3.0 mg/L, it is advisable to repeat the test at least 2 weeks later in a metabolically stable state, devoid of infection or acute illness. The lower of the two results is recommended for assessing the patient's risk.

Reference Interval:
3.0 mg/L or less

Additional Information:
N/A

Methodology:
Immunoturbidimetry

Section:
Chemistry

Creatine Kinase Isoenzymes

LAB64

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- CK
- CK Fractionation
- CK Isoenzyme Electrophoresis
- CK Isoenzymes
- CK Macro
- CK-BB
- CK-MM
- CKBB
- CKMB
- CPK
- CPK Isoenzymes (Creatine Phosphokinase Isoenzymes)
- Creatine Phosphokinase
- Isoenzymes, CK
- CPK Isoenzyme Electrophoresis
- Isoenzyme of Creatine Kinase
- Macro CK
- Macro Creatine Kinase
- Mitochondrial C
- LAB64-VML
- LAB64VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens preserved in citrate, EDTA, fluoride, heparin, or iodoacetate. Grossly hemolyzed specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- CK
- CK Fractionation
- CK Isoenzyme Electrophoresis
- CK Isoenzymes
- CK Macro
- CK-BB
- CK-MM
- CKBB
- CKMB
- CPK
- CPK Isoenzymes (Creatine Phosphokinase Isoenzymes)
- Creatine Phosphokinase
- Isoenzymes, CK
- CPK Isoenzyme Electrophoresis
- Isoenzyme of Creatine Kinase
- Macro CK
- Macro Creatine Kinase
- Mitochondrial C
- LAB64-VML
- LAB64VML

Ordering Recommendations:
Aid in determining the etiology of elevated total creatine kinase. May aid in identifying the presence of macro creatine kinase. Troponin testing is recommended for diagnosis and management of acute coronary syndrome; refer to Troponin T (cTnT) 5th Generation (3001831).

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay/Electrophoresis

Reported:
2-3 days

Notes:
This test will detect CK macroenzymes.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval		
CK-MM	96-100%		
CK-MB	0-4%		
CK-BB	0%		
CK-Macro Type I	0%		
CK-Macro Type II	0%		
CK Total	**Age**	**Male (U/L)**	**Female (U/L)**
	0-30 days	108-564	108-564
	31 days-5 months	72-367	72-367
	6-35 months	50-272	38-261
	3-6 years	56-281	40-222
	7-17 years	60-393	46-250
	18 years and older	39-308	26-192

Methodology:
Quantitative Enzymatic Assay/Electrophoresis

ADDITIONAL INFORMATION

CPT Codes:
82552; 82550

Section:
RF-ARUP

Notes:
This test will detect CK macroenzymes.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens preserved in citrate, EDTA, fluoride, heparin, or iodoacetate. Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Frozen.

Synonyms:

- CK
- CK Fractionation
- CK Isoenzyme Electrophoresis
- CK Isoenzymes
- CK Macro
- CK-BB
- CK-MM
- CKBB
- CKMB
- CPK
- CPK Isoenzymes (Creatine Phosphokinase Isoenzymes)
- Creatine Phosphokinase
- Isoenzymes, CK
- CPK Isoenzyme Electrophoresis
- Isoenzyme of Creatine Kinase
- Macro CK
- Macro Creatine Kinase
- Mitochondrial C
- LAB64-VML
- LAB64VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-3 days

Ordering Recommendations:
Aid in determining the etiology of elevated total creatine kinase. May aid in identifying the presence of macro creatine kinase. Troponin testing is recommended for diagnosis and management of acute coronary syndrome; refer to Troponin T (cTnT) 5th Generation (3001831).

Reference Interval:

Components	Reference Interval
CK-MM	96-100%
CK-MB	0-4%
CK-BB	0%
CK-Macro Type I	0%
CK-Macro Type II	0%

CK Total

Age	Male (U/L)	Female (U/L)
0-30 days	108-564	108-564
31 days-5 months	72-367	72-367
6-35 months	50-272	38-261
3-6 years	56-281	40-222
7-17 years	60-393	46-250
18 years and older	39-308	26-192

Methodology:
Quantitative Enzymatic Assay/Electrophoresis

Section:
RF-ARUP

CPT Codes:
82552; 82550

Notes:
This test will detect CK macroenzymes.

Creatine Kinase, MB

LAB6058

ORDERING INFO

Collect:
Serum Separator Tube (SST), Green (Lithium Heparin), or Lavender (K2 or K3 EDTA).

Synonyms:

- CK MB
- CKMB
- CPK MB
- LAB6058-VML
- LAB6058VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST), Green (Lithium Heparin), or Lavender (K2 or K3 EDTA).

Specimen Preparation:
Allow specimen to clot for 15-20 minutes at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens containing particulate material. Grossly hemolyzed specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 12 hours; Refrigerated: 72 hours; Frozen: 3 months (No freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- CK MB
- CKMB
- CPK MB
- LAB6058-VML
- LAB6058VML

Ordering Recommendations:
Troponin testing is recommended for diagnosis and management of acute coronary syndrome; refer to Troponin T (cTnT) 5th Generation (3001831). For calculation of creatine kinase relative percentage, refer to Creatine Kinase, MB and Relative Percent (3002030).

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
Within 24 hours

Notes:
Creatine Kinase, MB is quite labile. For calculation of relative percent, order Creatine Kinase, MB and Relative Percent (ARUP test code 3002030).

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Creatine Kinase, Isoenzyme MB	Female 0 - 4.3 ng/mL Male 0 - 7.7 ng/mL

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
82553

Section:
RF-ARUP

Notes:
Creatine Kinase, MB is quite labile. For calculation of relative percent, order Creatine Kinase, MB and Relative Percent (ARUP test code 3002030).

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST), Green (Lithium Heparin), or Lavender (K2 or K3 EDTA).

Specimen Preparation:
Allow specimen to clot for 15-20 minutes at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens containing particulate material. Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 12 hours; Refrigerated: 72 hours; Frozen: 3 months (No freeze/thaw cycles)

Storage/Transport Temperature:
Frozen.

Synonyms:

- CK MB
- CKMB
- CPK MB
- LAB6058-VML
- LAB6058VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Troponin testing is recommended for diagnosis and management of acute coronary syndrome; refer to Troponin T (cTnT) 5th Generation (3001831). For calculation of creatine kinase relative percentage, refer to Creatine Kinase, MB and Relative Percent (3002030).

Reference Interval:

Components	Reference Interval
Creatine Kinase, Isoenzyme MB	Female 0 - 4.3 ng/mL Male 0 - 7.7 ng/mL

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
82553

Notes:
Creatine Kinase, MB is quite labile. For calculation of relative percent, order Creatine Kinase, MB and Relative Percent (ARUP test code 3002030).

Creatine Kinase, Plasma or Serum

LAB62

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- CPK, Creatine Kinase, CK Blood, LAB62
- LAB62-VML
- LAB62VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 2 days; 2° to 8°C: 2 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CPK, Creatine Kinase, CK Blood, LAB62
- LAB62-VML
- LAB62VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 days; 2° to 8°C: 2 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- CPK, Creatine Kinase, CK Blood, LAB62
- LAB62-VML
- LAB62VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Creatinine, Body Fluid

LAB65

ORDERING INFO

Collect:
Sterile Container

Synonyms:

- BFC, Creatinine Body Fluid, Body Fluid Creatinine, LAB65
- LAB65-VML
- LAB65VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.5 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 3 days; 2° to 8°C: 3 days; Frozen: unacceptable

Specimen:
Body Fluid

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BFC, Creatinine Body Fluid, Body Fluid Creatinine, LAB65
- LAB65-VML
- LAB65VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Kinetic Alkaline Picrate

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Interpretive Data:
N/A

Methodology:
Kinetic Alkaline Picrate

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.5 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Preferred Collection Volume:
1 mL

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Body Fluid

Reasons for Rejection:
Hemolysis, QNS, Fluid type not listed as acceptable specimen type, turbid samples unable to be cleared by centrifugation, and specimens that are too viscous to be aspirated, sample outside of stability limits

Components:
N/A

Stability:
15° to 25°C: 3 days; 2° to 8°C: 3 days; Frozen: unacceptable

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- BFC, Creatinine Body Fluid, Body Fluid Creatinine, LAB65
- LAB65-VML
- LAB65VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Additional Information:
N/A

Methodology:
Kinetic Alkaline Picrate

Section:
Chemistry

Creatinine, Plasma or Serum

LAB66

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- CRE, Creatinine Blood, eGFR, Creatinine Level, LAB66
- LAB66-VML
- LAB66VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 3 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CRE, Creatinine Blood, eGFR, Creatinine Level, LAB66
- LAB66-VML
- LAB66VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Kinetic Alkaline Picrate

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Kinetic Alkaline Picrate

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Estimated glomerular filtration rate (eGFRcr) is calculated using the 2021 CKD-EPI equation, which is recommended for use in normal healthy adults and has not been validated for pediatric use.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 3 months

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- CRE, Creatinine Blood, eGFR, Creatinine Level, LAB66
- LAB66-VML
- LAB66VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
Estimated glomerular filtration rate (eGFRcr) is calculated using the 2021 CKD-EPI equation, which is recommended for use in normal healthy adults and has not been validated for pediatric use.

Methodology:
Kinetic Alkaline Picrate

Section:
Chemistry

Creatinine, Random, Urine

LAB384

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- CRU, Creatinine Urine Spot, UCRE, LAB384
- LAB384-VML
- LAB384VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 2 days; 2° to 8°C: 6 days; Frozen: 6 months

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CRU, Creatinine Urine Spot, UCRE, LAB384
- LAB384-VML
- LAB384VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Kinetic Alkaline Picrate

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
40 - 200 mg/dL

Interpretive Data:
N/A

Methodology:
Kinetic Alkaline Picrate

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 days; 2° to 8°C: 6 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- CRU, Creatinine Urine Spot, UCRE, LAB384
- LAB384-VML
- LAB384VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
40 - 200 mg/dL

Additional Information:
N/A

Methodology:
Kinetic Alkaline Picrate

Section:
Chemistry

Crohn's Prognostic-PROM

LAB3931

ORDERING INFO

Synonyms:

- LAB3931-VML
- LAB3931VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3931-VML
- LAB3931VML

ADDITIONAL INFORMATION

Section:

RF-PROM

Resulting Laboratory:

Prometheus Laboratories

FULL VIEW

Synonyms:

- LAB3931-VML
- LAB3931VML

Resulting Laboratory:

Prometheus Laboratories

Section:

RF-PROM

Links:

Test Sent to Reference Lab. Click Here for Test Details

Cryptococcus antigen, CSF

LAB927

ORDERING INFO

Collect:

Sterile screwtop tube - submit tube 2 of CSF collection.

Synonyms:

- CRY, CSF Cryptococcus, CrAg
- LAB927-VML
- LAB927VML

Turn Around Time:

1 day

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Sterile screwtop tube - submit tube 2 of CSF collection.

Specimen Preparation:

Send to laboratory immediately following collection (Min 0.5mL fluid)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C) (Refrigerated: (2-8°C)

Performed:

Daily

Stability:

Send to laboratory immediately. Ambient: (15-25°C) 24 hours; Refrigerated: (2-8°C) 72 hours.

Specimen:

Cerebrospinal fluid (CSF)

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Assessment of cryptococcal meningitis.

Synonyms:

- CRY, CSF Cryptococcus, CrAg
- LAB927-VML
- LAB927VML

Performed:

Daily

Turn Around Time:
1 day

Methodology:
Immunochromatographic detection.

Components:
Cryptococcal antigen and titer, if positive.

RESULTS INTERPRETATION

Reference Interval:
Negative.

Interpretive Data:
N/A

Methodology:
Immunochromatographic detection.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Titer performed if positive. Positive results alerted to the clinical team. Must be submitted with a request for fungal culture.

Components:
Cryptococcal antigen and titer, if positive.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screwtop tube - submit tube 2 of CSF collection.

Specimen Preparation:
Send to laboratory immediately following collection (Min 0.5mL fluid)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Cerebrospinal fluid (CSF)

Reasons for Rejection:
Non-sterile or leaking container. Specimen received >24 hours after collection. Frozen unacceptable.

Components:
Cryptococcal antigen and titer, if positive.

Stability:
Send to laboratory immediately. Ambient: (15-25°C) 24 hours; Refrigerated: (2-8°C) 72 hours.

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- CRY, CSF Cryptococcus, CrAg
- LAB927-VML
- LAB927VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Assessment of cryptococcal meningitis.

Interpretive Data:
N/A

Reference Interval:
Negative.

Additional Information:
Titer performed if positive. Positive results alerted to the clinical team. Must be submitted with a request for fungal culture.

Methodology:
Immunochromatographic detection.

Section:
Microbiology

Cryptococcus antigen, serum

LAB779

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- CRS, CrAG, serum Cryptococcus
- LAB779-VML
- LAB779VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Send to laboratory immediately following collection.(Min, 0.5 mL serum)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Performed:
Daily

Stability:
Send to laboratory immediately. Ambient: (15-25°C) 24 hours; Refrigerated: (2-8°C) 72 hours.

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Evaluation of cryptococcal infection

Synonyms:

- CRS, CrAG, serum Cryptococcus
- LAB779-VML
- LAB779VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Immunochromatographic detection.

Components:
Cryptococcal antigen and titer, if positive.

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
N/A

Methodology:
Immunochromatographic detection.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Titer performed if positive.

Components:
Cryptococcal antigen and titer, if positive.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Send to laboratory immediately following collection.(Min, 0.5 mL serum)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 mL serum

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Specimen collected in incorrect container. Leaking specimen. Specimen received outside stability. Frozen unacceptable.

Components:
Cryptococcal antigen and titer, if positive.

Stability:
Send to laboratory immediately. Ambient: (15-25°C) 24 hours; Refrigerated: (2-8°C) 72 hours.

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- CRS, CrAG, serum Cryptococcus
- LAB779-VML
- LAB779VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Evaluation of cryptococcal infection

Interpretive Data:
N/A

Reference Interval:
Negative

Additional Information:
Titer performed if positive.

Methodology:
Immunochromatographic detection.

Section:
Microbiology

CSF 14-3-3 Protein (Cjd)-NPD

LAB1079

ORDERING INFO

Synonyms:

- LAB1079-VML
- LAB1079VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB1079-VML
- LAB1079VML

ADDITIONAL INFORMATION

Section:

RF-NPD

Resulting Laboratory:

NPDPSC -Case Western Reserve Institute of Pathology

FULL VIEW

Synonyms:

- LAB1079-VML
- LAB1079VML

Resulting Laboratory:

NPDPSC -Case Western Reserve Institute of Pathology

Section:

RF-NPD

Links:

Test Sent to Reference Lab. Click Here for Test Details

CSF ADmark Phospho-Tau Anly-ATH

LAB3184

ORDERING INFO

Synonyms:

- LAB3184-VML
- LAB3184VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3184-VML
- LAB3184VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3184-VML
- LAB3184VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

CSF Amino Acid Screen, cerebral spinal fluid (CSF)

LAB3149

ORDERING INFO

Collect:

Sterile container

Synonyms:

- LAB3149, CSA
- LAB3149-VML
- LAB3149VML

Turn Around Time:

STAT: 24 hours (STAT testing must be called to lab in advance and approved by the medical director) Routine: 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Patient should be fasting for 2 - 3 hours prior to collection.

Collect:

Sterile container

Specimen Preparation:

All CSF specimens must be accompanied with a plasma specimen that was drawn within 24 hours to calculate CSF/Plasma glycine ratio. CSF must be delivered to lab on ice and stored frozen. Do not centrifuge. (Minimum 0.2 mL CSF)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Frozen (-20°C)

Performed:

Monday - Friday

Stability:

Frozen (-20°C): 6 months

Specimen:
CSF

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is used to diagnose non-ketotic hyperglycinemia.

Synonyms:

- LAB3149, CSA
- LAB3149-VML
- LAB3149VML

Performed:
Monday - Friday

Turn Around Time:
STAT: 24 hours (STAT testing must be called to lab in advance and approved by the medical director) Routine: 3 days

Methodology:
Liquid chromatography/tandem mass spectrometry

Components:
Histidine, Asparagine, Taurine, Serine, Glutamine, Arginine, Glycine, Aspartic Acid, Citrulline, Threonine, Alanine, Alpha Aminobutyric Acid, Ornithine, Lysine, Tyrosine, Methionine, Valine, Isoleucine, Leucine, Phenylalanine, Miscellaneous Amino Acid

RESULTS INTERPRETATION

Reference Interval:
Supplied with results

Interpretive Data:
A ratio of CSF:plasma glycine greater than 0.08 is considered diagnostic of non-ketotic hyperglycinemia (ratios of 0.04 - 0.08 are equivocal; < 0.02 is normal).

Methodology:
Liquid chromatography/tandem mass spectrometry

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
CSF should not be centrifuged.

Components:
Histidine, Asparagine, Taurine, Serine, Glutamine, Arginine, Glycine, Aspartic Acid, Citrulline, Threonine, Alanine, Alpha Aminobutyric Acid, Ornithine, Lysine, Tyrosine, Methionine, Valine, Isoleucine, Leucine, Phenylalanine, Miscellaneous Amino Acid

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile container

Specimen Preparation:
All CSF specimens must be accompanied with a plasma specimen that was drawn within 24 hours to calculate CSF/Plasma glycine ratio. CSF must be delivered to lab on ice and stored frozen. Do not centrifuge. (Minimum 0.2 mL CSF)

Pediatric Collection:
N/A

Preferred Collection Volume:
1.5 mL CSF

Alternate Specimen:
N/A

Patient Preparation:
Patient should be fasting for 2 - 3 hours prior to collection.

Specimen:
CSF

Reasons for Rejection:
No paired plasma specimen, QNS, improper collection

Components:
Histidine, Asparagine, Taurine, Serine, Glutamine, Arginine, Glycine, Aspartic Acid, Citrulline, Threonine, Alanine, Alpha Aminobutyric Acid, Ornithine, Lysine, Tyrosine, Methionine, Valine, Isoleucine, Leucine, Phenylalanine, Miscellaneous Amino Acid

Stability:
Frozen (-20°C): 6 months

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB3149, CSA
- LAB3149-VML
- LAB3149VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 24 hours (STAT testing must be called to lab in advance and approved by the medical director) Routine: 3 days

Ordering Indicators:
This test is used to diagnose non-ketotic hyperglycinemia.

Interpretive Data:
A ratio of CSF:plasma glycine greater than 0.08 is considered diagnostic of non-ketotic hyperglycinemia (ratios of 0.04 - 0.08 are equivocal; < 0.02 is normal).

Reference Interval:
Supplied with results

Additional Information:
CSF should not be centrifuged.

Methodology:
Liquid chromatography/tandem mass spectrometry

Section:
Special Chemistry

CSF BK Virus DNA, QI PCR-QSTD

LAB3187

ORDERING INFO

Synonyms:

- LAB3187-VML
- LAB3187VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3187-VML
- LAB3187VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB3187-VML
- LAB3187VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

CSF Blastomyces Ab Immuno-MAYO

LAB6202

ORDERING INFO

Synonyms:

- LAB6202-VML
- LAB6202VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6202-VML
- LAB6202VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6202-VML
- LAB6202VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

CSF Cell Count w/ Diff(CSF tubes)

LAB212

ORDERING INFO

Collect:

Body fluid container

Synonyms:

- CSF Cell Count w/ Diff, CSF Cell Count, LAB212, CSF Cell Cnt
- LAB212-VML
- LAB212VML

Turn Around Time:

Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:

Please use special collection kit for CSF collction with tubes labeled one through four

Collect:

Body fluid container

Specimen Preparation:

MD to collect - deliver to the lab immediately

Pediatric Collection:

N/A

Storage/Transport Temperature:

Refrigerated or room temperature. Please hand carry to specimen receiving

Performed:

Daily

Stability:

Refrigerated or room temperature

Specimen:

CSF: Fresh specimen; deliver to the lab immediately

Alternate Specimen:
Sterile container with no additive

ORDERING

Ordering Indicators:
Brain abscess, encephalitis, Guillain-Barre syndrome, leukemic/malignant spread, lymphoma, meningitis, MS, neurosyphilis, spinal cord tumor, subarachnoid hemorrhage, and undiagnosed neurologic disorders

Synonyms:

- CSF Cell Count w/ Diff, CSF Cell Count, LAB212, CSF Cell Cnt
- LAB212-VML
- LAB212VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Glocyte(VH) or manual hemocytometer count; Wright stained cytospin differential

Components:
Tube # CSF, Gross Appearance CSF, Nucleated cells CSF, RBC CSF, Total cells CSF(differential), Comment CSF

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
Traumatic tap

Methodology:
Glocyte(VH) or manual hemocytometer count; Wright stained cytospin differential

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
Sterile container with no additive

Additional Information:
If limited specimen please specify what tests are most critical (to be done first)

Components:
Tube # CSF, Gross Appearance CSF, Nucleated cells CSF, RBC CSF, Total cells CSF(differential), Comment CSF

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Body fluid container

Specimen Preparation:
MD to collect - deliver to the lab immediately

Pediatric Collection:
N/A

Preferred Collection Volume:
1 mL/CSF vial

Alternate Specimen:
Sterile container with no additive

Patient Preparation:
Please use special collection kit for CSF collction with tubes labeled one through four

Specimen:
CSF: Fresh specimen; deliver to the lab immediately

Reasons for Rejection:
Clotted, QNS, specimen age

Components:
Tube # CSF, Gross Appearance CSF, Nucleated cells CSF, RBC CSF, Total cells CSF(differential), Comment CSF

Stability:
Refrigerated or room temperature

Storage/Transport Temperature:
Refrigerated or room temperature. Please hand carry to specimen receiving

Synonyms:

- CSF Cell Count w/ Diff, CSF Cell Count, LAB212, CSF Cell Cnt
- LAB212-VML
- LAB212VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
Brain abscess, encephalitis, Guillain-Barre syndrome, leukemic/malignant spread, lymphoma, meningitis, MS, neurosyphilis, spinal cord tumor, subarachnoid hemorrhage, and undiagnosed neurologic disorders

Interpretive Data:
Traumatic tap

Reference Interval:
Not established for this test

Additional Information:
If limited specimen please specify what tests are most critical (to be done first)

Methodology:
Glocyte(VH) or manual hemocytometer count; Wright stained cytospin differential

Section:
Hematology

CSF CYTOLOGY

csf

ORDERING INFO

Collect:
Clean specimen container and/or the Plastic LP tube. The third or fourth tube collected is preferable for cytology.

Synonyms:

- Cerebrospinal fluid

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container and/or the Plastic LP tube. The third or fourth tube collected is preferable for cytology.

Specimen Preparation:
1. The CSF specimen is collected in the appropriate specimen container (min 1 mL). 2. Place Epic order for Cytology CSF (Answering "Suspected or confirmed diagnosis of leukemia or lymphoma" question determines which Cytology testing is needed). The lab must be informed if patient had prior or has suspected leukemia or lymphoma. Specimens on patients with a history of carcinoma or other non-hematopoietic disease processes are directed to the CSF Cytology test for the Cytopathology lab, while patients with a history of lymphoma or leukemia are directed to the CSF Hematology test for the Hematopathology lab. 3. Indicate specimen source when completing the collection task in Epic. 4. Specimen vial is to be labeled with label ready labels. 5. Please send Epic requisition when there is no history of leukemia or lymphoma or if it is unknown, along with the specimen vial(s) to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Refrigerated: (2-8°C) is optimal. Call lab for assistance at 615-322-2721.

Performed:
Monday-Friday

Stability:
Refrigerated: (2-8°C) 6 days

Specimen:
Fresh specimen - deliver to the lab immediately

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Synonyms:

- Cerebrospinal fluid

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
Cytocentrifuge procedure

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
Cytocentrifuge procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
CSF on patients with a history of lymphoma or leukemia should be ordered on the CSF hematology test panel to be performed by Hematopathology.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container and/or the Plastic LP tube. The third or fourth tube collected is preferable for cytology.

Specimen Preparation:
1. The CSF specimen is collected in the appropriate specimen container (min 1 mL). 2. Place Epic order for Cytology CSF (Answering "Suspected or confirmed diagnosis of leukemia or lymphoma" question determines which Cytology testing is needed). The lab must be informed if patient had prior or has suspected leukemia or lymphoma. Specimens on patients with a history of carcinoma or other non-hematopoietic disease processes are directed to the CSF Cytology test for the Cytopathology lab, while patients with a history of lymphoma or leukemia are directed to the CSF Hematology test for the Hematopathology lab. 3. Indicate specimen source when completing the collection task in Epic. 4. Specimen vial is to be labeled with label ready labels. 5. Please send Epic requisition when there is no history of leukemia or lymphoma or if it is unknown, along with the specimen vial(s) to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Fresh specimen - deliver to the lab immediately

Reasons for Rejection:
Mislabeled specimen, specimen received in a glass container, received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing, incorrect test ordered.

Components:
N/A

Stability:
Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Refrigerated: (2-8°C) is optimal. Call lab for assistance at 615-322-2721.

Synonyms:

- Cerebrospinal fluid

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:

CSF on patients with a history of lymphoma or leukemia should be ordered on the CSF hematology test panel to be performed by Hematopathology.

Methodology:

Cytocentrifuge procedure

Section:

Cytology

CSF Encephalopathy-Autoimmune/Paraneoplastic Eval-MAYO

LAB6305

ORDERING INFO

Synonyms:

- LAB6305-VML
- LAB6305VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6305-VML
- LAB6305VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6305-VML
- LAB6305VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

CSF Fungitell Beta-D-Glucan w/Rfx to Titr-VRCR

LAB6594

ORDERING INFO

Synonyms:

- LAB6594-VML
- LAB6594VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6594-VML
- LAB6594VML

ADDITIONAL INFORMATION

Section:

RF-VRCR

Resulting Laboratory:

Viracor

FULL VIEW

Synonyms:

- LAB6594-VML
- LAB6594VML

Resulting Laboratory:

Viracor

Section:

RF-VRCR

Links:

Test Sent to Reference Lab. Click Here for Test Details

CSF Histoplasma Ab Complement-QSTD

LAB3193

ORDERING INFO

Synonyms:

- LAB3193-VML
- LAB3193VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3193-VML
- LAB3193VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB3193-VML
- LAB3193VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

CSF Histoplasma Ab-MAYO

LAB3211

ORDERING INFO

Synonyms:

- LAB3211-VML
- LAB3211VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3211-VML
- LAB3211VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3211-VML
- LAB3211VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

CSF NMO/Aqua IgG Eval w/Rfx-MAYO

LAB5773

ORDERING INFO

Synonyms:

- LAB5773-VML
- LAB5773VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5773-VML
- LAB5773VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB5773-VML
- LAB5773VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

CSF Oligoclonal Bands

LAB3146

ORDERING INFO

Collect:

LP (CSF)

and Red top tube (no gel) (blood)

Synonyms:

- LAB3146, OLG, Olgio
- LAB3146-VML
- LAB3146VML

Turn Around Time:

7 days

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

LP (CSF)

and Red top tube (no gel) (blood)

Specimen Preparation:

This assay requires both serum and CSF. Serum should be collected in a 5 mL red top tube within 5 days of CSF collection. Refrigerate upon collection. If IgG Index is necessary, order corresponding ARUP send-out. (Min 1.0ml Blood)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Refrigerated: (2-8°C)

Performed:

2-3 times / week

Stability:

Refrigerated: (2-8°C): 24 hours, frozen (-20°C): 1 month

Specimen:
CSF and blood

Alternate Specimen:
LP Tube and Gold tube (With gel)

ORDERING

Ordering Indicators:
Indicated for identification of reactive immunologic processes in the CSF/CNS. If IgG index is necessary, also order corresponding ARUP send-out.

Synonyms:

- LAB3146, OLG, Olgio
- LAB3146-VML
- LAB3146VML

Performed:
2-3 times / week

Turn Around Time:
7 days

Methodology:
Serum/CSF Isoelectric focusing

Components:
CSF Oligoclonal Bands

RESULTS INTERPRETATION

Reference Interval:
No oligoclonal bands

Interpretive Data:
Oligoclonal bands present in the CSF alone (without corresponding bands in the serum) indicate a CSF-specific immune-mediated process. The presence of no CSF-specific oligoclonal bands is considered a normal result. The presence of 1-3 CSF-specific oligoclonal bands is reported as an equivocal result, with the number of bands observed provided. Four or more CSF-specific oligoclonal bands is reported as a positive result.

Methodology:
Serum/CSF Isoelectric focusing

ADDITIONAL INFORMATION

Section:
Hematopathology/ Flow Cytometry

Alternate Specimen:
LP Tube and Gold tube (With gel)

Additional Information:
MUST DRAW CSF AND 5 ML RED TOP BLOOD. INCLUDES OLIGOCLONAL IGG AND IGG INDEX ON CSF AND BLOOD SPECIMEN(S) MUST DRAW CSF IN ADDITION TO 4.5 ML LT GREEN TOP BLOOD AND 5 ML RED TOP BLOOD. INCLUDES OLIGOCLONAL IGG AND IGG INDEX ON CSF AND BLOOD SPECIMEN(S).

Components:
CSF Oligoclonal Bands

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:

LP (CSF)

and Red top tube (no gel) (blood)

Specimen Preparation:

This assay requires both serum and CSF. Serum should be collected in a 5 mL red top tube within 5 days of CSF collection. Refrigerate upon collection. If IgG Index is necessary, order corresponding ARUP send-out. (Min 1.0ml Blood)

Pediatric Collection:

N/A

Preferred Collection Volume:

Blood: 4.0 ml, CSF in LP tube: 1-2ml

Alternate Specimen:

LP Tube and Gold tube (With gel)

Patient Preparation:

N/A

Specimen:

CSF and blood

Reasons for Rejection:

Blood drawn in any anticoagulant or blood sample received >7 days of the CSF collection

Components:

CSF Oligoclonal Bands

Stability:

Refrigerated: (2-8°C): 24 hours, frozen (-20°C): 1 month

Storage/Transport Temperature:

Refrigerated: (2-8°C)

Synonyms:

- LAB3146, OLG, Olgio
- LAB3146-VML
- LAB3146VML

Performed:

2-3 times / week

Resulting Laboratory:

Vanderbilt Medical Laboratories

Turn Around Time:

7 days

Ordering Indicators:

Indicated for identification of reactive immunologic processes in the CSF/CNS. If IgG index is necessary, also order corresponding ARUP send-out.

Interpretive Data:

Oligoclonal bands present in the CSF alone (without corresponding bands in the serum) indicate a CSF-specific immune-mediated process. The presence of no CSF-specific oligoclonal bands is considered a normal result. The presence of 1-3 CSF-specific oligoclonal bands is reported as an equivocal result, with the number of bands observed provided. Four or more CSF-specific oligoclonal bands is reported as a positive result.

Reference Interval:

No oligoclonal bands

Additional Information:

MUST DRAW CSF AND 5 ML RED TOP BLOOD. INCLUDES OLIGOCLONAL IGG AND IGG INDEX ON CSF AND BLOOD SPECIMEN(S) MUST DRAW CSF IN ADDITION TO 4.5 ML LT GREEN TOP BLOOD AND 5 ML RED TOP BLOOD. INCLUDES OLIGOCLONAL IGG AND IGG INDEX ON CSF AND BLOOD SPECIMEN(S).

Methodology:
Serum/CSF Isoelectric focusing

Section:
Hematopathology/ Flow Cytometry

CSF Paraneoplastic AutoAb Eval-MAYO

LAB3216

ORDERING INFO

Synonyms:

- LAB3216-VML
- LAB3216VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3216-VML
- LAB3216VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3216-VML
- LAB3216VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

C-Telopeptide, Beta-Cross-Linked, Serum

LAB3727

ORDERING INFO

Collect:
Serum separator tube, lavender (K_2 EDTA or K_3 EDTA), pink (K_2 EDTA). A morning specimen is preferred.

Synonyms:

- B-Cross Laps
- bone resorption marker
- Carboxy terminal collagen crosslinks
- Collagen C Telopeptide
- Collagen Type I-C
- CTx
- Beta-CTx
- B-CTx
- Beta-Cross Laps
- C-Telopeptide
- C-terminal collagen crosslinks
- Collagen Type I-C Telopeptide
- LAB3727-VML
- LAB3727VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting specimen preferred.

Collect:
Serum separator tube, lavender (K_2 EDTA or K_3 EDTA), pink (K_2 EDTA). A morning specimen is preferred.

Specimen Preparation:
Allow serum separator tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Hemolyzed specimens. Green lithium heparin plasma

Storage/Transport Temperature:
Frozen

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 48 hours; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- B-Cross Laps
- bone resorption marker
- Carboxy terminal collagen crosslinks
- Collagen C Telopeptide
- Collagen Type I-C
- CTx
- Beta-CTx
- B-CTx
- Beta-Cross Laps
- C-Telopeptide
- C-terminal collagen crosslinks
- Collagen Type I-C Telopeptide
- LAB3727-VML
- LAB3727VML

Ordering Recommendations:
Preferred test to measure bone resorption and monitor response to antiresorptive therapy (eg, bisphosphonates, hormone replacement therapy) in postmenopausal women and individuals with osteoporosis.

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

Age	Female	Male
6 months-6 years	500-1800 pg/mL	500-1700 pg/mL
7-9 years	566-1690 pg/mL	522-1682 pg/mL
10-12 years	503-2077 pg/mL	553-2071 pg/mL
13-15 years	160-1590 pg/mL	485-2468 pg/mL
16-17 years	167-933 pg/mL	276-1546 pg/mL
18-29 years		238-1019 pg/mL
30-39 years		225-936 pg/mL
40-49 years		182-801 pg/mL
50-59 years		161-737 pg/mL
60-69 years		132-752 pg/mL
70 years or greater		118-776 pg/mL
Premenopausal	136-689 pg/mL	
Postmenopausal	177-1015 pg/mL	

Methodology:
Quantitative Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
82523

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube, lavender (K_2 EDTA or K_3 EDTA), pink (K_2 EDTA). A morning specimen is preferred.

Specimen Preparation:
Allow serum separator tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Fasting specimen preferred.

Unacceptable Conditions:
Hemolyzed specimens. Green lithium heparin plasma

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 48 hours; Frozen: 3 months

Storage/Transport Temperature:
Frozen

Synonyms:

- B-Cross Laps
- bone resorption marker
- Carboxy terminal collagen crosslinks
- Collagen C Telopeptide
- Collagen Type I-C
- CTx
- Beta-CTx
- B-CTx
- Beta-Cross Laps
- C-Telopeptide
- C-terminal collagen crosslinks
- Collagen Type I-C Telopeptide
- LAB3727-VML
- LAB3727VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Preferred test to measure bone resorption and monitor response to antiresorptive therapy (eg, bisphosphonates, hormone replacement therapy) in postmenopausal women and individuals with osteoporosis.

Reference Interval:

Age	Female	Male
6 months-6 years	500-1800 pg/mL	500-1700 pg/mL
7-9 years	566-1690 pg/mL	522-1682 pg/mL
10-12 years	503-2077 pg/mL	553-2071 pg/mL
13-15 years	160-1590 pg/mL	485-2468 pg/mL
16-17 years	167-933 pg/mL	276-1546 pg/mL
18-29 years		238-1019 pg/mL
30-39 years		225-936 pg/mL
40-49 years		182-801 pg/mL
50-59 years		161-737 pg/mL
60-69 years		132-752 pg/mL
70 years or greater		118-776 pg/mL
Premenopausal	136-689 pg/mL	
Postmenopausal	177-1015 pg/mL	

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
82523

CTL Function-CINN

LAB3932

ORDERING INFO

Synonyms:

- LAB3932-VML
- LAB3932VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3932-VML
- LAB3932VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3932-VML
- LAB3932VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

CU Index Pnl-VRCR

LAB3934

ORDERING INFO

Synonyms:

- LAB3934-VML
- LAB3934VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3934-VML
- LAB3934VML

ADDITIONAL INFORMATION

Section:

RF-VRCR

Resulting Laboratory:

Viracor

FULL VIEW

Synonyms:

- LAB3934-VML
- LAB3934VML

Resulting Laboratory:

Viracor

Section:

RF-VRCR

Links:

Test Sent to Reference Lab. Click Here for Test Details

CU Index-VRCR

LAB3933

ORDERING INFO

Synonyms:

- LAB3933-VML
- LAB3933VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3933-VML
- LAB3933VML

ADDITIONAL INFORMATION

Section:

RF-VRCR

Resulting Laboratory:

Viracor

FULL VIEW

Synonyms:

- LAB3933-VML
- LAB3933VML

Resulting Laboratory:

Viracor

Section:

RF-VRCR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Culture Mycoplasma/Ureaplasma-UAB

LAB3137

ORDERING INFO

Synonyms:

- LAB3137-VML
- LAB3137VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3137-VML
- LAB3137VML

ADDITIONAL INFORMATION

Section:

RF-UAB

Resulting Laboratory:

UAB Laboratories

FULL VIEW

Synonyms:

- LAB3137-VML
- LAB3137VML

Resulting Laboratory:

UAB Laboratories

Section:

RF-UAB

Links:

Test Sent to Reference Lab. Click Here for Test Details

Cyanide, Whole Blood

LAB6197

ORDERING INFO

Collect:
Gray top tube (Sodium Fluoride / Potassium Oxalate)

Synonyms:

- CN
- Hydrogen Cyanide
- Potassium Cyanide
- LAB6197-VML
- LAB6197VML

SPECIMEN REQUIREMENTS

Collect:
Gray top tube (Sodium Fluoride / Potassium Oxalate)

Specimen Preparation:
1 mL whole blood. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Stability (from collection to initiation):
Ambient: Undefined; Refrigerated: 1 week; Frozen: 3 months

Performed:
Varies

ORDERING

Synonyms:

- CN
- Hydrogen Cyanide
- Potassium Cyanide
- LAB6197-VML
- LAB6197VML

Ordering Recommendations:
Use to monitor cyanide exposure.

Performed:
Varies

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
8-11 days

Notes:
Studies have shown that cyanide has variable instability in biological specimens and is particularly unstable in some postmortem specimens. The loss of cyanide can be minimized by shipping the sample to the laboratory for analysis as soon as possible, preferably using refrigerated or frozen transportation and preservation using sodium fluoride/potassium oxalate (grey-top tube). The potential for increases in cyanide concentrations, although rare, have also been demonstrated and may be due to microbial action. Preservation with sodium fluoride may reduce this possibility.

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
82600

Section:
RF-ARUP

Notes:
Studies have shown that cyanide has variable instability in biological specimens and is particularly unstable in some postmortem specimens. The loss of cyanide can be minimized by shipping the sample to the laboratory for analysis as soon as possible, preferably using refrigerated or frozen transportation and preservation using sodium fluoride/potassium oxalate (grey-top tube). The potential for increases in cyanide concentrations, although rare, have also been demonstrated and may be due to microbial action. Preservation with sodium fluoride may reduce this possibility.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Gray top tube (Sodium Fluoride / Potassium Oxalate)

Specimen Preparation:
1 mL whole blood. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: Undefined; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Synonyms:

- CN
- Hydrogen Cyanide
- Potassium Cyanide
- LAB6197-VML
- LAB6197VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Ordering Recommendations:
Use to monitor cyanide exposure.

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82600

Notes:
Studies have shown that cyanide has variable instability in biological specimens and is particularly unstable in some postmortem specimens. The loss of cyanide can be minimized by shipping the sample to the laboratory for analysis as soon as possible, preferably using refrigerated or frozen transportation and preservation using sodium fluoride/potassium oxalate (grey-top tube). The potential for increases in cyanide concentrations, although rare, have also been demonstrated and may be due to microbial action. Preservation with sodium fluoride may reduce this possibility.

Cyclic Citrulline Peptide (CCP), serum or plasma

LAB851

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB851, CCP, CCP IgG, Anti-CCP
- LAB851-VML
- LAB851VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used to evaluating patients suspected of having rheumatoid arthritis

Synonyms:

- LAB851, CCP, CCP IgG, Anti-CCP
- LAB851-VML
- LAB851VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
CCP IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result in conjunction with clinical features may be suggestive of rheumatoid arthritis.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
CCP IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
CCP IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB851, CCP, CCP IgG, Anti-CCP
- LAB851-VML
- LAB851VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to evaluating patients suspected of having rheumatoid arthritis

Interpretive Data:
A positive result in conjunction with clinical features may be suggestive of rheumatoid arthritis.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Cyclin D-1 (SP4) Immunohistochemical Stain, Formalin Fixed Parffin Embedded Tissue

CoPath96

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- BCL1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BCL1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- BCL1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cyclosporine Trough Level, whole blood

LAB874

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB874, CYO, Cyclo, Sandimmune
- LAB874-VML
- LAB874VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimens should be drawn immediately prior to dosing.

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Draw immediately before next dose at steady state. Ship in approved containers. (Minimum: 0.5 mL blood)

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 1 week

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is used in the monitoring of cyclosporine in therapeutic intervention.

Synonyms:

- LAB874, CYO, Cyclo, Sandimmune
- LAB874-VML
- LAB874VML

Performed:
Daily

Turn Around Time:
24 hours

Methodology:
CMIA

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0-150 years old: 100 - 300 ng/mL

Interpretive Data:
The optimal therapeutic range for a given patient may differ based on the indication for therapy, treatment phase (initiation or maintenance), use in combination with other drugs, time of specimen collection relative to prior dose, type of transplanted organ, and/or the therapeutic approach of the transplant center.

Methodology:
CMIA

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Must be in lab by 2 pm for same day analysis.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Draw immediately before next dose at steady state. Ship in approved containers. (Minimum: 0.5 mL blood)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
Specimens should be drawn immediately prior to dosing.

Specimen:
Whole blood

Reasons for Rejection:
Clotted specimen, frozen specimen, spun down specimen, QNS

Components:
N/A

Stability:
Refrigerated (2-8°C): 1 week

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB874, CYO, Cyclo, Sandimmune
- LAB874-VML
- LAB874VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
This test is used in the monitoring of cyclosporine in therapeutic intervention.

Interpretive Data:
The optimal therapeutic range for a given patient may differ based on the indication for therapy, treatment phase (initiation or maintenance), use in combination with other drugs, time of specimen collection relative to prior dose, type of transplanted organ, and/or the therapeutic approach of the transplant center.

Reference Interval:
0-150 years old: 100 - 300 ng/mL

Additional Information:
Must be in lab by 2 pm for same day analysis.

Methodology:
CMIA

Section:
Special Chemistry

CYST FLUID CYTOLOGY

ORDERING INFO

Collect:
Clean specimen container.

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Fresh specimen in a clean specimen container.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
MUST STATE BODY SITE. Need patient history of prior or suspected malignancy; i.e. carcinoma, melanoma, lymphoma, etc.

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Fresh specimen in a clean specimen container.

Reasons for Rejection:
Mislabeled specimen, specimen received in a glass container, received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing.

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
MUST STATE BODY SITE. Need patient history of prior or suspected malignancy; i.e. carcinoma, melanoma, lymphoma, etc.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
ThinPrep procedure

Section:
Cytology

Cystatin C, Plasma

LAB3417

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- STC , LAB3417
- LAB3417-VML
- LAB3417VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.4 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 6 months

Specimen:
Plasma

Alternate Specimen:
N/A (Serum for Roche Not approved)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- STC , LAB3417
- LAB3417-VML
- LAB3417VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Particle enhanced immunoturbidimetric assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
In patients <18 years, the reference interval is not established. Refer to the estimated glomerular filtration rate (eGFR). 18 - <49 years: 0.63 - 1.03 mg/L >49 years: 0.67 - 1.21 mg/L

Interpretive Data:
N/A

Methodology:
Particle enhanced immunoturbidimetric assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A (Serum for Roche Not approved)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.4 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A (Serum for Roche Not approved)

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 6 months

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- STC , LAB3417
- LAB3417-VML
- LAB3417VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
In patients <18 years, the reference interval is not established. Refer to the estimated glomerular filtration rate (eGFR). 18 - <49 years: 0.63 - 1.03 mg/L >49 years: 0.67 - 1.21 mg/L

Additional Information:
N/A

Methodology:
Particle enhanced immunoturbidimetric assay

Section:
Chemistry

Cystic Fibrosis (*CFTR*) Expanded Variant Panel

LAB6071

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA).

Synonyms:

- CF DNA Analysis
- CF Gene Mutation Panel
- CF Molecular Genetic Testing
- CF population carrier screening test
- Classic CF
- Cystic Fibrosis Genotyping
- LAB6071-VML
- LAB6071VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Plasma or serum. Specimens collected in sodium heparin, yellow (ACD solution), or lithium heparin tubes. Frozen specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: unacceptable

Performed:
Sun-Sat

ORDERING

Synonyms:

- CF DNA Analysis
- CF Gene Mutation Panel
- CF Molecular Genetic Testing
- CF population carrier screening test
- Classic CF
- Cystic Fibrosis Genotyping
- LAB6071-VML
- LAB6071VML

Ordering Recommendations:
Carrier screening for expectant individuals and those planning a pregnancy AND diagnostic testing for individuals with symptoms of classic CF.

Performed:
Sun-Sat

Methodology:
Matrix-Assisted Laser Desorption Ionization-Time of Flight (MALDI-TOF) Mass Spectrometry

Reported:
5-10 days

Notes:
The Cystic Fibrosis (CFTR) Expanded Variant Panel includes the 23 pathogenic CF variants recommended by the American College of Medical Genetics for carrier screening as well as many more.

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to report.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Methodology:
Matrix-Assisted Laser Desorption Ionization-Time of Flight (MALDI-TOF) Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
81220

Section:
RF-ARUP

Notes:
The Cystic Fibrosis (CFTR) Expanded Variant Panel includes the 23 pathogenic CF variants recommended by the American College of Medical Genetics for carrier screening as well as many more.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Plasma or serum. Specimens collected in sodium heparin, yellow (ACD solution), or lithium heparin tubes. Frozen specimens.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- CF DNA Analysis
- CF Gene Mutation Panel
- CF Molecular Genetic Testing
- CF population carrier screening test
- Classic CF
- Cystic Fibrosis Genotyping
- LAB6071-VML
- LAB6071VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
5-10 days

Ordering Recommendations:
Carrier screening for expectant individuals and those planning a pregnancy AND diagnostic testing for individuals with symptoms of classic CF.

Interpretive Data:
Refer to report.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Reference Interval:
By report

Methodology:
Matrix-Assisted Laser Desorption Ionization-Time of Flight (MALDI-TOF) Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
81220

Notes:

The Cystic Fibrosis (CFTR) Expanded Variant Panel includes the 23 pathogenic CF variants recommended by the American College of Medical Genetics for carrier screening as well as many more.

Cystic Fibrosis (CFTR) Seq & Del/Dup (Symptomatic) - AMB

LAB3043

ORDERING INFO

Synonyms:

- LAB3043-VML
- LAB3043VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3043-VML
- LAB3043VML

ADDITIONAL INFORMATION

Section:

RF-AMB

Resulting Laboratory:

Ambry Genetics

FULL VIEW

Synonyms:

- LAB3043-VML
- LAB3043VML

Resulting Laboratory:

Ambry Genetics

Section:

RF-AMB

Links:

Test Sent to Reference Lab. Click Here for Test Details

Cysticercosis Antibody, IgG by ELISA

LAB1236

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Neurocysticercosis
- Taenia solium Antibody
- Taenia solium IgG Antibody
- Tapeworm IgG antibody
- Cysticercosis AB, ELISA
- LAB1236-VML
- LAB1236VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
CSF. Contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Sat

ORDERING

Synonyms:

- Neurocysticercosis
- Taenia solium Antibody
- Taenia solium IgG Antibody
- Tapeworm IgG antibody
- Cysticercosis AB, ELISA
- LAB1236-VML
- LAB1236VML

Ordering Recommendations:
Use to detect presence of IgG antibodies to T. solium in serum if clinical suspicion of cysticercosis exists.

Performed:
Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Cysticercosis Ab, IgG by ELISA	<9 U

Interpretive Data:

Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.

Patients with collagen vascular diseases, hepatic cirrhosis, schistosomiasis, and other parasitic infections can produce false-positive results. There is a strong cross-reaction between cysticercosis and echinococcosis positive sera. Confirmation of positive ELISA results by the cysticercosis antibody, IgG by Western blot is recommended.

Component	Unit Of Measure	Interpretation
Cysticercosis Ab, IgG by ELISA	<9 U 9-11 U >11 U	Negative - No significant level of cysticercosis IgG antibody detected. Equivocal - Recommend repeat testing in 2-4 weeks with fresh sample. Positive - IgG antibodies to cysticercosis detected, which may suggest current or past infection.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86682

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:

CSF. Contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Neurocysticercosis
- Taenia solium Antibody
- Taenia solium IgG Antibody
- Tapeworm IgG antibody
- Cysticercosis AB, ELISA
- LAB1236-VML
- LAB1236VML

Performed:

Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-8 days

Ordering Recommendations:

Use to detect presence of IgG antibodies to T. solium in serum if clinical suspicion of cysticercosis exists.

Interpretive Data:

Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.

Patients with collagen vascular diseases, hepatic cirrhosis, schistosomiasis, and other parasitic infections can produce false-positive results. There is a strong cross-reaction between cysticercosis and echinococcosis positive sera. Confirmation of positive ELISA results by the cysticercosis antibody, IgG by Western blot is recommended.

Component	Unit Of Measure	Interpretation
Cysticercosis Ab, IgG by ELISA	<9 U 9-11 U >11 U	Negative - No significant level of cysticercosis IgG antibody detected. Equivocal - Recommend repeat testing in 2-4 weeks with fresh sample. Positive - IgG antibodies to cysticercosis detected, which may suggest current or past infection.

Reference Interval:

Components	Reference Interval
Cysticercosis Ab, IgG by ELISA	<9 U

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

86682

Cytogenomic SNP Microarray

LAB3011

ORDERING INFO

Collect:

Lavender (EDTA) and Dark green (Sodium Heparin)

Synonyms:

- High Resolution Chromosome Analysis, CHM
- LAB3011-VML
- LAB3011VML

Turn Around Time:

28 days

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Lavender (EDTA) and Dark green (Sodium Heparin)

Specimen Preparation:

Include patient history and diagnosis

Pediatric Collection:

2mL

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Monday - Friday

Stability:

Ambient: (15-25°C) preferably <12 hours old, especially for newborns

Specimen:

Peripheral blood

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- High Resolution Chromosome Analysis, CHM
- LAB3011-VML
- LAB3011VML

Performed:
Monday - Friday

Turn Around Time:
28 days

Methodology:
Cytogenomic constitutional (genome-wide) microarray analysis for SNP and copy number variants

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
N/A

Methodology:
Cytogenomic constitutional (genome-wide) microarray analysis for SNP and copy number variants

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavender (EDTA) and Dark green (Sodium Heparin)

Specimen Preparation:
Include patient history and diagnosis

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Peripheral blood

Reasons for Rejection:
Clotted, frozen

Components:
N/A

Stability:
Ambient: (15-25°C) preferably <12 hours old, especially for newborns

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- High Resolution Chromosome Analysis, CHM
- LAB3011-VML
- LAB3011VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
28 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Cytogenomic constitutional (genome-wide) microarray analysis for SNP and copy number variants

Section:
Cytogenetics

Cytokeratin 19 (A53-B/A2.26) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath97

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- CK19

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CK19

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- CK19

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cytokeratin 20 (SP33) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath98

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- CK20

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CK20

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- CK20

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cytokeratin 5/6 (D5 and 16B4) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath99

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- CK5/6

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CK5/6

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- CK5/6

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cytokeratin 7 (RN7) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath100

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- CK7

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CK7

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- CK7

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cytokeratin 8/18 (5D3) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath101

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- CK8/18, Cam5.2

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CK8/18, Cam5.2

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- CK8/18, Cam5.2

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cytokeratin AE1/AE3 (AE1/AE3) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath102

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- AE1/AE3, panKeratin

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- AE1/AE3, panKeratin

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- AE1/AE3, panKeratin

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cytomegalovirus (CCH2 and DDG9) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath94

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- CMV

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CMV

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- CMV

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Cytomegalovirus (CMV) by Quantitative PCR

LAB913

ORDERING INFO

Collect:

Plasma Preparation Tube (PPT) [EDTA]

Synonyms:

- LAB913, Cytomegalovirus, CMQ, CMV DNA quant
- LAB913-VML
- LAB913VML

Turn Around Time:

72 hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Plasma Preparation Tube (PPT) [EDTA]

Specimen Preparation:

PPT tube must be centrifuged and plasma removed within 24 hours of collection. (0.8mL Plasma)

Pediatric Collection:

Lavender microtainer (EDTA)

Storage/Transport Temperature:

Ambient (15-25°C)

Performed:

Monday - Friday

Stability:

Blood: Up to 24 hours at Ambient (15-25°C), 6 days Refrigerated (2-8°C) once spun and plasma/serum separated.

Specimen:

Plasma (PPT)

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

CMV infection in immunocompetent individuals is usually asymptomatic; however, primary infection is associated with latency in a wide range of cells and tissues, including leukocytes. Immunocompromised individuals, including transplant patients and AIDS patients, are at risk for reactivation of latent CMV infection and development of severe disease. Clinical manifestations of CMV disease in immunocompromised hosts include fever, hematological abnormalities, retinitis, gastroenteritis, hepatitis, encephalitis, esophagitis, enterocolitis, pancreatitis, and pneumonia. Studies in transplant recipients have shown an association between CMV viral load in blood and risk of developing CMV disease. Similarly, increases in viral load over time have been associated with worse clinical outcomes. Quantitative PCR assays allow for diagnosis of active CMV infection, monitoring progression of disease, and assessing the virologic response to antiviral treatment.

Synonyms:

- LAB913, Cytomegalovirus, CMQ, CMV DNA quant
- LAB913-VML
- LAB913VML

Performed:

Monday - Friday

Turn Around Time:
72 hours

Methodology:
PCR (Polymerase Chain Reaction)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not Detected

Interpretive Data:
The quantitative range of this test is 1.54-7.00 log IU/mL (34.5-10,000,000 IU/mL). An interpretation of "Not Detected" does not rule out the presence of inhibitors or CMV DNA concentration below the level of detection of the assay. Care should be taken in the interpretation of any single viral load determination. International standardization has improved comparability of assay results across laboratories, but discrepancies still exist due to commutability issues with the standard.

Methodology:
PCR (Polymerase Chain Reaction)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Plasma Preparation Tube (PPT) [EDTA]

Specimen Preparation:
PPT tube must be centrifuged and plasma removed within 24 hours of collection. (0.8mL Plasma)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
2mL Plasma

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Plasma (PPT)

Reasons for Rejection:
Specimen not received within 24 hours unspun, Incorrect collection device (i.e. collected in an incorrect vacutainer), Quantity not sufficient

Components:
N/A

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days Refrigerated (2-8°C) once spun and plasma/serum separated.

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB913, Cytomegalovirus, CMQ, CMV DNA quant
- LAB913-VML
- LAB913VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 hours

Ordering Indicators:
CMV infection in immunocompetent individuals is usually asymptomatic; however, primary infection is associated with latency in a wide range of cells and tissues, including leukocytes. Immunocompromised individuals, including transplant patients and AIDS patients, are at risk for reactivation of latent CMV infection and development of severe disease. Clinical manifestations of CMV disease in immunocompromised hosts include fever, hematological abnormalities, retinitis, gastroenteritis, hepatitis, encephalitis, esophagitis, enterocolitis, pancreatitis, and pneumonia. Studies in transplant recipients have shown an association between CMV viral load in blood and risk of developing CMV disease. Similarly, increases in viral load over time have been associated with worse clinical outcomes. Quantitative PCR assays allow for diagnosis of active CMV infection, monitoring progression of disease, and assessing the virologic response to antiviral treatment.

Interpretive Data:
The quantitative range of this test is 1.54-7.00 log IU/mL (34.5-10,000,000 IU/mL). An interpretation of "Not Detected" does not rule out the presence of inhibitors or CMV DNA concentration below the level of detection of the assay. Care should be taken in the interpretation of any single viral load determination. International standardization has improved comparability of assay results across laboratories, but discrepancies still exist due to commutability issues with the standard.

Reference Interval:
Not Detected

Additional Information:
N/A

Methodology:
PCR (Polymerase Chain Reaction)

Section:
Molecular Infectious Disease

Cytomegalovirus Antibody, IgG Avidity

LAB3721

ORDERING INFO

Collect:
Serum separator tube (SST).

Synonyms:

- LAB3721-VML
- LAB3721VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Tue

ORDERING

Synonyms:

- LAB3721-VML
- LAB3721VML

Ordering Recommendations:
Aid in the diagnosis of cytomegalovirus (CMV) infection during pregnancy after initial testing for CMV IgM and IgG has been performed.

Performed:
Tue

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
0.50 Index or less: Low Avidity
0.51-0.59 Index: Intermediate Avidity
0.60 Index or greater: High Avidity

Interpretive Data:
Identifying CMV infections in pregnant women during the first trimester is of significant importance for clinical care. Acute infection is typically characterized by increased CMV-specific IgM and IgG antibodies. However, CMV IgM antibodies may persist for several months or even years after initial infection, which limits their utility in the accurate diagnosis of recent CMV infection. CMV IgM antibodies can also be detected during viral reactivation, thus complicating the diagnosis of a recent primary infection. Therefore, measuring IgG antibody avidity to CMV antigens can aid in discriminating recent from prior CMV infections. Index values of 0.5 or less generally indicate recent infection (within the previous 3 to 4 months). However low avidity values cannot exclude the possibility of persistent IgG antibodies with low avidity. Index values of 0.6 or greater indicate an infection occurring more than 3 months prior to testing. Because IgG avidity testing for CMV after the first trimester is not easily interpreted, detection of high avidity CMV IgG antibodies during the first trimester (12 to 16 weeks gestation) helps exclude a diagnosis of an acute CMV infection post-conception.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86644

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3721-VML
- LAB3721VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Aid in the diagnosis of cytomegalovirus (CMV) infection during pregnancy after initial testing for CMV IgM and IgG has been performed.

Interpretive Data:
Identifying CMV infections in pregnant women during the first trimester is of significant importance for clinical care. Acute infection is typically characterized by increased CMV-specific IgM and IgG antibodies. However, CMV IgM antibodies may persist for several months or even years after initial infection, which limits their utility in the accurate diagnosis of recent CMV infection. CMV IgM antibodies can also be detected during viral reactivation, thus complicating the diagnosis of a recent primary infection. Therefore, measuring IgG antibody avidity to CMV antigens can aid in discriminating recent from prior CMV infections. Index values of 0.5 or less generally indicate recent infection (within the previous 3 to 4 months). However low avidity values cannot exclude the possibility of persistent IgG antibodies with low avidity. Index values of 0.6 or greater indicate an infection occurring more than 3 months prior to testing. Because IgG avidity testing for CMV after the first trimester is not easily interpreted, detection of high avidity CMV IgG antibodies during the first trimester (12 to 16 weeks gestation) helps exclude a diagnosis of an acute CMV infection post-conception.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0.50 Index or less: Low Avidity
0.51-0.59 Index: Intermediate Avidity
0.60 Index or greater: High Avidity

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86644

Cytomegalovirus Drug Resistance by Next Generation Sequencing, Ganciclovir, Foscarnet, Cidofovir, Maribavir, and Letermovir

LAB6571

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA), or plasma preparation tube.

Synonyms:

- Cytomegalovirus (CMV) drug resistance, next generation sequencing
- Cytomegalovirus antiviral drug resistance
- Cytomegalovirus (CMV) genotype
- LAB6571-VML
- LAB6571VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA), or plasma preparation tube.

Specimen Preparation:
Separate plasma from cells within 24 hours. Transfer 3 mL plasma to an ARUP Standard Transport Tube. (Min: 2.5 mL)

Unacceptable Conditions:
Serum, heparinized specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 1 month

Performed:
Sun-Sat

Remarks:
If available, please submit the following: most recent viral load and test date; information on current or past drug therapy.

ORDERING

Synonyms:

- Cytomegalovirus (CMV) drug resistance, next generation sequencing
- Cytomegalovirus antiviral drug resistance
- Cytomegalovirus (CMV) genotype
- LAB6571-VML
- LAB6571VML

Ordering Recommendations:
Provides antiviral susceptibility information for ganciclovir, foscarnet, cidofovir, maribavir, and letermovir. Intended for patients with viral load >2.6 log IU/mL.

Performed:
Sun-Sat

Methodology:
Massively Parallel Sequencing

Reported:
3-9 days

Notes:
This test may be unsuccessful if the plasma CMV DNA viral load is less than 2.6 log IU/mL.

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:

This assay assesses resistance to ganciclovir, foscarnet, cidofovir, maribavir, and letermovir. Resistance-associated mutations in the UL97, UL54, UL27, and UL56 genes are sequenced using next generation sequencing. Drug resistance is assigned using an ARUP-developed database of published resistance mutations. For a list of resistance mutations refer to https://ltd.aruplab.com/Tests/Pub/3004615.

This test detects populations down to 10% of the total population which may account for resistance interpretation differences between methods. Some insertions or deletions may be difficult to detect using this software.

Result interpretations are as follows:

- Sensitive indicates no evidence of drug resistance compared with a wild-type virus.
- Possible resistance indicates mutations were detected with borderline-level drug resistance or conflicting resistance status reported in the literature.
- Resistant indicates evidence of drug resistance compared with a wild-type virus.
- Not determined indicates incomplete sequence coverage across a given gene or genes.
- Additional mutations include variants that have not been associated with drug resistance.
- Uncalled mutation sites include drug resistance mutation positions with an inadequate number of sequencing reads.
- Inadequate sequence coverage indicates a low number of sequence reads at a given drug resistance site.

Drugs associated with each gene are as follows:

- UL97: ganciclovir, maribavir
- UL54: ganciclovir, foscarnet, cidofovir
- UL27: maribavir
- UL56: letermovir

This test was developed, and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Methodology:

Massively Parallel Sequencing

ADDITIONAL INFORMATION

CPT Codes:

87910; 87900

Section:

RF-ARUP

Remarks:

If available, please submit the following: most recent viral load and test date; information on current or past drug therapy.

Notes:

This test may be unsuccessful if the plasma CMV DNA viral load is less than 2.6 log IU/mL.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA), pink (K_2EDTA), or plasma preparation tube.

Specimen Preparation:

Separate plasma from cells within 24 hours. Transfer 3 mL plasma to an ARUP Standard Transport Tube. (Min: 2.5 mL)

Unacceptable Conditions:

Serum, heparinized specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 1 month

Storage/Transport Temperature:

Frozen.

Synonyms:

- Cytomegalovirus (CMV) drug resistance, next generation sequencing
- Cytomegalovirus antiviral drug resistance
- Cytomegalovirus (CMV) genotype
- LAB6571-VML
- LAB6571VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
3-9 days

Ordering Recommendations:
Provides antiviral susceptibility information for ganciclovir, foscarnet, cidofovir, maribavir, and letermovir. Intended for patients with viral load >2.6 log IU/mL.

Interpretive Data:
This assay assesses resistance to ganciclovir, foscarnet, cidofovir, maribavir, and letermovir. Resistance-associated mutations in the UL97, UL54, UL27, and UL56 genes are sequenced using next generation sequencing. Drug resistance is assigned using an ARUP-developed database of published resistance mutations. For a list of resistance mutations refer to https://ltd.aruplab.com/Tests/Pub/3004615.

This test detects populations down to 10% of the total population which may account for resistance interpretation differences between methods. Some insertions or deletions may be difficult to detect using this software.

Result interpretations are as follows:

- Sensitive indicates no evidence of drug resistance compared with a wild-type virus.
- Possible resistance indicates mutations were detected with borderline-level drug resistance or conflicting resistance status reported in the literature.
- Resistant indicates evidence of drug resistance compared with a wild-type virus.
- Not determined indicates incomplete sequence coverage across a given gene or genes.
- Additional mutations include variants that have not been associated with drug resistance.
- Uncalled mutation sites include drug resistance mutation positions with an inadequate number of sequencing reads.
- Inadequate sequence coverage indicates a low number of sequence reads at a given drug resistance site.

Drugs associated with each gene are as follows:

- UL97: ganciclovir, maribavir
- UL54: ganciclovir, foscarnet, cidofovir
- UL27: maribavir
- UL56: letermovir

This test was developed, and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Reference Interval:
By report

Methodology:
Massively Parallel Sequencing

Section:
RF-ARUP

CPT Codes:
87910; 87900

Remarks:
If available, please submit the following: most recent viral load and test date; information on current or past drug therapy.

Notes:
This test may be unsuccessful if the plasma CMV DNA viral load is less than 2.6 log IU/mL.

Cytomegalovirus IgG and IgM, serum or plasma

LAB957

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB957, CMB, CMV IgG/IgM
- LAB957-VML
- LAB957VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA), Light blue tube (Sodium citrate), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used to assess current and past infection with cytomegalovirus.

Synonyms:

- LAB957, CMB, CMV IgG/IgM
- LAB957-VML
- LAB957VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
CMV IgG, CMV IgM

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
The presence of IgG in the absence of IgM is indicative of past CMVinfection. The presence of IgM indicates recent CMV infection (primary, reactivation or reinfection). A negative IgM and IgG does not rule-out primary CMV infection.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA), Light blue tube (Sodium citrate), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

Additional Information:
This test differentiates IgM and IgG.

Components:
CMV IgG, CMV IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA), Light blue tube (Sodium citrate), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
CMV IgG, CMV IgM

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB957, CMB, CMV IgG/IgM
- LAB957-VML
- LAB957VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to assess current and past infection with cytomegalovirus.

Interpretive Data:
The presence of IgG in the absence of IgM is indicative of past CMVinfection. The presence of IgM indicates recent CMV infection (primary, reactivation or reinfection). A negative IgM and IgG does not rule-out primary CMV infection.

Reference Interval:
Negative

Additional Information:
This test differentiates IgM and IgG.

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

DAT Negative Hemolytic Anemia Eval-BCW

LAB3940

ORDERING INFO

Synonyms:

- LAB3940-VML
- LAB3940VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3940-VML
- LAB3940VML

ADDITIONAL INFORMATION

Section:

RF-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB3940-VML
- LAB3940VML

Resulting Laboratory:

Versiti

Section:

RF-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

D-Dimer PE/DVT

LAB1120

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB1120, DVT, D dimer, Cross Linked Fibrin Degradation Products
- LAB1120-VML
- LAB1120VML

Turn Around Time:

2 hours once received into lab

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 8 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 8 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 8 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

D-Dimer PE/DVT provides a qualitative assessment to aid in the evaluation for adults with concern for PE/DVT. A quantitative D-Dimer is generally the recommended assay for all other clinical concerns.

Synonyms:

- LAB1120, DVT, D dimer, Cross Linked Fibrin Degradation Products
- LAB1120-VML
- LAB1120VML

Performed:
Daily

Turn Around Time:
2 hours once received into lab

Methodology:
Immunoturbidimetric

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative (< 0.50 mcg/mL FEU)

Interpretive Data:
Cloudy or lipemic plasma may lead to an underestimation of the D-dimer level. Elevated Fibrin Degradation Product (FDP/FSP) may lead to an over estimation of D-dimer level. Rheumatoid factor levels > 50 IU/mL may lead to an over estimation of the D Dimer level. The D-Dimer level increases during pregnancy and levels raise with age.

Methodology:
Immunoturbidimetric

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
The assay is not a quantitative D-dimer. It is report as positive (> 0.500 mcg/ml FEU) or negative (< or = to 0.499 mcg/mL FEU.)

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 8 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 8 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 8 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Synonyms:

- LAB1120, DVT, D dimer, Cross Linked Fibrin Degradation Products
- LAB1120-VML
- LAB1120VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours once received into lab

Ordering Indicators:
D-Dimer PE/DVT provides a qualitative assessment to aid in the evaluation for adults with concern for PE/DVT. A quantitative D-Dimer is generally the recommended assay for all other clinical concerns.

Interpretive Data:
Cloudy or lipemic plasma may lead to an underestimation of the D-dimer level. Elevated Fibrin Degradation Product (FDP/FSP) may lead to an over estimation of D-dimer level. Rheumatoid factor levels > 50 IU/mL may lead to an over estimation of the D Dimer level. The D-Dimer level increases during pregnancy and levels raise with age.

Reference Interval:
Negative (< 0.50 mcg/mL FEU)

Additional Information:
The assay is not a quantitative D-dimer. It is report as positive (> 0.500 mcg/ml FEU) or negative (< or = to 0.499 mcg/mL FEU.)

Methodology:
Immunoturbidimetric

Section:
Coagulation

D-Dimer Quantitative

LAB313

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB313, Cross Linked Fibrin Degradation Products, D dimer, DDI, D-Dimer Quantitative
- LAB313-VML
- LAB313VML

Turn Around Time:

2 hours once received into lab

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 8 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 8 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Performed:

Daily

Stability:

Refrigerated (2-8°C): 4 hours, frozen at -70C: 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB313, Cross Linked Fibrin Degradation Products, D dimer, DDI, D-Dimer Quantitative
- LAB313-VML
- LAB313VML

Performed:
Daily

Turn Around Time:
2 hours once received into lab

Methodology:
Immunoturbidimetric

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
<0.50 mcg/mL

Interpretive Data:
The results are reported in Fibrinogen Equlivant Units (FEU). Cloudy or lipemic plasma may lead to an underestimation of the D-dimer level. Elevated Fibrin Degradation Product (FDP/FSP) may lead to an over estimation of D-dimer level. Rheumatoid factor levels > 50 IU/mL may lead to an over estimation of the D Dimer level. The D-Dimer level increases during pregnancy and levels raise with age.

Methodology:
Immunoturbidimetric

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
D-dimer levels are reported in fibrinogen equivalent units (FEU). One FEU is the quanitity of fibrinogen initally present that leads to the observed level of D-dimer. The actual quantity of D-dimer is approximately half of an FEU.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 8 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 8 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Refrigerated (2-8°C): 4 hours, frozen at -70C: 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 8 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Synonyms:

- LAB313, Cross Linked Fibrin Degradation Products, D dimer, DDI, D-Dimer Quantitative
- LAB313-VML
- LAB313VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours once received into lab

Ordering Indicators:
N/A

Interpretive Data:
The results are reported in Fibrinogen Equlivant Units (FEU). Cloudy or lipemic plasma may lead to an underestimation of the D-dimer level. Elevated Fibrin Degradation Product (FDP/FSP) may lead to an over estimation of D-dimer level. Rheumatoid factor levels > 50 IU/mL may lead to an over estimation of the D Dimer level. The D-Dimer level increases during pregnancy and levels raise with age.

Reference Interval:
<0.50 mcg/mL

Additional Information:
D-dimer levels are reported in fibrinogen equivalent units (FEU). One FEU is the quanitity of fibrinogen initally present that leads to the observed level of D-dimer. The actual quantity of D-dimer is approximately half of an FEU.

Methodology:
Immunoturbidimetric

Section:
Coagulation

Deamidated Gliadin Peptide (DGP) IgA and IgG, serum or plasma

LAB725

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB725, DGP, GLI, Celiac Disease Antibodies
- LAB725-VML
- LAB725VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

ORDERING

Ordering Indicators:
Evaluating patients suspected of having celiac disease, including patients with compatible symptoms, patients with atypical symptoms, and individuals at increased risk (family history, previous diagnosis with associated disease)

Synonyms:

- LAB725, DGP, GLI, Celiac Disease Antibodies
- LAB725-VML
- LAB725VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
Deamidated Gliadin IgA, Deamidated Gliadin IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
The recommended screening test for celiac disease is tissue transglutaminase IgA (tTG IgA) . Tissue transglutaminase IgG (tTG IgG) and deamidated gliadin IgG should only be used for diagnosis when a patient has a total IgA deficiency. The IgG-based tests have a lower specificity and therefore a lower positive predictive value. If the patient has a positive serology and celiac disease is likely, consider consulting the VUMC adult celiac gastroenterology clinic or pediatric gastroenterology clinic to discuss diagnosis further. Patients should continue to consume gluten until seen in the clinic.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

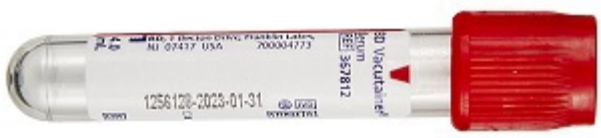
Additional Information:
NA

Components:
Deamidated Gliadin IgA, Deamidated Gliadin IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)



Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
Deamidated Gliadin IgA, Deamidated Gliadin IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB725, DGP, GLI, Celiac Disease Antibodies
- LAB725-VML
- LAB725VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
Evaluating patients suspected of having celiac disease, including patients with compatible symptoms, patients with atypical symptoms, and individuals at increased risk (family history, previous diagnosis with associated disease)

Interpretive Data:
The recommended screening test for celiac disease is tissue transglutaminase IgA (tTG IgA) . Tissue transglutaminase IgG (tTG IgG) and deamidated gliadin IgG should only be used for diagnosis when a patient has a total IgA deficiency. The IgG-based tests have a lower specificity and therefore a lower positive predictive value. If the patient has a positive serology and celiac disease is likely, consider consulting the VUMC adult celiac gastroenterology clinic or pediatric gastroenterology clinic to discuss diagnosis further. Patients should continue to consume gluten until seen in the clinic.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Dehydroepiandrosterone Sulfate (DHEA-S), Serum

LAB524

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)

Synonyms:

- DHA, Dehydroepiandrosterone, DHEA sulfate, DHEA-S, LAB524
- LAB524-VML
- LAB524VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow speicmen to clot completely at room temperature prior to centrifugation.
Separate serum from cells ASAP (Min 0.5 mL).

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 5 days; 2° to 8°C: 14 days; Frozen: 12 months

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- DHA, Dehydroepiandrosterone, DHEA sulfate, DHEA-S, LAB524
- LAB524-VML
- LAB524VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male and Female: 0 - <1 week: 108 - 607 g/dL 1 week - <1 month: 31.6 - 431 g/dL 1 month - < 12 months: 3.4 - 124 g/dL 1 year - < 4 years: 0.47 - 19.4 g/dL 4 years - <10 years: 2.8 - 85.2 g/dL Male: 10 years - < 15 years: 24.4 - 247 g/dL 15 years - < 20 years: 70.2 - 492 g/dL 20 years - < 25 years: 211 - 492 g/dL 25 years - < 35 years:160 - 449 g/dL 35 years - < 45 years: 88.9 - 427 g/dL 45 years - < 55 years: 44.3 - 331 g/dL 55 years - < 65 years: 51.7 - 295 g/dL 65 years - < 75 years: 33.6 - 249 g/dL >75 years: 16.2 - 123 g/dL Female: 10 years - < 15 years: 33.9 - 280 g/dL 15 years - < 20 years: 65.1 - 368 g/dL 20 years - < 25 years: 148 - 407 g/dL 25 years - < 35 years: 98.8 - 340 g/dL 35 years - < 45 years: 60.9 - 337 g/dL 45 years - < 55 years: 35.4 - 256 g/dL 55 years - < 65 years: 18.9 - 205 g/dL 65 years - < 75 years: 9.4 - 246 g/dL >75 years: 12 - 154 g/dL

Interpretive Data:
N/A

Methodology:
Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow speicmen to clot completely at room temperature prior to centrifugation.
Separate serum from cells ASAP (Min 0.5 mL).

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, icterus, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 5 days; 2° to 8°C: 14 days; Frozen: 12 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- DHA, Dehydroepiandrosterone, DHEA sulfate, DHEA-S, LAB524
- LAB524-VML
- LAB524VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male and Female: 0 - <1 week: 108 - 607 g/dL 1 week - <1 month: 31.6 - 431 g/dL 1 month - < 12 months: 3.4 - 124 g/dL 1 year - < 4 years: 0.47 - 19.4 g/dL 4 years - <10 years: 2.8 - 85.2 g/dL Male: 10 years - < 15 years: 24.4 - 247 g/dL 15 years - < 20 years: 70.2 - 492 g/dL 20 years - < 25 years: 211 - 492 g/dL 25 years - < 35 years:160 - 449 g/dL 35 years - < 45 years: 88.9 - 427 g/dL 45 years - < 55 years: 44.3 - 331 g/dL 55 years - < 65 years: 51.7 - 295 g/dL 65 years - < 75 years: 33.6 - 249 g/dL >75 years: 16.2 - 123 g/dL Female: 10 years - < 15 years: 33.9 - 280 g/dL 15 years - < 20 years: 65.1 - 368 g/dL 20 years - < 25 years: 148 - 407 g/dL 25 years - < 35 years: 98.8 - 340 g/dL 35 years - < 45 years: 60.9 - 337 g/dL 45 years - < 55 years: 35.4 - 256 g/dL 55 years - < 65 years: 18.9 - 205 g/dL 65 years - < 75 years: 9.4 - 246 g/dL >75 years: 12 - 154 g/dL

Additional Information:
N/A

Methodology:
Electrochemiluminescent Immunoassay

Section:
Chemistry

Dehydroepiandrosterone, Serum or Plasma

LAB3729

ORDERING INFO

Collect:
Serum separator tube or green (sodium or lithium heparin). Also acceptable: Lavender (EDTA).

Synonyms:

- Unconjugated DHEA (Dehydroepiandrosterone, Serum or Plasma)
- DHEA (Dehydroepiandrosterone, Serum or Plasma)
- LAB3729-VML
- LAB3729VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect between 6-10 a.m.

Collect:
Serum separator tube or green (sodium or lithium heparin). Also acceptable: Lavender (EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Unconjugated DHEA (Dehydroepiandrosterone, Serum or Plasma)
- DHEA (Dehydroepiandrosterone, Serum or Plasma)
- LAB3729-VML
- LAB3729VML

Ordering Recommendations:
Adjunct test for the investigation of hyperandrogenic and adrenal disorders. Not recommended for initial evaluation of polycystic ovarian syndrome.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Effective August 19, 2013

Age	Female	Male
Premature	Less than 40 ng/mL	Less than 40 ng/mL
0-1 day	Less than 11 ng/mL	Less than 11 ng/mL
2-6 days	Less than 8.7 ng/mL	Less than 8.7 ng/mL
7 days-1 month	Less than 5.8 ng/mL	Less than 5.8 ng/mL
1-5 months	Less than 2.9 ng/mL	Less than 2.9 ng/mL
6-24 months	Less than 1.9 9 ng/mL	Less than 2.5 ng/mL
2-3 years	Less than 0.85 ng/mL	Less than 0.63 ng/mL
4-5 years	Less than 1.03 ng/mL	Less than 0.95 ng/mL
6-7 years	Less than 1.79 ng/mL	0.06-1.93 ng/mL
8-9 years	0.14-2.35 ng/mL	0.10-2.08 ng/mL
10-11 years	0.43-3.78 ng/mL	0.32-3.08 ng/mL
12-13 years	0.89-6.21 ng/mL	0.57-4.10 ng/mL
14-15 years	1.22-7.01 ng/mL	0.93-6.04 ng/mL
16-17 years	1.42-9.00 ng/mL	1.17-6.52 ng/mL
18-39 years	1.33-7.78 ng/mL	1.33-7.78 ng/mL
40 years and older	0.63-4.70 ng/mL	0.63-4.70 ng/mL
Postmenopausal	0.60-5.73 ng/mL	Does Not Apply
Tanner Stage I	0.14-2.76 ng/mL	0.11-2.37 ng/mL
Tanner Stage II	0.83-4.87 ng/mL	0.37-3.66 ng/mL
Tanner Stage III	1.08-7.56 ng/mL	0.75-5.24 ng/mL
Tanner Stage IV-V	1.24-7.88 ng/mL	1.22-6.73 ng/mL

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82626

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or green (sodium or lithium heparin). Also acceptable: Lavender (EDTA).

Specimen Preparation:

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL)

Patient Preparation:

Collect between 6-10 a.m.

Stability (from collection to initiation):

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Unconjugated DHEA (Dehydroepiandrosterone, Serum or Plasma)
- DHEA (Dehydroepiandrosterone, Serum or Plasma)
- LAB3729-VML
- LAB3729VML

Performed:

Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Adjunct test for the investigation of hyperandrogenic and adrenal disorders. Not recommended for initial evaluation of polycystic ovarian syndrome.

Reference Interval:
Effective August 19, 2013

Age	Female	Male
Premature	Less than 40 ng/mL	Less than 40 ng/mL
0-1 day	Less than 11 ng/mL	Less than 11 ng/mL
2-6 days	Less than 8.7 ng/mL	Less than 8.7 ng/mL
7 days-1 month	Less than 5.8 ng/mL	Less than 5.8 ng/mL
1-5 months	Less than 2.9 ng/mL	Less than 2.9 ng/mL
6-24 months	Less than 1.9 9 ng/mL	Less than 2.5 ng/mL
2-3 years	Less than 0.85 ng/mL	Less than 0.63 ng/mL
4-5 years	Less than 1.03 ng/mL	Less than 0.95 ng/mL
6-7 years	Less than 1.79 ng/mL	0.06-1.93 ng/mL
8-9 years	0.14-2.35 ng/mL	0.10-2.08 ng/mL
10-11 years	0.43-3.78 ng/mL	0.32-3.08 ng/mL
12-13 years	0.89-6.21 ng/mL	0.57-4.10 ng/mL
14-15 years	1.22-7.01 ng/mL	0.93-6.04 ng/mL
16-17 years	1.42-9.00 ng/mL	1.17-6.52 ng/mL
18-39 years	1.33-7.78 ng/mL	1.33-7.78 ng/mL
40 years and older	0.63-4.70 ng/mL	0.63-4.70 ng/mL
Postmenopausal	0.60-5.73 ng/mL	Does Not Apply
Tanner Stage I	0.14-2.76 ng/mL	0.11-2.37 ng/mL
Tanner Stage II	0.83-4.87 ng/mL	0.37-3.66 ng/mL
Tanner Stage III	1.08-7.56 ng/mL	0.75-5.24 ng/mL
Tanner Stage IV-V	1.24-7.88 ng/mL	1.22-6.73 ng/mL

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82626

Dengue Fever Virus Antibodies, IgG and IgM

LAB3730

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Dengue Fever Antibodies
- Dengue Fever IgG and IgM Antibodies
- Dengue Fever Ab Panel
- Flavivirus
- LAB3730-VML
- LAB3730VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute or convalescent."

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Dengue Fever Antibodies
- Dengue Fever IgG and IgM Antibodies
- Dengue Fever Ab Panel
- Flavivirus
- LAB3730-VML
- LAB3730VML

Ordering Recommendations:
May aid in the diagnosis of dengue when timing of infection is uncertain. Testing should also be considered for other arthropod-borne viruses with similar symptomology based on clinical presentation and travel history.

Performed:
Mon, Wed, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Dengue Fever Virus Antibody, IgG	1.64 IV or less
Dengue Fever Virus Antibody, IgM	1.64 IV or less

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Dengue Fever Virus Antibody, IgG	1.64 IV or less: Negative - No significant level of detectable dengue fever virus IgG antibody. 1.65-2.84 IV: Equivocal - Questionable presence of antibodies. Repeat testing in 10-14 days may be helpful. 2.85 IV or greater: Positive - IgG antibody to dengue fever virus detected, which may indicate a current or past infection.
Dengue Fever Virus Antibody, IgM	1.64 IV or less: Negative - No significant level of detectable dengue fever virus IgM antibody. 1.65-2.84 IV: Equivocal - Questionable presence of antibodies. Repeat testing in 10-14 days may be helpful. 2.85 IV or greater: Positive - IgM antibody to dengue fever virus detected, which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86790 x2

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute or convalescent."

Unacceptable Conditions:

Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Dengue Fever Antibodies
- Dengue Fever IgG and IgM Antibodies
- Dengue Fever Ab Panel
- Flavivirus
- LAB3730-VML
- LAB3730VML

Performed:

Mon, Wed, Fri

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

May aid in the diagnosis of dengue when timing of infection is uncertain. Testing should also be considered for other arthropod-borne viruses with similar symptomology based on clinical presentation and travel history.

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Dengue Fever Virus Antibody, IgG	1.64 IV or less: Negative - No significant level of detectable dengue fever virus IgG antibody. 1.65-2.84 IV: Equivocal - Questionable presence of antibodies. Repeat testing in 10-14 days may be helpful. 2.85 IV or greater: Positive - IgG antibody to dengue fever virus detected, which may indicate a current or past infection.
Dengue Fever Virus Antibody, IgM	1.64 IV or less: Negative - No significant level of detectable dengue fever virus IgM antibody. 1.65-2.84 IV: Equivocal - Questionable presence of antibodies. Repeat testing in 10-14 days may be helpful. 2.85 IV or greater: Positive - IgM antibody to dengue fever virus detected, which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Reference Interval:

Components	Reference Interval
Dengue Fever Virus Antibody, IgG	1.64 IV or less
Dengue Fever Virus Antibody, IgM	1.64 IV or less

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

86790 x2

Deoxypyridinoline Crosslinks, Urine

LAB3231

ORDERING INFO

Collect:
Urine.

Synonyms:

- DPD cross link urine
- DPD urine
- Pyrilinks-D
- urinary crosslinks DPD
- D-Pyrilinks
- LAB3231-VML
- LAB3231VML

SPECIMEN REQUIREMENTS

Patient Preparation:
First-morning void.

Collect:
Urine.

Specimen Preparation:
Transfer 3.5 mL aliquot from a well-mixed, first-morning urine to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 2 hours; Refrigerated: 1 week; Frozen: 3 months

Performed:
Tue

ORDERING

Synonyms:

- DPD cross link urine
- DPD urine
- Pyrilinks-D
- urinary crosslinks DPD
- D-Pyrilinks
- LAB3231-VML
- LAB3231VML

Performed:
Tue

Methodology:
Quantitative Enzyme Immunoassay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Effective May 18, 2015

Components	Reference Interval
Deoxypyridinoline, Urine - ratio to CRT	Adult Male: 2.3-8.7 nmol/mmol Premenopausal Adult Female: 3.1-8.7 nmol/mmol
Creatinine, Urine - per volume	

Interpretive Data:
The target value for treated postmenopausal adult females is the same as the premenopausal reference interval.

Methodology:
Quantitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
82523

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Urine.

Specimen Preparation:
Transfer 3.5 mL aliquot from a well-mixed, first-morning urine to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
First-morning void.

Stability (from collection to initiation):
Ambient: 2 hours; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- DPD cross link urine
- DPD urine
- Pyrilinks-D
- urinary crosslinks DPD
- D-Pyrilinks
- LAB3231-VML
- LAB3231VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Interpretive Data:
The target value for treated postmenopausal adult females is the same as the premenopausal reference interval.

Reference Interval:
Effective May 18, 2015

Components	Reference Interval
Deoxypyridinoline, Urine - ratio to CRT	Adult Male: 2.3-8.7 nmol/mmol Premenopausal Adult Female: 3.1-8.7 nmol/mmol
Creatinine, Urine - per volume	

Methodology:
Quantitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
82523

Des-gamma-carboxy Prothrombin

LAB3731

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- DCP
- PIVKA-II
- LAB3731-VML
- LAB3731VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)

Performed:
Mon, Thu

ORDERING

Synonyms:

- DCP
- PIVKA-II
- LAB3731-VML
- LAB3731VML

Ordering Recommendations:
Surveillance and monitoring of hepatocellular carcinoma.

Performed:
Mon, Thu

Methodology:
Quantitative Liquid Chromatography/Immunoassay

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 20, 2012

0.0 - 7.4 ng/mL

Interpretive Data:
The µTASWako method is used. Results obtained with different assay methods or kits cannot be used interchangeably. The des-gamma-carboxy prothrombin (DCP) assay is intended as a risk assessment for the development of hepatocellular carcinoma in patients with chronic liver diseases. Elevated DCP values have been shown to be associated with an increased risk for developing hepatocellular carcinoma. Patients with elevated serum DCP should be more intensely evaluated for evidence of hepatocellular carcinoma. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Medication containing vitamin K preparations may cause a negative bias of the DCP values.
Medication containing vitamin K antagonist or antibiotic may cause a positive bias of the DCP values.

Methodology:
Quantitative Liquid Chromatography/Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
83951

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- DCP
- PIVKA-II
- LAB3731-VML
- LAB3731VML

Performed:
Mon, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Surveillance and monitoring of hepatocellular carcinoma.

Interpretive Data:
The µTASWako method is used. Results obtained with different assay methods or kits cannot be used interchangeably. The des-gamma-carboxy prothrombin (DCP) assay is intended as a risk assessment for the development of hepatocellular carcinoma in patients with chronic liver diseases. Elevated DCP values have been shown to be associated with an increased risk for developing hepatocellular carcinoma. Patients with elevated serum DCP should be more intensely evaluated for evidence of hepatocellular carcinoma. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Medication containing vitamin K preparations may cause a negative bias of the DCP values.
Medication containing vitamin K antagonist or antibiotic may cause a positive bias of the DCP values.

Reference Interval:
Effective August 20, 2012

0.0 - 7.4 ng/mL

Methodology:
Quantitative Liquid Chromatography/Immunoassay

Section:
RF-ARUP

CPT Codes:
83951

Desmin (DE-R-11) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath103

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Dexamethasone, Serum or Plasma by LC-MS/MS

LAB3732

ORDERING INFO

Collect:
Serum separator tube, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Synonyms:

- LAB3732-VML
- LAB3732VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimen should be collected between 8-10 a.m.

Collect:
Serum separator tube, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

Performed:
Wed, Sat

ORDERING

Synonyms:

- LAB3732-VML
- LAB3732VML

Ordering Recommendations:
Compliance assessment of dexamethasone suppression testing.

Performed:
Wed, Sat

Methodology:
Liquid Chromatography-Tandem Mass Spectrometry

Reported:
2-5 days

RESULTS INTERPRETATION

Reference Interval:
Adults baseline: Less than 50 ng/dL
8:00 AM draw following 1 mg dexamethasone between 11:00 pm and 12:00 am the previous evening: 140 - 295 ng/dL
8:00 AM draw following 8 mg dexamethasone (4 x 2 mg doses) between 11:00 pm and 12:00 am the previous evening: 1600 - 2850 ng/dL

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80299

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Specimen should be collected between 8-10 a.m.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB3732-VML
- LAB3732VML

Performed:
Wed, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
Compliance assessment of dexamethasone suppression testing.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Adults baseline: Less than 50 ng/dL
8:00 AM draw following 1 mg dexamethasone between 11:00 pm and 12:00 am the previous evening: 140 - 295 ng/dL
8:00 AM draw following 8 mg dexamethasone (4 x 2 mg doses) between 11:00 pm and 12:00 am the previous evening: 1600 - 2850 ng/dL

Methodology:
Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80299

Diazepam and Nordiazepam

LAB468

ORDERING INFO

Collect:
Gray (potassium oxalate/sodium fluoride). Also acceptable: Plain red, green (sodium heparin), lavender (K2 or K3EDTA) or pink (K2EDTA).

Synonyms:

- Valrelease
- Benzodiazepines
- Clorazepate
- Diastat
- Diazemuls
- Diazepam and Metabolite
- Nordiazepam
- Stesolid
- T-Quil
- Tranxene
- Valium
- Zetran
- LAB468-VML
- LAB468VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Predose (trough) draw at steady state concentration

Collect:
Gray (potassium oxalate/sodium fluoride). Also acceptable: Plain red, green (sodium heparin), lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Gel separator tubes. Plasma or whole blood collected in light blue (sodium citrate). Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

Performed:
Tue, Fri

ORDERING

Synonyms:

- Valrelease
- Benzodiazepines
- Clorazepate
- Diastat
- Diazemuls
- Diazepam and Metabolite
- Nordiazepam
- Stesolid
- T-Quil
- Tranxene
- Valium
- Zetran
- LAB468-VML
- LAB468VML

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Performed:
Tue, Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:
Dose-Related Range:

Components	Dose-Related Range
Diazepam	Effective November 16, 2015 200-1000 ng/mL - Based on normal dosage amounts
Nordiazepam	Effective November 16, 2015 100-1500 ng/mL - Based on normal dosage amounts Toxic: Greater than 2500 ng/mL

Interpretive Data:
Adverse effects may include drowsiness, fatigue, ataxia, and muscle weakness.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80346 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Gray (potassium oxalate/sodium fluoride). Also acceptable: Plain red, green (sodium heparin), lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 1 mL)

Patient Preparation:
Timing of specimen collection: Predose (trough) draw at steady state concentration

Unacceptable Conditions:
Gel separator tubes. Plasma or whole blood collected in light blue (sodium citrate). Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Valrelease
- Benzodiazepines
- Clorazepate
- Diastat
- Diazemuls
- Diazepam and Metabolite
- Nordiazepam
- Stesolid
- T-Quil
- Tranxene
- Valium
- Zetran
- LAB468-VML
- LAB468VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Interpretive Data:
Adverse effects may include drowsiness, fatigue, ataxia, and muscle weakness.

Reference Interval:
Dose-Related Range:

Components	Dose-Related Range
Diazepam	Effective November 16, 2015 200-1000 ng/mL - Based on normal dosage amounts
Nordiazepam	Effective November 16, 2015 100-1500 ng/mL - Based on normal dosage amounts Toxic: Greater than 2500 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80346 (Alt code: G0480)

Digitoxin Quantitative, Serum or Plasma

LAB6120

ORDERING INFO

Collect:
Plain Red or Lavender (K_2EDTA or K_3EDTA).

Synonyms:

- LAB6120-VML
- LAB6120VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red or Lavender (K_2EDTA or K_3EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Stability (from collection to initiation):
Ambient: Undefined; Refrigerated: 1 week; Frozen: 3 months

Performed:
Varies

ORDERING

Synonyms:

- LAB6120-VML
- LAB6120VML

Ordering Recommendations:
Use to optimize drug therapy and monitor patient adherence. Does not measure digoxin (Lanoxin, Digitek); for digoxin testing, order Digoxin (0090080).

Performed:
Varies

Methodology:
Quantitative Immunoassay

Reported:
5-8 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
80375 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red or Lavender (K_2EDTA or K_3EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: Undefined; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Synonyms:

- LAB6120-VML
- LAB6120VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-8 days

Ordering Recommendations:
Use to optimize drug therapy and monitor patient adherence. Does not measure digoxin (Lanoxin, Digitek); for digoxin testing, order Digoxin (0090080).

Reference Interval:
By report

Methodology:
Quantitative Immunoassay

Section:
RF-ARUP

CPT Codes:
80375 (Alt code: G0480)

Digoxin, Plasma or Serum

LAB23

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- DIG , LAB23
- LAB23-VML
- LAB23VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 2 days; Frozen: 7 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- DIG , LAB23
- LAB23-VML
- LAB23VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0.8 - 2.0 ng/mL

Interpretive Data:
The presence of therapeutic anti-digoxin immune fragments in the specimen may result in spuriously high digoxin concentrations.

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Draw immediately before next dose

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits, Patient on Digibind

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 2 days; Frozen: 7 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- DIG , LAB23
- LAB23-VML
- LAB23VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
The presence of therapeutic anti-digoxin immune fragments in the specimen may result in spuriously high digoxin concentrations.

Reference Interval:
0.8 - 2.0 ng/mL

Additional Information:
Draw immediately before next dose

Methodology:
Immunoassay

Section:
Chemistry

Diphtheria Antibody, IgG

LAB3734

ORDERING INFO

Collect:
Serum separator tube. "Pre" and "post" vaccination specimens should be submitted together for testing. "Post" specimen should be drawn 30 days after immunization.

Synonyms:

- Corynebacterium diphtheriae Antitoxin
- Diphtheria Antitoxoid
- Diptheria Vaccine Response
- LAB3734-VML
- LAB3734VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. "Pre" and "post" vaccination specimens should be submitted together for testing. "Post" specimen should be drawn 30 days after immunization.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Mark specimens clearly as "Pre-Vaccine" or "Post-Vaccine". If shipped separately, "Post" specimen must be received within 60 days of "Pre" specimen.

Unacceptable Conditions:
Plasma or other body fluids.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from the cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Corynebacterium diphtheriae Antitoxin
- Diphtheria Antitoxoid
- Diptheria Vaccine Response
- LAB3734-VML
- LAB3734VML

Ordering Recommendations:
Evaluate the ability of a patient to produce antibody to pure protein vaccine after vaccination to rule out antibody deficiency.

Performed:
Sun-Sat

Methodology:
Quantitative Multiplex Bead Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Antibody concentration of > 0.1 IU/mL is usually considered protective.

Interpretive Data:

Responder status is determined according to the ratio of a one-month post-vaccination specimen to pre-vaccination concentration of diphtheria IgG antibody as follows:

1. If the post-vaccination concentration is less than 1.0 IU/mL, the patient is considered a nonresponder.
2. If the post-vaccination concentration is greater than or equal to 1.0 IU/mL, a patient with a ratio of less than 1.5 is a nonresponder, a ratio of 1.5 to less than 3.0, is a weak responder, and a ratio of 3.0 or greater, is a good responder.
3. If the pre-vaccination concentration is greater than 1.0 IU/mL, it may be difficult to assess the response based on a ratio alone. A post-vaccination concentration above 2.5 IU in this case is usually adequate.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:

86317

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. "Pre" and "post" vaccination specimens should be submitted together for testing. "Post" specimen should be drawn 30 days after immunization.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Mark specimens clearly as "Pre-Vaccine" or "Post-Vaccine". If shipped separately, "Post" specimen must be received within 60 days of "Pre" specimen.

Unacceptable Conditions:

Plasma or other body fluids.

Stability (from collection to initiation):

After separation from the cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Corynebacterium diphtheriae Antitoxin
- Diphtheria Antitoxoid
- Diptheria Vaccine Response
- LAB3734-VML
- LAB3734VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Evaluate the ability of a patient to produce antibody to pure protein vaccine after vaccination to rule out antibody deficiency.

Interpretive Data:

Responder status is determined according to the ratio of a one-month post-vaccination specimen to pre-vaccination concentration of diphtheria IgG antibody as follows:

1. If the post-vaccination concentration is less than 1.0 IU/mL, the patient is considered a nonresponder.
2. If the post-vaccination concentration is greater than or equal to 1.0 IU/mL, a patient with a ratio of less than 1.5 is a nonresponder, a ratio of 1.5 to less than 3.0, is a weak responder, and a ratio of 3.0 or greater, is a good responder.
3. If the pre-vaccination concentration is greater than 1.0 IU/mL, it may be difficult to assess the response based on a ratio alone. A post-vaccination concentration above 2.5 IU in this case is usually adequate.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Antibody concentration of > 0.1 IU/mL is usually considered protective.

Methodology:

Quantitative Multiplex Bead Assay

Section:

RF-ARUP

CPT Codes:

86317

DIRECT ANTIGLOBUIN TEST, BLOOD

LAB274

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- DAT, Direct Antihuman globulin test, Direct Coombs
- LAB274-VML
- LAB274VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA)

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C): 3 days

Specimen:
Blood

Alternate Specimen:
NA

ORDERING

Ordering Indicators:
Aid in diagnosis of hemolytic transfusion reactions, autoimmune hemolytic anemia, HDFN, and may be positive with use of certain drug therapies.

Synonyms:

- DAT, Direct Antihuman globulin test, Direct Coombs
- LAB274-VML
- LAB274VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Antiglobulin test

Components:
Anti-IgG and Anticomplement

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
Antiglobulin test

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
NA

Additional Information:
NA

Components:
Anti-IgG and Anticomplement

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA)

Preferred Collection Volume:
Adult: 5 ml Pediatric: 2 ml <4 month: 0.5 ml

Alternate Specimen:
NA

Patient Preparation:
NA

Specimen:
Blood

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
Anti-IgG and Anticomplement

Stability:
Ambient: (15-25°C): 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- DAT, Direct Antihuman globulin test, Direct Coombs
- LAB274-VML
- LAB274VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Aid in diagnosis of hemolytic transfusion reactions, autoimmune hemolytic anemia, HDFN, and may be positive with use of certain drug therapies.

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
Antiglobulin test

Section:
Blood Bank

Direct Renin/Renin Mass, plasma

LAB5712

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB5712, Renin, Plasma Renin, Direct Renin, Renin Mass
- LAB5712-VML
- LAB5712VML

Turn Around Time:
1 week

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect, process, and centrifuge at ambient temperature. Do not refrigerate. Plasma should be transferred into an aliquot tube and stored frozen until ready for testing. (Minumum: 0.5 mL plasma)

Pediatric Collection:
Two lavender microtainers (EDTA)

Storage/Transport Temperature:
Frozen (-20°C)

Performed:
Tuesday and Friday

Stability:
After separation from cells: Ambient (15-25°C): 72 hours Frozen (-20°C): 56 days

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is used in conjunction with aldosterone as a screen for primary hyperaldosteronism (aldosterone/renin mass ratio).

Synonyms:

- LAB5712, Renin, Plasma Renin, Direct Renin, Renin Mass
- LAB5712-VML
- LAB5712VML

Performed:
Tuesday and Friday

Turn Around Time:
1 week

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Upright: 2.5 - 45.7 pg/mL

Interpretive Data:
N/A

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Primarily used in conjunction with aldosterone as a screen for primary hyperaldosteronism (aldosterone/renin mass ratio).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect, process, and centrifuge at ambient temperature. Do not refrigerate. Plasma should be transferred into an aliquot tube and stored frozen until ready for testing. (Minumum: 0.5 mL plasma)

Pediatric Collection:
Two lavender microtainers (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Refrigeration of sample, QNS, freezing sample before spun down, grossly hemolyzed, grossly lipemic

Components:
N/A

Stability:
After separation from cells: Ambient (15-25°C): 72 hours Frozen (-20°C): 56 days

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB5712, Renin, Plasma Renin, Direct Renin, Renin Mass
- LAB5712-VML
- LAB5712VML

Performed:
Tuesday and Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 week

Ordering Indicators:
This test is used in conjunction with aldosterone as a screen for primary hyperaldosteronism (aldosterone/renin mass ratio).

Interpretive Data:
N/A

Reference Interval:
Upright: 2.5 - 45.7 pg/mL

Additional Information:
Primarily used in conjunction with aldosterone as a screen for primary hyperaldosteronism (aldosterone/renin mass ratio).

Methodology:
Chemiluminescent Immunoassay

Section:
Special Chemistry

Disaccharidase in Tissue

LAB3177

ORDERING INFO

Collect:
Biopsies of small bowel by endoscopy.

Synonyms:

- Isomaltase
- Lactase
- Sucrase
- Maltase
- Palatinase
- LAB3177-VML
- LAB3177VML

SPECIMEN REQUIREMENTS

Collect:
Biopsies of small bowel by endoscopy.

Specimen Preparation:
Place two 5 mg biopsies of tissue on the wall of a small, tightly-capped plastic tube without any supporting media or an ARUP Standard Transport Tube and freeze within 2 hours of collection. (Min: 2 (two) 5 mg biopsies)

Unacceptable Conditions:
Specimens placed on gauze, filter paper, or any other type of support media. Tissue preserved in formalin.

Storage/Transport Temperature:
Frozen. Ship on dry ice.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Isomaltase
- Lactase
- Sucrase
- Maltase
- Palatinase
- LAB3177-VML
- LAB3177VML

Ordering Recommendations:
Evaluate carbohydrate malabsorption due to disaccharidase deficiency.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Spectrophotometry

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:

Component	Reference Interval
Lactase	Greater than or equal to 10.0 µmol/min/g protein
Maltase	Greater than or equal to 100.0 µmol/min/g protein
Palatinase	Greater than or equal to 9.0 µmol/min/g protein
Sucrase	Greater than or equal to 25.0 µmol/min/g protein

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
82657

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Biopsies of small bowel by endoscopy.

Specimen Preparation:
Place two 5 mg biopsies of tissue on the wall of a small, tightly-capped plastic tube without any supporting media or an ARUP Standard Transport Tube and freeze within 2 hours of collection. (Min: 2 (two) 5 mg biopsies)

Unacceptable Conditions:
Specimens placed on gauze, filter paper, or any other type of support media. Tissue preserved in formalin.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

Storage/Transport Temperature:
Frozen. Ship on dry ice.

Synonyms:

- Isomaltase
- Lactase
- Sucrase
- Maltase
- Palatinase
- LAB3177-VML
- LAB3177VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Evaluate carbohydrate malabsorption due to disaccharidase deficiency.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Component	Reference Interval
Lactase	Greater than or equal to 10.0 µmol/min/g protein
Maltase	Greater than or equal to 100.0 µmol/min/g protein
Palatinase	Greater than or equal to 9.0 µmol/min/g protein
Sucrase	Greater than or equal to 25.0 µmol/min/g protein

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
82657

D-Lactate-MAYO

LAB3874

ORDERING INFO

Synonyms:

- LAB3874-VML
- LAB3874VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3874-VML
- LAB3874VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3874-VML
- LAB3874VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

DNA Fingerprint Analysis, Whole blood, tissue

LAB6086

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB6086, Identity testing
- LAB6086-VML
- LAB6086VML

Turn Around Time:

7 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Known and unknown samples are required for testing. Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing.

Pediatric Collection:

N/A

Storage/Transport Temperature:

EDTA and sodium heparin tubes: Ambient (15-25°C) or Refrigerated (2-8°C); paraffin block: Ambient (15-25°C); purified DNA: Refrigerated (2-8°C) or Frozen (-20°C)

Performed:

Monday - Friday

Stability:

EDTA and sodium heparin tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Paraffin block: indefinitely; Purified DNA: indefinitely at -70°C.

Specimen:

Blood, paraffin embedded tissue

Alternate Specimen:

Dark green tube (Sodium Heparin)

ORDERING

Ordering Indicators:

Suspected contamination of surgical pathology materials or suspected maternal-fetal engraftment during SCID evaluation. Amenable to various forms of genetic-based identity testing.

Synonyms:

- LAB6086, Identity testing
- LAB6086-VML
- LAB6086VML

Performed:

Monday - Friday

Turn Around Time:
7 days

Methodology:
Analysis of DNA polymorphisms for the identification of known versus unknown cells (identity/discrimination between samples) using fluorescent PCR with analysis by capillary electrophoresis

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
This assay will detect the presence of contaminating or maternal cells in a sample with a sensitivity of approximately 1%.

Methodology:
Analysis of DNA polymorphisms for the identification of known versus unknown cells (identity/discrimination between samples) using fluorescent PCR with analysis by capillary electrophoresis

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Dark green tube (Sodium Heparin)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Known and unknown samples are required for testing. Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing.

Pediatric Collection:
N/A

Preferred Collection Volume:
Blood: 4mL; Paraffin embedded tissue: block, 5-10 unstained slides, or 5 curls

Alternate Specimen:
Dark green tube (Sodium Heparin)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Blood, paraffin embedded tissue

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and sodium heparin tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Paraffin block: indefinitely; Purified DNA: indefinitely at -70°C.

Storage/Transport Temperature:
EDTA and sodium heparin tubes: Ambient (15-25°C) or Refrigerated (2-8°C); paraffin block: Ambient (15-25°C); purified DNA: Refrigerated (2-8°C) or Frozen (-20°C)

Synonyms:

- LAB6086, Identity testing
- LAB6086-VML
- LAB6086VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
Suspected contamination of surgical pathology materials or suspected maternal-fetal engraftment during SCID evaluation. Amenable to various forms of genetic-based identity testing.

Interpretive Data:
This assay will detect the presence of contaminating or maternal cells in a sample with a sensitivity of approximately 1%.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Analysis of DNA polymorphisms for the identification of known versus unknown cells (identity/discrimination between samples) using fluorescent PCR with analysis by capillary electrophoresis

Section:
Molecular Diagnostics

DNase-B Antibody

LAB3736

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Anti-Dnase B
- Anti-DNase-B Antibody
- Antideoxyribonulease
- DNase-B, Anti
- ADB (Antideoxyribonuclease B)
- Anti-Hyaluronidase
- Antideoxyribonuclease B (ADB)
- DNA Streptococcal Antibody
- Hyaluronidase
- Serum Dnase-B Antibody
- Streptococcal Antibodies, Serum
- LAB3736-VML
- LAB3736VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL)

Unacceptable Conditions:
Plasma or severely hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 2 hours; Refrigerated: 8 days; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Anti-Dnase B
- Anti-DNase-B Antibody
- Antideoxyribonulease
- DNase-B, Anti
- ADB (Antideoxyribonuclease B)
- Anti-Hyaluronidase
- Antideoxyribonuclease B (ADB)
- DNA Streptococcal Antibody
- Hyaluronidase
- Serum Dnase-B Antibody
- Streptococcal Antibodies, Serum
- LAB3736-VML
- LAB3736VML

Ordering Recommendations:
Confirm current or recent infection with group A Streptococcus in patients suspected of having a nonsuppurative complication such as acute glomerulonephritis (AGN) or acute rheumatic fever (ARF). DNase-B Antibody (0050220) and Streptolysin O Antibody (ASO) (0050095) are generally ordered concurrently. Preferred test for rheumatic chorea since it remains elevated longer.

Performed:
Sun-Sat

Methodology:
Quantitative Nephelometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

0-6 years: Less than 250 U/mL
7-17 years: Less than 310 U/mL
18 years and older: Less than 260 U/mL

Interpretive Data:

Elevated titers of antideoxyribonuclease B antibody (anti-DNase B) or antistreptolysin O antibody (ASO) indicate a recent group A Streptococcus infection. Anti-DNase B antibodies typically remain elevated longer than ASO and may remain elevated for several months after infection. Patients suspected of having complications related to a recent Streptococcus infection such as acute glomerulonephritis or acute rheumatic fever may have elevated anti-DNase B but normal ASO antibody titers. A negative or very low anti-DNase B and ASO antibody titers, especially from a specimen tested 2 weeks after a suspected infection, indicates unlikely incidence of a recent Streptococcus infection.

Methodology:

Quantitative Nephelometry

ADDITIONAL INFORMATION

CPT Codes:

86215

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL)

Unacceptable Conditions:

Plasma or severely hemolyzed specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 2 hours; Refrigerated: 8 days; Frozen: 3 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Anti-Dnase B
- Anti-DNase-B Antibody
- Antideoxyribonulease
- DNase-B, Anti
- ADB (Antideoxyribonuclease B)
- Anti-Hyaluronidase
- Antideoxyribonuclease B (ADB)
- DNA Streptococcal Antibody
- Hyaluronidase
- Serum Dnase-B Antibody
- Streptococcal Antibodies, Serum
- LAB3736-VML
- LAB3736VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

Confirm current or recent infection with group A Streptococcus in patients suspected of having a nonsuppurative complication such as acute glomerulonephritis (AGN) or acute rheumatic fever (ARF). DNase-B Antibody (0050220) and Streptolysin O Antibody (ASO) (0050095) are generally ordered concurrently. Preferred test for rheumatic chorea since it remains elevated longer.

Interpretive Data:

Elevated titers of antideoxyribonuclease B antibody (anti-DNase B) or antistreptolysin O antibody (ASO) indicate a recent group A Streptococcus infection. Anti-DNase B antibodies typically remain elevated longer than ASO and may remain elevated for several months after infection. Patients suspected of having complications related to a recent Streptococcus infection such as acute glomerulonephritis or acute rheumatic fever may have elevated anti-DNase B but normal ASO antibody titers. A negative or very low anti-DNase B and ASO antibody titers, especially from a specimen tested 2 weeks after a suspected infection, indicates unlikely incidence of a recent Streptococcus infection.

Reference Interval:

0-6 years: Less than 250 U/mL
7-17 years: Less than 310 U/mL
18 years and older: Less than 260 U/mL

Methodology:

Quantitative Nephelometry

Section:

RF-ARUP

CPT Codes:

86215

DOG-1 (K9) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath104

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Double-Stranded DNA (dsDNA) IgG, serum

LAB648

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB648, Anti-dsDNA, DNA, SLE
- LAB648-VML
- LAB648VML

Turn Around Time:
1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
Refrigerated (2-8°C): 5 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is used as an aid in the diagnosis of systemic lupus erythematosus. It can also be used for monitoring disease activity in SLE patients previously positive for double-stranded DNA IgG antibodies

Synonyms:

- LAB648, Anti-dsDNA, DNA, SLE
- LAB648-VML
- LAB648VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Enzyme-linked Immunoassay

Components:
Anti-dsDNA

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result for double-stranded DNA (dsDNA) IgG antibodies in the appropriate clinical context is suggestive of systemic lupus erythematosus (SLE). A negative results do not rule out a diagnosis of SLE.

Methodology:
Enzyme-linked Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
NA

Components:
Anti-dsDNA

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Anti-dsDNA

Stability:
Refrigerated (2-8°C): 5 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB648, Anti-dsDNA, DNA, SLE
- LAB648-VML
- LAB648VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used as an aid in the diagnosis of systemic lupus erythematosus. It can also be used for monitoring disease activity in SLE patients previously positive for double-stranded DNA IgG antibodies

Interpretive Data:
A positive result for double-stranded DNA (dsDNA) IgG antibodies in the appropriate clinical context is suggestive of systemic lupus erythematosus (SLE). A negative results do not rule out a diagnosis of SLE.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Enzyme-linked Immunoassay

Section:
Immunoserology

Drug Detection Panel, Meconium, Qualitative

LAB6411

ORDERING INFO

Collect:
All meconium (blackish material) excreted until milk/formula-based stool (yellow-green) appears.

Synonyms:

- LAB6411-VML
- LAB6411VML

SPECIMEN REQUIREMENTS

Collect:
All meconium (blackish material) excreted until milk/formula-based stool (yellow-green) appears.

Specimen Preparation:
Transport all available meconium (4 g is preferred) to routine urine collection cup or Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548) available online through eSupply using ARUP Connect(TM) or by contacting ARUP Client Services at 800-522-2787.

Unacceptable Conditions:
Unknown fluids, pharmaceutical preparation, and breast milk. Diapers, cotton swabs, baby wipes, tongue depressors, bottles.

Storage/Transport Temperature:
Refrigerated temperature.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 3 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB6411-VML
- LAB6411VML

Ordering Recommendations:
Use to detect and document fetal drug exposure during approximately the last trimester of a full-term pregnancy. For panel testing that includes THC metabolite, refer to Drug Detection Panel and THC Metabolite, Meconium, Qualitative (3006373).

Performed:
Sun-Sat

Methodology:
Qualitative Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

Reported:
1-3 days

Notes:
When ordering both meconium tests, unless ARUP is otherwise notified, testing will be performed in the following order of priority:

Drug Detection Panel (0.125g)
Marijuana (0.125g)

RESULTS INTERPRETATION

Reference Interval:

Drugs covered and range of cutoff concentrations.			
Drugs/Drug Classes	**Cutoff Concentrations (ng/g)**	**Drugs/Drug Classes**	**Cutoff Concentrations (ng/g)**
Buprenorphine	20	Amphetamine	20
Norbuprenorphine	20	Benzoylecgonine	20
Naloxone	20	m-OH-Benzoylecgonine	20
Codeine	20	Cocaethylene	20
Dihydrocodeine	20	Cocaine	20
Fentanyl	10	MDMA (Ecstasy)	20
Hydrocodone	20	Methamphetamine	20
Norhydrocodone	20	Phentermine	20
Hydromorphone	20	Alprazolam	5
Meperidine	20	Alpha-OH-Alprazolam	5
Methadone	10	Butalbital	50
Methadone metabolite	10	Clonazepam	5
6-Acetylmorphine	20	7-Aminoclonazepam	5
Morphine	20	Diazepam	5
Methylphenidate	20	Lorazepam	20
Oxycodone	20	Midazolam	20
Noroxycodone	20	Alpha-OH-Midazolam	20
Oxymorphone	20	Nordiazepam	20
Tapentadol	20	Oxazepam	20
Tramadol	20	Phenobarbital	200
N-desmethyltramadol	20	Temazepam	20
O-desmethyltramadol	20	Zolpidem	10
Gabapentin	20	Phencyclidine (PCP)	10
Mitragynine (Kratom)	25		

Interpretive Data:

Methodology: Qualitative Liquid Chromatography/Tandem Mass Spectrometry

Detection of drugs in meconium is intended to reflect maternal drug use during approximately the last trimester of a full-term pregnancy. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in meconium depends on the extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in meconium, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in meconium does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory.

For medical purposes only; not valid for forensic use.

Methodology:

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

ADDITIONAL INFORMATION

CPT Codes:

80326; 80347; 80364; 80355; 80323 (Alt code: G0481)

Section:

RF-ARUP

Notes:

When ordering both meconium tests, unless ARUP is otherwise notified, testing will be performed in the following order of priority:

Drug Detection Panel (0.125g)
Marijuana (0.125g)

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:
All meconium (blackish material) excreted until milk/formula-based stool (yellow-green) appears.

Specimen Preparation:
Transport all available meconium (4 g is preferred) to routine urine collection cup or Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548) available online through eSupply using ARUP Connect(TM) or by contacting ARUP Client Services at 800-522-2787.

Unacceptable Conditions:
Unknown fluids, pharmaceutical preparation, and breast milk. Diapers, cotton swabs, baby wipes, tongue depressors, bottles.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 3 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated temperature.

Synonyms:

- LAB6411-VML
- LAB6411VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Use to detect and document fetal drug exposure during approximately the last trimester of a full-term pregnancy. For panel testing that includes THC metabolite, refer to Drug Detection Panel and THC Metabolite, Meconium, Qualitative (3006373).

Interpretive Data:
Methodology: Qualitative Liquid Chromatography/Tandem Mass Spectrometry

Detection of drugs in meconium is intended to reflect maternal drug use during approximately the last trimester of a full-term pregnancy. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in meconium depends on the extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in meconium, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in meconium does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory.

For medical purposes only; not valid for forensic use.

Reference Interval:

Drugs covered and range of cutoff concentrations.			
Drugs/Drug Classes	**Cutoff Concentrations (ng/g)**	**Drugs/Drug Classes**	**Cutoff Concentrations (ng/g)**
Buprenorphine	20	Amphetamine	20
Norbuprenorphine	20	Benzoylecgonine	20
Naloxone	20	m-OH-Benzoylecgonine	20
Codeine	20	Cocaethylene	20
Dihydrocodeine	20	Cocaine	20
Fentanyl	10	MDMA (Ecstasy)	20
Hydrocodone	20	Methamphetamine	20
Norhydrocodone	20	Phentermine	20
Hydromorphone	20	Alprazolam	5
Meperidine	20	Alpha-OH-Alprazolam	5
Methadone	10	Butalbital	50
Methadone metabolite	10	Clonazepam	5
6-Acetylmorphine	20	7-Aminoclonazepam	5
Morphine	20	Diazepam	5
Methylphenidate	20	Lorazepam	20
Oxycodone	20	Midazolam	20
Noroxycodone	20	Alpha-OH-Midazolam	20
Oxymorphone	20	Nordiazepam	20
Tapentadol	20	Oxazepam	20
Tramadol	20	Phenobarbital	200
N-desmethyltramadol	20	Temazepam	20
O-desmethyltramadol	20	Zolpidem	10
Gabapentin	20	Phencyclidine (PCP)	10
Mitragynine (Kratom)	25		

Methodology:

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

Section:

RF-ARUP

CPT Codes:

80326; 80347; 80364; 80355; 80323 (Alt code: G0481)

Notes:

When ordering both meconium tests, unless ARUP is otherwise notified, testing will be performed in the following order of priority:

Drug Detection Panel (0.125g)
Marijuana (0.125g)

Drug Detection Panel, Umbilical Cord Tissue, Qualitative

LAB3181

ORDERING INFO

Collect:
Umbilical Cord (At least 8 inches, approximately the width of a sheet of paper.)

Synonyms:

- Drug Screen, Targeted, Serum or Plasma
- Drugs of Abuse Panel, Meconium - Screen with Reflex to Confirmation/Quantitation
- LAB3181-VML
- LAB3181VML

SPECIMEN REQUIREMENTS

Collect:
Umbilical Cord (At least 8 inches, approximately the width of a sheet of paper.)

Specimen Preparation:
Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or water. Pat the cord dry and transport at least 8 inches of umbilical cord in a routine urine collection cup or Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548) available online through eSupply using ARUP Connect(TM) or by contacting ARUP Client Services at (800) 522-2787.

Unacceptable Conditions:
Cords soaking in blood or other fluid. Formalin fixed. Tissue that is obviously decomposed.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 3 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Drug Screen, Targeted, Serum or Plasma
- Drugs of Abuse Panel, Meconium - Screen with Reflex to Confirmation/Quantitation
- LAB3181-VML
- LAB3181VML

Ordering Recommendations:
Use to detect and document fetal drug exposure during approximately the last trimester of a full-term pregnancy. For panel testing that includes THC metabolite, refer to Drug Detection Panel and THC Metabolite, Umbilical Cord Tissue, Qualitative (3006371).

Performed:
Sun-Sat

Methodology:
Qualitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-3 days

Notes:
Absolute Minimum: 6 inches. For marijuana metabolite, order Marijuana Metabolite, Umbilical Cord Tissue, Qualitative (ARUP test code 3000256). For alcohol metabolite, order Ethyl Glucuronide, Umbilical Cord Tissue, Qualitative (ARUP test code 3000443).
For kratom metabolite, order Kratom, Umbilical Cord, Qualitative (ARUP test code 3005874)
When ordering multipleumbilical cord tests, unless ARUP is otherwise notified, testing will be performed in the following order of priority:

Drug Detection Panel (1.0g)
Marijuana Metabolite (1.0g)
Ethyl Glucuronide (1.0g)
Kratom(1.0 g)

RESULTS INTERPRETATION

Reference Interval:

Effective February 20, 2018

Drugs covered and range of cutoff concentrations.			
Drugs/Drug Classes	**Cutoff Concentrations (ng/g)**	**Drugs/Drug Classes**	**Cutoff Concentrations (ng/g)**
Buprenorphine	1	Amphetamine	5
Norbuprenorphine	0.5	Benzoylecgonine	1
		m-OH-Benzoylecgonine	1
Codeine	0.5	Cocaethylene	1
Dihydrocodeine	1	Cocaine	1
Fentanyl	0.5	MDMA (Ecstasy)	5
Hydrocodone	0.5	Methamphetamine	5
Norhydrocodone	1	Phentermine	8
Hydromorphone	0.5	Alprazolam	0.5
Meperidine	2	Alpha-OH-Alprazolam	0.5
Methadone	2	Butalbital	25
Methadone metabolite	1	Clonazepam	1
6-Acetylmorphine	1	7-Aminoclonazepam	1
Morphine	0.5	Diazepam	1
Naloxone	1	Lorazepam	5
Oxycodone	0.5	Midazolam	1
Noroxycodone	1	Alpha-OH-Midazolam	2
Oxymorphone	0.5	Nordiazepam	1
Noroxymorphone	0.5	Oxazepam	2
Propoxyphene	1	Phenobarbital	75
Tapentadol	2	Temazepam	1
Tramadol	2	Zolpidem	0.5
N-desmethyltramadol	2	Phencyclidine (PCP)	1
O-desmethyltramadol	2	Gabapentin	10

Interpretive Data:

Methodology: Qualitative Liquid Chromatography/Tandem Mass Spectrometry

Detection of drugs in umbilical cord tissue is intended to reflect maternal drug use during approximately the last trimester of a full-term pregnancy. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in umbilical cord tissue depends on extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in umbilical cord tissue, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in umbilical cord tissue does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Qualitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80326; 80347; 80364; 80355 (Alt code: G0481)

Section:

RF-ARUP

Notes:

Absolute Minimum: 6 inches. For marijuana metabolite, order Marijuana Metabolite, Umbilical Cord Tissue, Qualitative (ARUP test code 3000256). For alcohol metabolite, order Ethyl Glucuronide, Umbilical Cord Tissue, Qualitative (ARUP test code 3000443).
For kratom metabolite, order Kratom, Umbilical Cord, Qualitative (ARUP test code 3005874)
When ordering multipleumbilical cord tests, unless ARUP is otherwise notified, testing will be performed in the following order of priority:

Drug Detection Panel (1.0g)
Marijuana Metabolite (1.0g)
Ethyl Glucuronide (1.0g)
Kratom(1.0 g)

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Umbilical Cord (At least 8 inches, approximately the width of a sheet of paper.)

Specimen Preparation:

Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or water. Pat the cord dry and transport at least 8 inches of umbilical cord in a routine urine collection cup or Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548) available online through eSupply using ARUP Connect(TM) or by contacting ARUP Client Services at (800) 522-2787.

Unacceptable Conditions:

Cords soaking in blood or other fluid. Formalin fixed. Tissue that is obviously decomposed.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 3 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Drug Screen, Targeted, Serum or Plasma
- Drugs of Abuse Panel, Meconium - Screen with Reflex to Confirmation/Quantitation
- LAB3181-VML
- LAB3181VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Use to detect and document fetal drug exposure during approximately the last trimester of a full-term pregnancy. For panel testing that includes THC metabolite, refer to Drug Detection Panel and THC Metabolite, Umbilical Cord Tissue, Qualitative (3006371).

Interpretive Data:

Methodology: Qualitative Liquid Chromatography/Tandem Mass Spectrometry

Detection of drugs in umbilical cord tissue is intended to reflect maternal drug use during approximately the last trimester of a full-term pregnancy. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in umbilical cord tissue depends on extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in umbilical cord tissue, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in umbilical cord tissue does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective February 20, 2018

Drugs covered and range of cutoff concentrations.			
Drugs/Drug Classes	**Cutoff Concentrations (ng/g)**	**Drugs/Drug Classes**	**Cutoff Concentrations (ng/g)**
Buprenorphine	1	Amphetamine	5
Norbuprenorphine	0.5	Benzoylecgonine	1
		m-OH-Benzoylecgonine	1
Codeine	0.5	Cocaethylene	1
Dihydrocodeine	1	Cocaine	1
Fentanyl	0.5	MDMA (Ecstasy)	5
Hydrocodone	0.5	Methamphetamine	5
Norhydrocodone	1	Phentermine	8
Hydromorphone	0.5	Alprazolam	0.5
Meperidine	2	Alpha-OH-Alprazolam	0.5
Methadone	2	Butalbital	25
Methadone metabolite	1	Clonazepam	1
6-Acetylmorphine	1	7-Aminoclonazepam	1
Morphine	0.5	Diazepam	1
Naloxone	1	Lorazepam	5
Oxycodone	0.5	Midazolam	1
Noroxycodone	1	Alpha-OH-Midazolam	2
Oxymorphone	0.5	Nordiazepam	1
Noroxymorphone	0.5	Oxazepam	2
Propoxyphene	1	Phenobarbital	75
Tapentadol	2	Temazepam	1
Tramadol	2	Zolpidem	0.5
N-desmethyltramadol	2	Phencyclidine (PCP)	1
O-desmethyltramadol	2	Gabapentin	10

Methodology:

Qualitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80326; 80347; 80364; 80355 (Alt code: G0481)

Notes:

Absolute Minimum: 6 inches. For marijuana metabolite, order Marijuana Metabolite, Umbilical Cord Tissue, Qualitative (ARUP test code 3000256). For alcohol metabolite, order Ethyl Glucuronide, Umbilical Cord Tissue, Qualitative (ARUP test code 3000443).
For kratom metabolite, order Kratom, Umbilical Cord, Qualitative (ARUP test code 3005874)
When ordering multipleumbilical cord tests, unless ARUP is otherwise notified, testing will be performed in the following order of priority:

Drug Detection Panel (1.0g)
Marijuana Metabolite (1.0g)
Ethyl Glucuronide (1.0g)
Kratom(1.0 g)

Drug Panel 9, Urine - Screen with Reflex to Confirmation/Quantitation

LAB6101

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Amphetamines, Urine
- Barbiturates, Urine
- Benzodiazepines, Urine
- CDASU 9 Comments
- Methadone, Urine
- Cocaine, Urine
- Creatinine, Urine
- Marijuana, Urine
- Opiates, Urine
- Pain Management
- Propoxyphene, Urine
- Phencyclidine, Urine
- LAB6101-VML
- LAB6101VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 8 mL urine with no additives or preservatives to ARUP Standard Transport Tubes. (Min: 4 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Amphetamines, Urine
- Barbiturates, Urine
- Benzodiazepines, Urine
- CDASU 9 Comments
- Methadone, Urine
- Cocaine, Urine
- Creatinine, Urine
- Marijuana, Urine
- Opiates, Urine
- Pain Management
- Propoxyphene, Urine
- Phencyclidine, Urine
- LAB6101-VML
- LAB6101VML

Ordering Recommendations:
Useful for general screening in contexts of compliance and/or abuse. A screen with reflex testing is the preferred method for ruling out drug exposure. This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

Performed:
Sun-Sat

Methodology:
Qualitative Enzyme Multiplied Immunoassay Technique (EMIT)/Quantitative Gas Chromatography-Mass Spectrometry (GC-MS)/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-4 days

Notes:

If the specimen screens positive, then Confirmation/Quantitation by GC/MS and/or LC-MS/MS will be added to confirm result. Additional charges apply.

To order testing for individual opioids, refer to Fentanyl and Metabolite - Confirmation/Quantitation - Urine (ARUP test code 0092570), Buprenorphine and Metabolites - Confirmation/Quantitation - Urine (ARUP test code 2010092), Meperidine and Metabolite Quantitative, Urine (ARUP test code 3000248), Tramadol and Metabolites - Confirmation/Quantitation - Urine (ARUP test code 2002736). For the comprehensive panel, refer to Pain Management Drug Panel by High-Resolution Time-of-Flight Mass Spectrometry and Enzyme Immunoassay, Urine (ARUP test code 2007479).

RESULTS INTERPRETATION

Reference Interval:

Drugs Covered and Cutoff Concentrations	
Drugs/Drug Classes	**Screen**
THC (Cannabinoids)	50 ng/mL
Cocaine	150 ng/mL
Opiates	300 ng/mL
Oxycodone	100 ng/mL
Phencyclidine	25 ng/mL
Amphetamines	300 ng/mL
MDMA (Ecstasy)	500 ng/mL
Barbiturates	200 ng/mL
Benzodiazepines	200 ng/mL
Methadone	150 ng/mL
Propoxyphene	300 ng/mL

Interpretive Data:

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration at which the screening test can detect a drug or metabolite varies within a drug class. Specimens for which drugs or drug classes are detected by the screen are reflexed to a second, more specific technology (GC/MS and/or LC-MS/MS). The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Oxycodone results are reported with the opiates results. MDMA results are reported with the amphetamines results. The following opioids are not detected in this test: fentanyl, buprenorphine, meperidine, tramadol, and tapentadol. A comprehensive panel that includes these opioids is available or individual opioid testing can be ordered. Refer to aruplab.com for test information.

For medical purposes only; not valid for forensic use.

Methodology:

Qualitative Enzyme Multiplied Immunoassay Technique (EMIT)/Quantitative Gas Chromatography-Mass Spectrometry (GC-MS)/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80307; if reflexed, add 80325; 80345; 80346; 80349; 80353; 80358; 80359; 80361; 80365; 80367; 83992 (Reflexed Alt Code: G0480)

Section:

RF-ARUP

Notes:

If the specimen screens positive, then Confirmation/Quantitation by GC/MS and/or LC-MS/MS will be added to confirm result. Additional charges apply.

To order testing for individual opioids, refer to Fentanyl and Metabolite - Confirmation/Quantitation - Urine (ARUP test code 0092570), Buprenorphine and Metabolites - Confirmation/Quantitation - Urine (ARUP test code 2010092), Meperidine and Metabolite Quantitative, Urine (ARUP test code 3000248), Tramadol and Metabolites - Confirmation/Quantitation - Urine (ARUP test code 2002736). For the comprehensive panel, refer to Pain Management Drug Panel by High-Resolution Time-of-Flight Mass Spectrometry and Enzyme Immunoassay, Urine (ARUP test code 2007479).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Transfer 8 mL urine with no additives or preservatives to ARUP Standard Transport Tubes. (Min: 4 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Amphetamines, Urine
- Barbiturates, Urine
- Benzodiazepines, Urine
- CDASU 9 Comments
- Methadone, Urine
- Cocaine, Urine
- Creatinine, Urine
- Marijuana, Urine
- Opiates, Urine
- Pain Management
- Propoxyphene, Urine
- Phencyclidine, Urine
- LAB6101-VML
- LAB6101VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Useful for general screening in contexts of compliance and/or abuse. A screen with reflex testing is the preferred method for ruling out drug exposure. This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

Interpretive Data:
The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration at which the screening test can detect a drug or metabolite varies within a drug class. Specimens for which drugs or drug classes are detected by the screen are reflexed to a second, more specific technology (GC/MS and/or LC-MS/MS). The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Oxycodone results are reported with the opiates results. MDMA results are reported with the amphetamines results. The following opioids are not detected in this test: fentanyl, buprenorphine, meperidine, tramadol, and tapentadol. A comprehensive panel that includes these opioids is available or individual opioid testing can be ordered. Refer to aruplab.com for test information.

For medical purposes only; not valid for forensic use.

Reference Interval:

Drugs Covered and Cutoff Concentrations	
Drugs/Drug Classes	**Screen**
THC (Cannabinoids)	50 ng/mL
Cocaine	150 ng/mL
Opiates	300 ng/mL
Oxycodone	100 ng/mL
Phencyclidine	25 ng/mL
Amphetamines	300 ng/mL
MDMA (Ecstasy)	500 ng/mL
Barbiturates	200 ng/mL
Benzodiazepines	200 ng/mL
Methadone	150 ng/mL
Propoxyphene	300 ng/mL

Methodology:

Qualitative Enzyme Multiplied Immunoassay Technique (EMIT)/Quantitative Gas Chromatography-Mass Spectrometry (GC-MS)/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80307; if reflexed, add 80325; 80345; 80346; 80349; 80353; 80358; 80359; 80361; 80365; 80367; 83992 (Reflexed Alt Code: G0480)

Notes:

If the specimen screens positive, then Confirmation/Quantitation by GC/MS and/or LC-MS/MS will be added to confirm result. Additional charges apply.

To order testing for individual opioids, refer to Fentanyl and Metabolite - Confirmation/Quantitation - Urine (ARUP test code 0092570), Buprenorphine and Metabolites - Confirmation/Quantitation - Urine (ARUP test code 2010092), Meperidine and Metabolite Quantitative, Urine (ARUP test code 3000248), Tramadol and Metabolites - Confirmation/Quantitation - Urine (ARUP test code 2002736). For the comprehensive panel, refer to Pain Management Drug Panel by High-Resolution Time-of-Flight Mass Spectrometry and Enzyme Immunoassay, Urine (ARUP test code 2007479).

Drug Screen 9 Panel, Serum or Plasma - Immunoassay Screen with Reflex to Mass Spectrometry Confirmation/Quantitation

LAB6050

ORDERING INFO

Collect:
Gray (sodium fluoride/potassium oxalate). Also acceptable: Plain red, green (sodium heparin), lavender (EDTA), or pink (K_2EDTA).

Synonyms:

- Pain Management
- LAB6050-VML
- LAB6050VML

SPECIMEN REQUIREMENTS

Collect:
Gray (sodium fluoride/potassium oxalate). Also acceptable: Plain red, green (sodium heparin), lavender (EDTA), or pink (K_2EDTA).

Specimen Preparation:
Remove plasma from cells ASAP or within 2 hours of collection. Transfer 4 mL plasma to an ARUP Standard Transport Tube. (Min: 3 mL) Also acceptable: Serum.

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles. Separator tubes. Plasma or whole blood collected in lt. blue (sodium citrate). Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years

Performed:
Sun-Sat

Remarks:
Cocaine and cocaethylene are more stable in fluoride-preserved plasma than serum.

ORDERING

Synonyms:

- Pain Management
- LAB6050-VML
- LAB6050VML

Ordering Recommendations:
Use to monitor patient compliance. This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

Performed:
Sun-Sat

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay (ELISA)/Quantitative Gas Chromatography-Mass Spectrometry (GC-MS)/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-2 days

Notes:
Screen-positive specimens are automatically confirmed by GC/MS and/or LC-MS/MS; additional charges may apply.

RESULTS INTERPRETATION

Reference Interval:

Drugs Covered and Cutoff Concentrations	
Drugs/Drug Classes	**Screen**
Amphetamines	Effective August 17, 2020 20 ng/mL
Methamphetamine	Effective August 17, 2020 20 ng/mL
Barbiturates	Effective August 17, 2020 50 ng/mL
Benzodiazepines	Effective August 17, 2020 50 ng/mL
Buprenorphine	1 ng/mL
Cannabinoids	Effective August 17, 2020 20 ng/mL
Cocaine	Effective August 17, 2020 20 ng/mL
Methadone	Effective August 17, 2020 25 ng/mL
Opiates	Effective August 17, 2020 20 ng/mL
Oxycodone	Effective August 17, 2020 20 ng/mL
Phencyclidine	Effective August 17, 2020 10 ng/mL

Interpretive Data:

Drugs/Drug classes reported as "Positive" are automatically reflexed to mass spectrometry confirmation/quantitation. An unconfirmed positive immunoassay screen result may be useful for medical purposes but does not meet forensic standards. The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, or limitations of testing. The concentration at which the screening test can detect a drug or metabolite varies within a drug class. Specimens for which drugs or drug classes are detected by the screen are automatically reflexed to a second, more specific technology (GC/MS and/or LC-MS/MS). The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

For medical purposes only; not valid for forensic use.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Qualitative Enzyme-Linked Immunosorbent Assay (ELISA)/Quantitative Gas Chromatography-Mass Spectrometry (GC-MS)/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80307; if reflexed, add 80324; 80345; 80346; 80348; 80349; 80353; 80358; 80359; 80361; 80365; 83992 (Reflexed Alt Code: G0480)

Section:

RF-ARUP

Remarks:

Cocaine and cocaethylene are more stable in fluoride-preserved plasma than serum.

Notes:

Screen-positive specimens are automatically confirmed by GC/MS and/or LC-MS/MS; additional charges may apply.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Gray (sodium fluoride/potassium oxalate). Also acceptable: Plain red, green (sodium heparin), lavender (EDTA), or pink (K_2EDTA).

Specimen Preparation:
Remove plasma from cells ASAP or within 2 hours of collection. Transfer 4 mL plasma to an ARUP Standard Transport Tube. (Min: 3 mL) Also acceptable: Serum.

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles. Separator tubes. Plasma or whole blood collected in lt. blue (sodium citrate). Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Pain Management
- LAB6050-VML
- LAB6050VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Use to monitor patient compliance. This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

Interpretive Data:
Drugs/Drug classes reported as "Positive" are automatically reflexed to mass spectrometry confirmation/quantitation. An unconfirmed positive immunoassay screen result may be useful for medical purposes but does not meet forensic standards. The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, or limitations of testing. The concentration at which the screening test can detect a drug or metabolite varies within a drug class. Specimens for which drugs or drug classes are detected by the screen are automatically reflexed to a second, more specific technology (GC/MS and/or LC-MS/MS). The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

For medical purposes only; not valid for forensic use.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Drugs Covered and Cutoff Concentrations	
Drugs/Drug Classes	**Screen**
Amphetamines	Effective August 17, 2020 20 ng/mL
Methamphetamine	Effective August 17, 2020 20 ng/mL
Barbiturates	Effective August 17, 2020 50 ng/mL
Benzodiazepines	Effective August 17, 2020 50 ng/mL
Buprenorphine	1 ng/mL
Cannabinoids	Effective August 17, 2020 20 ng/mL
Cocaine	Effective August 17, 2020 20 ng/mL
Methadone	Effective August 17, 2020 25 ng/mL
Opiates	Effective August 17, 2020 20 ng/mL
Oxycodone	Effective August 17, 2020 20 ng/mL
Phencyclidine	Effective August 17, 2020 10 ng/mL

Methodology:

Qualitative Enzyme-Linked Immunosorbent Assay (ELISA)/Quantitative Gas Chromatography-Mass Spectrometry (GC-MS)/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80307; if reflexed, add 80324; 80345; 80346; 80348; 80349; 80353; 80358; 80359; 80361; 80365; 83992 (Reflexed Alt Code: G0480)

Remarks:

Cocaine and cocaethylene are more stable in fluoride-preserved plasma than serum.

Notes:

Screen-positive specimens are automatically confirmed by GC/MS and/or LC-MS/MS; additional charges may apply.

Drug Toxicology Monitoring Base Pnl w/Conf, Oral FI-QSTD

LAB6386

ORDERING INFO

Synonyms:

- LAB6386-VML
- LAB6386VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6386-VML
- LAB6386VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB6386-VML
- LAB6386VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Drug-Dependent Platelet Ab-BCW

LAB3941

ORDERING INFO

Synonyms:

- LAB3941-VML
- LAB3941VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3941-VML
- LAB3941VML

ADDITIONAL INFORMATION

Section:

RF-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB3941-VML
- LAB3941VML

Resulting Laboratory:

Versiti

Section:

RF-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

Dystonia (DYTI) DNA Test-ATH

LAB3045

ORDERING INFO

Synonyms:

- LAB3045-VML
- LAB3045VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3045-VML
- LAB3045VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3045-VML
- LAB3045VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

E-Cadherin (NCH-38) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath105

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- ECad

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ECad

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- ECad

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Echovirus Antibodies

LAB3738

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- Echovirus Ab Panel
- Echovirus Antibodies
- Echovirus antibody profile, IgG, IgM
- Echovirus Antibody, Neutralization
- Enterovirus
- LAB3738-VML
- LAB3738VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent samples must be received within 30 days from receipt of acute samples.

Unacceptable Conditions:
CSF or plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon-Fri

Remarks:
Mark samples plainly as "acute" or "convalescent."

ORDERING

Synonyms:

- Echovirus Ab Panel
- Echovirus Antibodies
- Echovirus antibody profile, IgG, IgM
- Echovirus Antibody, Neutralization
- Enterovirus
- LAB3738-VML
- LAB3738VML

Ordering Recommendations:
PCR testing is preferred for diagnosis of acute infection. Detect neutralizing antibodies to echovirus types 6, 7, 9, 11, and 30.

Performed:
Mon-Fri

Methodology:
Semi-Quantitative Serum Neutralization

Reported:
6-12 days

RESULTS INTERPRETATION

Reference Interval:
Echovirus 6: Less than 1:10
Echovirus 7: Less than 1:10
Echovirus 9: Less than 1:10
Echovirus 11: Less than 1:10
Echovirus 30: Less than 1:10

Interpretive Data:
Single positive antibody titers of greater than or equal to 1:80 may indicate past or current infection. Seroconversion or an increase in titers between acute and convalescent sera of at least fourfold is considered strong evidence of current or recent infection.

Methodology:
Semi-Quantitative Serum Neutralization

ADDITIONAL INFORMATION

CPT Codes:
86658 x5

Section:
RF-ARUP

Remarks:
Mark samples plainly as "acute" or "convalescent."

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent samples must be received within 30 days from receipt of acute samples.

Unacceptable Conditions:
CSF or plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Echovirus Ab Panel
- Echovirus Antibodies
- Echovirus antibody profile, IgG, IgM
- Echovirus Antibody, Neutralization
- Enterovirus
- LAB3738-VML
- LAB3738VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
6-12 days

Ordering Recommendations:
PCR testing is preferred for diagnosis of acute infection. Detect neutralizing antibodies to echovirus types 6, 7, 9, 11, and 30.

Interpretive Data:
Single positive antibody titers of greater than or equal to 1:80 may indicate past or current infection. Seroconversion or an increase in titers between acute and convalescent sera of at least fourfold is considered strong evidence of current or recent infection.

Reference Interval:
Echovirus 6: Less than 1:10
Echovirus 7: Less than 1:10
Echovirus 9: Less than 1:10
Echovirus 11: Less than 1:10
Echovirus 30: Less than 1:10

Methodology:
Semi-Quantitative Serum Neutralization

Section:
RF-ARUP

CPT Codes:
86658 x5

Remarks:
Mark samples plainly as "acute" or "convalescent."

Ehrlichia and Anaplasma species by PCR

LAB3482

ORDERING INFO

Collect:

Blood: Lavender tube (EDTA); CSF: Sterile Container

Synonyms:

- LAB3482, EHD, Ehrlichia DNA, Anaplasma DNA, Ehrlichia/Anaplasma PCR
- LAB3482-VML
- LAB3482VML

Turn Around Time:

72 hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Blood: Lavender tube (EDTA); CSF: Sterile Container

Specimen Preparation:

(Min 0.5mL Whole Blood), (Min 0.5mL CSF)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Blood: Ambient (15-25°C); CSF: Ambient (15-25°C)

Performed:

Tuesday, Thursday

Stability:

Blood: Up to 24 hours at Ambient (15-25°C), 3 days at Refrigerated (2-8°C). CSF: 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C), 4 weeks at Frozen(<=-20°C).

Specimen:

Blood in a Lavender tube (EDTA); CSF

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

Human ehrlichiosis is a tick-borne rickettsial disease of great public health concern in the United States. Clinical diagnosis of human ehrlichiosis has been difficult because its typical nonspecific presentation of symptoms include fever, headache, myalgias, arthralgias and nausea. This is easily confused with other illnesses such as influenza or other tick-borne zoonoses such as Lyme disease and gRocky Mountain spotted fever. This PCR assay for detection of ehrlichiosis makes it possible for early, specific diagnosis and treatment of this disease.

Synonyms:

- LAB3482, EHD, Ehrlichia DNA, Anaplasma DNA, Ehrlichia/Anaplasma PCR
- LAB3482-VML
- LAB3482VML

Performed:

Tuesday, Thursday

Turn Around Time:

72 hours

Methodology:

PCR (Polymerase Chain Reaction)

Components:

None

RESULTS INTERPRETATION

Reference Interval:

Not Detected

Interpretive Data:

A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test. This test was developed and its performance characteristics determined by VML Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

PCR (Polymerase Chain Reaction)

ADDITIONAL INFORMATION

Section:

Molecular Infectious Disease

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:

N/A

Components:

None

Resulting Laboratory:

Vanderbilt Medical Laboratories

FULL VIEW

Collect:

Blood: Lavender tube (EDTA); CSF: Sterile Container

Specimen Preparation:
(Min 0.5mL Whole Blood), (Min 0.5mL CSF)

Pediatric Collection:
N/A

Preferred Collection Volume:
1mL Whole Blood; 1mL CSF

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Blood in a Lavender tube (EDTA); CSF

Reasons for Rejection:
Specimen collected incorrectly (i.e. collected in an alternate vacutainer); alternative specimen type/source sent without Medical Director approval

Components:
None

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 3 days at Refrigerated (2-8°C). CSF: 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C), 4 weeks at Frozen(<=-20°C).

Storage/Transport Temperature:
Blood: Ambient (15-25°C); CSF: Ambient (15-25°C)

Synonyms:

- LAB3482, EHD, Ehrlichia DNA, Anaplasma DNA, Ehrlichia/Anaplasma PCR
- LAB3482-VML
- LAB3482VML

Performed:
Tuesday, Thursday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 hours

Ordering Indicators:
Human ehrlichiosis is a tick-borne rickettsial disease of great public health concern in the United States. Clinical diagnosis of human ehrlichiosis has been difficult because its typical nonspecific presentation of symptoms include fever, headache, myalgias, arthralgias and nausea. This is easily confused with other illnesses such as influenza or other tick-borne zoonoses such as Lyme disease and gRocky Mountain spotted fever. This PCR assay for detection of ehrlichiosis makes it possible for early, specific diagnosis and treatment of this disease.

Interpretive Data:
A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test. This test was developed and its performance characteristics determined by VML Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Not Detected

Additional Information:
N/A

Methodology:
PCR (Polymerase Chain Reaction)

Section:
Molecular Infectious Disease

Electrolyte Panel, Plasma or Serum

LAB16

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- ELY, Electrolytes, Electrolytes Panel, LAB16
- LAB16-VML
- LAB16VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- ELY, Electrolytes, Electrolytes Panel, LAB16
- LAB16-VML
- LAB16VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
See individual components

Components:
Sodium, Potassium, Chloride, Carbon Dioxide (Bicarb)

RESULTS INTERPRETATION

Reference Interval:
See individual components for reference values

Interpretive Data:
N/A

Methodology:
See individual components

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Multiple myeloma and lipid samples are known to give low results on diluted ISE systems due to high amounts of proteins/lipids present in sample

Components:
Sodium, Potassium, Chloride, Carbon Dioxide (Bicarb)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
Sodium, Potassium, Chloride, Carbon Dioxide (Bicarb)

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- ELY, Electrolytes, Electrolytes Panel, LAB16
- LAB16-VML
- LAB16VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
See individual components for reference values

Additional Information:
Multiple myeloma and lipid samples are known to give low results on diluted ISE systems due to high amounts of proteins/lipids present in sample

Methodology:
See individual components

Section:
Chemistry

Electrolytes, Fecal

LAB388

ORDERING INFO

Collect:
24-hour or random liquid stool.

Synonyms:

- Electrolytes, Feces
- Fecal Electrolytes
- LAB388-VML
- LAB388VML

SPECIMEN REQUIREMENTS

Collect:
24-hour or random liquid stool.

Specimen Preparation:
Mix well and transfer a 5 g aliquot of stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 g) Do not add saline or water to liquefy specimen.

Unacceptable Conditions:
Formed or viscous stool.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Electrolytes, Feces
- Fecal Electrolytes
- LAB388-VML
- LAB388VML

Performed:
Sun-Sat

Methodology:
Quantitative Ion-Selective Electrode

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
Not established.

Methodology:
Quantitative Ion-Selective Electrode

ADDITIONAL INFORMATION

CPT Codes:
84999; 84302; 82438

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24-hour or random liquid stool.

Specimen Preparation:
Mix well and transfer a 5 g aliquot of stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 g) Do not add saline or water to liquefy specimen.

Unacceptable Conditions:
Formed or viscous stool.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Electrolytes, Feces
- Fecal Electrolytes
- LAB388-VML
- LAB388VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Reference Interval:
Not established.

Methodology:
Quantitative Ion-Selective Electrode

Section:
RF-ARUP

CPT Codes:
84999; 84302; 82438

Encephalopathy-Autoimmune/Paraneoplastic Eval - MAYO

LAB5965

ORDERING INFO

Synonyms:

- LAB5965-VML
- LAB5965VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5965-VML
- LAB5965VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB5965-VML
- LAB5965VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Endomysial Antibody, IgA by IFA

LAB774

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Anti-Endomysial Antibodies
- EMA
- EMA IgA
- Gluten-Sensitive Enteropathy Tests
- LAB774-VML
- LAB774VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Plasma. Severely lipemic, contaminated, or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid freeze/thaw cycles)

Performed:
Mon-Fri

ORDERING

Synonyms:

- Anti-Endomysial Antibodies
- EMA
- EMA IgA
- Gluten-Sensitive Enteropathy Tests
- LAB774-VML
- LAB774VML

Ordering Recommendations:
Not recommended as an initial test to evaluate for suspected celiac disease (CD). May be used to evaluate for suspected CD in individuals with positive results for tissue transglutaminase (tTG) IgA.The preferred test to screen for CD is Celiac Disease Reflexive Cascade, Serum (3016817).

Performed:
Mon-Fri

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Less than 1:10

Interpretive Data:
The endomysial antigen has been identified as the protein cross-linking enzyme known as tissue transglutaminase.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

ADDITIONAL INFORMATION

CPT Codes:
86231

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Plasma. Severely lipemic, contaminated, or hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Anti-Endomysial Antibodies
- EMA
- EMA IgA
- Gluten-Sensitive Enteropathy Tests
- LAB774-VML
- LAB774VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Not recommended as an initial test to evaluate for suspected celiac disease (CD). May be used to evaluate for suspected CD in individuals with positive results for tissue transglutaminase (tTG) IgA.The preferred test to screen for CD is Celiac Disease Reflexive Cascade, Serum (3016817).

Interpretive Data:
The endomysial antigen has been identified as the protein cross-linking enzyme known as tissue transglutaminase.

Reference Interval:
Less than 1:10

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Section:
RF-ARUP

CPT Codes:
86231

Endomysial Antibody, IgG

LAB3739

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Anti-Endomysial Antibodies
- EMA
- EMA IgG
- Gluten-Sensitive Enteropathy Tests
- IgA Deficient Celiac Disease
- LAB3739-VML
- LAB3739VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Contaminated specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Tue, Fri

ORDERING

Synonyms:

- Anti-Endomysial Antibodies
- EMA
- EMA IgG
- Gluten-Sensitive Enteropathy Tests
- IgA Deficient Celiac Disease
- LAB3739-VML
- LAB3739VML

Ordering Recommendations:
Not recommended as an initial test to evaluate for suspected celiac disease (CD). The preferred test to screen for CD is Celiac Disease Reflexive Cascade, Serum (3016817).

Performed:
Tue, Fri

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 14, 2011

Less than 1:10

Interpretive Data:
The presence of endomysial antibodies IgG, may be useful in identifying IgA-deficient patients at risk for celiac disease. To establish the diagnosis of celiac disease, a positive result must be confirmed through a biopsy of the small intestine.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

ADDITIONAL INFORMATION

CPT Codes:
86231

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Contaminated specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Anti-Endomysial Antibodies
- EMA
- EMA IgG
- Gluten-Sensitive Enteropathy Tests
- IgA Deficient Celiac Disease
- LAB3739-VML
- LAB3739VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Not recommended as an initial test to evaluate for suspected celiac disease (CD). The preferred test to screen for CD is Celiac Disease Reflexive Cascade, Serum (3016817).

Interpretive Data:
The presence of endomysial antibodies IgG, may be useful in identifying IgA-deficient patients at risk for celiac disease. To establish the diagnosis of celiac disease, a positive result must be confirmed through a biopsy of the small intestine.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective November 14, 2011

Less than 1:10

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Section:
RF-ARUP

CPT Codes:
86231

Endothelial Cell Xmatch-UCLA

LAB6383

ORDERING INFO

Synonyms:

- LAB6383-VML
- LAB6383VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6383-VML
- LAB6383VML

ADDITIONAL INFORMATION

Section:

RF-UCLA

Resulting Laboratory:

UCLA Health

FULL VIEW

Synonyms:

- LAB6383-VML
- LAB6383VML

Resulting Laboratory:

UCLA Health

Section:

RF-UCLA

Links:

Test Sent to Reference Lab. Click Here for Test Details

Epithelial Cell Adhesion Molecule (Ber-Ep4) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath48

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- EpCam, Ber-Ep4

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- EpCam, Ber-Ep4

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- EpCam, Ber-Ep4

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Epithelial Membrane Antigen (GP1.4) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath106

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- EMA

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- EMA

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- EMA

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Epithelial Specific Antigen (MOC-31) Immunoshitochemcial Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath159

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- MOC-31, Ep-CAM

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MOC-31, Ep-CAM

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- MOC-31, Ep-CAM

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Epstein-Barr Antibody Panel, serum

LAB863

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB863, EBB, EBV
- LAB863-VML
- LAB863VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is used as an aid in the diagnosis of infectious mononucleosis.

Synonyms:

- LAB863, EBB, EBV
- LAB863-VML
- LAB863VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
Capsid IgG, Capsid IgM, Nuclear IgG

RESULTS INTERPRETATION

Reference Interval:
Capsid IgG: Negative, Nuclear Antibody: Negative, Capsid IgM: Negative

Interpretive Data:
See Table 4

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
This panel includes EBV capsid IgM, EBV nuclear IgG, and EBV capsid IgG

Components:
Capsid IgG, Capsid IgM, Nuclear IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis

Components:
Capsid IgG, Capsid IgM, Nuclear IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB863, EBB, EBV
- LAB863-VML
- LAB863VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used as an aid in the diagnosis of infectious mononucleosis.

Interpretive Data:
See Table 4

Reference Interval:
Capsid IgG: Negative, Nuclear Antibody: Negative, Capsid IgM: Negative

Additional Information:
This panel includes EBV capsid IgM, EBV nuclear IgG, and EBV capsid IgG

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Epstein-Barr Virus (ASR) RNA In Situ Hybridization, Formalin Fixed Paraffin Embedded Tissue

CoPath233

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- RISH, Human Papilloma Virus, hpvlr

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- RISH, Human Papilloma Virus, hpvlr

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
RNA In Situ Hybridization Chromogenic Probe

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
RNA In Situ Hybridization Chromogenic Probe

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
3 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- RISH, Human Papilloma Virus, hpvlr

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
RNA In Situ Hybridization Chromogenic Probe

Section:
Histology

Epstein-Barr Virus (EBV) by Quantitative PCR

LAB1373

ORDERING INFO

Collect:

Blood: Plasma Preparation Tube (PPT) (EDTA); CSF: Sterile Container

Synonyms:

- LAB1373, Epstein Barr Virus, EBQ, EBV DNA quant
- LAB1373-VML
- LAB1373VML

Turn Around Time:

72 hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Blood: Plasma Preparation Tube (PPT) (EDTA); CSF: Sterile Container

Specimen Preparation:

Blood: draw 4.0ml of whole blood (Lavender tube [EDTA]), deliver to lab within 24hrs at Ambient (15-25°C). CSF: Collect in sterile container and deliver to lab within 24hrs at Ambient (15-25°C) (Min 0.5mL Plasma), (Min 0.5mL CSF)

Pediatric Collection:

Lavender microtainer (EDTA)

Storage/Transport Temperature:

Blood: Ambient (15-25°C); CSF: Ambient (15-25°C)

Performed:

Monday - Friday

Stability:

Blood: Up to 24 hours at Ambient (15-25°C), 6 days at Refrigerated (2-8°C) once spun and plasma separated. CSF: 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C), 4 weeks at Frozen (<=-20°C).

Specimen:

Blood in a Lavender tube (EDTA); CSF

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
EBV has been implicated as a cause of lymphoproliferative diseases in immunocompromised patients, including post-transplant lymphoproliferative disorders (PTLDs). PTLDs cause a high rate of mortality in transplant recipients. Quantitation of the systemic EBV load may provide a highly sensitive and specific method to predict the development and monitoring of EBV disease.

Synonyms:

- LAB1373, Epstein Barr Virus, EBQ, EBV DNA quant
- LAB1373-VML
- LAB1373VML

Performed:
Monday - Friday

Turn Around Time:
72 hours

Methodology:
PCR (Polymerase Chain Reaction)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
The quantitative range of this test is 1.54-8.00 log IU/mL (35.0-100,000,000 IU/mL). An interpretation of "Not Detected" does not rule out the presence of inhibitors or EBV DNA concentration below the level of detection of the assay. Care should be taken in the interpretation of any single viral load determination. International standardization has improved comparability of assay results across laboratories, but discrepancies still exist due to commutability issues with the standard.

Methodology:
PCR (Polymerase Chain Reaction)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Plasma Preparation Tube (PPT) (EDTA); CSF: Sterile Container

Specimen Preparation:
Blood: draw 4.0ml of whole blood (Lavender tube [EDTA]), deliver to lab within 24hrs at Ambient (15-25°C). CSF: Collect in sterile container and deliver to lab within 24hrs at Ambient (15-25°C) (Min 0.5mL Plasma), (Min 0.5mL CSF)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1mL Plasma; 1mL CSF

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Blood in a Lavender tube (EDTA); CSF

Reasons for Rejection:
Specimen collected incorrectly (i.e. Whole Blood sent in wrong blood vacutainer); alternative specimen type/source sent without Medical Director approval

Components:
N/A

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days at Refrigerated (2-8°C) once spun and plasma separated. CSF: 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C), 4 weeks at Frozen (<=-20°C).

Storage/Transport Temperature:
Blood: Ambient (15-25°C); CSF: Ambient (15-25°C)

Synonyms:

- LAB1373, Epstein Barr Virus, EBQ, EBV DNA quant
- LAB1373-VML
- LAB1373VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 hours

Ordering Indicators:
EBV has been implicated as a cause of lymphoproliferative diseases in immunocompromised patients, including post-transplant lymphoproliferative disorders (PTLDs). PTLDs cause a high rate of mortality in transplant recipients. Quantitation of the systemic EBV load may provide a highly sensitive and specific method to predict the development and monitoring of EBV disease.

Interpretive Data:
The quantitative range of this test is 1.54-8.00 log IU/mL (35.0-100,000,000 IU/mL). An interpretation of "Not Detected" does not rule out the presence of inhibitors or EBV DNA concentration below the level of detection of the assay. Care should be taken in the interpretation of any single viral load determination. International standardization has improved comparability of assay results across laboratories, but discrepancies still exist due to commutability issues with the standard.

Reference Interval:
Not detected

Additional Information:
N/A

Methodology:
PCR (Polymerase Chain Reaction)

Section:
Molecular Infectious Disease

Epstein-Barr Virus Antibody to Viral Capsid Antigen, IgA

LAB1732

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- EBV Antibodies
- Infectious Mononucleosis
- EBV VCA-IgA Ab
- LAB1732-VML
- LAB1732VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimen plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated or heat-inactivated specimens. Grossly hemolytic, icteric or, lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 30 days

Performed:
Tue

ORDERING

Synonyms:

- EBV Antibodies
- Infectious Mononucleosis
- EBV VCA-IgA Ab
- LAB1732-VML
- LAB1732VML

Ordering Recommendations:
Do not use to diagnose Epstein-Barr virus infectious mononucleosis. May aid in the detection and prognosis of nasopharyngeal carcinoma.

Performed:
Tue

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 15, 2021

Reference Interval	
8 U or less	Not Detected
9-11 U	Indeterminate - Repeat testing in 10-14 days may be helpful.
12 U or greater	Detected

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86665

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimen plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated or heat-inactivated specimens. Grossly hemolytic, icteric or, lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 30 days

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- EBV Antibodies
- Infectious Mononucleosis
- EBV VCA-IgA Ab
- LAB1732-VML
- LAB1732VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Do not use to diagnose Epstein-Barr virus infectious mononucleosis. May aid in the detection and prognosis of nasopharyngeal carcinoma.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective November 15, 2021

Reference Interval	
8 U or less	Not Detected
9-11 U	Indeterminate - Repeat testing in 10-14 days may be helpful.
12 U or greater	Detected

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86665

ERBB2 (HER2/neu) Gene Amplification by FISH with Reflex, Tissue

LAB3016

ORDERING INFO

Collect:
Paraffin Embbedded Breast Tissue + H&E Slide, 2 slides

Synonyms:

- HRQ, Breast Cancer
- LAB3016-VML
- LAB3016VML

Turn Around Time:
6 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Paraffin Embbedded Breast Tissue + H&E Slide, 2 slides

Specimen Preparation:
Circle area(s) of interest. Include concurrent results

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Paraffin Embbedded Breast Tissue + H&E Slide, 2 slides

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- HRQ, Breast Cancer
- LAB3016-VML
- LAB3016VML

Performed:
Monday - Saturday

Turn Around Time:
6 10 days

Methodology:
Fluorescence in situ Hybridization

Components:
HER2 (17p)

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
HER2 (17p)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Paraffin Embbedded Breast Tissue + H&E Slide, 2 slides

Specimen Preparation:
Circle area(s) of interest. Include concurrent results

Preferred Collection Volume:
4um thick mounted on positively charged slides, 2 slides

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Paraffin Embbedded Breast Tissue + H&E Slide, 2 slides

Reasons for Rejection:
N/A

Components:
HER2 (17p)

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- HRQ, Breast Cancer
- LAB3016-VML
- LAB3016VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

Erg (9FY) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath107

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Vascular Endothelial Marker

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Vascular Endothelial Marker

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Vascular Endothelial Marker

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Erythrocytosis Eval, WB w/Rfx-MAYO

LAB6267

ORDERING INFO

Synonyms:

- LAB6267-VML
- LAB6267VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6267-VML
- LAB6267VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6267-VML
- LAB6267VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Erythropoietin

LAB873

ORDERING INFO

Collect:
Serum separator tube or plasma separator tube.

Synonyms:

- EPO (Erythropoietin)
- Epogen
- EPO
- Hemopoietin
- Hematopoietin
- LAB873-VML
- LAB873VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plasma separator tube.

Specimen Preparation:
Allow serum to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Bone marrow aspirate. EDTA plasma. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- EPO (Erythropoietin)
- Epogen
- EPO
- Hemopoietin
- Hematopoietin
- LAB873-VML
- LAB873VML

Ordering Recommendations:
Initial screening test for evaluation of polycythemia. Determine eligibility for erythropoietin therapy in anemia due to chronic renal failure.

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

Normal serum concentrations of erythropoietin for 95% of individuals with normal hematocrits range from 4-27 mU/mL.

As the hematocrit is lowered by iron deficiency, aplastic or hemolytic anemia, the concentration of erythropoietin increases as shown in the graph below. In the absence of anemia, elevated concentrations are seen in renal tumors, as a manifestation of renal transplant rejection, and in secondary polycythemia. Low values may be observed in hemochromatosis.

Decreased erythropoietin concentrations with an elevated hematocrit are observed in patients with polycythemia rubra vera, and with a decreased hematocrit in patients with HIV infection who are receiving AZT. Patients on AZT who have anemia and erythropoietin concentrations of less than or equal to 500 mU/mL, may benefit from therapy with recombinant EPO (NEJM 322:1488-1493, 1990).

EXPECTED ERYTHROPOIETIN CONCENTRATIONS IN PATIENTS WITH UNCOMPLICATED ANEMIA

ERYTHROPOIETIN (mU/mL)

100,000 -

10,000 - .....
.....
.....
.....
1,000 - .....
.....
.....
.....
100 - .....
.....
.....
10 - .....
.....
_____
10 20 30 40 50 60 70

(HEMATOCRIT %)

(CONTRIBUTIONS TO NEPHROLOGY 1988:66:54-62)

Methodology:

Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

82668

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or plasma separator tube.

Specimen Preparation:

Allow serum to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:

Bone marrow aspirate. EDTA plasma. Hemolyzed specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- EPO (Erythropoietin)
- Epogen
- EPO
- Hemopoietin
- Hematopoietin
- LAB873-VML
- LAB873VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Initial screening test for evaluation of polycythemia. Determine eligibility for erythropoietin therapy in anemia due to chronic renal failure.

Reference Interval:
Normal serum concentrations of erythropoietin for 95% of individuals with normal hematocrits range from 4-27 mU/mL.

As the hematocrit is lowered by iron deficiency, aplastic or hemolytic anemia, the concentration of erythropoietin increases as shown in the graph below. In the absence of anemia, elevated concentrations are seen in renal tumors, as a manifestation of renal transplant rejection, and in secondary polycythemia. Low values may be observed in hemochromatosis.

Decreased erythropoietin concentrations with an elevated hematocrit are observed in patients with polycythemia rubra vera, and with a decreased hematocrit in patients with HIV infection who are receiving AZT. Patients on AZT who have anemia and erythropoietin concentrations of less than or equal to 500 mU/mL, may benefit from therapy with recombinant EPO (NEJM 322:1488-1493, 1990).

EXPECTED ERYTHROPOIETIN CONCENTRATIONS IN PATIENTS WITH UNCOMPLICATED ANEMIA

ERYTHROPOIETIN (mU/mL)

100,000 -

10,000 - .....
.....
.....
.....
1,000 - .....
.....
.....
.....
100 - .....
.....
.....
10 - .....
.....
_____
10 20 30 40 50 60 70

(HEMATOCRIT %)

(CONTRIBUTIONS TO NEPHROLOGY 1988:66:54-62)

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
82668

ESOPHAGEAL BRUSH CYTOLOGY

esob, bdbr

ORDERING INFO

Collect:
Clean specimen container filled with saline or RPMI and cytobrush.

Synonyms:

- Esophageal brushing, Bile duct brushing

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container filled with saline or RPMI and cytobrush.

Specimen Preparation:
1. Esophageal cells are collected on a cytobrush and immediately placed in either a saline or RPMI container (min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours. Some specimens may have fixative added if specimen cannot be delivered within 2 hours and cannot be Refrigerated: (2-8°C) during transport. Call lab for assistance at 615-322-2721.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Material brushed from esophagus in saline or RPMI.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Synonyms:

- Esophageal brushing, Bile duct brushing

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
GMS stain can be ordered to rule out Candida.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container filled with saline or RPMI and cytobrush.

Specimen Preparation:
1. Esophageal cells are collected on a cytobrush and immediately placed in either a saline or RPMI container (min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Material brushed from esophagus in saline or RPMI.

Reasons for Rejection:
Mislabeled specimen, specimen received in a glass container, specimen leaked out in transit, insufficient fluid for processing.

Components:
N/A

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours. Some specimens may have fixative added if specimen cannot be delivered within 2 hours and cannot be Refrigerated: (2-8°C) during transport. Call lab for assistance at 615-322-2721.

Synonyms:

- Esophageal brushing, Bile duct brushing

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:
GMS stain can be ordered to rule out Candida.

Methodology:
ThinPrep procedure

Section:
Cytology

Estradiol (Peds)-ESTX

LAB3943

ORDERING INFO

Synonyms:

- LAB3943-VML
- LAB3943VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3943-VML
- LAB3943VML

ADDITIONAL INFORMATION

Section:

RF-ESTX

Resulting Laboratory:

Esoterix

FULL VIEW

Synonyms:

- LAB3943-VML
- LAB3943VML

Resulting Laboratory:

Esoterix

Section:

RF-ESTX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Estradiol, Serum (Adult Premenopausal Females or Individuals on Estrogen Hormone Therapy)

LAB523

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)

Synonyms:

- E2, Estradiol Level, LAB523
- LAB523-VML
- LAB523VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP (Min 0.4 mL). WARNING: Do NOT order on patients on fulvestrant therapy due to significant cross reactivity. Consider alternate testing method.

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 24 hours; 2° to 8°C: 2 days; Frozen: 6 months

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- E2, Estradiol Level, LAB523
- LAB523-VML
- LAB523VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: 0 - < 1 month: 2.5 - 96 pg/mL 1 month - < 10 years: < 4.9 pg/mL 10 years - < 18 years: 4.9 - 36.5 pg/mL >=18 years: 11.3 - 43.2 pg/mL Female: 0 - < 1 month: 2.5 - 96 pg/mL 1 month - < 10 years: < 4.9 pg/mL 10 years - < 14 years: < 4.9 pg/mL 14 years - < 19 years: 14.6 - 249 pg/mL

Interpretive Data:
Follicular: 30.9 - 90.4 pg/mL Ovulation: 60.4 - 533 pg/mL Luteal: 60.3 - 232 pg/mL Postmenopause: 5 - 138 pg/mL

Methodology:
Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Consider alternate method for patients on fulvestrant therapy due to significant cross reactivity. Samples should not be taken from patients receiving therapy with biotin doses until at least 8 hours following the last biotin administration.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP (Min 0.4 mL). WARNING: Do NOT order on patients on fulvestrant therapy due to significant cross reactivity. Consider alternate testing method.

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 24 hours; 2° to 8°C: 2 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- E2, Estradiol Level, LAB523
- LAB523-VML
- LAB523VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Follicular: 30.9 - 90.4 pg/mL Ovulation: 60.4 - 533 pg/mL Luteal: 60.3 - 232 pg/mL Postmenopause: 5 - 138 pg/mL

Reference Interval:
Male: 0 - < 1 month: 2.5 - 96 pg/mL 1 month - < 10 years: < 4.9 pg/mL 10 years - < 18 years: 4.9 - 36.5 pg/mL >=18 years: 11.3 - 43.2 pg/mL Female: 0 - < 1 month: 2.5 - 96 pg/mL 1 month - < 10 years: < 4.9 pg/mL 10 years - < 14 years: < 4.9 pg/mL 14 years - < 19 years: 14.6 - 249 pg/mL

Additional Information:
Consider alternate method for patients on fulvestrant therapy due to significant cross reactivity. Samples should not be taken from patients receiving therapy with biotin doses until at least 8 hours following the last biotin administration.

Methodology:
Electrochemiluminescent Immunoassay

Section:
Chemistry

Estrogen Receptor (SP1) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath108

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Estrogens, Fractionated, by Mass Spectrometry

LAB980

ORDERING INFO

Collect:
Serum separator tube, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Synonyms:

- Total Estrogens
- Estrone (E1) and Estradiols (E2)
- LAB980-VML
- LAB980VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.3 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Total Estrogens
- Estrone (E1) and Estradiols (E2)
- LAB980-VML
- LAB980VML

Ordering Recommendations:
Use to evaluate estrogen status in children, cisgender males, and postmenopausal cisgender females. Most useful when low estrogen concentrations are expected, regardless of the patient's sex assigned at birth.To compare this test to other estrogen tests, refer to the ARUP Estrogen Tests Comparison table.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Estradiol by Mass Spec</td><td>
<table>
<tr><th>Age</th><th>Male (pg/mL)</th><th>Female (pg/mL)</th></tr>
<tr><td>7-9 years</td><td>Less than 7.0</td><td>Less than 36.0</td></tr>
<tr><td>10-12 years</td><td>Less than 11.0</td><td>1.0-87.0</td></tr>
<tr><td>13-15 years</td><td>1.0-36.0</td><td>9.0-249.0</td></tr>
<tr><td>16-17 years</td><td>3.0-34.0</td><td>2.0-266.0</td></tr>
<tr><td>18 years and older</td><td>10.0-42.0</td><td>Premenopausal
Early Follicular: 30.0-100.0
Late Follicular: 100.0-400.0
Luteal: 50.0-150.0

Postmenopausal: 2.0-21.0</td></tr>
<tr><td>Tanner Stage I</td><td>Less than 8.0</td><td>Less than 56.0</td></tr>
<tr><td>Tanner Stage II</td><td>Less than 10.0</td><td>2.0-133.0</td></tr>
<tr><td>Tanner Stage III</td><td>1.0-35.0</td><td>12.0-277.0</td></tr>
<tr><td>Tanner Stage IV-V</td><td>3.0-35.0</td><td>2.0-259.0</td></tr>
</table>
</td></tr>
<tr><td>Estrone by Mass Spec</td><td>
<table>
<tr><th>Age</th><th>Male (pg/mL)</th><th>Female (pg/mL)</th></tr>
<tr><td>7-9 years</td><td>Less than 7.0</td><td>Less than 20.0</td></tr>
<tr><td>10-12 years</td><td>Less than 11.0</td><td>1.0-40.0</td></tr>
<tr><td>13-15 years</td><td>1.0-30.0</td><td>8.0-105.0</td></tr>
<tr><td>16-17 years</td><td>1.0-32.0</td><td>4.0-133.0</td></tr>
<tr><td>18 years and older</td><td>9.0-36.0</td><td>Premenopausal
Early Follicular: Less than 150.0
Late Follicular: 100.0-250.0.
Luteal: Less than 200.0

Postmenopausal: 3.0-32.0</td></tr>
<tr><td>Tanner Stage I</td><td>Less than 7.0</td><td>Less than 27.0</td></tr>
<tr><td>Tanner Stage II</td><td>Less than 11.0</td><td>1.0-39.0</td></tr>
<tr><td>Tanner Stage III</td><td>1.0-31.0</td><td>8.0-117.0</td></tr>
<tr><td>Tanner Stage IV-V</td><td>2.0-30.0</td><td>4.0-109.0</td></tr>
</table>
</td></tr>
<tr><td>Estrogens Total Calculation</td><td>
<table>
<tr><th>Age</th><th>Male (pg/mL)</th><th>Female (pg/mL)</th></tr>
<tr><td>7-9 years</td><td>Less than 10.0</td><td>1.0-48.0</td></tr>
<tr><td>10-12 years</td><td>1.0-19.0</td><td>2.0-116.0</td></tr>
<tr><td>13-15 years</td><td>3.0-62.0</td><td>15.0-333.0</td></tr>
<tr><td>16-17 years</td><td>4.0-64.0</td><td>6.0-354.0</td></tr>
<tr><td>18 years or older</td><td>19.0-69.0</td><td>Premenopausal
Early Follicular: 30.0-250.0
Late Follicular: 200.0-650.0
Luteal: 50.0-350.0

Postmenopausal: 5.0-52.0</td></tr>
<tr><td>Tanner Stage I</td><td>1.0-11.0</td><td>1.0-86.0</td></tr>
<tr><td>Tanner Stage II</td><td>1.0-19.0</td><td>3.0-169.0</td></tr>
<tr><td>Tanner Stage III</td><td>3.0-61.0</td><td>23.0-351.0</td></tr>
<tr><td>Tanner Stage IV-V</td><td>4.0-62.0</td><td>8.0-341.0</td></tr>
</table>
</td></tr>
</table>

Interpretive Data:
For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0093248.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
82671

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.3 mL)

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Total Estrogens
- Estrone (E1) and Estradiols (E2)
- LAB980-VML
- LAB980VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Use to evaluate estrogen status in children, cisgender males, and postmenopausal cisgender females. Most useful when low estrogen concentrations are expected, regardless of the patient's sex assigned at birth.To compare this test to other estrogen tests, refer to the ARUP Estrogen Tests Comparison table.

Interpretive Data:
For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0093248.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Estradiol by Mass Spec</td><td>
<table>
<tr><th>Age</th><th>Male (pg/mL)</th><th>Female (pg/mL)</th></tr>
<tr><td>7-9 years</td><td>Less than 7.0</td><td>Less than 36.0</td></tr>
<tr><td>10-12 years</td><td>Less than 11.0</td><td>1.0-87.0</td></tr>
<tr><td>13-15 years</td><td>1.0-36.0</td><td>9.0-249.0</td></tr>
<tr><td>16-17 years</td><td>3.0-34.0</td><td>2.0-266.0</td></tr>
<tr><td>18 years and older</td><td>10.0-42.0</td><td>Premenopausal
Early Follicular: 30.0-100.0
Late Follicular: 100.0-400.0
Luteal: 50.0-150.0

Postmenopausal: 2.0-21.0</td></tr>
<tr><td>Tanner Stage I</td><td>Less than 8.0</td><td>Less than 56.0</td></tr>
<tr><td>Tanner Stage II</td><td>Less than 10.0</td><td>2.0-133.0</td></tr>
<tr><td>Tanner Stage III</td><td>1.0-35.0</td><td>12.0-277.0</td></tr>
<tr><td>Tanner Stage IV-V</td><td>3.0-35.0</td><td>2.0-259.0</td></tr>
</table>
</td></tr>
<tr><td>Estrone by Mass Spec</td><td>
<table>
<tr><th>Age</th><th>Male (pg/mL)</th><th>Female (pg/mL)</th></tr>
<tr><td>7-9 years</td><td>Less than 7.0</td><td>Less than 20.0</td></tr>
<tr><td>10-12 years</td><td>Less than 11.0</td><td>1.0-40.0</td></tr>
<tr><td>13-15 years</td><td>1.0-30.0</td><td>8.0-105.0</td></tr>
<tr><td>16-17 years</td><td>1.0-32.0</td><td>4.0-133.0</td></tr>
<tr><td>18 years and older</td><td>9.0-36.0</td><td>Premenopausal
Early Follicular: Less than 150.0
Late Follicular: 100.0-250.0.
Luteal: Less than 200.0

Postmenopausal: 3.0-32.0</td></tr>
<tr><td>Tanner Stage I</td><td>Less than 7.0</td><td>Less than 27.0</td></tr>
<tr><td>Tanner Stage II</td><td>Less than 11.0</td><td>1.0-39.0</td></tr>
<tr><td>Tanner Stage III</td><td>1.0-31.0</td><td>8.0-117.0</td></tr>
<tr><td>Tanner Stage IV-V</td><td>2.0-30.0</td><td>4.0-109.0</td></tr>
</table>
</td></tr>
<tr><td>Estrogens Total Calculation</td><td>
<table>
<tr><th>Age</th><th>Male (pg/mL)</th><th>Female (pg/mL)</th></tr>
<tr><td>7-9 years</td><td>Less than 10.0</td><td>1.0-48.0</td></tr>
<tr><td>10-12 years</td><td>1.0-19.0</td><td>2.0-116.0</td></tr>
<tr><td>13-15 years</td><td>3.0-62.0</td><td>15.0-333.0</td></tr>
<tr><td>16-17 years</td><td>4.0-64.0</td><td>6.0-354.0</td></tr>
<tr><td>18 years or older</td><td>19.0-69.0</td><td>Premenopausal
Early Follicular: 30.0-250.0
Late Follicular: 200.0-650.0
Luteal: 50.0-350.0

Postmenopausal: 5.0-52.0</td></tr>
<tr><td>Tanner Stage I</td><td>1.0-11.0</td><td>1.0-86.0</td></tr>
<tr><td>Tanner Stage II</td><td>1.0-19.0</td><td>3.0-169.0</td></tr>
<tr><td>Tanner Stage III</td><td>3.0-61.0</td><td>23.0-351.0</td></tr>
<tr><td>Tanner Stage IV-V</td><td>4.0-62.0</td><td>8.0-341.0</td></tr>
</table>
</td></tr>
</table>

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82671

Estrone, by Mass Spectrometry

LAB982

ORDERING INFO

Collect:
Serum separator tube, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Synonyms:

- Estrone (E1)
- LAB982-VML
- LAB982VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.3 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Estrone (E1)
- LAB982-VML
- LAB982VML

Ordering Recommendations:
Rarely indicated in clinical practice. The preferred test for the measurement of estrone is Estrogens, Fractionated, by Mass Spectrometry (0093248).

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval		
Estrone by Mass Spec	**Age**	**Male (pg/mL)**	**Female (pg/mL)**
	7-9 years	Less than 7.0	Less than 20.0
	10-12 years	Less than 11.0	1.0-40.0
	13-15 years	1.0-30.0	8.0-105.0
	16-17 years	1.0-32.0	4.0-133.0
	18 years and older	9.0-36.0	Premenopausal Early Follicular: Less than 150.0 Late Follicular: 100.0-250.0. Luteal: Less than 200.0 Postmenopausal: 3.0-32.0
	Tanner Stage I	Less than 7.0	Less than 27.0
	Tanner Stage II	Less than 11.0	1.0-39.0
	Tanner Stage III	1.0-31.0	8.0-117.0
	Tanner Stage IV-V	2.0-30.0	4.0-109.0

Interpretive Data:

For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0093249.

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Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82679

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:

Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.3 mL)

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Estrone (E1)
- LAB982-VML
- LAB982VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Rarely indicated in clinical practice. The preferred test for the measurement of estrone is Estrogens, Fractionated, by Mass Spectrometry (0093248).

Interpretive Data:

For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0093249.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval

Estrone by Mass Spec

Age	Male (pg/mL)	Female (pg/mL)
7-9 years	Less than 7.0	Less than 20.0
10-12 years	Less than 11.0	1.0-40.0
13-15 years	1.0-30.0	8.0-105.0
16-17 years	1.0-32.0	4.0-133.0
18 years and older	9.0-36.0	Premenopausal Early Follicular: Less than 150.0 Late Follicular: 100.0-250.0. Luteal: Less than 200.0 Postmenopausal: 3.0-32.0
Tanner Stage I	Less than 7.0	Less than 27.0
Tanner Stage II	Less than 11.0	1.0-39.0
Tanner Stage III	1.0-31.0	8.0-117.0
Tanner Stage IV-V	2.0-30.0	4.0-109.0

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

82679

Ethanol Screen, Urine

LAB6076

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- Urine Ethanol Screen, Urine Alcohol, LAB6076
- LAB6076-VML
- LAB6076VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 30 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Urine Ethanol Screen, Urine Alcohol, LAB6076
- LAB6076-VML
- LAB6076VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Alcohol Dehydrogenase

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
None Detected.

Interpretive Data:
N/A

Methodology:
Alcohol Dehydrogenase

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 30 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Urine Ethanol Screen, Urine Alcohol, LAB6076
- LAB6076-VML
- LAB6076VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
None Detected.

Additional Information:
N/A

Methodology:
Alcohol Dehydrogenase

Section:
Chemistry

Ethanol, Plasma or Serum

LAB46

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- Ethanol, ETH, Blood alcohol, Ethanol Level, LAB46
- LAB46-VML
- LAB46VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation (Min 0.3 mL). Cap tube tightly to minimize alcohol loss. When drawing a blood specimen for alcohol testing, use a nonalcohol-based cleanser at the venipuncture site.

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2 weeks; 2° to 8°C: 6 months; Frozen: 6 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Ethanol, ETH, Blood alcohol, Ethanol Level, LAB46
- LAB46-VML
- LAB46VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
None detected. Toxic >400 mg/dL

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
This test shows susceptibility to elevated lactate levels.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation (Min 0.3 mL). Cap tube tightly to minimize alcohol loss. When drawing a blood specimen for alcohol testing, use a nonalcohol-based cleanser at the venipuncture site.

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 2 weeks; 2° to 8°C: 6 months; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Ethanol, ETH, Blood alcohol, Ethanol Level, LAB46
- LAB46-VML
- LAB46VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
None detected. Toxic >400 mg/dL

Additional Information:
This test shows susceptibility to elevated lactate levels.

Methodology:
Enzymatic Assay

Section:
Chemistry

Ethosuximide, Serum or Plasma

LAB6445

ORDERING INFO

Collect:
Plain Red. Also acceptable: Lavender (K_2or K_3EDTA) or Pink (K_2EDTA).

Synonyms:

- Zarontin
- LAB6445-VML
- LAB6445VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain Red. Also acceptable: Lavender (K_2or K_3EDTA) or Pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 1 week; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Zarontin
- LAB6445-VML
- LAB6445VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme Immunoassay

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Ethosuximide	40-100 µg/mL

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Toxic concentrations may cause dizziness, drowsiness and anorexia. The incidence of adverse reactions is low; however, life-threatening agranulocytosis and fatal pancytopenia have been reported.

Components	Interpretive Data
Ethosuximide	Toxic: > 150 µg/mL

Methodology:
Quantitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
80168

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red. Also acceptable: Lavender (K_2or K_3EDTA) or Pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Zarontin
- LAB6445-VML
- LAB6445VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Toxic concentrations may cause dizziness, drowsiness and anorexia. The incidence of adverse reactions is low; however, life-threatening agranulocytosis and fatal pancytopenia have been reported.

Components	Interpretive Data
Ethosuximide	Toxic: > 150 µg/mL

Reference Interval:

Components	Reference Interval
Ethosuximide	40-100 µg/mL

Methodology:
Quantitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
80168

Ethylene Glycol, plasma

LAB714

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- LAB714, EG, Antifreeze
- LAB714-VML
- LAB714VML

Turn Around Time:
6 hours after sample received in lab

SPECIMEN REQUIREMENTS

Patient Preparation:
A non-alcohol based cleanser should be used to clean the venipuncture site prior to collection.

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Specimens should be delivered to the lab immediately and should be centrifuged and separated within 2 hours of collection. (Minimum 0.5 mL plasma)

Pediatric Collection:
Dark green microtainer (Sodium heparin)

Storage/Transport Temperature:
Refrigerated (2-8°C) if not delivered to the lab immediately

Performed:
Daily

Stability:
After separation from cells: Refrigerated (2-8°C): 14 days

Specimen:
Plasma

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

ORDERING

Ordering Indicators:
This test is used to aid in the diagnosis of antifreeze consumption.

Synonyms:

- LAB714, EG, Antifreeze
- LAB714-VML
- LAB714VML

Performed:
Daily

Turn Around Time:
6 hours after sample received in lab

Methodology:
GC/FID

Components:
Ethylene glycol, 1,2-propanediol

RESULTS INTERPRETATION

Reference Interval:
None detected (< 5 mg/dL)

Interpretive Data:
Because the manifestation of ethylene glycol toxicity is often delayed, patients tend to present late, by which time a large proportion of the ethylene glycol may already have been metabolized. It may be difficult to correlate serum ethylene glycol concentrations with severity of poisoning. 1,2-propanediol is used as a vehicle for a number of drugs and significant concentrations may be found in blood samples from patients who have been treated with intravenous drug preparations.

Methodology:
GC/FID

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

Additional Information:
This test includes qualitative measurement of 1,2-propanediol.

Components:
Ethylene glycol, 1,2-propanediol

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Specimens should be delivered to the lab immediately and should be centrifuged and separated within 2 hours of collection. (Minimum 0.5 mL plasma)

Pediatric Collection:
Dark green microtainer (Sodium heparin)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

Patient Preparation:
A non-alcohol based cleanser should be used to clean the venipuncture site prior to collection.

Specimen:
Plasma

Reasons for Rejection:
Improper collection

Components:
Ethylene glycol, 1,2-propanediol

Stability:
After separation from cells: Refrigerated (2-8°C): 14 days

Storage/Transport Temperature:
Refrigerated (2-8°C) if not delivered to the lab immediately

Synonyms:

- LAB714, EG, Antifreeze
- LAB714-VML
- LAB714VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 hours after sample received in lab

Ordering Indicators:
This test is used to aid in the diagnosis of antifreeze consumption.

Interpretive Data:
Because the manifestation of ethylene glycol toxicity is often delayed, patients tend to present late, by which time a large proportion of the ethylene glycol may already have been metabolized. It may be difficult to correlate serum ethylene glycol concentrations with severity of poisoning. 1,2-propanediol is used as a vehicle for a number of drugs and significant concentrations may be found in blood samples from patients who have been treated with intravenous drug preparations.

Reference Interval:
None detected (< 5 mg/dL)

Additional Information:
This test includes qualitative measurement of 1,2-propanediol.

Methodology:
GC/FID

Section:
Special Chemistry

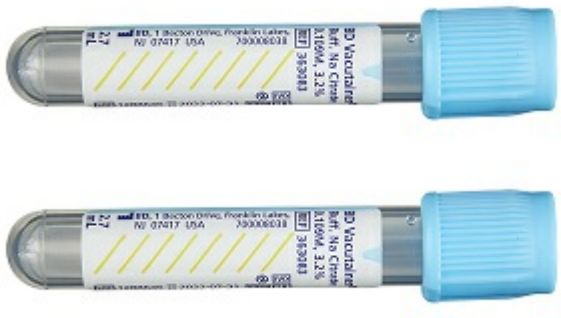
Euglobulin Clot Lysis Time

LAB1117

ORDERING INFO

Collect:

Two Light blue tubes (3.2% Sodium Citrate)



Synonyms:

- LAB1117, ELT
- LAB1117-VML
- LAB1117VML

Turn Around Time:

1 - 3 days

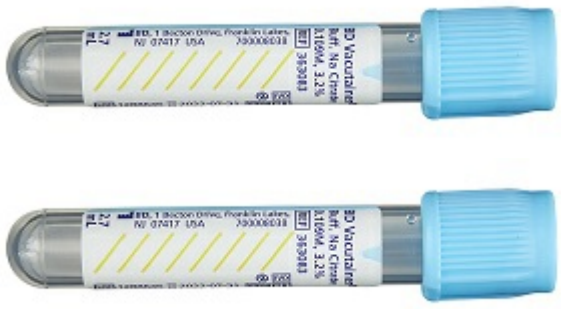
SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Two Light blue tubes (3.2% Sodium Citrate)



Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: Two 2.7 mL Light blue tubes (3.2% Sodium Citrate); Neonatal: Two 1.8mL Light blue tubes (3.2% Sodium Citrate)

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Monday - Friday

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
The euglobulin lysis time is a screening test for hyperfibrinolysis. It should be considered when a patient demonstrates a bleeding phenotype (e.g. bleeding assessment score of > 5) and other, more common, bleeding disorders have been ruled out.

Synonyms:

- LAB1117, ELT
- LAB1117-VML
- LAB1117VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 days

Methodology:
Clot lysis

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
> 2.0 hours

Interpretive Data:
A fibrinogen level of < 80 mg/dL or an elevated level of circulating fibrin degradation products may cause a false positive result (lysis of clot in less than 2 hours).

Methodology:
Clot lysis

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

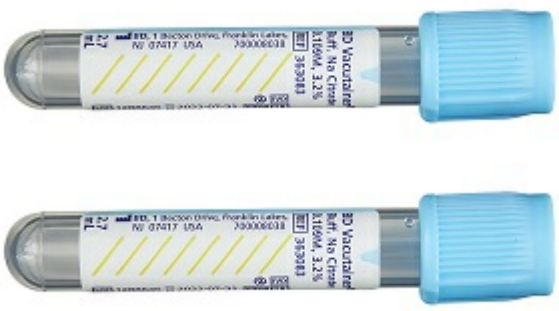
Additional Information:
Performed Monday - Friday from 7:00 AM to 1:00 PM. The sample must by received in the laboratory by 12:00 PM for same day testing.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Two Light blue tubes (3.2% Sodium Citrate)



Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Two 2.7 mL Light blue tubes (3.2% Sodium Citrate); Neonatal: Two 1.8mL Light blue tubes (3.2% Sodium Citrate)

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB1117, ELT
- LAB1117-VML
- LAB1117VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
The euglobulin lysis time is a screening test for hyperfibrinolysis. It should be considered when a patient demonstrates a bleeding phenotype (e.g. bleeding assessment score of > 5) and other, more common, bleeding disorders have been ruled out.

Interpretive Data:
A fibrinogen level of < 80 mg/dL or an elevated level of circulating fibrin degradation products may cause a false positive result (lysis of clot in less than 2 hours).

Reference Interval:
> 2.0 hours

Additional Information:
Performed Monday - Friday from 7:00 AM to 1:00 PM. The sample must by received in the laboratory by 12:00 PM for same day testing.

Methodology:
Clot lysis

Section:
Coagulation

Everolimus by Tandem Mass Spectrometry

LAB3740

ORDERING INFO

Collect:
Lavender (EDTA) or pink (K2EDTA).

Synonyms:

- Certican
- Everolimus, Blood
- Zortress
- Afinitor
- LAB3740-VML
- LAB3740VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Predose (trough) levels should be drawn.

Collect:
Lavender (EDTA) or pink (K2EDTA).

Specimen Preparation:
Transport 1 mL whole blood. (Min: 0.25 mL)

Unacceptable Conditions:
Serum or plasma. Specimens left at room temperature for longer than 24 hours. Clotted specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- Certican
- Everolimus, Blood
- Zortress
- Afinitor
- LAB3740-VML
- LAB3740VML

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-2 days

Notes:
Everolimus (Zortress, Certican, Afinitor) whole blood concentrations can be measured by either chromatographic or immunoassay methodologies. These two methodologies are not directly interchangeable, and the measured everolimus whole blood concentration depends on the methodology used, and reference ranges may vary according to specific immunoassay or HPLC/MS/MS test. Generally, immunoassays have been reported to have a positive test bias relative to HPLC-MS/MS assays, due to the detection of antibody cross-reactivity with everolimus metabolites.

RESULTS INTERPRETATION

Reference Interval:

Effective February 18, 2014

	Therapeutic Range:
Kidney transplant (in combination with Cyclosporine):	3-8 ng/mL
Liver transplant (in combination with Tacrolimus):	3-8 ng/mL
Toxic value:	Greater than 15 ng/mL

Interpretive Data:

Everolimus marketed as Zortress is FDA approved for prophylaxis of organ rejection in adult patients receiving a kidney and liver transplant.

Everolimus marketed as Afinitor is FDA approved for the treatment of renal cell carcinoma and for the treatment of subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis (TS) in patients who are not candidates for curative surgical resection. The suggested therapeutic range for treatment of SEGA is 5-15 ng/mL, which is based on a predose (trough) specimen.

The optimal therapeutic range for a given patient may differ from this suggested range based on the indication for therapy, treatment phase (initiation or maintenance), use in combination with other drugs, time of specimen collection relative to prior dose, type of transplanted organ, and/or the therapeutic approach of the transplant center.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80169

Section:

RF-ARUP

Notes:

Everolimus (Zortress, Certican, Afinitor) whole blood concentrations can be measured by either chromatographic or immunoassay methodologies. These two methodologies are not directly interchangeable, and the measured everolimus whole blood concentration depends on the methodology used, and reference ranges may vary according to specific immunoassay or HPLC/MS/MS test. Generally, immunoassays have been reported to have a positive test bias relative to HPLC-MS/MS assays, due to the detection of antibody cross-reactivity with everolimus metabolites.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA) or pink (K2EDTA).

Specimen Preparation:

Transport 1 mL whole blood. (Min: 0.25 mL)

Patient Preparation:

Predose (trough) levels should be drawn.

Unacceptable Conditions:

Serum or plasma. Specimens left at room temperature for longer than 24 hours. Clotted specimens.

Stability (from collection to initiation):

Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Certican
- Everolimus, Blood
- Zortress
- Afinitor
- LAB3740-VML
- LAB3740VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Interpretive Data:
Everolimus marketed as Zortress is FDA approved for prophylaxis of organ rejection in adult patients receiving a kidney and liver transplant.

Everolimus marketed as Afinitor is FDA approved for the treatment of renal cell carcinoma and for the treatment of subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis (TS) in patients who are not candidates for curative surgical resection. The suggested therapeutic range for treatment of SEGA is 5-15 ng/mL, which is based on a predose (trough) specimen.

The optimal therapeutic range for a given patient may differ from this suggested range based on the indication for therapy, treatment phase (initiation or maintenance), use in combination with other drugs, time of specimen collection relative to prior dose, type of transplanted organ, and/or the therapeutic approach of the transplant center.

Reference Interval:
Effective February 18, 2014

	Therapeutic Range:
Kidney transplant (in combination with Cyclosporine):	3-8 ng/mL
Liver transplant (in combination with Tacrolimus):	3-8 ng/mL
Toxic value:	Greater than 15 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80169

Notes:
Everolimus (Zortress, Certican, Afinitor) whole blood concentrations can be measured by either chromatographic or immunoassay methodologies. These two methodologies are not directly interchangeable, and the measured everolimus whole blood concentration depends on the methodology used, and reference ranges may vary according to specific immunoassay or HPLC/MS/MS test. Generally, immunoassays have been reported to have a positive test bias relative to HPLC-MS/MS assays, due to the detection of antibody cross-reactivity with everolimus metabolites.

Extended Myositis Panel

LAB6020

ORDERING INFO

Collect:
Serum separator tube (SST), red top tube

Synonyms:

- LAB6020-VML
- LAB6020VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST), red top tube

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer three 1 mL serum aliquots to ARUP Standard Transport Tubes. (Min: 0.5 mL/aliquot)

Unacceptable Conditions:
Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB6020-VML
- LAB6020VML

Ordering Recommendations:
May be useful for differential evaluation of polymyositis, dermatomyositis, necrotizing autoimmune myopathy, or overlap syndromes associated with connective tissue disease.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Qualitative Immunoprecipitation/Semi-Quantitative Multiplex Bead Assay/Qualitative Immunoblot

Reported:
7-18 days

Notes:
Antibodies: Mi-2, PL-7, PL12, P155/140, EJ, Ku, OJ, PM/Scl, SRP, Smith/RNP, Ro52, Ro60, Jo-1, U3 Fib, SAE1, NXP2, MDA5, TIF1-gamma

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Smith/RNP (ENA) Ab, IgG	19 Units or less
SSA-52 (Ro52) (ENA) Antibody, IgG	40 AU/mL or less
Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG	40 AU/mL or less
PM/Scl 100 Antibody, IgG	Negative
Mi-2 (nuclear helicase protein) Antibody	Negative
PL-7 (threonyl-tRNA synthetase) Antibody	Negative
PL-12 (alanyl-tRNA synthetase) Antibody	Negative
P155/140 Antibody	Negative
EJ (glycyl-tRNA synthetase) Antibody	Negative
Ku Antibody	Negative
SRP (Signal Recognition Particle) Ab	Negative
OJ (isoleucyl-tRNA synthetase) Antibody	Negative
SSA-60 (Ro60) (ENA) Antibody, IgG	40 AU/mL or less
Fibrillarin (U3 RNP) Ab, IgG	Negative
SAE1 (SUMO activating enzyme) Ab	Negative
MDA5 (CADM-140) Ab	Negative
NXP2 (Nuclear matrix protein-2) Ab	Negative
TIF-1 gamma (155 kDa) Ab	Negative

Interpretive Data:

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
SSA-52 (Ro52) (ENA) Antibody, IgG	29 AU/mL or Less: Negative 30-40 AU/mL: Equivocal 41 AU/mL or greater: Positive
SSA-60 (Ro60) (ENA) Antibody, IgG	29 AU/mL or Less: Negative 30-40 AU/mL: Equivocal 41 AU/mL or greater: Positive
Smith/RNP (ENA) Antibody, IgG	19 Units or less Negative 20-39 Units Weak Positive 40-80 Units Moderate Positive 81 Units or greater Strong Positive
Jo-1 Antibody, IgG	29 AU/mL or less Negative 30-40 AU/mL Equivocal 41 AU/mL or greater Positive

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Qualitative Immunoprecipitation/Semi-Quantitative Multiplex Bead Assay/Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:

83516 x8; 86235 x6; 84182 x4

Section:

RF-ARUP

Notes:

Antibodies: Mi-2, PL-7, PL12, P155/140, EJ, Ku, OJ, PM/Scl, SRP, Smith/RNP, Ro52, Ro60, Jo-1, U3 Fib, SAE1, NXP2, MDA5, TIF1-gamma

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST), red top tube

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer three 1 mL serum aliquots to ARUP Standard Transport Tubes. (Min: 0.5 mL/aliquot)

Unacceptable Conditions:
Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated specimens.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB6020-VML
- LAB6020VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
7-18 days

Ordering Recommendations:
May be useful for differential evaluation of polymyositis, dermatomyositis, necrotizing autoimmune myopathy, or overlap syndromes associated with connective tissue disease.

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
SSA-52 (Ro52) (ENA) Antibody, IgG	29 AU/mL or Less: Negative 30-40 AU/mL: Equivocal 41 AU/mL or greater: Positive
SSA-60 (Ro60) (ENA) Antibody, IgG	29 AU/mL or Less: Negative 30-40 AU/mL: Equivocal 41 AU/mL or greater: Positive
Smith/RNP (ENA) Antibody, IgG	19 Units or less Negative 20-39 Units Weak Positive 40-80 Units Moderate Positive 81 Units or greater Strong Positive
Jo-1 Antibody, IgG	29 AU/mL or less Negative 30-40 AU/mL Equivocal 41 AU/mL or greater Positive

Reference Interval:

Components	Reference Interval
Smith/RNP (ENA) Ab, IgG	19 Units or less
SSA-52 (Ro52) (ENA) Antibody, IgG	40 AU/mL or less
Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG	40 AU/mL or less
PM/Scl 100 Antibody, IgG	Negative
Mi-2 (nuclear helicase protein) Antibody	Negative
PL-7 (threonyl-tRNA synthetase) Antibody	Negative
PL-12 (alanyl-tRNA synthetase) Antibody	Negative
P155/140 Antibody	Negative
EJ (glycyl-tRNA synthetase) Antibody	Negative
Ku Antibody	Negative
SRP (Signal Recognition Particle) Ab	Negative
OJ (isoleucyl-tRNA synthetase) Antibody	Negative
SSA-60 (Ro60) (ENA) Antibody, IgG	40 AU/mL or less
Fibrillarin (U3 RNP) Ab, IgG	Negative
SAE1 (SUMO activating enzyme) Ab	Negative
MDA5 (CADM-140) Ab	Negative
NXP2 (Nuclear matrix protein-2) Ab	Negative
TIF-1 gamma (155 kDa) Ab	Negative

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Qualitative Immunoprecipitation/Semi-Quantitative Multiplex Bead Assay/Qualitative Immunoblot

Section:

RF-ARUP

CPT Codes:

83516 x8; 86235 x6; 84182 x4

Notes:

Antibodies: Mi-2, PL-7, PL12, P155/140, EJ, Ku, OJ, PM/Scl, SRP, Smith/RNP, Ro52, Ro60, Jo-1, U3 Fib, SAE1, NXP2, MDA5, TIF1-gamma

Extended Phenotype (Red Blood Cell), blood

LAB3006

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- Extended Patient Phenotype, EXPHE,
- LAB3006-VML
- LAB3006VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA)

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C): 3 days

Specimen:
Blood

Alternate Specimen:
Red tube (no gel)

ORDERING

Ordering Indicators:
Red Cell typing may be used for bone marrow or tissue donations, deteremine corresponding maternal/fetal antigens in HDFN

Synonyms:

- Extended Patient Phenotype, EXPHE,
- LAB3006-VML
- LAB3006VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Agglutination

Components:
Red Cell antigen typing for C/c, E/e,Kell, Fya/Fyb, Jka/Jkb, and S/s

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
Agglutination

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
Red tube (no gel)

Additional Information:
NA

Components:
Red Cell antigen typing for C/c, E/e,Kell, Fya/Fyb, Jka/Jkb, and S/s

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA)

Preferred Collection Volume:
Adult: 5 ml Pediatric: 2 ml <4 month: 0.5 ml

Alternate Specimen:
Red tube (no gel)

Patient Preparation:
NA

Specimen:
Blood

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
Red Cell antigen typing for C/c, E/e,Kell, Fya/Fyb, Jka/Jkb, and S/s

Stability:
Ambient: (15-25°C): 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Extended Patient Phenotype, EXPHE,
- LAB3006-VML
- LAB3006VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Red Cell typing may be used for bone marrow or tissue donations, deteremine corresponding maternal/fetal antigens in HDFN

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
Agglutination

Section:
Blood Bank

F-Actin (Smooth Muscle) IgG, serum

LAB826

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB826, F-Actin, ASMA, SMA, Smooth Muscle Antibody
- LAB826-VML
- LAB826VML

Turn Around Time:
1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
Ambient (15-25°C): 8 hours, Refrigerated (2-8°C): 48 hours

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is used to evaluate patients with chronic liver disease in whom the diagnosis of chronic active autoimmune hepatitis is suspected

Synonyms:

- LAB826, F-Actin, ASMA, SMA, Smooth Muscle Antibody
- LAB826-VML
- LAB826VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Enzyme-linked Immunoassay

Components:
F-Actin Ab IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result indicates the presence of actin antibodies and suggests the possibility of autoimmune hepatitis (AIH). A negative result does not rule out AIH.

Methodology:
Enzyme-linked Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
NA

Components:
F-Actin Ab IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
F-Actin Ab IgG

Stability:
Ambient (15-25°C): 8 hours, Refrigerated (2-8°C): 48 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB826, F-Actin, ASMA, SMA, Smooth Muscle Antibody
- LAB826-VML
- LAB826VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used to evaluate patients with chronic liver disease in whom the diagnosis of chronic active autoimmune hepatitis is suspected

Interpretive Data:
A positive result indicates the presence of actin antibodies and suggests the possibility of autoimmune hepatitis (AIH). A negative result does not rule out AIH.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Enzyme-linked Immunoassay

Section:
Immunoserology

Factor 13a (AC-181) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath109

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Factor XIIIa

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Factor XIIIa

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Factor XIIIa

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Factor B-CINN

LAB3944

ORDERING INFO

Synonyms:

- LAB3944-VML
- LAB3944VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3944-VML
- LAB3944VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3944-VML
- LAB3944VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Factor H-CINN

LAB3945

ORDERING INFO

Synonyms:

- LAB3945-VML
- LAB3945VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3945-VML
- LAB3945VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3945-VML
- LAB3945VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Factor I-CINN

LAB3946

ORDERING INFO

Synonyms:

- LAB3946-VML
- LAB3946VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3946-VML
- LAB3946VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3946-VML
- LAB3946VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Factor II Activity

LAB303

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB303, F2, F2 Activity
- LAB303-VML
- LAB303VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB303, F2, F2 Activity
- LAB303-VML
- LAB303VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50 - 150%

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Patients on warfarin may have lower than expected levels of factor II.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
The factor II activity assay is not a test for Prothrombin G20210A gene mutation. Testing is performed daily from 7:00AM to 4:00PM. The sample must be in the lab by 3:00 PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB303, F2, F2 Activity
- LAB303-VML
- LAB303VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Patients on warfarin may have lower than expected levels of factor II.

Reference Interval:
50 - 150%

Additional Information:
The factor II activity assay is not a test for Prothrombin G20210A gene mutation. Testing is performed daily from 7:00AM to 4:00PM. The sample must be in the lab by 3:00 PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

Factor II Inhibitor

LAB3438

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3438, 2IN
- LAB3438-VML
- LAB3438VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Monday, Wednesday, and Friday.

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB3438, 2IN
- LAB3438-VML
- LAB3438VML

Performed:
Monday, Wednesday, and Friday.

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 Bethesda Units

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Theraputic levels of warfarin may affect the test results.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Testing is performed daily from 7:00AM to 1:00 PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3438, 2IN
- LAB3438-VML
- LAB3438VML

Performed:
Monday, Wednesday, and Friday.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Theraputic levels of warfarin may affect the test results.

Reference Interval:
0 Bethesda Units

Additional Information:
Testing is performed daily from 7:00AM to 1:00 PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

Factor IX Activity

LAB308

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB308, F9
- LAB308-VML
- LAB308VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB308, F9
- LAB308-VML
- LAB308VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50 -150%

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor IX activity assay. Clot-based factor IX results on patients receiving Hemlibra will be higher than expected. (DOI: 10.1111/hae.13903).

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
When ordering a factor IX activity and factor IX inhibitor, collect two 2.7 mL or three 1.8 mL light blue tubes (3.2% Sodium Citrate). Testing is performed daily for 7:00AM to 4:00PM. Samples must be received in the laboratory by 2:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB308, F9
- LAB308-VML
- LAB308VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor IX activity assay. Clot-based factor IX results on patients receiving Hemlibra will be higher than expected. (DOI: 10.1111/hae.13903).

Reference Interval:
50 -150%

Additional Information:
When ordering a factor IX activity and factor IX inhibitor, collect two 2.7 mL or three 1.8 mL light blue tubes (3.2% Sodium Citrate). Testing is performed daily for 7:00AM to 4:00PM. Samples must be received in the laboratory by 2:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

Factor IX Inhibitor

LAB3004

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3004, 9IN
- LAB3004-VML
- LAB3004VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Inpatients and VPLS clients: daily. Outpatients: Monday, Wednesday, and Friday.

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB3004, 9IN
- LAB3004-VML
- LAB3004VML

Performed:
Inpatients and VPLS clients: daily. Outpatients: Monday, Wednesday, and Friday.

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 Bethesda Units

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. The presence of Hemlibra (emicizumab-kxwh) may cause a false negative result. (DOI: 10.1111/hae.13903)

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daliy from 7:00 AM to 1:00 PM. The sample must by received in the laboratory by 12:00 PM for same day testing. After hours testing must by approved by the Coagulation Laboratory Medical Director on-call. (Refer to Synergy for contact information.)

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3004, 9IN
- LAB3004-VML
- LAB3004VML

Performed:
Inpatients and VPLS clients: daily. Outpatients: Monday, Wednesday, and Friday.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. The presence of Hemlibra (emicizumab-kxwh) may cause a false negative result. (DOI: 10.1111/hae.13903)

Reference Interval:
0 Bethesda Units

Additional Information:
Performed daliy from 7:00 AM to 1:00 PM. The sample must by received in the laboratory by 12:00 PM for same day testing. After hours testing must by approved by the Coagulation Laboratory Medical Director on-call. (Refer to Synergy for contact information.)

Methodology:
Clotting

Section:
Coagulation

Factor V Activity

LAB304

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB304, F5 Activity, F5
- LAB304-VML
- LAB304VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

This test is not appropriate for ruling out Factor V Leiden.

Synonyms:

- LAB304, F5 Activity, F5
- LAB304-VML
- LAB304VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50 - 150%

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
The factor V activity assay is not a test for factor V Leiden. (See Factor V Leiden [Lab 000443] or Factor V Leiden R506Q mutation.) Testing is performed daily from 7:00AM to 4:00PM. Samples must be received in the laboratory by 3:00PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call. (Refer to Synergy for contact information.)

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB304, F5 Activity, F5
- LAB304-VML
- LAB304VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
This test is not appropriate for ruling out Factor V Leiden.

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay.

Reference Interval:
50 - 150%

Additional Information:
The factor V activity assay is not a test for factor V Leiden. (See Factor V Leiden [Lab 000443] or Factor V Leiden R506Q mutation.) Testing is performed daily from 7:00AM to 4:00PM. Samples must be received in the laboratory by 3:00PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call. (Refer to Synergy for contact information.)

Methodology:
Clotting

Section:
Coagulation

Factor V Inhibitor

LAB3439

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3439, 5IN, Factor 5 Inhibitor
- LAB3439-VML
- LAB3439VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Monday, Wednesday, and Friday.

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB3439, 5IN, Factor 5 Inhibitor
- LAB3439-VML
- LAB3439VML

Performed:
Monday, Wednesday, and Friday.

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 Bethesda Units

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Testing is performed daily from 7:00AM to 1:00 PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call. (Refer to Synergy for contact information.)

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3439, 5IN, Factor 5 Inhibitor
- LAB3439-VML
- LAB3439VML

Performed:
Monday, Wednesday, and Friday.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay.

Reference Interval:
0 Bethesda Units

Additional Information:
Testing is performed daily from 7:00AM to 1:00 PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call. (Refer to Synergy for contact information.)

Methodology:
Clotting

Section:
Coagulation

Factor V Leiden

LAB346

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB346, APCR -Activated Protein C Resistance, FVL, FV Leiden
- LAB346-VML
- LAB346VML

Turn Around Time:

1 - 6 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Twice per week - variable days

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB346, APCR -Activated Protein C Resistance, FVL, FV Leiden
- LAB346-VML
- LAB346VML

Performed:
Twice per week - variable days

Turn Around Time:
1 - 6 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Results >1.9 are normal. Heterozygotes for Factor V Leiden usually have results < 1.5. A result of 1.6 to 1.9 may be associated with heterozygosity for Factor V Leiden.

Interpretive Data:
Direct IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of Hemlibra (emicizumab) may affect the assay.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB346, APCR -Activated Protein C Resistance, FVL, FV Leiden
- LAB346-VML
- LAB346VML

Performed:
Twice per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 6 days

Ordering Indicators:
N/A

Interpretive Data:
Direct IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of Hemlibra (emicizumab) may affect the assay.

Reference Interval:
Results >1.9 are normal. Heterozygotes for Factor V Leiden usually have results < 1.5. A result of 1.6 to 1.9 may be associated with heterozygosity for Factor V Leiden.

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Methodology:
Clotting

Section:
Coagulation

Factor V Leiden R506Q Mutation, Whole Blood

LAB3030

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3030, FVM, Factor V Leiden Mutation, R506Q Mutation, Factor V Gene
- LAB3030-VML
- LAB3030VML

Turn Around Time:
10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Storage/Transport Temperature:
Blood: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:
Tuesday

Stability:
EDTA or Sodium Citrate: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70C

Specimen:
Whole blood

Alternate Specimen:
Light blue tube (Sodium Citrate)

ORDERING

Ordering Indicators:
Used to assess individuals at risk of or presenting with venous thromboembolism (VTE).

Synonyms:

- LAB3030, FVM, Factor V Leiden Mutation, R506Q Mutation, Factor V Gene
- LAB3030-VML
- LAB3030VML

Performed:
Tuesday

Turn Around Time:
10 days

Methodology:
Direct detection of F5 variant c.1601G>A (p.R506Q) by Taqman® SNP genotyping assay; Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
In the US, heterozygosity for the F5 variant is present in approximately 5% of Caucasians, 2.2% of Hispanics and 1.2% of African Americans; overall, roughly 1 in 5,000 individuals are homozygous for the variant. In addition, the F5 variant is the most common inherited risk factor for venous thromboembolism in the US. Population based studies have shown that F5 increases the risk of a first VTE 4- to 7-fold in heterozygous individuals and 40- to 80-fold in homozygous individuals. This is a targeted assay and is specific for the identification of the c.1601G>A (p.R506Q) variant; therefore, it cannot exclude the presence of other variants in the F5 gene. These results should be correlated with other laboratory and clinical findings.

Methodology:
Direct detection of F5 variant c.1601G>A (p.R506Q) by Taqman® SNP genotyping assay; Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Light blue tube (Sodium Citrate)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Preferred Collection Volume:
4 mL whole blood

Alternate Specimen:
Light blue tube (Sodium Citrate)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA or Sodium Citrate: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70C

Storage/Transport Temperature:
Blood: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- LAB3030, FVM, Factor V Leiden Mutation, R506Q Mutation, Factor V Gene
- LAB3030-VML
- LAB3030VML

Performed:
Tuesday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Used to assess individuals at risk of or presenting with venous thromboembolism (VTE).

Interpretive Data:
In the US, heterozygosity for the F5 variant is present in approximately 5% of Caucasians, 2.2% of Hispanics and 1.2% of African Americans; overall, roughly 1 in 5,000 individuals are homozygous for the variant. In addition, the F5 variant is the most common inherited risk factor for venous thromboembolism in the US. Population based studies have shown that F5 increases the risk of a first VTE 4- to 7-fold in heterozygous individuals and 40- to 80-fold in homozygous individuals. This is a targeted assay and is specific for the identification of the c.1601G>A (p.R506Q) variant; therefore, it cannot exclude the presence of other variants in the F5 gene. These results should be correlated with other laboratory and clinical findings.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Direct detection of F5 variant c.1601G>A (p.R506Q) by Taqman® SNP genotyping assay; Laboratory Developed Test

Section:
Molecular Diagnostics

Factor VII Activity

LAB305

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB305, F7
- LAB305-VML
- LAB305VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection. Do not refirgerate whole blood or plasma aliquot.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB305, F7
- LAB305-VML
- LAB305VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50 - 150%

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Patients on warfarin may have lower than expected levels of factor VII.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daliy from 7:00 AM to 4:00 PM. The sample must by received in the laboratory by 3:00 PM for same day testing. After hours testing must by approved by the Coagulation Laboratory Medical Director on-call. (Refer to Synergy for contact information.)

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection. Do not refirgerate whole blood or plasma aliquot.

Synonyms:

- LAB305, F7
- LAB305-VML
- LAB305VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Patients on warfarin may have lower than expected levels of factor VII.

Reference Interval:
50 - 150%

Additional Information:
Performed daliy from 7:00 AM to 4:00 PM. The sample must by received in the laboratory by 3:00 PM for same day testing. After hours testing must by approved by the Coagulation Laboratory Medical Director on-call. (Refer to Synergy for contact information.)

Methodology:
Clotting

Section:
Coagulation

Factor VII Inhibitor

LAB3440

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3440, 7IN, Factor 7 Inhibitor
- LAB3440-VML
- LAB3440VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Monday, Wednesday, and Friday.

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB3440, 7IN, Factor 7 Inhibitor
- LAB3440-VML
- LAB3440VML

Performed:
Monday, Wednesday, and Friday.

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 Bethesda Units

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Theraputic levels of warfarin may affect the test results.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Testing is performed daily from 7:00AM to 1:00 PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call. (Refer to Synergy for contact information.)

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3440, 7IN, Factor 7 Inhibitor
- LAB3440-VML
- LAB3440VML

Performed:
Monday, Wednesday, and Friday.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Theraputic levels of warfarin may affect the test results.

Reference Interval:
0 Bethesda Units

Additional Information:
Testing is performed daily from 7:00AM to 1:00 PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call. (Refer to Synergy for contact information.)

Methodology:
Clotting

Section:
Coagulation

Factor VIII Activity

LAB306

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB306, F8
- LAB306-VML
- LAB306VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB306, F8
- LAB306-VML
- LAB306VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50-150 %

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor VIII activity. Clot-based factor VIII results on patients receiving Hemlibra will be higher than expected and cannot be used to monitor replacement therapy.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
When ordering a factor VIII activity and factor VIII inhibitor, collect two 2.7 mL or three 1.8 mL light blue tubes (3.2% Sodium Citrate). Testing is performed daily from 7:00AM to 4:00PM. Samples must be received in the laboratory by 3:00PM for same day testing. After hours testing must by approved by the Coagulation Medical Direct on-call. (Refer to Synergy for contact information.)

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB306, F8
- LAB306-VML
- LAB306VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor VIII activity. Clot-based factor VIII results on patients receiving Hemlibra will be higher than expected and cannot be used to monitor replacement therapy.

Reference Interval:
50-150 %

Additional Information:
When ordering a factor VIII activity and factor VIII inhibitor, collect two 2.7 mL or three 1.8 mL light blue tubes (3.2% Sodium Citrate). Testing is performed daily from 7:00AM to 4:00PM. Samples must be received in the laboratory by 3:00PM for same day testing. After hours testing must by approved by the Coagulation Medical Direct on-call. (Refer to Synergy for contact information.)

Methodology:
Clotting

Section:
Coagulation

Factor VIII Inhibitor

LAB3441

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3441, 8IN, Factor 8 Inhibitor
- LAB3441-VML
- LAB3441VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 2.7 mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Inpatients and VPLS clients: daily. Outpatients: Monday, Wednesday, and Friday.

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB3441, 8IN, Factor 8 Inhibitor
- LAB3441-VML
- LAB3441VML

Performed:
Inpatients and VPLS clients: daily. Outpatients: Monday, Wednesday, and Friday.

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 Nijmegen Bethesda Units

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor VIII activity assay. Clot-based factor VIII results on patients receiving Hemlibra will be higher than expected. (DOI: 10.1111/hae.13903).

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
In ordering a factor VIII activity and factor VIII inhibitor collect two 2.7 mL or two 1.8 mL light blue tubes. Clot-based factor VIII inhibitor assay is not appropriate for patients receiving Hemlibra (emicizumab). Testing is performed from 7:00AM to 1:00PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact information.)

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 2.7 mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3441, 8IN, Factor 8 Inhibitor
- LAB3441-VML
- LAB3441VML

Performed:
Inpatients and VPLS clients: daily. Outpatients: Monday, Wednesday, and Friday.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor VIII activity assay. Clot-based factor VIII results on patients receiving Hemlibra will be higher than expected. (DOI: 10.1111/hae.13903).

Reference Interval:
0 Nijmegen Bethesda Units

Additional Information:
In ordering a factor VIII activity and factor VIII inhibitor collect two 2.7 mL or two 1.8 mL light blue tubes. Clot-based factor VIII inhibitor assay is not appropriate for patients receiving Hemlibra (emicizumab). Testing is performed from 7:00AM to 1:00PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact information.)

Methodology:
Clotting

Section:
Coagulation

Factor X Activity

LAB758

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB758, F10, Factor 10 Activity
- LAB758-VML
- LAB758VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

The Factor X Activity test is not appropriate for monitoring indirect Xa inhibitors (unfractionated heparin or low molecular weight heparin) or direct Xa inhibitors (rivaroxaban, apixaban, or edoxaban).

Synonyms:

- LAB758, F10, Factor 10 Activity
- LAB758-VML
- LAB758VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50 - 150%

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Patients on warfarin may have lower than expected levels of factor X.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 3:00 PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Direct on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB758, F10, Factor 10 Activity
- LAB758-VML
- LAB758VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
The Factor X Activity test is not appropriate for monitoring indirect Xa inhibitors (unfractionated heparin or low molecular weight heparin) or direct Xa inhibitors (rivaroxaban, apixaban, or edoxaban).

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Patients on warfarin may have lower than expected levels of factor X.

Reference Interval:
50 - 150%

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 3:00 PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Direct on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

Factor X Inhibitor

LAB3436

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3436, 10I, Factor 10 Inhibitor, 10IN
- LAB3436-VML
- LAB3436VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Monday, Wednesday, and Friday.

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB3436, 10I, Factor 10 Inhibitor, 10IN
- LAB3436-VML
- LAB3436VML

Performed:
Monday, Wednesday, and Friday.

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 Bethesda Units

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Theraputic levels of warfarin may affect the assay results.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Factor X Inhibitor assay is not appropriate for monitoring direct or indirect Xa inhibitors (Low Molecular Weigh Heparin or Unfractionated heparin). Testing is performed daily from 7:00AM to 1:00 PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3436, 10I, Factor 10 Inhibitor, 10IN
- LAB3436-VML
- LAB3436VML

Performed:
Monday, Wednesday, and Friday.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Theraputic levels of warfarin may affect the assay results.

Reference Interval:
0 Bethesda Units

Additional Information:
Factor X Inhibitor assay is not appropriate for monitoring direct or indirect Xa inhibitors (Low Molecular Weigh Heparin or Unfractionated heparin). Testing is performed daily from 7:00AM to 1:00 PM. Samples must be received in the lab by 12:00PM for same day testing. After hours testing must be approved by the Coagulation Laboratory Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

Factor XI Activity

LAB309

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB309, F11, Factor 11 Activity
- LAB309-VML
- LAB309VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB309, F11, Factor 11 Activity
- LAB309-VML
- LAB309VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50 - 150%

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor XI activity assay. Clot-based factor XI results on patients receiving Hemlibra will be higher than expected. (DOI: 10.1111/hae.13903).

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB309, F11, Factor 11 Activity
- LAB309-VML
- LAB309VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor XI activity assay. Clot-based factor XI results on patients receiving Hemlibra will be higher than expected. (DOI: 10.1111/hae.13903).

Reference Interval:
50 - 150%

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

Factor XI Inhibitor

LAB3437

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3437, 11IN, Factor 11 Inhibitor
- LAB3437-VML
- LAB3437VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Monday, Wednesday, and Friday.

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB3437, 11IN, Factor 11 Inhibitor
- LAB3437-VML
- LAB3437VML

Performed:
Monday, Wednesday, and Friday.

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 Bethesda Units

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor XI activity assay. Clot-based factor XI results on patients receiving Hemlibra will be higher than expected. (DOI: 10.1111/hae.13903).

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 12:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3437, 11IN, Factor 11 Inhibitor
- LAB3437-VML
- LAB3437VML

Performed:
Monday, Wednesday, and Friday.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor XI activity assay. Clot-based factor XI results on patients receiving Hemlibra will be higher than expected. (DOI: 10.1111/hae.13903).

Reference Interval:
0 Bethesda Units

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 12:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

Factor XII Activity

LAB310

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB310, F12, Factor 12 Activity
- LAB310-VML
- LAB310VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB310, F12, Factor 12 Activity
- LAB310-VML
- LAB310VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50 - 150%

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor XIi activity assay. Clot-based factorXII results on patients receiving Hemlibra will be higher than expected. (DOI: 10.1111/hae.13903).

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB310, F12, Factor 12 Activity
- LAB310-VML
- LAB310VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. Hemlibra (emicizumab) interfers with the clot-based factor XIi activity assay. Clot-based factorXII results on patients receiving Hemlibra will be higher than expected. (DOI: 10.1111/hae.13903).

Reference Interval:
50 - 150%

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

Factor XIII Activity-ESTX

LAB3947

ORDERING INFO

Synonyms:

- LAB3947-VML
- LAB3947VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3947-VML
- LAB3947VML

ADDITIONAL INFORMATION

Section:

RF-ESTX

Resulting Laboratory:

Esoterix

FULL VIEW

Synonyms:

- LAB3947-VML
- LAB3947VML

Resulting Laboratory:

Esoterix

Section:

RF-ESTX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Factor XIII Inhibitor Prof *RUO* (Factor XIII Activity Factor XIII Inhibitor Scrn,Factor XIII)-ESTX

LAB3948

ORDERING INFO

Synonyms:

- LAB3948-VML
- LAB3948VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3948-VML
- LAB3948VML

ADDITIONAL INFORMATION

Section:
RF-ESTX

Resulting Laboratory:
Esoterix

FULL VIEW

Synonyms:

- LAB3948-VML
- LAB3948VML

Resulting Laboratory:
Esoterix

Section:
RF-ESTX

Links:
Test Sent to Reference Lab. Click Here for Test Details

Factor XIII Screen

LAB1113

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB1113, F13, Factor 13 Screen
- LAB1113-VML
- LAB1113VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

The factor XIII screen differentiates between severe (<5%) and non-severe (>5%) factor XIII activity only. If a quantitative value is desired please order a factor XIII activity assay.

Synonyms:

- LAB1113, F13, Factor 13 Screen
- LAB1113-VML
- LAB1113VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Urea Clot Solubility

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Normal

Interpretive Data:
Low levels of fibrinogen or an abnormal fibrinogen may interfer with the assay. A factor XIII level of 1 to 2% of normal is adequate to stablize a clot for 24 hours. A normal factor XIII screen does not exclude the possibility of a mild heterzyous deficiency.

Methodology:
Urea Clot Solubility

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB1113, F13, Factor 13 Screen
- LAB1113-VML
- LAB1113VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
The factor XIII screen differentiates between severe (<5%) and non-severe (>5%) factor XIII activity only. If a quantitative value is desired please order a factor XIII activity assay.

Interpretive Data:
Low levels of fibrinogen or an abnormal fibrinogen may interfer with the assay. A factor XIII level of 1 to 2% of normal is adequate to stablize a clot for 24 hours. A normal factor XIII screen does not exclude the possibility of a mild heterzyous deficiency.

Reference Interval:
Normal

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Urea Clot Solubility

Section:
Coagulation

Familial Amyotrophic Lateral Sclerosis(FALS)-ATH

LAB3290

ORDERING INFO

Synonyms:

- LAB3290-VML
- LAB3290VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3290-VML
- LAB3290VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3290-VML
- LAB3290VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Fat, Fecal Qualitative

LAB390

ORDERING INFO

Collect:
Random stool.

Synonyms:

- Fatty Acid, Stool
- Fecal Fat Stain
- Neutral Fat, Stool
- Qualitative Fat
- Qualitative Stool Fat
- random fecal fat
- random stool lipids
- Stool Lipids
- Sudan III Stain, Stool
- LAB390-VML
- LAB390VML

SPECIMEN REQUIREMENTS

Collect:
Random stool.

Specimen Preparation:
Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g)

Unacceptable Conditions:
Diapers. Specimens in media or preservatives.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 2 weeks; Frozen: 2 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- Fatty Acid, Stool
- Fecal Fat Stain
- Neutral Fat, Stool
- Qualitative Fat
- Qualitative Stool Fat
- random fecal fat
- random stool lipids
- Stool Lipids
- Sudan III Stain, Stool
- LAB390-VML
- LAB390VML

Performed:
Sun-Sat

Methodology:
Qualitative Microscopy/Stain

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
Normal

Interpretive Data:
Neutral fats include the monoglycerides, diglycerides, and triglycerides while split fats are the free fatty acids that are liberated from them. Impaired synthesis or secretion of pancreatic enzymes or bile may cause an increase in neutral fats while an increase in split fats suggests impaired absorption of nutrients.

Methodology:
Qualitative Microscopy/Stain

ADDITIONAL INFORMATION

CPT Codes:
82705

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random stool.

Specimen Preparation:
Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g)

Unacceptable Conditions:
Diapers. Specimens in media or preservatives.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 2 weeks; Frozen: 2 weeks

Storage/Transport Temperature:
Frozen.

Synonyms:

- Fatty Acid, Stool
- Fecal Fat Stain
- Neutral Fat, Stool
- Qualitative Fat
- Qualitative Stool Fat
- random fecal fat
- random stool lipids
- Stool Lipids
- Sudan III Stain, Stool
- LAB390-VML
- LAB390VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Interpretive Data:
Neutral fats include the monoglycerides, diglycerides, and triglycerides while split fats are the free fatty acids that are liberated from them. Impaired synthesis or secretion of pancreatic enzymes or bile may cause an increase in neutral fats while an increase in split fats suggests impaired absorption of nutrients.

Reference Interval:
Normal

Methodology:
Qualitative Microscopy/Stain

Section:
RF-ARUP

CPT Codes:
82705

Fat, Fecal Quantitative 24-Hour Collection (Includes Homogenization)

LAB392

ORDERING INFO

Collect:
24-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Synonyms:

- Fecal fat 24 Hour
- LAB392-VML
- LAB392VML

SPECIMEN REQUIREMENTS

Patient Preparation:
The patient should be on a diet consisting of 50 to 150 g of fat per day for 3 days prior to the study. Non-absorbable fat substitutes, such as olestra, should be avoided prior to collection.

Collect:
24-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Specimen Preparation:
Refer to instructions in Stool Collection-Timed Specimens (24, 48, 72 Hours) under Specimen Handling at http://www.aruplab.com. Submit entire 24-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers as needed for the full collection (available separately, ARUP supply #28077). (Min: 4 g)

Unacceptable Conditions:
Random collections. Specimens containing barium or charcoal. Specimens in media or preservatives. Containers larger than 500 mL (500 g), such as paint cans, will be rejected and discarded.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 4 days; Frozen: 2 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- Fecal fat 24 Hour
- LAB392-VML
- LAB392VML

Ordering Recommendations:
Measurement of fecal fats can be useful in establishing a diagnosis of pancreatic disease. Testing requires the submission of an entire 24-hour stool collection. For random stool collections, order Fat, Fecal Qualitative (0020385). For testing of an aliquot from a 24-, 48-, or 72-hour stool collection, order Fat, Fecal Quantitative, Homogenized Aliquot (2002350). For complete 48-hour stool collections, order Fat, Fecal Quantitative, 48-Hour Collection (Includes Homogenization) (2002355). For complete 72-hour stool collections, order Fat, Fecal Quantitative, 72-Hour Collection (Includes Homogenization) (2002356).

Performed:
Sun-Sat

Methodology:
Nuclear Magnetic Resonance Spectroscopy

Reported:
2-3 days

RESULTS INTERPRETATION

Reference Interval:
0-5 years: 0.0-2.0 g/24h
6 years and older: 0.0-6.0 g/24h

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Nuclear Magnetic Resonance Spectroscopy

ADDITIONAL INFORMATION

CPT Codes:
82710

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Specimen Preparation:
Refer to instructions in Stool Collection-Timed Specimens (24, 48, 72 Hours) under Specimen Handling at http://www.aruplab.com. Submit entire 24-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers as needed for the full collection (available separately, ARUP supply #28077). (Min: 4 g)

Patient Preparation:
The patient should be on a diet consisting of 50 to 150 g of fat per day for 3 days prior to the study. Non-absorbable fat substitutes, such as olestra, should be avoided prior to collection.

Unacceptable Conditions:
Random collections. Specimens containing barium or charcoal. Specimens in media or preservatives. Containers larger than 500 mL (500 g), such as paint cans, will be rejected and discarded.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 4 days; Frozen: 2 weeks

Storage/Transport Temperature:
Frozen.

Synonyms:

- Fecal fat 24 Hour
- LAB392-VML
- LAB392VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-3 days

Ordering Recommendations:
Measurement of fecal fats can be useful in establishing a diagnosis of pancreatic disease. Testing requires the submission of an entire 24-hour stool collection. For random stool collections, order Fat, Fecal Qualitative (0020385). For testing of an aliquot from a 24-, 48-, or 72-hour stool collection, order Fat, Fecal Quantitative, Homogenized Aliquot (2002350). For complete 48-hour stool collections, order Fat, Fecal Quantitative, 48-Hour Collection (Includes Homogenization) (2002355). For complete 72-hour stool collections, order Fat, Fecal Quantitative, 72-Hour Collection (Includes Homogenization) (2002356).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0-5 years: 0.0-2.0 g/24h
6 years and older: 0.0-6.0 g/24h

Methodology:
Nuclear Magnetic Resonance Spectroscopy

Section:
RF-ARUP

CPT Codes:
82710

Fat, Fecal Quantitative 48-Hour Collection (Includes Homogenization)

LAB3166

ORDERING INFO

Collect:
48-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Synonyms:

- Fecal fat 48 Hour
- LAB3166-VML
- LAB3166VML

SPECIMEN REQUIREMENTS

Patient Preparation:
The patient should be on a diet consisting of 50 to 150 g of fat per day for 3 days prior to the study. Non-absorbable fat substitutes, such as olestra, should be avoided prior to collection.

Collect:
48-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Specimen Preparation:
Refer to instructions in Stool Collection-Timed Specimens (24, 48, 72 Hours) under Specimen Handling at http://www.aruplab.com. Submit entire 48-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers as needed for the full collection (available separately, ARUP supply #28077). (Min: 4 g)

Unacceptable Conditions:
Random collections. Specimens containing barium or charcoal. Specimens in media or preservatives. Containers larger than 500 mL (500 g), such as paint cans, will be rejected and discarded.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 4 days; Frozen: 2 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- Fecal fat 48 Hour
- LAB3166-VML
- LAB3166VML

Ordering Recommendations:
Measurement of fecal fats can be useful in establishing a diagnosis of pancreatic disease. Testing requires the submission of an entire 48-hour stool collection.For random stool collections, order Fat, Fecal Qualitative (0020385)For testing of an aliquot from a 24-, 48-, or 72-hour stool collection, order Fat, Fecal Quantitative, Homogenized Aliquot (2002350)For complete 24-hour stool collections, order Fat, Fecal Quantitative, 24-Hour Collection (Includes Homogenization) (2002354)For complete 72-hour stool collections, order Fat, Fecal Quantitative, 72-Hour Collection (Includes Homogenization) (2002356)

Performed:
Sun-Sat

Methodology:
Nuclear Magnetic Resonance Spectroscopy

Reported:
2-3 days

RESULTS INTERPRETATION

Reference Interval:
0-5 years: 0.0-2.0 g/24h
6 years and older: 0.0-6.0 g/24h

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Nuclear Magnetic Resonance Spectroscopy

ADDITIONAL INFORMATION

CPT Codes:
82710

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
48-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Specimen Preparation:
Refer to instructions in Stool Collection-Timed Specimens (24, 48, 72 Hours) under Specimen Handling at http://www.aruplab.com. Submit entire 48-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers as needed for the full collection (available separately, ARUP supply #28077). (Min: 4 g)

Patient Preparation:
The patient should be on a diet consisting of 50 to 150 g of fat per day for 3 days prior to the study. Non-absorbable fat substitutes, such as olestra, should be avoided prior to collection.

Unacceptable Conditions:
Random collections. Specimens containing barium or charcoal. Specimens in media or preservatives. Containers larger than 500 mL (500 g), such as paint cans, will be rejected and discarded.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 4 days; Frozen: 2 weeks

Storage/Transport Temperature:
Frozen.

Synonyms:

- Fecal fat 48 Hour
- LAB3166-VML
- LAB3166VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-3 days

Ordering Recommendations:
Measurement of fecal fats can be useful in establishing a diagnosis of pancreatic disease. Testing requires the submission of an entire 48-hour stool collection.For random stool collections, order Fat, Fecal Qualitative (0020385)For testing of an aliquot from a 24-, 48-, or 72-hour stool collection, order Fat, Fecal Quantitative, Homogenized Aliquot (2002350)For complete 24-hour stool collections, order Fat, Fecal Quantitative, 24-Hour Collection (Includes Homogenization) (2002354)For complete 72-hour stool collections, order Fat, Fecal Quantitative, 72-Hour Collection (Includes Homogenization) (2002356)

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0-5 years: 0.0-2.0 g/24h
6 years and older: 0.0-6.0 g/24h

Methodology:
Nuclear Magnetic Resonance Spectroscopy

Section:
RF-ARUP

CPT Codes:
82710

Fat, Fecal Quantitative 72-Hour Collection (Includes Homogenization)

LAB3167

ORDERING INFO

Collect:
72-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Synonyms:

- Fecal fat 72 hour and homogenization
- LAB3167-VML
- LAB3167VML

SPECIMEN REQUIREMENTS

Patient Preparation:
The patient should be on a diet consisting of 50 to 150 g of fat per day for 3 days prior to the study. Non-absorbable fat substitutes, such as olestra, should be avoided prior to collection.

Collect:
72-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Specimen Preparation:
Refer to instructions in Stool Collection-Timed Specimens (24, 48, 72 Hours) under Specimen Handling at http://www.aruplab.com. Submit entire 72-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers as needed for the full collection (available separately, ARUP supply #28077). (Min: 4 g)

Unacceptable Conditions:
Random collections. Specimens containing barium or charcoal. Specimens in media or preservatives. Containers larger than 500 mL (500 g), such as paint cans, will be rejected and discarded.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 4 days; Frozen: 2 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- Fecal fat 72 hour and homogenization
- LAB3167-VML
- LAB3167VML

Ordering Recommendations:
Measurement of fecal fats can be useful for establishing a diagnosis of pancreatic disease. Testing requires the submission of an entire 72-hour stool collection. For random stool collections, order Fat, Fecal Qualitative (0020385). For testing of an aliquot from a 24-, 48-, or 72-hour stool collection, order Fat, Fecal Quantitative, Homogenized Aliquot (2002350). For complete 24-hour stool collections, order Fat, Fecal Quantitative, 24-Hour Collection (Includes Homogenization) (2002354). For complete 48-hour stool collections, order Fat, Fecal Quantitative, 48-Hour Collection (Includes Homogenization) (2002355).

Performed:
Sun-Sat

Methodology:
Nuclear Magnetic Resonance Spectroscopy

Reported:
2-3 days

RESULTS INTERPRETATION

Reference Interval:
0-5 years: 0.0-2.0 g/24h
6 years and older: 0.0-6.0 g/24h

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Nuclear Magnetic Resonance Spectroscopy

ADDITIONAL INFORMATION

CPT Codes:
82710

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
72-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Specimen Preparation:
Refer to instructions in Stool Collection-Timed Specimens (24, 48, 72 Hours) under Specimen Handling at http://www.aruplab.com. Submit entire 72-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers as needed for the full collection (available separately, ARUP supply #28077). (Min: 4 g)

Patient Preparation:
The patient should be on a diet consisting of 50 to 150 g of fat per day for 3 days prior to the study. Non-absorbable fat substitutes, such as olestra, should be avoided prior to collection.

Unacceptable Conditions:
Random collections. Specimens containing barium or charcoal. Specimens in media or preservatives. Containers larger than 500 mL (500 g), such as paint cans, will be rejected and discarded.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 4 days; Frozen: 2 weeks

Storage/Transport Temperature:
Frozen.

Synonyms:

- Fecal fat 72 hour and homogenization
- LAB3167-VML
- LAB3167VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-3 days

Ordering Recommendations:
Measurement of fecal fats can be useful for establishing a diagnosis of pancreatic disease. Testing requires the submission of an entire 72-hour stool collection. For random stool collections, order Fat, Fecal Qualitative (0020385). For testing of an aliquot from a 24-, 48-, or 72-hour stool collection, order Fat, Fecal Quantitative, Homogenized Aliquot (2002350). For complete 24-hour stool collections, order Fat, Fecal Quantitative, 24-Hour Collection (Includes Homogenization) (2002354). For complete 48-hour stool collections, order Fat, Fecal Quantitative, 48-Hour Collection (Includes Homogenization) (2002355).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0-5 years: 0.0-2.0 g/24h
6 years and older: 0.0-6.0 g/24h

Methodology:
Nuclear Magnetic Resonance Spectroscopy

Section:
RF-ARUP

CPT Codes:
82710

Fatty Acid Oxidation Disorders Panel, Sequencing

LAB6345

ORDERING INFO

Collect:

Lavender or pink (EDTA)
New York State Clients: Lavender (EDTA)

Synonyms:

- carnitine uptake defect
- carnitine-acylcarnitine translocase deficiency
- flavin adenine dinucleotide synthetase deficiency
- HSD17B10 deficiency
- hypertension
- congenital hyperinsulinism
- CPT II deficiency
- CPT1A deficiency
- familial hyperinsulinemic hypoglycemia
- Fatty acid oxidation disorders
- Fazio-Londe syndrome
- ECHS1 deficiency
- elevated liver enzymes
- fatty acid oxidation defects
- GA2
- GAII
- glutaric acidemia II
- glutaric aciduria II
- HADH deficiency
- HMG-CoA lyase deficiency
- HMG-CoA synthase-2 deficiency
- HSD10 mitochondrial disease
- acute recurrent myoglobinuria
- LCHAD deficiency
- lipid storage myopathy
- LPIN1 deficiency
- MADD type I
- MADD type II
- MADD type III
- MADD-like illness
- malonyl-CoA decarboxylase deficiency
- MAT deficiency
- MLYCD deficiency
- multiple acyl-CoA dehydrogenase deficiency
- persistent hyperinsulinemic hypoglycemia of infancy (PHHI)
- MCAD deficiency
- riboflavin transporter deficiency 3
- mitochondrial complex I deficiency
- mitochondrial short-chain enoyl-CoA hydratase 1 deficiency
- primary carnitine deficiency
- riboflavin deficiency
- riboflavin transporter deficiency 1
- riboflavin transporter deficiency 2
- SCAD deficiency
- systemic primary carnitine deficiency
- T2 deficiency
- VLCAD deficiency
- trifunctional protein deficiency
- ACAD9 deficiency
- ACADM deficiency
- ACADS deficiency
- acute fatty liver pregnancy (AFLP)
- and low platelet (HELLP) syndromes
- beta-ketothiolase deficiency
- CACT deficiency
- Brown-Vialetto-Van-Laere syndrome 1
- Brown-Vialetto-Van-Laere syndrome 2
- carnitine transport defect
- LAB6345-VML
- LAB6345VML

SPECIMEN REQUIREMENTS

Collect:
Lavender or pink (EDTA)
New York State Clients: Lavender (EDTA)

Specimen Preparation:
Transport 3 mL whole blood. (Pediatric Min: 1.5 mL)
New York State Clients: 5 mL (Min: 3 mL)

Unacceptable Conditions:
Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush or swab. FFPE tissue.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: Unacceptable
New York State Clients: Ambient: 48 hours; Refrigerated: 1 week; Frozen: Unacceptable

Performed:
Varies

ORDERING

Synonyms:

- carnitine uptake defect
- carnitine-acylcarnitine translocase deficiency
- flavin adenine dinucleotide synthetase deficiency
- HSD17B10 deficiency
- hypertension
- congenital hyperinsulinism
- CPT II deficiency
- CPT1A deficiency
- familial hyperinsulinemic hypoglycemia
- Fatty acid oxidation disorders
- Fazio-Londe syndrome
- ECHS1 deficiency
- elevated liver enzymes
- fatty acid oxidation defects
- GA2
- GAII
- glutaric acidemia II
- glutaric aciduria II
- HADH deficiency
- HMG-CoA lyase deficiency
- HMG-CoA synthase-2 deficiency
- HSD10 mitochondrial disease
- acute recurrent myoglobinuria
- LCHAD deficiency
- lipid storage myopathy
- LPIN1 deficiency
- MADD type I
- MADD type II
- MADD type III
- MADD-like illness
- malonyl-CoA decarboxylase deficiency
- MAT deficiency
- MLYCD deficiency
- multiple acyl-CoA dehydrogenase deficiency
- persistent hyperinsulinemic hypoglycemia of infancy (PHHI)
- MCAD deficiency
- riboflavin transporter deficiency 3
- mitochondrial complex I deficiency
- mitochondrial short-chain enoyl-CoA hydratase 1 deficiency
- primary carnitine deficiency
- riboflavin deficiency
- riboflavin transporter deficiency 1
- riboflavin transporter deficiency 2
- SCAD deficiency
- systemic primary carnitine deficiency
- T2 deficiency
- VLCAD deficiency
- trifunctional protein deficiency
- ACAD9 deficiency
- ACADM deficiency
- ACADS deficiency
- acute fatty liver pregnancy (AFLP)
- and low platelet (HELLP) syndromes
- beta-ketothiolase deficiency
- CACT deficiency
- Brown-Vialetto-Van-Laere syndrome 1
- Brown-Vialetto-Van-Laere syndrome 2
- carnitine transport defect
- LAB6345-VML
- LAB6345VML

Ordering Recommendations:

Preferred molecular test to confirm or rule out a diagnosis of a fatty acid oxidation disorder following clinical and/or biochemical presentation. Also refer to Acylcarnitine Quantitative Profile, Plasma (0040033), Carnitine Panel (0081110), and Organic Acids, Urine (0098389).

Performed:

Varies

Methodology:

Massively Parallel Sequencing

Reported:
10-15 days

Notes:
Genes tested: ACAD9, ACADM, ACADS, ACADVL, ACAT1, CPT1A, CPT2, ECHS1, ETFA, ETFB, ETFDH, FLAD1, HADH, HADHA, HADHB, HMGCL, HMGCS2, HSD17B10, LPIN1*, MLYCD, SLC22A5, SLC25A20, SLC52A1, SLC52A2, SLC52A3.
*One or more exons are not covered by sequencing for the indicated gene; see Additional Technical Information

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to report.

This test was developed, and its performance characteristics determined, by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Methodology:
Massively Parallel Sequencing

ADDITIONAL INFORMATION

CPT Codes:
81404; 81405; 81406; 81479

Section:
RF-ARUP

Notes:
Genes tested: ACAD9, ACADM, ACADS, ACADVL, ACAT1, CPT1A, CPT2, ECHS1, ETFA, ETFB, ETFDH, FLAD1, HADH, HADHA, HADHB, HMGCL, HMGCS2, HSD17B10, LPIN1*, MLYCD, SLC22A5, SLC25A20, SLC52A1, SLC52A2, SLC52A3.
*One or more exons are not covered by sequencing for the indicated gene; see Additional Technical Information

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender or pink (EDTA)
New York State Clients: Lavender (EDTA)

Specimen Preparation:
Transport 3 mL whole blood. (Pediatric Min: 1.5 mL)
New York State Clients: 5 mL (Min: 3 mL)

Unacceptable Conditions:
Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush or swab. FFPE tissue.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: Unacceptable
New York State Clients: Ambient: 48 hours; Refrigerated: 1 week; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- carnitine uptake defect
- carnitine-acylcarnitine translocase deficiency
- flavin adenine dinucleotide synthetase deficiency
- HSD17B10 deficiency
- hypertension
- congenital hyperinsulinism
- CPT II deficiency
- CPT1A deficiency
- familial hyperinsulinemic hypoglycemia
- Fatty acid oxidation disorders
- Fazio-Londe syndrome
- ECHS1 deficiency
- elevated liver enzymes
- fatty acid oxidation defects
- GA2
- GAII
- glutaric acidemia II
- glutaric aciduria II
- HADH deficiency
- HMG-CoA lyase deficiency
- HMG-CoA synthase-2 deficiency
- HSD10 mitochondrial disease
- acute recurrent myoglobinuria
- LCHAD deficiency
- lipid storage myopathy
- LPIN1 deficiency
- MADD type I
- MADD type II
- MADD type III
- MADD-like illness
- malonyl-CoA decarboxylase deficiency
- MAT deficiency
- MLYCD deficiency
- multiple acyl-CoA dehydrogenase deficiency
- persistent hyperinsulinemic hypoglycemia of infancy (PHHI)
- MCAD deficiency
- riboflavin transporter deficiency 3
- mitochondrial complex I deficiency
- mitochondrial short-chain enoyl-CoA hydratase 1 deficiency
- primary carnitine deficiency
- riboflavin deficiency
- riboflavin transporter deficiency 1
- riboflavin transporter deficiency 2
- SCAD deficiency
- systemic primary carnitine deficiency
- T2 deficiency
- VLCAD deficiency
- trifunctional protein deficiency
- ACAD9 deficiency
- ACADM deficiency
- ACADS deficiency
- acute fatty liver pregnancy (AFLP)
- and low platelet (HELLP) syndromes
- beta-ketothiolase deficiency
- CACT deficiency
- Brown-Vialetto-Van-Laere syndrome 1
- Brown-Vialetto-Van-Laere syndrome 2
- carnitine transport defect
- LAB6345-VML
- LAB6345VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
10-15 days

Ordering Recommendations:
Preferred molecular test to confirm or rule out a diagnosis of a fatty acid oxidation disorder following clinical and/or biochemical presentation. Also refer to Acylcarnitine Quantitative Profile, Plasma (0040033), Carnitine Panel (0081110), and Organic Acids, Urine (0098389).

Interpretive Data:
Refer to report.

This test was developed, and its performance characteristics determined, by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Reference Interval:
By report

Methodology:
Massively Parallel Sequencing

Section:
RF-ARUP

CPT Codes:
81404; 81405; 81406; 81479

Notes:
Genes tested: ACAD9, ACADM, ACADS, ACADVL, ACAT1, CPT1A, CPT2, ECHS1, ETFA, ETFB, ETFDH, FLAD1, HADH, HADHA, HADHB, HMGCL, HMGCS2, HSD17B10, LPIN1*, MLYCD, SLC22A5, SLC25A20, SLC52A1, SLC52A2, SLC52A3.
*One or more exons are not covered by sequencing for the indicated gene; see Additional Technical Information

Fatty Acid Profile, Essential-MAYO

LAB3876

ORDERING INFO

Synonyms:

- LAB3876-VML
- LAB3876VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3876-VML
- LAB3876VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3876-VML
- LAB3876VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Fatty Acid Profile, Peroxisomal-MAYO

LAB988

ORDERING INFO

Synonyms:

- LAB988-VML
- LAB988VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB988-VML
- LAB988VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB988-VML
- LAB988VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Fatty Acids, Free

LAB986

ORDERING INFO

Collect:
Serum Separator Tube (SST). Collect on ice.

Synonyms:

- FFA
- Free Fatty Acids
- Free Fatty Acids, Serum
- NEFA
- Non Esterified Fatty Acids
- LAB986-VML
- LAB986VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Overnight fasting specimen is preferred.

Collect:
Serum Separator Tube (SST). Collect on ice.

Specimen Preparation:
Allow serum specimen to clot completely on ice. Serum must be separated from cells and frozen immediately, otherwise lipase continues to break down triglycerides, giving rise to elevated levels of nonesterified (free) fatty acids. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Specimens collected in EDTA, heparin, sodium fluoride/potassium oxalate, sodium citrate, or ammonium oxalate. Non-frozen specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 4 hours; Frozen: 1 month

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- FFA
- Free Fatty Acids
- Free Fatty Acids, Serum
- NEFA
- Non Esterified Fatty Acids
- LAB986-VML
- LAB986VML

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Spectrophotometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 17, 2014
0-5 months: less than or equal to 0.73 mmol/L
6 months-1 year: less than or equal to 0.99 mmol/L
2-17 years: less than or equal to 1.78 mmol/L
18 years or older: less than or equal to 0.78 mmol/L

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
82725

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST). Collect on ice.

Specimen Preparation:
Allow serum specimen to clot completely on ice. Serum must be separated from cells and frozen immediately, otherwise lipase continues to break down triglycerides, giving rise to elevated levels of nonesterified (free) fatty acids. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Patient Preparation:
Overnight fasting specimen is preferred.

Unacceptable Conditions:
Specimens collected in EDTA, heparin, sodium fluoride/potassium oxalate, sodium citrate, or ammonium oxalate. Non-frozen specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 4 hours; Frozen: 1 month

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- FFA
- Free Fatty Acids
- Free Fatty Acids, Serum
- NEFA
- Non Esterified Fatty Acids
- LAB986-VML
- LAB986VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Reference Interval:
Effective November 17, 2014
0-5 months: less than or equal to 0.73 mmol/L
6 months-1 year: less than or equal to 0.99 mmol/L
2-17 years: less than or equal to 1.78 mmol/L
18 years or older: less than or equal to 0.78 mmol/L

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
82725

Felbamate

LAB686

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), green (sodium heparin), gray (sodium fluoride/potassium oxalate). Avoid use of separator tubes and gels.

Synonyms:

- Felbatol
- LAB686-VML
- LAB686VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), green (sodium heparin), gray (sodium fluoride/potassium oxalate). Avoid use of separator tubes and gels.

Specimen Preparation:
Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Performed:
Mon-Fri

ORDERING

Synonyms:

- Felbatol
- LAB686-VML
- LAB686VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Mon-Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 15, 2021

Therapeutic Range	30-60 µg/mL
Toxic Level	Greater than or equal to 100 µg/mL

Interpretive Data:
Felbamate is indicated for treatment of epilepsy. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. Patient pharmacokinetics may be variable due to age, co-medications, and/or compromised renal function. Adverse effects may include nausea, vomiting, dizziness, blurred vision and ataxia. Felbamate use may increase the incidence of liver failure and aplastic anemia.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80167

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), green (sodium heparin), gray (sodium fluoride/potassium oxalate). Avoid use of separator tubes and gels.

Specimen Preparation:
Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Felbatol
- LAB686-VML
- LAB686VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Felbamate is indicated for treatment of epilepsy. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. Patient pharmacokinetics may be variable due to age, co-medications, and/or compromised renal function. Adverse effects may include nausea, vomiting, dizziness, blurred vision and ataxia. Felbamate use may increase the incidence of liver failure and aplastic anemia.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective November 15, 2021

Therapeutic Range	30-60 µg/mL
Toxic Level	Greater than or equal to 100 µg/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80167

Fentanyl and Metabolite, Urine, Quantitative

LAB393

ORDERING INFO

Collect:
Random urine.

Synonyms:

- fentanyl and norfentanyl urine concentrations
- Actiq
- Duragesic
- Durogesic
- Fentora
- Innovar
- Instanyl
- Ionsys
- Onsolis
- Sublimaze
- LAB393-VML
- LAB393VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 4 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 9 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- fentanyl and norfentanyl urine concentrations
- Actiq
- Duragesic
- Durogesic
- Fentora
- Innovar
- Instanyl
- Ionsys
- Onsolis
- Sublimaze
- LAB393-VML
- LAB393VML

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Fentanyl, Urine Screen with Reflex to Quantitation (2012284).

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

Notes:
Compare to Fentanyl, Quantitative, with medMATCH, Urine.

RESULTS INTERPRETATION

Reference Interval:

Drugs Covered	Cutoff Concentrations
Fentanyl	1.0 ng/mL
Norfentanyl	1.0 ng/mL

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Positive cutoff: 1.0 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80354 (Alt code: G0480)

Section:

RF-ARUP

Notes:

Compare to Fentanyl, Quantitative, with medMATCH, Urine.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Random urine.

Specimen Preparation:

Transfer 4 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:

Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):

Ambient: 1 month; Refrigerated: 1 month; Frozen: 9 months

Storage/Transport Temperature:

Room temperature.

Synonyms:

- fentanyl and norfentanyl urine concentrations
- Actiq
- Duragesic
- Durogesic
- Fentora
- Innovar
- Instanyl
- Ionsys
- Onsolis
- Sublimaze
- LAB393-VML
- LAB393VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Fentanyl, Urine Screen with Reflex to Quantitation (2012284).

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Positive cutoff: 1.0 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Reference Interval:

Drugs Covered	Cutoff Concentrations
Fentanyl	1.0 ng/mL
Norfentanyl	1.0 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80354 (Alt code: G0480)

Notes:

Compare to Fentanyl, Quantitative, with medMATCH, Urine.

Fentanyl Screen, Urine

LAB6563

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- Fentanyl Screen, UFEN, Urine Fentanyl Screen, LAB6563
- LAB6563-VML
- LAB6563VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 7 days; Frozen: 6 months

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Fentanyl Screen, UFEN, Urine Fentanyl Screen, LAB6563
- LAB6563-VML
- LAB6563VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzyme Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
None Detected.

Interpretive Data:
Note: Confirmation testing will not be performed. Order confirmation testing as clinically indicated. For medical purposes only; not valid for forensic use.

Methodology:
Enzyme Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 7 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Fentanyl Screen, UFEN, Urine Fentanyl Screen, LAB6563
- LAB6563-VML
- LAB6563VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Note: Confirmation testing will not be performed. Order confirmation testing as clinically indicated. For medical purposes only; not valid for forensic use.

Reference Interval:
None Detected.

Additional Information:
N/A

Methodology:
Enzyme Immunoassay

Section:
Chemistry

Ferritin, Plasma or Serum

LAB68

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- FER , LAB68
- LAB68-VML
- LAB68VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 12 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- FER , LAB68
- LAB68-VML
- LAB68VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male and Female: 0 - < 1 month: 150 - 973 ng/mL 1 month - < 6 months: 8 -580 ng/mL 6 months - < 15 years: 14 - 101 ng/mL Male: 15 years - < 19 years: 21 - 173 ng/mL 19 years - 60 years: 30 - 400 ng/mL >60 years: 31 - 409 ng/mL Females: 15 years - < 19 years: 34 - 114 ng/mL 19 years - 60 years: 15 - 150 ng/mL >60 years: 11 - 328 ng/mL

Interpretive Data:
N/A

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 12 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- FER , LAB68
- LAB68-VML
- LAB68VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male and Female: 0 - < 1 month: 150 - 973 ng/mL 1 month - < 6 months: 8 -580 ng/mL 6 months - < 15 years: 14 - 101 ng/mL Male: 15 years - < 19 years: 21 - 173 ng/mL 19 years - 60 years: 30 - 400 ng/mL >60 years: 31 - 409 ng/mL Females: 15 years - < 19 years: 34 - 114 ng/mL 19 years - 60 years: 15 - 150 ng/mL >60 years: 11 - 328 ng/mL

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Fetal Blood Screen, blood

LAB3007

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- FBSRT, Rosette test
- LAB3007-VML
- LAB3007VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
NA

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C): 3 days

Specimen:
Whole Blood

Alternate Specimen:
NA

ORDERING

Ordering Indicators:
Performed to detect D-positive red blood cells in D negative mothers

Synonyms:

- FBSRT, Rosette test
- LAB3007-VML
- LAB3007VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Agglutination

Components:
Fetal Blood Cell Screen

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
Agglutination

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
NA

Additional Information:
NA

Components:
Fetal Blood Cell Screen

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
NA

Preferred Collection Volume:
Adult: 5 ml

Alternate Specimen:
NA

Patient Preparation:
NA

Specimen:
Whole Blood

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
Fetal Blood Cell Screen

Stability:
Ambient: (15-25°C): 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- FBSRT, Rosette test
- LAB3007-VML
- LAB3007VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Performed to detect D-positive red blood cells in D negative mothers

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
Agglutination

Section:
Blood Bank

Fetal Fibronectin

LAB287

ORDERING INFO

Collect:
Specimen should be cervicovaginal secretions obtained under sterile speculum conditions using the ADEZA Specimen Collection Kit. No other sample collection method is acceptable for this assay.

Synonyms:

- FFN , LAB287
- LAB287-VML
- LAB287VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimen should be cervicovaginal secretions obtained under sterile speculum conditions using the FFN Specimen Collection Kit. No other sample collection method is acceptable for this assay.

Collect:
Specimen should be cervicovaginal secretions obtained under sterile speculum conditions using the ADEZA Specimen Collection Kit. No other sample collection method is acceptable for this assay.

Specimen Preparation:
Collection kits are available from the laboratory.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 8 hrs; 2° to 8°C: 3 days; Frozen: 3 months

Specimen:
Cervicovaginal secretions

Alternate Specimen:
N/A

ORDERING

Synonyms:

- FFN , LAB287
- LAB287-VML
- LAB287VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Lateral flow, solid-phase immuno-chromatography

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presence of fetal fibronectin (ffN) in symptomatic women indicates an increased risk for preterm delivery; absence of ffN in symptomatic women indicates decreased intervention. Utilization of ffN testing in symptomatic women may greatly reduce costs associated with treatment of suspected preterm labor. This test has been recommended by the American College of Obstetricians and Gynecologists (ACOG), who currently supports ffN testing as an adjunctive diagnostic tool in symptomatic patients. ffN testing has a positive predictive value of 40-60% and a negative predictive value of 99.5%.

Methodology:
Lateral flow, solid-phase immuno-chromatography

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Additional Information:
Douches, white blood cells, red blood cells, bacteria, and bilirubin may cause test interference. Transport 2° to 25°C, or frozen.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Specimen should be cervicovaginal secretions obtained under sterile speculum conditions using the ADEZA Specimen Collection Kit. No other sample collection method is acceptable for this assay.

Specimen Preparation:
Collection kits are available from the laboratory.

Pediatric Collection:
N/A

Preferred Collection Volume:
200 uL of sample required

Alternate Specimen:
N/A

Patient Preparation:
Specimen should be cervicovaginal secretions obtained under sterile speculum conditions using the FFN Specimen Collection Kit. No other sample collection method is acceptable for this assay.

Specimen:
Cervicovaginal secretions

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 8 hrs; 2° to 8°C: 3 days; Frozen: 3 months

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- FFN , LAB287
- LAB287-VML
- LAB287VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Interpretive Data:
Presence of fetal fibronectin (ffN) in symptomatic women indicates an increased risk for preterm delivery; absence of ffN in symptomatic women indicates decreased intervention. Utilization of ffN testing in symptomatic women may greatly reduce costs associated with treatment of suspected preterm labor. This test has been recommended by the American College of Obstetricians and Gynecologists (ACOG), who currently supports ffN testing as an adjunctive diagnostic tool in symptomatic patients. ffN testing has a positive predictive value of 40-60% and a negative predictive value of 99.5%.

Reference Interval:
Negative

Additional Information:
Douches, white blood cells, red blood cells, bacteria, and bilirubin may cause test interference. Transport 2° to 25°C, or frozen.

Methodology:
Lateral flow, solid-phase immuno-chromatography

Section:

Misc Chemistry

Fibrinogen Ag-BCW

LAB1121

ORDERING INFO

Synonyms:

- LAB1121-VML
- LAB1121VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB1121-VML
- LAB1121VML

ADDITIONAL INFORMATION

Section:

RF-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB1121-VML
- LAB1121VML

Resulting Laboratory:

Versiti

Section:

RF-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

Fibrinogen Level

LAB314

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB314, FBG, Fibrinogen Level
- LAB314-VML
- LAB314VML

Turn Around Time:

2 hours, once received into lab

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 8 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB314, FBG, Fibrinogen Level
- LAB314-VML
- LAB314VML

Performed:
Daily

Turn Around Time:
2 hours, once received into lab

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
188 - 450 mg/dL

Interpretive Data:
Anti-IIa (thrombin) inhibitors may cause a false decrease in the fibrinogen level. In patients receiving thrombolytic therapy, the plasma level of fibrin degradation products (FDP) may be elevated. At fibrinogen concentrations of <150 mg/dL, FDPs greater than 130 mcg/mL inhibit the thrombin clotting rate of fibrinogen. High levels of paraproteins may interfer with fibrin polymerization.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Samples from patients receiving thrombolitic thereapy should be collected in a tube containing a mixture of anticolgulant and a plasmin inhibitor to eliminate the possiblity of underestimating the fibrinogen level.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 8 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 8 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB314, FBG, Fibrinogen Level
- LAB314-VML
- LAB314VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours, once received into lab

Ordering Indicators:
N/A

Interpretive Data:
Anti-IIa (thrombin) inhibitors may cause a false decrease in the fibrinogen level. In patients receiving thrombolytic therapy, the plasma level of fibrin degradation products (FDP) may be elevated. At fibrinogen concentrations of <150 mg/dL, FDPs greater than 130 mcg/mL inhibit the thrombin clotting rate of fibrinogen. High levels of paraproteins may interfer with fibrin polymerization.

Reference Interval:
188 - 450 mg/dL

Additional Information:
Samples from patients receiving thrombolitic thereapy should be collected in a tube containing a mixture of anticolgulant and a plasmin inhibitor to eliminate the possiblity of underestimating the fibrinogen level.

Methodology:
Clotting

Section:
Coagulation

FIBROSpect II-PROM

LAB3949

ORDERING INFO

Synonyms:

- LAB3949-VML
- LAB3949VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3949-VML
- LAB3949VML

ADDITIONAL INFORMATION

Section:

RF-PROM

Resulting Laboratory:

Prometheus Laboratories

FULL VIEW

Synonyms:

- LAB3949-VML
- LAB3949VML

Resulting Laboratory:

Prometheus Laboratories

Section:

RF-PROM

Links:

Test Sent to Reference Lab. Click Here for Test Details

FINE NEEDLE ASPIRATION

ORDERING INFO

Collect:
Clean specimen container with RPMI (provided by laboratory) or saline.

Synonyms:

- FNA, FNA, Cytology, Fine Needle Biopsy

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container with RPMI (provided by laboratory) or saline.

Specimen Preparation:
Palpable FNA or FNA for rapid on-site evaluation: 1. Clinic staff contact the Cytopathology lab at 615-322-2721 to request the procedure. 2. Place Epic order Cytology Non-Gyn/FNA, and have patient labels available when Cytology arrives. 3.Specimen is collected in appropriate container and slides are prepared by laboratory staff. Clinic collect FNA: 1. Collect the specimen in the appropriate specimen container (min 1mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 4. Please send Epic requisition and specimen vial to the lab. Please call the lab at 615-322-2721 if assistance is needed before collecting an FNA specimen. For after-hour procedures please contact the surgical pathology fellow via the hospital operator for collection instructions. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Fresh specimen in a clean specimen container with or without prepared slides.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Provide body site and laterality, need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc. Additional testing, such as molecular studies, can be requested by the provider, and will be ordered by pathology staff if applicable.

Synonyms:

- FNA, FNA, Cytology, Fine Needle Biopsy

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
Fine needle aspiration procedure

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor. Thyroid interpretations are determined by Bethesda System.

Methodology:
Fine needle aspiration procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container with RPMI (provided by laboratory) or saline.

Specimen Preparation:
Palpable FNA or FNA for rapid on-site evaluation: 1. Clinic staff contact the Cytopathology lab at 615-322-2721 to request the procedure. 2. Place Epic order Cytology Non-Gyn/FNA, and have patient labels available when Cytology arrives. 3.Specimen is collected in appropriate container and slides are prepared by laboratory staff. Clinic collect FNA: 1. Collect the specimen in the appropriate specimen container (min 1mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 4. Please send Epic requisition and specimen vial to the lab. Please call the lab at 615-322-2721 if assistance is needed before collecting an FNA specimen. For after-hour procedures please contact the surgical pathology fellow via the hospital operator for collection instructions. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Fresh specimen in a clean specimen container with or without prepared slides.

Reasons for Rejection:
Mislabeled specimen, specimen received in a glass container, received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing.

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Synonyms:

- FNA, FNA, Cytology, Fine Needle Biopsy

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Provide body site and laterality, need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc. Additional testing, such as molecular studies, can be requested by the provider, and will be ordered by pathology staff if applicable.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor. Thyroid interpretations are determined by Bethesda System.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Fine needle aspiration procedure

Section:
Cytology

Fite Special Stain for Leprosy, Formalin Fixed Paraffin Embedded Tissue

CoPath12

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Fite L, Leprosy, Fite

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Fite L, Leprosy, Fite

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Fite L, Leprosy, Fite

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Fite Special Stain for Nocardia, Formalin Fixed Paraffin Embedded Tissue

CoPath13

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Fite N, Nocardia, Fite

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Fite N, Nocardia, Fite

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Fite N, Nocardia, Fite

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Flecainide

LAB687

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA or K_3EDTA), green (sodium or lithium heparin), or gray (sodium fluoride/potassium oxalate).

Synonyms:

- Almarytm
- Apocard
- Ecrinal
- Flecaine
- Tambocor
- LAB687-VML
- LAB687VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA or K_3EDTA), green (sodium or lithium heparin), or gray (sodium fluoride/potassium oxalate).

Specimen Preparation:
Separate serum or plasma from cells within 6 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Gel separator tubes or gels of any kind; drug loss is immediate and no testing will be performed.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 6 weeks; Refrigerated: 6 weeks; Frozen: 6 weeks

Performed:
Mon, Thu, Sat

ORDERING

Synonyms:

- Almarytm
- Apocard
- Ecrinal
- Flecaine
- Tambocor
- LAB687-VML
- LAB687VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Mon, Thu, Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Therapeutic Range:
0.20-1.00 µg/mL
Toxic: > 1.50 µg/mL

Interpretive Data:
Toxic concentrations may cause cardiac abnormalities, hypotension and seizure.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80181

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA or K_3EDTA), green (sodium or lithium heparin), or gray (sodium fluoride/potassium oxalate).

Specimen Preparation:
Separate serum or plasma from cells within 6 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Gel separator tubes or gels of any kind; drug loss is immediate and no testing will be performed.

Stability (from collection to initiation):
After separation from cells: Ambient: 6 weeks; Refrigerated: 6 weeks; Frozen: 6 weeks

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Almarytm
- Apocard
- Ecrinal
- Flecaine
- Tambocor
- LAB687-VML
- LAB687VML

Performed:
Mon, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Toxic concentrations may cause cardiac abnormalities, hypotension and seizure.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Therapeutic Range:
0.20-1.00 µg/mL
Toxic: > 1.50 µg/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80181

Flow % Stem Cell and % T Cell (CD34 and CD3)

LAB3467

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3467, CD34 and CD3, S3F
- LAB3467-VML
- LAB3467VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Saturday

Stability:
Refrigerated (2-8°C): 24 hours

Specimen:
Pheresis product - N/A, Bone marrow / blood: EDTA

Alternate Specimen:
Pheresis product - N/A, Bone marrow / blood: EDTA

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB3467, CD34 and CD3, S3F
- LAB3467-VML
- LAB3467VML

Performed:
Monday - Saturday

Turn Around Time:
24 hours

Methodology:
Flow Cytometry

Components:
%CD34 and %CD3

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Flow Cytometry

ADDITIONAL INFORMATION

Section:
Hematopathology/ Flow Cytometry

Alternate Specimen:
Pheresis product - N/A, Bone marrow / blood: EDTA

Additional Information:
Assay intended for use in Stem Cell transplant cases only

Components:
%CD34 and %CD3

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
N/A

Preferred Collection Volume:
4.0ml Whole blood, bone marrow aspirate, pheresis product

Alternate Specimen:
Pheresis product - N/A, Bone marrow / blood: EDTA

Patient Preparation:
N/A

Specimen:
Pheresis product - N/A, Bone marrow / blood: EDTA

Reasons for Rejection:
Wrong anticoagulent

Components:
%CD34 and %CD3

Stability:
Refrigerated (2-8°C): 24 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3467, CD34 and CD3, S3F
- LAB3467-VML
- LAB3467VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Assay intended for use in Stem Cell transplant cases only

Methodology:
Flow Cytometry

Section:
Hematopathology/ Flow Cytometry

Flow % Stem Cell (CD34)

LAB3453

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3453, 34F, Stem Cell Count
- LAB3453-VML
- LAB3453VML

Turn Around Time:
2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
2° to 8°C: 24 hours

Specimen:
Pheresis product - Bone marrow / blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB3453, 34F, Stem Cell Count
- LAB3453-VML
- LAB3453VML

Performed:
Monday - Saturday

Turn Around Time:
2 hours

Methodology:
Flow Cytometry Immunophenotyping

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Flow Cytometry Immunophenotyping

ADDITIONAL INFORMATION

Section:
Hematopathology/ Flow Cytometry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
N/A

Preferred Collection Volume:
4.0ml Whole blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Pheresis product - Bone marrow / blood

Reasons for Rejection:
Wrong anticoagulent

Components:
N/A

Stability:
2° to 8°C: 24 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- LAB3453, 34F, Stem Cell Count
- LAB3453-VML
- LAB3453VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
N/A

Methodology:
Flow Cytometry Immunophenotyping

Section:
Hematopathology/ Flow Cytometry

Flow Cytometry Leukemia/Lymphoma

LAB3463

ORDERING INFO

Collect:
Use approriate tubes including EDTA, ACD-A, and Na-Heparin

Synonyms:

- LAB3463, Flow Lymphoma/ Leukemia, FCL
- LAB3463-VML
- LAB3463VML

Turn Around Time:
48 hours Monday-Saturday

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Use approriate tubes including EDTA, ACD-A, and Na-Heparin

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Saturday

Stability:
Refrigerated (2-8°C): 36 hours

Specimen:
Bone marrow / blood

Alternate Specimen:
Call Hematopathologist, weekdays 615-343-9167; nights and weekends, call VU operator

ORDERING

Ordering Indicators:
Performed to detect abnormal lymphoid or myeloid populations to assess for clonality or atypia

Synonyms:

- LAB3463, Flow Lymphoma/ Leukemia, FCL
- LAB3463-VML
- LAB3463VML

Performed:
Monday - Saturday

Turn Around Time:
48 hours Monday-Saturday

Methodology:
Flow Cytometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
Results will be reviewed by a hematopathologist and interpreted in a written report, identifying and quantifying any abnormal populations present. Correlation with additional clinical, radiographic, morphologic, or laboratory data may be indicated.

Methodology:
Flow Cytometry

ADDITIONAL INFORMATION

Section:
Hematopathology/ Flow Cytometry

Alternate Specimen:
Call Hematopathologist, weekdays 615-343-9167; nights and weekends, call VU operator

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Use approriate tubes including EDTA, ACD-A, and Na-Heparin

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Preferred Collection Volume:
4.0ml Whole blood or bone marrow aspirate

Alternate Specimen:
Call Hematopathologist, weekdays 615-343-9167; nights and weekends, call VU operator

Patient Preparation:
N/A

Specimen:
Bone marrow / blood

Reasons for Rejection:
Clotted, specimen age, collected in incorrect tube, non-viable samples

Components:
N/A

Stability:
Refrigerated (2-8°C): 36 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3463, Flow Lymphoma/ Leukemia, FCL
- LAB3463-VML
- LAB3463VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
48 hours Monday-Saturday

Ordering Indicators:
Performed to detect abnormal lymphoid or myeloid populations to assess for clonality or atypia

Interpretive Data:
Results will be reviewed by a hematopathologist and interpreted in a written report, identifying and quantifying any abnormal populations present. Correlation with additional clinical, radiographic, morphologic, or laboratory data may be indicated.

Reference Interval:
N/A

Additional Information:
N/A

Methodology:
Flow Cytometry

Section:

Hematopathology/ Flow Cytometry

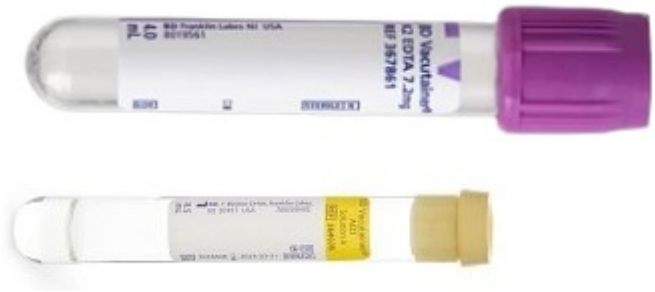
Flow Cytometry Paroxysmal Nocturnal Hemoglobinuria Assay

LAB928

ORDERING INFO

Collect:

Lavender tube (EDTA), ACD-A (yellow top)



Synonyms:

- LAB928, PNH
- LAB928-VML
- LAB928VML

Turn Around Time:

24 hours M-F

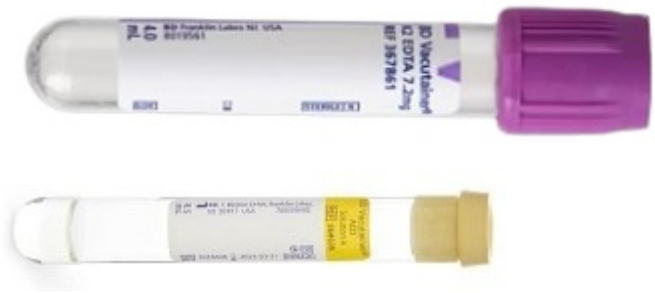
SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Lavender tube (EDTA), ACD-A (yellow top)



Specimen Preparation:

Collect BEFORE 3 pm Monday - Friday and deliver to Specimen Management immediately. Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Monday - Saturday

Stability:

Ambient: (15-25°C): 24 hours

Specimen:

Whole blood

Alternate Specimen:

Lavender tube (EDTA)

ORDERING

Ordering Indicators:

This test identifies and quantifies populations of leukocytes and erythrocytes lacking GPI-anchored proteins. This is central to the diagnosis of PNH, and can be helpful in the evaluation of other disease processes, such as myelodysplastic syndrome and aplastic anemia.

Synonyms:

- LAB928, PNH
- LAB928-VML
- LAB928VML

Performed:
Monday - Saturday

Turn Around Time:
24 hours M-F

Methodology:
Flow Cytometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
No loss of GPI-anchored proteins similar to a normal patient pattern, with a validated lower limit of detection of 0.1% of total cells assayed

Interpretive Data:
PNH flow is performed on leukocytes first, and erythrocyte PNH flow is only performed if the leukocyte result is positive. Positive results are given in the form of a narrative report, which indicates the percentage of monocytes, granulocytes, and erythrocytes lacking GPI-anchored proteins.

Methodology:
Flow Cytometry

ADDITIONAL INFORMATION

Section:
Hematopathology/ Flow Cytometry

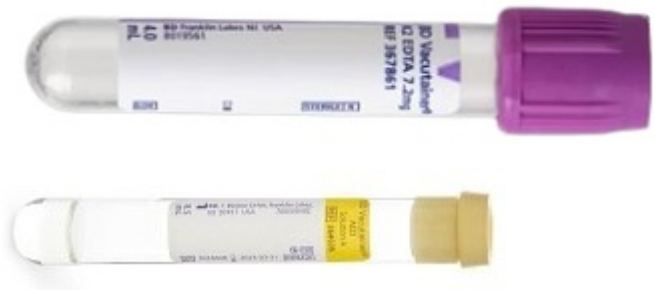
Alternate Specimen:
Lavender tube (EDTA)

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavender tube (EDTA), ACD-A (yellow top)



Specimen Preparation:
Collect BEFORE 3 pm Monday - Friday and deliver to Specimen Management immediately. Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
N/A

Preferred Collection Volume:
4.0ml Whole blood

Alternate Specimen:
Lavender tube (EDTA)

Patient Preparation:
N/A

Specimen:
Whole blood

Reasons for Rejection:
Specimen is not peripheral blood

Components:
N/A

Stability:
Ambient: (15-25°C): 24 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- LAB928, PNH
- LAB928-VML
- LAB928VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours M-F

Ordering Indicators:
This test identifies and quantifies populations of leukocytes and erythrocytes lacking GPI-anchored proteins. This is central to the diagnosis of PNH, and can be helpful in the evaluation of other disease processes, such as myelodysplastic syndrome and aplastic anemia.

Interpretive Data:
PNH flow is performed on leukocytes first, and erythrocyte PNH flow is only performed if the leukocyte result is positive. Positive results are given in the form of a narrative report, which indicates the percentage of monocytes, granulocytes, and erythrocytes lacking GPI-anchored proteins.

Reference Interval:
No loss of GPI-anchored proteins similar to a normal patient pattern, with a validated lower limit of detection of 0.1% of total cells assayed

Methodology:
Flow Cytometry

Section:
Hematopathology/ Flow Cytometry

Flow Fetal Red Blood Cell Enumeration Assay including recommended RhIG dose

LAB3461

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3461, FCF, Fetal RBC Stain, FRBC Detection Assay, Replaces Kleihauer-Betke Stain
- LAB3461-VML
- LAB3461VML

Turn Around Time:
Samples received in the Flow Cytometry lab by 3 P.M. Mon-Sat will be reported that same day. Lab will call results upon completion if contact information is provided.

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
Two Lavender microtainerss (EDTA)

Storage/Transport Temperature:
Ambient (15-25°C) or refrigerated (2-8°C)

Performed:
Monday - Saturday

Stability:
3 days

Specimen:
Whole Blood

Alternate Specimen:
Pink EDTA

ORDERING

Ordering Indicators:
This test identifies and enumerates fetal red cells containing a high percentage of hemoglobin F, for the purpose of determining dosage of anti-Rh antibody in Rh-negative mothers.

Synonyms:

- LAB3461, FCF, Fetal RBC Stain, FRBC Detection Assay, Replaces Kleihauer-Betke Stain
- LAB3461-VML
- LAB3461VML

Performed:
Monday - Saturday

Turn Around Time:
Samples received in the Flow Cytometry lab by 3 P.M. Mon-Sat will be reported that same day. Lab will call results upon completion if contact information is provided.

Methodology:
Flow Cytometry

Components:
%Fetal Cells Detected; Recommended RhIG Dose

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
Refer to Report

Methodology:
Flow Cytometry

ADDITIONAL INFORMATION

Section:
Hematopathology/ Flow Cytometry

Alternate Specimen:
Pink EDTA

Additional Information:
N/A

Components:
%Fetal Cells Detected; Recommended RhIG Dose

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
Two Lavender microtainerss (EDTA)

Preferred Collection Volume:
4.0ml Whole blood

Alternate Specimen:
Pink EDTA

Patient Preparation:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
Clotted, specimen age, collected in incorrect tube

Components:
%Fetal Cells Detected; Recommended RhIG Dose

Stability:
3 days

Storage/Transport Temperature:
Ambient (15-25°C) or refrigerated (2-8°C)

Synonyms:

- LAB3461, FCF, Fetal RBC Stain, FRBC Detection Assay, Replaces Kleihauer-Betke Stain
- LAB3461-VML
- LAB3461VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Samples received in the Flow Cytometry lab by 3 P.M. Mon-Sat will be reported that same day. Lab will call results upon completion if contact information is provided.

Ordering Indicators:
This test identifies and enumerates fetal red cells containing a high percentage of hemoglobin F, for the purpose of determining dosage of anti-Rh antibody in Rh-negative mothers.

Interpretive Data:
Refer to Report

Reference Interval:
N/A

Additional Information:
N/A

Methodology:
Flow Cytometry

Section:
Hematopathology/ Flow Cytometry

FLT3-ITD Mutation Detection, Whole Blood or Bone Marrow

LAB3031

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3031, FL3, FLT3-ITD, FLT3 INTERNAL TANDEM DUPLICATION
- LAB3031-VML
- LAB3031VML

Turn Around Time:
10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:
Monday and Thursday

Stability:
EDTA and AC-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70C

Specimen:
Whole blood or bone marrow

Alternate Specimen:
Yellow tube (ACD-A)

ORDERING

Ordering Indicators:
The analysis of FLT3-ITD mutations aids in the diagnosis and management of acute myeloid leukemia (AML).

Synonyms:

- LAB3031, FL3, FLT3-ITD, FLT3 INTERNAL TANDEM DUPLICATION
- LAB3031-VML
- LAB3031VML

Performed:
Monday and Thursday

Turn Around Time:
10 days

Methodology:
Fluorescent PCR designed to detect FLT3-ITD mutations with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
Results must be interpreted in the appropriate clinical context. Refer to report.

Methodology:
Fluorescent PCR designed to detect FLT3-ITD mutations with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Preferred Collection Volume:
4 mL whole blood or bone marrow

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood or bone marrow

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and AC-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70C

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- LAB3031, FL3, FLT3-ITD, FLT3 INTERNAL TANDEM DUPLICATION
- LAB3031-VML
- LAB3031VML

Performed:
Monday and Thursday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
The analysis of FLT3-ITD mutations aids in the diagnosis and management of acute myeloid leukemia (AML).

Interpretive Data:
Results must be interpreted in the appropriate clinical context. Refer to report.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Fluorescent PCR designed to detect FLT3-ITD mutations with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

Section:
Molecular Diagnostics

Fluconazole, Quantitative by LC-MS/MS

LAB3741

ORDERING INFO

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Synonyms:

- Diflucan
- LAB3741-VML
- LAB3741VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, Light Blue (citrate), or Yellow (SPS or ACD solution).

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: 6 months

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- Diflucan
- LAB3741-VML
- LAB3741VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Tue, Thu, Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 15, 2011

Therapeutic Range: 5.0-20.0 µg/mL

Interpretive Data:
Fluconazole is a synthetic triazole antifungal drug indicated to treat candidiasis and cryptococcal meningitis infections. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. The pharmacokinetics of fluconazole are influenced by drug-drug interactions when coadministered with drugs metabolized by cytochrome P450 2C9, 2C19 and 3A4 enzymes. Adverse effects may include headache, skin rash, abdominal pain and hepatitis.

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80299

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, Light Blue (citrate), or Yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: 6 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- Diflucan
- LAB3741-VML
- LAB3741VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Fluconazole is a synthetic triazole antifungal drug indicated to treat candidiasis and cryptococcal meningitis infections. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. The pharmacokinetics of fluconazole are influenced by drug-drug interactions when coadministered with drugs metabolized by cytochrome P450 2C9, 2C19 and 3A4 enzymes. Adverse effects may include headache, skin rash, abdominal pain and hepatitis.

Reference Interval:
Effective August 15, 2011

Therapeutic Range: 5.0-20.0 µg/mL

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80299

Flunitrazepam and Metabolites, Serum or Plasma, Screen with Reflex to Confirmation/Quantitation

LAB3742

ORDERING INFO

Collect:
Plain red, lavender (EDTA), or pink (K_2EDTA).

Synonyms:

- Rohypnol
- Roofies
- LAB3742-VML
- LAB3742VML

SPECIMEN REQUIREMENTS

Collect:
Plain red, lavender (EDTA), or pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 3 months

Performed:
Varies

ORDERING

Synonyms:

- Rohypnol
- Roofies
- LAB3742-VML
- LAB3742VML

Ordering Recommendations:
Detect exposure.

Performed:
Varies

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
5-13 days

Notes:
If screen is positive, then confirmation will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80307; if reflexed, add 80346 (Reflexed Alt Code: G0480)

Section:
RF-ARUP

Notes:
If screen is positive, then confirmation will be added. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red, lavender (EDTA), or pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Synonyms:

- Rohypnol
- Roofies
- LAB3742-VML
- LAB3742VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-13 days

Ordering Recommendations:
Detect exposure.

Reference Interval:
By report

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80307; if reflexed, add 80346 (Reflexed Alt Code: G0480)

Notes:
If screen is positive, then confirmation will be added. Additional charges apply.

Flunitrazepam and Metabolites, Urine Screen with Reflex to Confirmation/Quantitation

LAB5974

ORDERING INFO

Collect:
Random urine

Synonyms:

- Rohypnol
- Roofies
- LAB5974-VML
- LAB5974VML

SPECIMEN REQUIREMENTS

Collect:
Random urine

Specimen Preparation:
Transfer 3 mL urine to an ARUP Standard Transport Tube. (Min: 1.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 3 months

Performed:
Varies

ORDERING

Synonyms:

- Rohypnol
- Roofies
- LAB5974-VML
- LAB5974VML

Ordering Recommendations:
Detect exposure.

Performed:
Varies

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
5-13 days

Notes:
If screen is positive, then confirmation will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80307; if reflexed, add 80346 (Reflexed Alt Code: G0480)

Section:
RF-ARUP

Notes:
If screen is positive, then confirmation will be added. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine

Specimen Preparation:
Transfer 3 mL urine to an ARUP Standard Transport Tube. (Min: 1.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Synonyms:

- Rohypnol
- Roofies
- LAB5974-VML
- LAB5974VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-13 days

Ordering Recommendations:
Detect exposure.

Reference Interval:
By report

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80307; if reflexed, add 80346 (Reflexed Alt Code: G0480)

Notes:
If screen is positive, then confirmation will be added. Additional charges apply.

Fluoxetine and Metabolite Quantitative, Serum or Plasma

LAB3743

ORDERING INFO

Collect:
Plain Red, Lavender (EDTA), or Pink (K_2EDTA).

Synonyms:

- Prozac
- Sarafem
- Norfluoxetine
- LAB3743-VML
- LAB3743VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red, Lavender (EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 9 months

Performed:
Varies

ORDERING

Synonyms:

- Prozac
- Sarafem
- Norfluoxetine
- LAB3743-VML
- LAB3743VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Varies

Methodology:
Quantitative Gas Chromatography-Mass Spectrometry

Reported:
5-8 days

RESULTS INTERPRETATION

Methodology:
Quantitative Gas Chromatography-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80332 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 9 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Prozac
- Sarafem
- Norfluoxetine
- LAB3743-VML
- LAB3743VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-8 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Methodology:
Quantitative Gas Chromatography-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80332 (Alt code: G0480)

Fluphenazine

LAB1067

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2 EDTA).

Synonyms:

- Dapotum
- Lyogen
- Moditen
- Omca
- Permitil
- Prolixin
- Sediten
- LAB1067-VML
- LAB1067VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2 EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Hemolyzed specimens. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Dapotum
- Lyogen
- Moditen
- Omca
- Permitil
- Prolixin
- Sediten
- LAB1067-VML
- LAB1067VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Effective February 16, 2021

Therapeutic Range:	1.0-10.0 ng/mL
Toxic:	Greater than 15 ng/mL

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Adverse effects may include extrapyramidal symptoms, seizures and neuroleptic malignant syndrome.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80342 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2 EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Hemolyzed specimens. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Dapotum
- Lyogen
- Moditen
- Omca
- Permitil
- Prolixin
- Sediten
- LAB1067-VML
- LAB1067VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:

The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Adverse effects may include extrapyramidal symptoms, seizures and neuroleptic malignant syndrome.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective February 16, 2021

Therapeutic Range:	1.0-10.0 ng/mL
Toxic:	Greater than 15 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80342 (Alt code: G0480)

Folate, Serum

LAB69

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)

Synonyms:

- FS, Folate Level, Folate Serum, LAB69
- LAB69-VML
- LAB69VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 2 Hours; 2° to 8°C: 48 hours; Frozen: 28 Days

Specimen:
Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- FS, Folate Level, Folate Serum, LAB69
- LAB69-VML
- LAB69VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male and Female: 0 - < 7 years: >7.6 ng/mL 7 years - < 12 years: > 16.7 ng/mL > 12 years: > 4.6 ng/mL

Interpretive Data:
N/A

Methodology:
Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Fasting specimen recommended

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, icterus, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 Hours; 2° to 8°C: 48 hours; Frozen: 28 Days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- FS, Folate Level, Folate Serum, LAB69
- LAB69-VML
- LAB69VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male and Female: 0 - < 7 years: >7.6 ng/mL 7 years - < 12 years: > 16.7 ng/mL > 12 years: > 4.6 ng/mL

Additional Information:
Fasting specimen recommended

Methodology:
Electrochemiluminescent Immunoassay

Section:
Chemistry

Follicle Stimulating Hormone (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath111

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- FSH

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- FSH

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- FSH

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

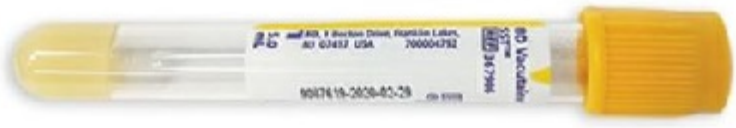
Section:
Histology

Follicle Stimulating Hormone, Serum

LAB86

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

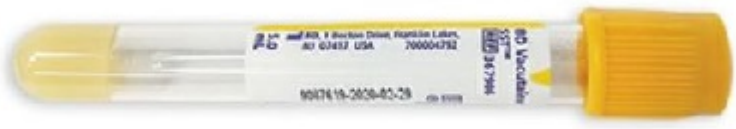
- Follicle Stimulating Hormone, FSH, FSH Level, LAB86
- LAB86-VML
- LAB86VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 5 days; 2° to 8°C: 14 days; Frozen: 6 months

Specimen:
Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Follicle Stimulating Hormone, FSH, FSH Level, LAB86
- LAB86-VML
- LAB86VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: 0 - < 1 year: 0.1 - 3.2 mIU/mL 1 year - < 9 years: 0.2 - 2.1 mIU/mL 9 years - < 12 years: 0.4 - 4.2 mIU/mL 12 years - < 18 years: 0.9 - 7.1 mIU/mL >= 18 years: 1.5 - 12.4 Female: 0 - < 1 year: 1.6 - 19 mIU/mL 1 year - < 9 years: 0.7 - 5.8 mIU/mL 9 years - < 12 years: 0.5 - 7.6 mIU/mL 12 years - < 18 years: 0.9 - 9.1 mIU/mL

Interpretive Data:
Follicular: 3.5 - 12.5 mIU/mL Ovulation: 4.7 - 21.5 mIU/mL Luteal: 1.7 - 7.7 mIU/mL Postmenopause: 25.8 - 134.8 mIU/mL

Methodology:
Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 5 days; 2° to 8°C: 14 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Follicle Stimulating Hormone, FSH, FSH Level, LAB86
- LAB86-VML
- LAB86VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Follicular: 3.5 - 12.5 mIU/mL Ovulation: 4.7 - 21.5 mIU/mL Luteal: 1.7 - 7.7 mIU/mL Postmenopause: 25.8 - 134.8 mIU/mL

Reference Interval:
Male: 0 - < 1 year: 0.1 - 3.2 mIU/mL 1 year - < 9 years: 0.2 - 2.1 mIU/mL 9 years - < 12 years: 0.4 - 4.2 mIU/mL 12 years - < 18 years: 0.9 - 7.1 mIU/mL >= 18 years: 1.5 - 12.4 Female: 0 - < 1 year: 1.6 - 19 mIU/mL 1 year - < 9 years: 0.7 - 5.8 mIU/mL 9 years - < 12 years: 0.5 - 7.6 mIU/mL 12 years - < 18 years: 0.9 - 9.1 mIU/mL

Additional Information:
N/A

Methodology:
Electrochemiluminescent Immunoassay

Section:
Chemistry

Fondaparinux Level

LAB3446

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3446, FON, Arixtra Assay, Anti-Xa Assay, Fondaparinux Level
- LAB3446-VML
- LAB3446VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB3446, FON, Arixtra Assay, Anti-Xa Assay, Fondaparinux Level
- LAB3446-VML
- LAB3446VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Chromogenic

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Therapeutic range: Typical range for a 7.5mg dose: 0.50 - 1.50 ug/ml

Interpretive Data:
Oral anti-Xa inhibitors interfer with anti-Xa assays for Fondaparinux. Even at subtheraputic levels, anti-Xa inhibitors may result in an overestimation of the Fondaparinux level. The result is dependent on the concentration of antithrombin in the test plasma. Antithrombin deficiency may result in an undersestimation of the Fondaparinux level. Plasma hemoglobin levels of >150 mg/dL may result in an overestimation of the Fondaparnux level.

Methodology:
Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3446, FON, Arixtra Assay, Anti-Xa Assay, Fondaparinux Level
- LAB3446-VML
- LAB3446VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Oral anti-Xa inhibitors interfer with anti-Xa assays for Fondaparinux. Even at subtheraputic levels, anti-Xa inhibitors may result in an overestimation of the Fondaparinux level. The result is dependent on the concentration of antithrombin in the test plasma. Antithrombin deficiency may result in an undersestimation of the Fondaparinux level. Plasma hemoglobin levels of >150 mg/dL may result in an overestimation of the Fondaparnux level.

Reference Interval:
Therapeutic range: Typical range for a 7.5mg dose: 0.50 - 1.50 ug/ml

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Chromogenic

Section:
Coagulation

Fontana Masson Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath14

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Fontana, Argentaffin, melanin, argentaffin granules

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Fontana, Argentaffin, melanin, argentaffin granules

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Fontana, Argentaffin, melanin, argentaffin granules

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Foscarnet Resistance HSV (Phenotype)-LCOR

LAB3136

ORDERING INFO

Synonyms:

- LAB3136-VML
- LAB3136VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3136-VML
- LAB3136VML

ADDITIONAL INFORMATION

Section:

RF-LCOR

Resulting Laboratory:

LabCorp

FULL VIEW

Synonyms:

- LAB3136-VML
- LAB3136VML

Resulting Laboratory:

LabCorp

Section:

RF-LCOR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Fragile X (FMR1) Analysis, Whole Blood

LAB3032

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB3032, FXM, FRAGILE X GENE (FMR1), Fragile X Mutation
- LAB3032-VML
- LAB3032VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission. Please notify Molecular Genetics Laboratory if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:

Two Lavender microtainers (EDTA)

Storage/Transport Temperature:

Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:

Wednesday

Stability:

EDTA and Sodium Heparin: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70C

Specimen:

Whole Blood

Alternate Specimen:

Dark green tube (Sodium Heparin)

ORDERING

Ordering Indicators:

This assay is intended to confirm a diagnosis of fragile X syndrome, fragile X tremor/ataxia syndrome (FXTAS), or fragile X-associated primary ovarian insufficiency (FXPOI). Patients most often referred for this testing include 1) children with intellectual disability, 2) patients with autism spectrum disorder, 3) adult females with primary ovarian insufficiency, 4) adult males with tremor/ataxia, 5) family members of patients with FX syndrome who are at risk" for premutation alleles, and 6) females with a family history of intellectual disability suggestive of FX syndrome.

Synonyms:

- LAB3032, FXM, FRAGILE X GENE (FMR1), Fragile X Mutation
- LAB3032-VML
- LAB3032VML

Performed:
Wednesday

Turn Around Time:
10 days

Methodology:
Direct detection of CGG expansion alleles of the FMR1 gene by fluorescent PCR with fragment size analysis by capillary electrophoresis (Asuragen AmplideX assay).

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Normal: 5-44 CGG repeats. Intermediate or "grey zone": 45-54 CGG repeats. Premutation: 55-200 CGG repeats. Full mutation: >200 CGG repeats.

Interpretive Data:
Results must be interpreted in the appropriate clinical context. Refer to report.

Methodology:
Direct detection of CGG expansion alleles of the FMR1 gene by fluorescent PCR with fragment size analysis by capillary electrophoresis (Asuragen AmplideX assay).

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Dark green tube (Sodium Heparin)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Preferred Collection Volume:
4 mL whole blood

Alternate Specimen:
Dark green tube (Sodium Heparin)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission. Please notify Molecular Genetics Laboratory if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole Blood

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and Sodium Heparin: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70C

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- LAB3032, FXM, FRAGILE X GENE (FMR1), Fragile X Mutation
- LAB3032-VML
- LAB3032VML

Performed:
Wednesday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
This assay is intended to confirm a diagnosis of fragile X syndrome, fragile X tremor/ataxia syndrome (FXTAS), or fragile X-associated primary ovarian insufficiency (FXPOI). Patients most often referred for this testing include 1) children with intellectual disability, 2) patients with autism spectrum disorder, 3) adult females with primary ovarian insufficiency, 4) adult males with tremor/ataxia, 5) family members of patients with FX syndrome who are at risk" for premutation alleles, and 6) females with a family history of intellectual disability suggestive of FX syndrome.

Interpretive Data:
Results must be interpreted in the appropriate clinical context. Refer to report.

Reference Interval:
Normal: 5-44 CGG repeats. Intermediate or "grey zone": 45-54 CGG repeats. Premutation: 55-200 CGG repeats. Full mutation: >200 CGG repeats.

Additional Information:
N/A

Methodology:
Direct detection of CGG expansion alleles of the FMR1 gene by fluorescent PCR with fragment size analysis by capillary electrophoresis (Asuragen AmplideX assay).

Section:
Molecular Diagnostics

Free Light Chains, serum

LAB735

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB735, FLC, Free Light Chain Quantification
- LAB735-VML
- LAB735VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Centrifuge immediately and refrigerate. (Minimum 0.5 mL serum)

Pediatric Collection:
Two red microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
After separation from cells: Refrigerated (2-8°C): 21 days

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test aids in the diagnosis and monitoring of multiple myeloma, lymphocytic neoplasms, Waldenstr&oumlm's macroglobulinemia, AL amyloidosis, light chain deposition disease, and connective tissue diseases such as systemic lupus erythematosus (SLE) in conjunction with other laboratory and clinical findings.

Synonyms:

- LAB735, FLC, Free Light Chain Quantification
- LAB735-VML
- LAB735VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Turbidimetric

Components:
KLC, LLC, Kappa/Lambda Ratio

RESULTS INTERPRETATION

Reference Interval:
0.26 - 1.65

Interpretive Data:
Elevated levels of monoclonal FLC are associated with malignant plasma cell proliferation (e.g. multiple myeloma), AL amyloidosis, and light chain deposition disease. Raised serum levels of polyclonal FLC may be associated with autoimmune diseases such as SLE.

Methodology:
Turbidimetric

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
KLC, LLC, Kappa/Lambda Ratio

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Centrifuge immediately and refrigerate. (Minimum 0.5 mL serum)

Pediatric Collection:
Two red microtainers (no gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Grossly hemolyzed, grossly lipemic, QNS

Components:
KLC, LLC, Kappa/Lambda Ratio

Stability:
After separation from cells: Refrigerated (2-8°C): 21 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB735, FLC, Free Light Chain Quantification
- LAB735-VML
- LAB735VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test aids in the diagnosis and monitoring of multiple myeloma, lymphocytic neoplasms, Waldenstr&oumlm's macroglobulinemia, AL amyloidosis, light chain deposition disease, and connective tissue diseases such as systemic lupus erythematosus (SLE) in conjunction with other laboratory and clinical findings.

Interpretive Data:
Elevated levels of monoclonal FLC are associated with malignant plasma cell proliferation (e.g. multiple myeloma), AL amyloidosis, and light chain deposition disease. Raised serum levels of polyclonal FLC may be associated with autoimmune diseases such as SLE.

Reference Interval:
0.26 - 1.65

Additional Information:
N/A

Methodology:
Turbidimetric

Section:
Special Chemistry

Friedreich Ataxia Repeat Expansion Anly-BAYH

LAB3295

ORDERING INFO

Synonyms:

- LAB3295VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3295VML

ADDITIONAL INFORMATION

Section:

RF-BAYH

Resulting Laboratory:

Baylor Genetics

FULL VIEW

Synonyms:

- LAB3295VML

Resulting Laboratory:

Baylor Genetics

Section:

RF-BAYH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Frontotemporal Dementia Evaluation (FTD)-ATH

LAB3046

ORDERING INFO

Synonyms:

- LAB3046-VML
- LAB3046VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3046-VML
- LAB3046VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3046-VML
- LAB3046VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Fructosamine

LAB5885

ORDERING INFO

Collect:
Serum separator tube. Also acceptable: Pink (K_2EDTA), or green (lithium heparin).

Synonyms:

- Glycated Albumin
- Glycated Protein
- Glycated Serum Protein
- GSP
- Protein Bound Glucose
- LAB5885-VML
- LAB5885VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Also acceptable: Pink (K_2EDTA), or green (lithium heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature before centrifuging. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Hemolyzed specimens (may cause falsely elevated results).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Glycated Albumin
- Glycated Protein
- Glycated Serum Protein
- GSP
- Protein Bound Glucose
- LAB5885-VML
- LAB5885VML

Ordering Recommendations:
May aid in monitoring glucose control for diabetes in specific disorders. Not recommended as a substitute for hemoglobin A1c except in specific populations.

Performed:
Sun-Sat

Methodology:
Quantitative Spectrophotometry

Reported:
Within 24 hours

Notes:
High levels of ascorbic acid interfere with the fructosamine assay. Patients should abstain from ascorbic acid supplements for a minimum of 24 hours prior to sample collection.

RESULTS INTERPRETATION

Reference Interval:
Effective February 22, 2022
Nondiabetic: 205-285 µmol/L

Interpretive Data:
Variations in levels of serum proteins (albumin and immunoglobulins) may affect fructosamine results.

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
82985

Section:
RF-ARUP

Notes:
High levels of ascorbic acid interfere with the fructosamine assay. Patients should abstain from ascorbic acid supplements for a minimum of 24 hours prior to sample collection.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Also acceptable: Pink (K_2EDTA), or green (lithium heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature before centrifuging. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Hemolyzed specimens (may cause falsely elevated results).

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Glycated Albumin
- Glycated Protein
- Glycated Serum Protein
- GSP
- Protein Bound Glucose
- LAB5885-VML
- LAB5885VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
May aid in monitoring glucose control for diabetes in specific disorders. Not recommended as a substitute for hemoglobin A1c except in specific populations.

Interpretive Data:
Variations in levels of serum proteins (albumin and immunoglobulins) may affect fructosamine results.

Reference Interval:
Effective February 22, 2022
Nondiabetic: 205-285 µmol/L

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
82985

Notes:
High levels of ascorbic acid interfere with the fructosamine assay. Patients should abstain from ascorbic acid supplements for a minimum of 24 hours prior to sample collection.

FSHD DNA Test-ATH

LAB3047

ORDERING INFO

Synonyms:

- LAB3047-VML
- LAB3047VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3047-VML
- LAB3047VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3047-VML
- LAB3047VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Fumarate Hydratase (H-6) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath112

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- FH

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- FH

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- FH

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Fungal Antibodies with Reflex to *Blastomyces dermatitidis* Antibodies by Immunodiffusion, CSF

LAB5996

ORDERING INFO

Collect:
CSF.

Synonyms:

- Aspergillus
- Blastomyces
- Coccidiodes
- fungal meningitis
- Histoplasma
- LAB5996-VML
- LAB5996VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 2 mL CSF to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Other body fluids. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Aspergillus
- Blastomyces
- Coccidiodes
- fungal meningitis
- Histoplasma
- LAB5996-VML
- LAB5996VML

Ordering Recommendations:
Not recommended for the diagnosis of fungal infection of the central nervous system. Includes testing by complement fixation for Aspergillus, Coccidioides, and Histoplasma and testing by immunoassay for Blastomyces. Refer to individual fungus-specific testing according to patient exposure.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Complement Fixation/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Qualitative Immunodiffusion

Reported:
2-6 days

Notes:
This test detects antibodies to Aspergillus, Coccidioides, and Histoplasma by complement fixation and Blastomyces by immunoassay.
If Blastomyces antibodies are equivocal or positive by immunoassay then Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Coccidioides Ab by CF, CSF	Less than 1:2
Aspergillus Antibody, CSF (CF)	Less than 1:2
Histoplasma M, CSF (CF)	Less than 1:2
Histoplasma Y, CSF (CF)	Less than 1:2
Blastomyces Antibodies EIA, CSF	0.9 IV or less

Interpretive Data:
Refer to report.

Methodology:
Semi-Quantitative Complement Fixation/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Qualitative Immunodiffusion

ADDITIONAL INFORMATION

CPT Codes:
86606; 86612; 86635; 86698 x2; if reflexed, add 86612

Section:
RF-ARUP

Notes:
This test detects antibodies to Aspergillus, Coccidioides, and Histoplasma by complement fixation and Blastomyces by immunoassay.
If Blastomyces antibodies are equivocal or positive by immunoassay then Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF will be added. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
CSF.

Specimen Preparation:
Transfer 2 mL CSF to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Other body fluids. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Aspergillus
- Blastomyces
- Coccidiodes
- fungal meningitis
- Histoplasma
- LAB5996-VML
- LAB5996VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-6 days

Ordering Recommendations:
Not recommended for the diagnosis of fungal infection of the central nervous system. Includes testing by complement fixation for Aspergillus, Coccidioides, and Histoplasma and testing by immunoassay for Blastomyces. Refer to individual fungus-specific testing according to patient exposure.

Interpretive Data:
Refer to report.

Reference Interval:

Components	Reference Interval
Coccidioides Ab by CF, CSF	Less than 1:2
Aspergillus Antibody, CSF (CF)	Less than 1:2
Histoplasma M, CSF (CF)	Less than 1:2
Histoplasma Y, CSF (CF)	Less than 1:2
Blastomyces Antibodies EIA, CSF	0.9 IV or less

Methodology:

Semi-Quantitative Complement Fixation/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Qualitative Immunodiffusion

Section:

RF-ARUP

CPT Codes:

86606; 86612; 86635; 86698 x2; if reflexed, add 86612

Notes:

This test detects antibodies to Aspergillus, Coccidioides, and Histoplasma by complement fixation and Blastomyces by immunoassay.

If Blastomyces antibodies are equivocal or positive by immunoassay then Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF will be added. Additional charges apply.

Fungal Antibodies with Reflex to *Blastomyces dermatitidis* Antibodies by Immunodiffusion, Serum

LAB5994

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Aspergillus
- Blastomyces
- Coccidiodes
- Histoplasma
- LAB5994-VML
- LAB5994VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP standard transport tube. (Min: 1.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Aspergillus
- Blastomyces
- Coccidiodes
- Histoplasma
- LAB5994-VML
- LAB5994VML

Ordering Recommendations:
Not recommended for the diagnosis of fungal infection. Includes testing by complement fixation for Aspergillus, Coccidioides, and Histoplasma and testing by immunoassay for Blastomyces. Refer to individual fungus-specific testing according to patient exposure: Coccidioides Antibodies Panel, Serum (0050588); Aspergillus Antibodies by Complement Fixation and Immunodiffusion, Serum (0050101); Histoplasma Antibodies by Complement Fixation and Immunodiffusion, Serum (0050627); and Blastomyces dermatitidis Antibodies by Immunoassay with Reflex to Immunodiffusion, Serum (3000236).

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Complement Fixation/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Qualitative Immunodiffusion

Reported:
2-6 days

Notes:
This test detects antibodies to Aspergillus, Coccidioides, and Histoplasma by complement fixation and Blastomyces by immunoassay.
If Blastomyces antibodies are equivocal or positive by immunoassay, then Blastomyces dermatitidis Antibodies by Immunodiffusion will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Aspergillus Antibodies by CF	Less than 1:8
Coccidioides Antibody by CF	Less than 1:2
Histoplasma Mycelia Antibodies by CF	Less than 1:8
Histoplasma Yeast Antibodies by CF	Less than 1:8
Blastomyces Antibodies EIA, SER	0.9 IV or less

Interpretive Data:
Refer to report.

Methodology:
Semi-Quantitative Complement Fixation/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Qualitative Immunodiffusion

ADDITIONAL INFORMATION

CPT Codes:
86606; 86612; 86635; 86698 x2; if reflexed, add 86612

Section:
RF-ARUP

Notes:
This test detects antibodies to Aspergillus, Coccidioides, and Histoplasma by complement fixation and Blastomyces by immunoassay.
If Blastomyces antibodies are equivocal or positive by immunoassay, then Blastomyces dermatitidis Antibodies by Immunodiffusion will be added. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP standard transport tube. (Min: 1.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Aspergillus
- Blastomyces
- Coccidiodes
- Histoplasma
- LAB5994-VML
- LAB5994VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-6 days

Ordering Recommendations:

Not recommended for the diagnosis of fungal infection. Includes testing by complement fixation for Aspergillus, Coccidioides, and Histoplasma and testing by immunoassay for Blastomyces. Refer to individual fungus-specific testing according to patient exposure: Coccidioides Antibodies Panel, Serum (0050588); Aspergillus Antibodies by Complement Fixation and Immunodiffusion, Serum (0050101); Histoplasma Antibodies by Complement Fixation and Immunodiffusion, Serum (0050627); and Blastomyces dermatitidis Antibodies by Immunoassay with Reflex to Immunodiffusion, Serum (3000236).

Interpretive Data:

Refer to report.

Reference Interval:

Components	Reference Interval
Aspergillus Antibodies by CF	Less than 1:8
Coccidioides Antibody by CF	Less than 1:2
Histoplasma Mycelia Antibodies by CF	Less than 1:8
Histoplasma Yeast Antibodies by CF	Less than 1:8
Blastomyces Antibodies EIA, SER	0.9 IV or less

Methodology:

Semi-Quantitative Complement Fixation/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Qualitative Immunodiffusion

Section:

RF-ARUP

CPT Codes:

86606; 86612; 86635; 86698 x2; if reflexed, add 86612

Notes:

This test detects antibodies to Aspergillus, Coccidioides, and Histoplasma by complement fixation and Blastomyces by immunoassay.

If Blastomyces antibodies are equivocal or positive by immunoassay, then Blastomyces dermatitidis Antibodies by Immunodiffusion will be added. Additional charges apply.

Fungal Culture, Blood

LAB242

ORDERING INFO

Collect:

Myco/F Lytic bottle

Synonyms:

- Blood culture fungus, fungal culture, Histoplasma culture, Blastomyces culture, BCF
- LAB242-VML
- LAB242VML

Turn Around Time:

4 weeks for negative. Positive growth reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Myco/F Lytic bottle

Specimen Preparation:

Skin antisepsis is imperative to avoid contamination. Disinfect the venipuncture site with 2% chlorhexidine or 2% iodine tincture. Chlorhexidine is not recommended for children < 2 months old. Swab with disinfectant for 1 min, and allow to dry, prior to venipuncture. Do not collect from vein which intravenous solution is being delivered. Drawing blood from a port of an indwelling catheter should ONLY be done if poor access requires this practice.Send to laboratory immediately following collection. (Min: 1 mL blood)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Daily

Stability:

Ambient: (15-25°C), deliver to laboratory as soon as possible.

Specimen:

Blood

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Use to culture pathogenic fungi from blood. Candida spp are detectable by Bacterial Culture, Blood test (LAB 462, adults and LAB 3089, pediatrics).

Synonyms:

- Blood culture fungus, fungal culture, Histoplasma culture, Blastomyces culture, BCF
- LAB242-VML
- LAB242VML

Performed:
Daily

Turn Around Time:
4 weeks for negative. Positive growth reported as soon as detected.

Methodology:
BACTEC FX, continuous monitoring system

Components:
Fungal culture

RESULTS INTERPRETATION

Reference Interval:
Negative for yeast and mould

Interpretive Data:
Positive cultures are called.

Methodology:
BACTEC FX, continuous monitoring system

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Identification and antimicrobial susceptibility tests billed seperately from culture. Susceptibility testing for moulds is not performed routinely; when requested, susceptibility testing are sent to reference laboratory.

Components:
Fungal culture

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Myco/F Lytic bottle

Specimen Preparation:
Skin antisepsis is imperative to avoid contamination. Disinfect the venipuncture site with 2% chlorhexidine or 2% iodine tincture. Chlorhexidine is not recommended for children < 2 months old. Swab with disinfectant for 1 min, and allow to dry, prior to venipuncture. Do not collect from vein which intravenous solution is being delivered. Drawing blood from a port of an indwelling catheter should ONLY be done if poor access requires this practice.Send to laboratory immediately following collection. (Min: 1 mL blood)

Pediatric Collection:
N/A

Preferred Collection Volume:
5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Leaking container. Received outside stability. Refrigerated and frozen unacceptable.

Components:
Fungal culture

Stability:
Ambient: (15-25°C), deliver to laboratory as soon as possible.

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Blood culture fungus, fungal culture, Histoplasma culture, Blastomyces culture, BCF
- LAB242-VML
- LAB242VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 weeks for negative. Positive growth reported as soon as detected.

Ordering Indicators:
Use to culture pathogenic fungi from blood. Candida spp are detectable by Bacterial Culture, Blood test (LAB 462, adults and LAB 3089, pediatrics).

Interpretive Data:
Positive cultures are called.

Reference Interval:
Negative for yeast and mould

Additional Information:
Identification and antimicrobial susceptibility tests billed seperately from culture. Susceptibility testing for moulds is not performed routinely; when requested, susceptibility testing are sent to reference laboratory.

Methodology:
BACTEC FX, continuous monitoring system

Section:
Microbiology

Fungal Culture, Hair, Skin and Nails

LAB6152

ORDERING INFO

Collect:

Sterile screwtop container

Synonyms:

- Hair skin and nails
- Tinea
- onycomycosis
- dermatophyte culture
- LAB6152-VML
- LAB6152VML

Turn Around Time:

4 weeks for negative. Positive growth reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Sterile screwtop container

Specimen Preparation:

Hair/skin/nails: disinfect area with 70% alcohol. For scalp, gently scrape with a brush. For hair, cut off several hairs with nodules attached. For nail, scrape infected nail area, or clip infected nail. Subungual material should be scraped and submitted.

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Daily

Stability:
Ambient: (15-25°C) 7 days (hair, skin and nails).

Specimen:
Hair, skin and nail

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Assessment of fungal onychomycosis (nail infection) and tinea (hair or skin fungal infection)

Synonyms:

- Hair skin and nails
- Tinea
- onycomycosis
- dermatophyte culture
- LAB6152-VML
- LAB6152VML

Performed:
Daily

Turn Around Time:
4 weeks for negative. Positive growth reported as soon as detected.

Methodology:
Fungal culture

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Dermatophyte not detected.

Interpretive Data:
This test detects dermatophytes (Epidermophyton, Microsporon and and Trichophyton).

Methodology:
Fungal culture

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screwtop container

Specimen Preparation:
Hair/skin/nails: disinfect area with 70% alcohol. For scalp, gently scrape with a brush. For hair, cut off several hairs with nodules attached. For nail, scrape infected nail area, or clip infected nail. Subungual material should be scraped and submitted.

Pediatric Collection:
N/A

Preferred Collection Volume:
Collect as much as possible.

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Hair, skin and nail

Reasons for Rejection:
Non sterile or leaking container. Specimens received >7 days after collection, Refrigerated or frozen, unacceptable.

Components:
N/A

Stability:
Ambient: (15-25°C) 7 days (hair, skin and nails).

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Hair skin and nails
- Tinea
- onycomycosis
- dermatophyte culture
- LAB6152-VML
- LAB6152VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 weeks for negative. Positive growth reported as soon as detected.

Ordering Indicators:
Assessment of fungal onychomycosis (nail infection) and tinea (hair or skin fungal infection)

Interpretive Data:
This test detects dermatophytes (Epidermophyton, Microsporon and and Trichophyton).

Reference Interval:
Dermatophyte not detected.

Additional Information:
N/A

Methodology:
Fungal culture

Section:
Microbiology

Fungal Culture, Various

LAB241

ORDERING INFO

Collect:

Sterile, screwtop container

Synonyms:

- BFF, Fungal Culture, C Fungal
- LAB241-VML
- LAB241VML

Turn Around Time:

4 weeks for negative. Positive growth reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Sterile, screwtop container

Specimen Preparation:

When swabs are collected, use flocked swabs in liquid Amies transport media (e.g., Eswab). Transfer material to sterile container. A single specimen may be cultured for both bacteria and fungi. (Min: 1 mL)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C) (Refrigerated: (2-8°C)

Performed:

Daily

Stability:

Ambient: (15-25°C) 48 hours Refrigerated: (2-8°C) 48 hours frozen unacceptable

Specimen:

Body fluids, tissue, respiratory secretions, specify source

Alternate Specimen:
Flocked swab in liquid Amies (Eswab®) accepted, but associated with low yield of fungi

ORDERING

Ordering Indicators:
Use to culture pathogenic fungi from specimens other than hair, skin and nails or blood. For testing of blood specimens, see Fungal Culture, Blood. For hair, skin and nail cultures, refer to LAB 1165. For throat, urine and genital cultures refer to Culture, Yeast (LAB 6579).

Synonyms:

- BFF, Fungal Culture, C Fungal
- LAB241-VML
- LAB241VML

Performed:
Daily

Turn Around Time:
4 weeks for negative. Positive growth reported as soon as detected.

Methodology:
Fungal culture

Components:
Fungal culture

RESULTS INTERPRETATION

Reference Interval:
Negative for yeast and mould

Interpretive Data:
N/A

Methodology:
Fungal culture

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
Flocked swab in liquid Amies (Eswab®) accepted, but associated with low yield of fungi

Additional Information:
Identification and antimicrobial susceptibility tests billed seperately from culture. Susceptibility testing for moulds is not performed routinely; when requested, susceptibility testing are sent to reference laboratory.

Components:
Fungal culture

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile, screwtop container

Specimen Preparation:
When swabs are collected, use flocked swabs in liquid Amies transport media (e.g., Eswab). Transfer material to sterile container. A single specimen may be cultured for both bacteria and fungi. (Min: 1 mL)

Pediatric Collection:
N/A

Preferred Collection Volume:
3 mL fluid

Alternate Specimen:
Flocked swab in liquid Amies (Eswab®) accepted, but associated with low yield of fungi

Patient Preparation:
N/A

Specimen:
Body fluids, tissue, respiratory secretions, specify source

Reasons for Rejection:
Dry swab. Leaking container. Specimen received >48 h after collection. Frozen, unacceptable.

Components:
Fungal culture

Stability:
Ambient: (15-25°C) 48 hours Refrigerated: (2-8°C) 48 hours frozen unacceptable

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- BFF, Fungal Culture, C Fungal
- LAB241-VML
- LAB241VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 weeks for negative. Positive growth reported as soon as detected.

Ordering Indicators:
Use to culture pathogenic fungi from specimens other than hair, skin and nails or blood. For testing of blood specimens, see Fungal Culture, Blood. For hair, skin and nail cultures, refer to LAB 1165. For throat, urine and genital cultures refer to Culture, Yeast (LAB 6579).

Interpretive Data:
N/A

Reference Interval:
Negative for yeast and mould

Additional Information:
Identification and antimicrobial susceptibility tests billed seperately from culture. Susceptibility testing for moulds is not performed routinely; when requested, susceptibility testing are sent to reference laboratory.

Methodology:
Fungal culture

Section:
Microbiology

Fungal Stain, KOH Preparation

LAB251

ORDERING INFO

Collect:

Sterile, screw-top container

Synonyms:

- Potassium hydroxide preparation and microscopic evaluation, KOH
- LAB251-VML
- LAB251VML

Turn Around Time:

3 hours from receipt in laboratory

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Sterile, screw-top container

Specimen Preparation:

Hair/skin/nails: disinfect area with 70% alcohol. For scalp, gently scrape with a brush. For hair, cut off several hairs with nodules attached. For nail, scrape infected nail area, or clip infected nail. Subungual material should be scraped and submitted.

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Daily

Stability:

Ambient: (15-25°C) 24 hours (cornea); Ambient: (15-25°C) 7 days (hair, skin and nails).

Specimen:
Cornea, Hair, Skin, Nail

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Assessment of fungal onychomycosis (nail infection), tinea (hair or skin fungal infection), or corneal fungal infections.

Synonyms:

- Potassium hydroxide preparation and microscopic evaluation, KOH
- LAB251-VML
- LAB251VML

Performed:
Daily

Turn Around Time:
3 hours from receipt in laboratory

Methodology:
Potassium hydroxide preparation and microscopy.

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative for yeast and fungal elements.

Interpretive Data:
Positive corneal cultures are called.

Methodology:
Potassium hydroxide preparation and microscopy.

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
For evaluation of yeast and fungal elements. Fungal culture should be requested in addition to KOH prep to rule out yeast and fungal infection.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile, screw-top container

Specimen Preparation:
Hair/skin/nails: disinfect area with 70% alcohol. For scalp, gently scrape with a brush. For hair, cut off several hairs with nodules attached. For nail, scrape infected nail area, or clip infected nail. Subungual material should be scraped and submitted.

Pediatric Collection:
N/A

Preferred Collection Volume:
Collect as much as possible.

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Cornea, Hair, Skin, Nail

Reasons for Rejection:
Non sterile or leaking container. Specimens received >24 hr after collection (cornea) or >7 days after collection (hair, skin and nails). Refrigerated or frozen, unacceptable.

Components:
N/A

Stability:
Ambient: (15-25°C) 24 hours (cornea); Ambient: (15-25°C) 7 days (hair, skin and nails).

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Potassium hydroxide preparation and microscopic evaluation, KOH
- LAB251-VML
- LAB251VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 hours from receipt in laboratory

Ordering Indicators:
Assessment of fungal onychomycosis (nail infection), tinea (hair or skin fungal infection), or corneal fungal infections.

Interpretive Data:
Positive corneal cultures are called.

Reference Interval:
Negative for yeast and fungal elements.

Additional Information:
For evaluation of yeast and fungal elements. Fungal culture should be requested in addition to KOH prep to rule out yeast and fungal infection.

Methodology:
Potassium hydroxide preparation and microscopy.

Section:
Microbiology

Fungitell Beta-D-Glucan w/Rfx to Titr-VRCR

LAB6592

ORDERING INFO

Synonyms:

- LAB6592-VML
- LAB6592VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6592-VML
- LAB6592VML

ADDITIONAL INFORMATION

Section:

RF-VRCR

Resulting Laboratory:

Viracor

FULL VIEW

Synonyms:

- LAB6592-VML
- LAB6592VML

Resulting Laboratory:

Viracor

Section:

RF-VRCR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Gabapentin

LAB470

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or Pink (K_2EDTA).

Synonyms:

- Gabapentin, Free
- Gabarone
- Neurontin
- LAB470-VML
- LAB470VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or Pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 months

Performed:
Mon, Wed, Thu, Fri, Sat

ORDERING

Synonyms:

- Gabapentin, Free
- Gabarone
- Neurontin
- LAB470-VML
- LAB470VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Mon, Wed, Thu, Fri, Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 18, 2013

Therapeutic Range	2-20 µg/mL
Toxic	Not well established

Interpretive Data:
Pharmacokinetics of gabapentin vary widely among patients, particularly those with compromised renal function. Adverse effects may include somnolence, dizziness, ataxia, and fatigue.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80171

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or Pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Gabapentin, Free
- Gabarone
- Neurontin
- LAB470-VML
- LAB470VML

Performed:
Mon, Wed, Thu, Fri, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Pharmacokinetics of gabapentin vary widely among patients, particularly those with compromised renal function. Adverse effects may include somnolence, dizziness, ataxia, and fatigue.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective November 18, 2013

Therapeutic Range	2-20 µg/mL
Toxic	Not well established

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80171

GAD65 Ab - MAYO

LAB3894

ORDERING INFO

Synonyms:

- LAB3894-VML
- LAB3894VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3894-VML
- LAB3894VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3894-VML
- LAB3894VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Galactocerebrosidase WBC-MAYO

LAB6133

ORDERING INFO

Synonyms:

- LAB6133-VML
- LAB6133VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6133-VML
- LAB6133VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6133-VML
- LAB6133VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Galactose-1-Phosphate in Red Blood Cells

LAB6436

ORDERING INFO

Collect:
Lavender (EDTA) or green (sodium or lithium heparin).

Synonyms:

- Gal1P
- Galactosemia Metabolite(s)
- GALT Analyte
- RBC GAL1P
- Galactose 1 Phosphate
- Galactosemia Analyte
- Galactose 1
- LAB6436-VML
- LAB6436VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or green (sodium or lithium heparin).

Specimen Preparation:
DO NOT FREEZE. Place tube on wet ice immediately after collection. Transport 5 mL whole blood. (Min: 2 mL)

Unacceptable Conditions:
Frozen or room temperature specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: Unacceptable

Performed:
Tue, Thu

ORDERING

Synonyms:

- Gal1P
- Galactosemia Metabolite(s)
- GALT Analyte
- RBC GAL1P
- Galactose 1 Phosphate
- Galactosemia Analyte
- Galactose 1
- LAB6436-VML
- LAB6436VML

Ordering Recommendations:
Use to monitor treatment, response, and compliance with dietary restriction for patients with an established diagnosis of galactosemia. To diagnose or rule out galactosemia, refer to Galactosemia (GALT) Enzyme Activity and 9 Mutations (0051175).

Performed:
Tue, Thu

Methodology:
Gas Chromatography-Mass Spectrometry (GC-MS)

Reported:
2-9 days

Notes:

Alternate acceptable specimen is frozen, washed red blood cells.
1. Centrifuge whole blood immediately for 10 minutes at 800 g RCF.
2. Discard the plasma and buffy coat layers.
3. Add cold 0.9 percent saline solution to the red cells (about 2 times the volume of cells) and mix gently by inverting the tube.
4. Centrifuge for 10 minutes at 800 g RCF.
5. Aspirate and discard the supernatant.
6. Repeat the wash (steps 3 through 5) 2 more times.
7. After the 3rd wash and centrifugation, remove the supernatant and a thin layer of the top cells.
8. Transfer washed cells to an ARUP standard transport tube and freeze. Ship on dry ice and include an ORDER COMMENT stating the specimen is washed, packed red blood cells.

Washed red cells must be frozen. Ambient and refrigerated washed cells are unacceptable

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Galactose-1-phosphate (mg/dL)	0.0-1.0 mg/dL
Galactose-1-phosphate (ug/g Hb)	0-53 ug/g Hb
Galactose-1-phosphate (umol/g Hb)	0.00-0.20 umol/g Hb

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Gas Chromatography-Mass Spectrometry (GC-MS)

ADDITIONAL INFORMATION

CPT Codes:

84378

Section:

RF-ARUP

Notes:

Alternate acceptable specimen is frozen, washed red blood cells.
1. Centrifuge whole blood immediately for 10 minutes at 800 g RCF.
2. Discard the plasma and buffy coat layers.
3. Add cold 0.9 percent saline solution to the red cells (about 2 times the volume of cells) and mix gently by inverting the tube.
4. Centrifuge for 10 minutes at 800 g RCF.
5. Aspirate and discard the supernatant.
6. Repeat the wash (steps 3 through 5) 2 more times.
7. After the 3rd wash and centrifugation, remove the supernatant and a thin layer of the top cells.
8. Transfer washed cells to an ARUP standard transport tube and freeze. Ship on dry ice and include an ORDER COMMENT stating the specimen is washed, packed red blood cells.

Washed red cells must be frozen. Ambient and refrigerated washed cells are unacceptable

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA) or green (sodium or lithium heparin).

Specimen Preparation:

DO NOT FREEZE. Place tube on wet ice immediately after collection. Transport 5 mL whole blood. (Min: 2 mL)

Unacceptable Conditions:

Frozen or room temperature specimens.

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: Unacceptable

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Gal1P
- Galactosemia Metabolite(s)
- GALT Analyte
- RBC GAL1P
- Galactose 1 Phosphate
- Galactosemia Analyte
- Galactose 1
- LAB6436-VML
- LAB6436VML

Performed:
Tue, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
2-9 days

Ordering Recommendations:
Use to monitor treatment, response, and compliance with dietary restriction for patients with an established diagnosis of galactosemia. To diagnose or rule out galactosemia, refer to Galactosemia (GALT) Enzyme Activity and 9 Mutations (0051175).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Galactose-1-phosphate (mg/dL)	0.0-1.0 mg/dL
Galactose-1-phosphate (ug/g Hb)	0-53 ug/g Hb
Galactose-1-phosphate (umol/g Hb)	0.00-0.20 umol/g Hb

Methodology:
Gas Chromatography-Mass Spectrometry (GC-MS)

Section:
RF-ARUP

CPT Codes:
84378

Notes:
Alternate acceptable specimen is frozen, washed red blood cells.
1. Centrifuge whole blood immediately for 10 minutes at 800 g RCF.
2. Discard the plasma and buffy coat layers.
3. Add cold 0.9 percent saline solution to the red cells (about 2 times the volume of cells) and mix gently by inverting the tube.
4. Centrifuge for 10 minutes at 800 g RCF.
5. Aspirate and discard the supernatant.
6. Repeat the wash (steps 3 through 5) 2 more times.
7. After the 3rd wash and centrifugation, remove the supernatant and a thin layer of the top cells.
8. Transfer washed cells to an ARUP standard transport tube and freeze. Ship on dry ice and include an ORDER COMMENT stating the specimen is washed, packed red blood cells.

Washed red cells must be frozen. Ambient and refrigerated washed cells are unacceptable

Galop AutoAbs-ATH

LAB3951

ORDERING INFO

Synonyms:

- LAB3951-VML
- LAB3951VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3951-VML
- LAB3951VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3951-VML
- LAB3951VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Gamma Glutamyl Transferase, Plasma or Serum

LAB85

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- GGT, Gamma-Glutamyl Transferase (Ggt) Blood, GGT Blood, LAB85
- LAB85-VML
- LAB85VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 1 year

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GGT, Gamma-Glutamyl Transferase (Ggt) Blood, GGT Blood, LAB85
- LAB85-VML
- LAB85VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: 0 - < 14 days: 23 - 219 U/L 14 days - < 1 year: 8 - 127 U/L 1 year - < 11 years: 6 - 16 U/L 11 years - < 19 years: 7 - 21 U/L >= 19 years: 12 - 64 U/L Female: 0 - < 14 days: 23 - 219 U/L 14 days - < 1 year: 8 - 127 U/L 1 year - < 11 years: 6 - 16 U/L 11 years - < 19 years: 7 - 21 U/L >= 19 years: 9 - 36 U/L

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- GGT, Gamma-Glutamyl Transferase (Ggt) Blood, GGT Blood, LAB85
- LAB85-VML
- LAB85VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male: 0 - < 14 days: 23 - 219 U/L 14 days - < 1 year: 8 - 127 U/L 1 year - < 11 years: 6 - 16 U/L 11 years - < 19 years: 7 - 21 U/L >= 19 years: 12 - 64 U/L Female: 0 - < 14 days: 23 - 219 U/L 14 days - < 1 year: 8 - 127 U/L 1 year - < 11 years: 6 - 16 U/L 11 years - < 19 years: 7 - 21 U/L >= 19 years: 9 - 36 U/L

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Gamma-Hydroxybutyric Acid (GHB), Serum or Plasma - Screen with Reflex to Confirmation/Quantitation

LAB3747

ORDERING INFO

Collect:
Plain Red, Lavender (EDTA), or Pink (K_2EDTA).

Synonyms:

- GHB
- Xyrem
- LAB3747-VML
- LAB3747VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red, Lavender (EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 5 mL serum or Plasma to ARUP Standard Transport Tubes. (Min: 2.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes or citrate buffered tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 months

Performed:
Varies

ORDERING

Synonyms:

- GHB
- Xyrem
- LAB3747-VML
- LAB3747VML

Ordering Recommendations:
Useful for general screening to assess drug abuse. Positive drug screen results are confirmed.

Performed:
Varies

Methodology:
Qualitative Gas Chromatography-Mass Spectrometry/Quantitative Gas Chromatography-Mass Spectrometry

Reported:
5-12 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Qualitative Gas Chromatography-Mass Spectrometry/Quantitative Gas Chromatography-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80307; if positive add 80375 (Alt code: if positive add G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 5 mL serum or Plasma to ARUP Standard Transport Tubes. (Min: 2.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes or citrate buffered tubes.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- GHB
- Xyrem
- LAB3747-VML
- LAB3747VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-12 days

Ordering Recommendations:
Useful for general screening to assess drug abuse. Positive drug screen results are confirmed.

Reference Interval:
By report

Methodology:
Qualitative Gas Chromatography-Mass Spectrometry/Quantitative Gas Chromatography-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80307; if positive add 80375 (Alt code: if positive add G0480)

Gamma-Hydroxybutyric Acid (GHB), Urine - Screen with Reflex to Confirmation/Quantitation

LAB3233

ORDERING INFO

Collect:
Random urine.

Synonyms:

- GHB
- Xyrem
- LAB3233-VML
- LAB3233VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 2.8 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 week; Frozen: 3 weeks

Performed:
Varies

ORDERING

Synonyms:

- GHB
- Xyrem
- LAB3233-VML
- LAB3233VML

Ordering Recommendations:
Useful for general screening to assess drug abuse. Positive drug screen results are confirmed.

Performed:
Varies

Methodology:
Gas Chromatography-Mass Spectrometry

Reported:
5-12 days

Notes:
If Gamma-Hydroxybutyric Acid Screen is detected, then confirmation testing will be added at no additional charge.

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Gas Chromatography-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80307; if positive add 80375 (Alt code: if positive add G0480)

Section:
RF-ARUP

Notes:
If Gamma-Hydroxybutyric Acid Screen is detected, then confirmation testing will be added at no additional charge.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 2.8 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 week; Frozen: 3 weeks

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- GHB
- Xyrem
- LAB3233-VML
- LAB3233VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-12 days

Ordering Recommendations:
Useful for general screening to assess drug abuse. Positive drug screen results are confirmed.

Reference Interval:
By report

Methodology:
Gas Chromatography-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80307; if positive add 80375 (Alt code: if positive add G0480)

Notes:
If Gamma-Hydroxybutyric Acid Screen is detected, then confirmation testing will be added at no additional charge.

Ganglionic Nachr Ab-ATH

LAB3952

ORDERING INFO

Synonyms:

- LAB3952-VML
- LAB3952VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3952-VML
- LAB3952VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3952-VML
- LAB3952VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Ganglioside (GM1) Antibodies, IgG and IgM

LAB3748

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Anti-GM Antibodies
- Anti-GM1 Antibody Panel
- Ganglioside (GM1) Antibodies, IgG and IgM
- GM1 IgG IgM
- Ganglioside Antibodies
- Ganglioside Abs IgG and IgM
- Ganglioside-Monosialic Acid Ab
- LAB3748-VML
- LAB3748VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.3 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Room temperature specimens. Plasma, CSF, or other body fluids. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year.

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Anti-GM Antibodies
- Anti-GM1 Antibody Panel
- Ganglioside (GM1) Antibodies, IgG and IgM
- GM1 IgG IgM
- Ganglioside Antibodies
- Ganglioside Abs IgG and IgM
- Ganglioside-Monosialic Acid Ab
- LAB3748-VML
- LAB3748VML

Ordering Recommendations:
May be useful when assessing for primarily motor neuron disease and motor neuropathies. Test by itself is not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

Performed:
Mon, Wed, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
GM1 Antibody, IgG	50 IV or less
GM1 Antibody, IgM	50 IV or less

Interpretive Data:

Ganglioside antibodies are associated with diverse peripheral neuropathies. Elevated antibody levels to ganglioside-monosialic acid (GM1) are associated with motor or sensorimotor neuropathies, particularly multifocal motor neuropathy. Anti-GM1 may occur as IgM (polyclonal or monoclonal) or IgG antibodies. These antibodies may also be found in patients with diverse connective tissue diseases as well as normal individuals. These tests by themselves are not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
GM1 Antibody IgG	29 IV or less: Negative 30-50 IV: Equivocal 51-100 IV: Positive 101 IV or greater: Strong Positive
GM1 Antibody, IgM	29 IV or less: Negative 30-50 IV: Equivocal 51-100 IV: Positive 101 IV or greater: Strong Positive

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

83516 x2

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.3 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:

Room temperature specimens. Plasma, CSF, or other body fluids. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year.

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Anti-GM Antibodies
- Anti-GM1 Antibody Panel
- Ganglioside (GM1) Antibodies, IgG and IgM
- GM1 IgG IgM
- Ganglioside Antibodies
- Ganglioside Abs IgG and IgM
- Ganglioside-Monosialic Acid Ab
- LAB3748-VML
- LAB3748VML

Performed:

Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
May be useful when assessing for primarily motor neuron disease and motor neuropathies. Test by itself is not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

Interpretive Data:
Ganglioside antibodies are associated with diverse peripheral neuropathies. Elevated antibody levels to ganglioside-monosialic acid (GM1) are associated with motor or sensorimotor neuropathies, particularly multifocal motor neuropathy. Anti-GM1 may occur as IgM (polyclonal or monoclonal) or IgG antibodies. These antibodies may also be found in patients with diverse connective tissue diseases as well as normal individuals. These tests by themselves are not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
GM1 Antibody IgG	29 IV or less: Negative 30-50 IV: Equivocal 51-100 IV: Positive 101 IV or greater: Strong Positive
GM1 Antibody, IgM	29 IV or less: Negative 30-50 IV: Equivocal 51-100 IV: Positive 101 IV or greater: Strong Positive

Reference Interval:

Components	Reference Interval
GM1 Antibody, IgG	50 IV or less
GM1 Antibody, IgM	50 IV or less

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
83516 x2

Gastric Parietal Cell Antibody, IgG

LAB3809

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Anti-GPA (AGPA)
- Anti-Parietal Cell Antibody (APCA)
- Parietal Cell Ab, IgG
- PCA
- PCA IgG
- Hydrogen Potassium (H+/K+) ATPase
- LAB3809-VML
- LAB3809VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

Unacceptable Conditions:
Urine or plasma. Contaminated, heat-inactivated, grossly hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon, Wed-Sat

ORDERING

Synonyms:

- Anti-GPA (AGPA)
- Anti-Parietal Cell Antibody (APCA)
- Parietal Cell Ab, IgG
- PCA
- PCA IgG
- Hydrogen Potassium (H+/K+) ATPase
- LAB3809-VML
- LAB3809VML

Ordering Recommendations:
Use to evaluate pernicious anemia or immune-mediated deficiency of vitamin B12 with or without megaloblastic anemia. Negative results do not rule out pernicious anemia.

Performed:
Mon, Wed-Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-3 days

Notes:
Most patients with pernicious anemia have parietal cell antibodies. However, the fact that such antibodies are found with increased frequency in unaffected family members, as well as in patients with other autoimmune diseases, suggests these antibodies do not cause disease by themselves.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Gastric Parietal Cell Antibody, IgG	24.9 Units or less

Interpretive Data:

In the context of vitamin B12 deficiency, the presence of gastric parietal cell antibodies (PCA) and/or intrinsic factor antibodies in association with macrocytic anemia is considered diagnostic for pernicious anemia (PA). However, the presence of gastric PCAs alone is not specific for PA. Gastric PCAs may occur with increased frequency in unaffected family members, a small percentage of healthy individuals, and patients with other autoimmune diseases, such as autoimmune thyroiditis.

Component	Interpretation
Parietal Cell Antibody, IgG	0.0-20.0 Units Negative 20.1-24.9 Units Equivocal 25.0 Units or greater Positive

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

83516

Section:

RF-ARUP

Notes:

Most patients with pernicious anemia have parietal cell antibodies. However, the fact that such antibodies are found with increased frequency in unaffected family members, as well as in patients with other autoimmune diseases, suggests these antibodies do not cause disease by themselves.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

Unacceptable Conditions:

Urine or plasma. Contaminated, heat-inactivated, grossly hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Anti-GPA (AGPA)
- Anti-Parietal Cell Antibody (APCA)
- Parietal Cell Ab, IgG
- PCA
- PCA IgG
- Hydrogen Potassium (H+/K+) ATPase
- LAB3809-VML
- LAB3809VML

Performed:

Mon, Wed-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Use to evaluate pernicious anemia or immune-mediated deficiency of vitamin B12 with or without megaloblastic anemia. Negative results do not rule out pernicious anemia.

Interpretive Data:

In the context of vitamin B12 deficiency, the presence of gastric parietal cell antibodies (PCA) and/or intrinsic factor antibodies in association with macrocytic anemia is considered diagnostic for pernicious anemia (PA). However, the presence of gastric PCAs alone is not specific for PA. Gastric PCAs may occur with increased frequency in unaffected family members, a small percentage of healthy individuals, and patients with other autoimmune diseases, such as autoimmune thyroiditis.

Component	Interpretation
Parietal Cell Antibody, IgG	0.0-20.0 Units Negative 20.1-24.9 Units Equivocal 25.0 Units or greater Positive

Reference Interval:

Components	Reference Interval
Gastric Parietal Cell Antibody, IgG	24.9 Units or less

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

83516

Notes:

Most patients with pernicious anemia have parietal cell antibodies. However, the fact that such antibodies are found with increased frequency in unaffected family members, as well as in patients with other autoimmune diseases, suggests these antibodies do not cause disease by themselves.

Gastric urease

LAB3098

ORDERING INFO

Collect:
Gastric mucosal biopsy; place on CLOtest media as soon as collected.

Synonyms:

- Gastric urease, CLOtest, H. pylori, Helicobacter pylori
- LAB3098-VML
- LAB3098VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
Patients should not have taken antibotics or bismuth salts for at least 3 weeks prior to endoscopy. Suppression of H. pylori by these may lead to false-negative results.

Collect:
Gastric mucosal biopsy; place on CLOtest media as soon as collected.

Specimen Preparation:
Before use, the CLOtest should be examined to ensure well is full and yellow. Warm slide to room temperature before collecting biopsy. Collect biospy in area of erosion or ulceration. Make certain the biopsy sample is buried in the gel. (Min: 1 biopsy).

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C) 72 hours

Specimen:
Gastic mucosal biopsy

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Assessment of H. pylori infection.

Synonyms:

- Gastric urease, CLOtest, H. pylori, Helicobacter pylori
- LAB3098-VML
- LAB3098VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Urease detection

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
N/A

Methodology:
Urease detection

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
For non-invasive testing for Helicobacter pylori, order Helicobacter pylori Ag, Fecal (LAB 6392).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gastric mucosal biopsy; place on CLOtest media as soon as collected.

Specimen Preparation:
Before use, the CLOtest should be examined to ensure well is full and yellow. Warm slide to room temperature before collecting biopsy. Collect biospy in area of erosion or ulceration. Make certain the biopsy sample is buried in the gel. (Min: 1 biopsy).

Pediatric Collection:
N/A

Preferred Collection Volume:
1 biopsy

Alternate Specimen:
N/A

Patient Preparation:
Patients should not have taken antibotics or bismuth salts for at least 3 weeks prior to endoscopy. Suppression of H. pylori by these may lead to false-negative results.

Specimen:
Gastic mucosal biopsy

Reasons for Rejection:
Leaking container. Received outside stability. Refrigerated or frozen, unacceptable.

Components:
N/A

Stability:
Ambient: (15-25°C) 72 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Gastric urease, CLOtest, H. pylori, Helicobacter pylori
- LAB3098-VML
- LAB3098VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Assessment of H. pylori infection.

Interpretive Data:
N/A

Reference Interval:
Negative

Additional Information:
For non-invasive testing for Helicobacter pylori, order Helicobacter pylori Ag, Fecal (LAB 6392).

Methodology:
Urease detection

Section:
Microbiology

Gastrin

LAB6003

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- gastrin hormone blood levels
- Gastrin, Serum
- LAB6003-VML
- LAB6003VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient fast for 12 hours prior to collection is recommended.

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma, Tissue or Urine. Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- gastrin hormone blood levels
- Gastrin, Serum
- LAB6003-VML
- LAB6003VML

Ordering Recommendations:
Aid in diagnosis of carcinoid and gastrinoma tumors.

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
0-100 pg/mL

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
82941

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Patient fast for 12 hours prior to collection is recommended.

Unacceptable Conditions:
Plasma, Tissue or Urine. Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- gastrin hormone blood levels
- Gastrin, Serum
- LAB6003-VML
- LAB6003VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Aid in diagnosis of carcinoid and gastrinoma tumors.

Reference Interval:
0-100 pg/mL

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
82941

Gastrin (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath113

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Gastrointestinal Pathogen Panel by PCR

LAB5886

ORDERING INFO

Collect:
Stool (Para-Pak® Single-Vial C and S [orange cap])

Synonyms:

- LAB5886, GIP, Gastrointestinal Pathogen Panel, Stool Panel, Gastroenteritis panel
- LAB5886-VML
- LAB5886VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Stool (Para-Pak® Single-Vial C and S [orange cap])

Specimen Preparation:
Please follow collection instructions on the Stool Specimen Container Para-Pak® Single-Vial C and S insert. Open the tube containing the pink liquid (Do not discard liquid). Using the collection spoon built into the lid of the tube, place small scoopfuls of stool from areas which appear bloody, slimy, or watery into the tube until the contents rise to the red fill line. If the stool is formed (hard), please try to sample small amounts from each end and in the middle. (Min 0.5mL Liquid Stool)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient (15-25°C)

Performed:
Daily

Stability:
Stool: Ambient (15-25°C): up to 24 hours; Refrigerated (2-8°C): up to 3 days. Para-Pak: Ambient (15-25°C): up to 48 hours; Refrigerated (2-8°C): up to 7 days.

Specimen:
Stool

Alternate Specimen:
Raw stool can be accepted, but will need to be sent to lab within 24 hours. Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
The Gastrointestinal Pathogen Panel is performed on stool specimens within the VUMC Molecular Infectious Diseases Laboratory. The following targets are included on the Gastrointestinal Pathogen Panel: Campylobacter, Salmonella, Vibrio, Vibrio cholerae, Yersenia entercolitica, Enterotoxigenic E. coli (ETEC) lt/st, Shiga-like toxin-producing E. coli (STEC) stx1/stx2, E. coli O157, Shigella/Enteroinvasive E. coli (EIEC), Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia, Adenovirus F 40/41, Astrovirus, Norovirus GI/GII, Rotavirus A, Sapovirus

Synonyms:

- LAB5886, GIP, Gastrointestinal Pathogen Panel, Stool Panel, Gastroenteritis panel
- LAB5886-VML
- LAB5886VML

Performed:
Daily

Turn Around Time:
24 hours

Methodology:
PCR - Polymerase Chain Reaction

Components:
None

RESULTS INTERPRETATION

Reference Interval:
All Targets: Not Detected

Interpretive Data:
N/A

Methodology:
PCR - Polymerase Chain Reaction

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Raw stool can be accepted, but will need to be sent to lab within 24 hours. Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
None

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Stool (Para-Pak® Single-Vial C and S [orange cap])

Specimen Preparation:
Please follow collection instructions on the Stool Specimen Container Para-Pak® Single-Vial C and S insert. Open the tube containing the pink liquid (Do not discard liquid). Using the collection spoon built into the lid of the tube, place small scoopfuls of stool from areas which appear bloody, slimy, or watery into the tube until the contents rise to the red fill line. If the stool is formed (hard), please try to sample small amounts from each end and in the middle. (Min 0.5mL Liquid Stool)

Pediatric Collection:
N/A

Preferred Collection Volume:
Stool in Para-Pak® Single-Vial C and S (Orange Cap) filled to Red Line

Alternate Specimen:
Raw stool can be accepted, but will need to be sent to lab within 24 hours. Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Stool

Reasons for Rejection:
Specimen collected incorrectly (i.e. collected in an alternate Para-Pak container); alternative specimen type/source sent without Medical Director approval

Components:
None

Stability:
Stool: Ambient (15-25°C): up to 24 hours; Refrigerated (2-8°C): up to 3 days. Para-Pak: Ambient (15-25°C): up to 48 hours; Refrigerated (2-8°C): up to 7 days.

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB5886, GIP, Gastrointestinal Pathogen Panel, Stool Panel, Gastroenteritis panel
- LAB5886-VML
- LAB5886VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:

The Gastrointestinal Pathogen Panel is performed on stool specimens within the VUMC Molecular Infectious Diseases Laboratory. The following targets are included on the Gastrointestinal Pathogen Panel: Campylobacter, Salmonella, Vibrio, Vibrio cholerae, Yersenia entercolitica, Enterotoxigenic E. coli (ETEC) lt/st, Shiga-like toxin-producing E. coli (STEC) stx1/stx2, E. coli O157, Shigella/Enteroinvasive E. coli (EIEC), Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia, Adenovirus F 40/41, Astrovirus, Norovirus GI/GII, Rotavirus A, Sapovirus

Interpretive Data:

N/A

Reference Interval:

All Targets: Not Detected

Additional Information:

N/A

Methodology:

PCR - Polymerase Chain Reaction

Section:

Molecular Infectious Disease

GATA-3 (L50-823) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath114

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Gaucher Disease (GBA), Enzyme Activity in Leukocytes

LAB6251

ORDERING INFO

Collect:
Yellow (ACD), Lavender (K_2EDTA), Lavender (K_3EDTA), or Green (Sodium Heparin).

Synonyms:

- Gaucher
- GBA
- glucocerebrosidase
- glucosidase
- LAB6251-VML
- LAB6251VML

SPECIMEN REQUIREMENTS

Collect:
Yellow (ACD), Lavender (K_2EDTA), Lavender (K_3EDTA), or Green (Sodium Heparin).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 3 days; Frozen: Unacceptable

Performed:
Varies

Remarks:
Additional information is required: Clinical Indication for testing.

ORDERING

Synonyms:

- Gaucher
- GBA
- glucocerebrosidase
- glucosidase
- LAB6251-VML
- LAB6251VML

Ordering Recommendations:
Use to diagnose Gaucher disease only; not indicated for carrier screening.

Performed:
Varies

Methodology:
Quantitative Fluorometry

Reported:
3-10 days

RESULTS INTERPRETATION

Reference Interval:
4.6 - 12.0 nmol hydrolyzed/hr/mg protein

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Fluorometry

ADDITIONAL INFORMATION

CPT Codes:
82657

Section:
RF-ARUP

Remarks:
Additional information is required: Clinical Indication for testing.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Yellow (ACD), Lavender (K_2EDTA), Lavender (K_3EDTA), or Green (Sodium Heparin).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 3 days; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated

Synonyms:

- Gaucher
- GBA
- glucocerebrosidase
- glucosidase
- LAB6251-VML
- LAB6251VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-10 days

Ordering Recommendations:
Use to diagnose Gaucher disease only; not indicated for carrier screening.

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
4.6 - 12.0 nmol hydrolyzed/hr/mg protein

Methodology:
Quantitative Fluorometry

Section:
RF-ARUP

CPT Codes:
82657

Remarks:
Additional information is required: Clinical Indication for testing.

Geimsa Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath15

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Gentamicin Peak, Plasma or Serum

LAB28

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- GPK, GML, Garamycin, LAB28
- LAB28-VML
- LAB28VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GPK, GML, Garamycin, LAB28
- LAB28-VML
- LAB28VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
5 -10 µg/mL

Interpretive Data:
For 2-4 mg/Kg dose, infant peak range is 5-10 µg/mL; For 5-7 mg/Kg dose, infant peak range is >=15 µg/mL

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Peak concentrations generally correlate with efficacy. Draw 60 minutes after the end of the infusion.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- GPK, GML, Garamycin, LAB28
- LAB28-VML
- LAB28VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
For 2-4 mg/Kg dose, infant peak range is 5-10 µg/mL; For 5-7 mg/Kg dose, infant peak range is >=15 µg/mL

Reference Interval:
5 -10 µg/mL

Additional Information:
Peak concentrations generally correlate with efficacy. Draw 60 minutes after the end of the infusion.

Methodology:
Immunoassay

Section:
Chemistry

Gentamicin Random, Plasma or Serum

LAB27

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- GRN, GML, Garamycin, LAB27
- LAB27-VML
- LAB27VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GRN, GML, Garamycin, LAB27
- LAB27-VML
- LAB27VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Peak and/or trough concentrations provide the most useful information.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- GRN, GML, Garamycin, LAB27
- LAB27-VML
- LAB27VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Peak and/or trough concentrations provide the most useful information.

Methodology:
Immunoassay

Section:
Chemistry

Gentamicin Trough, Plasma or Serum

LAB26

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- GTR, GML, Garamycin, LAB26
- LAB26-VML
- LAB26VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GTR, GML, Garamycin, LAB26
- LAB26-VML
- LAB26VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - <18 years: <1.9 µg/mL >18 years: <0.4 µg/mL

Interpretive Data:
Supratherapeutic Trough: Infant Q24 >2 µg/mL; Q8/Q12 >2 µg/mL Supratherapeutic Trough: Peds Q24 >1 µg/mL; Q8/Q12 >2 µg/mL Supratherapeutic Trough: Adult Q24 >0.5 µg/mL; Q8/Q12 >2 µg/mL

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Trough concentrations generally correlate with toxicity. Draw 0 - 30 minutes before dose.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- GTR, GML, Garamycin, LAB26
- LAB26-VML
- LAB26VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Supratherapeutic Trough: Infant Q24 >2 µg/mL; Q8/Q12 >2 µg/mL Supratherapeutic Trough: Peds Q24 >1 µg/mL; Q8/Q12 >2 µg/mL Supratherapeutic Trough: Adult Q24 >0.5 µg/mL; Q8/Q12 >2 µg/mL

Reference Interval:
0 - <18 years: <1.9 µg/mL >18 years: <0.4 µg/mL

Additional Information:
Trough concentrations generally correlate with toxicity. Draw 0 - 30 minutes before dose.

Methodology:
Immunoassay

Section:
Chemistry

GFAP Gene Seq Alexander Disease-GNDX

LAB3300

ORDERING INFO

Synonyms:

- LAB3300-VML
- LAB3300VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3300-VML
- LAB3300VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3300-VML
- LAB3300VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Gilbert Syndrome (UGT1A1) Point Mut-UCHI

LAB3066

ORDERING INFO

Synonyms:

- LAB3066-VML
- LAB3066VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3066-VML
- LAB3066VML

ADDITIONAL INFORMATION

Section:

RF-UCHI

Resulting Laboratory:

Univ of Chicago Genetic Laboratories

FULL VIEW

Synonyms:

- LAB3066-VML
- LAB3066VML

Resulting Laboratory:

Univ of Chicago Genetic Laboratories

Section:

RF-UCHI

Links:

Test Sent to Reference Lab. Click Here for Test Details

Glial Fibrillary Acidic Protein (EP672Y) Immunohistochemical Stain, Formalin FIxed Paraffin Embedded Tissue

CoPath115

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- GFAP

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GFAP

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- GFAP

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Glomerular Basement Membrane Antibody, IgG by Multiplex Bead Assay

LAB3749

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Basement Membrane Antibody
- Glomerular Anti-Basement Membrane
- GBM Antibody
- Anti-GBM Antibody-IgG
- Anti-Glomerular Basement Membrane Antibody
- Antiglomerular Basement Membrane Antibody-IgG
- Basement Membrane, Glomerular Antibody
- Anti-GBM Antibody
- LAB3749-VML
- LAB3749VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Basement Membrane Antibody
- Glomerular Anti-Basement Membrane
- GBM Antibody
- Anti-GBM Antibody-IgG
- Anti-Glomerular Basement Membrane Antibody
- Antiglomerular Basement Membrane Antibody-IgG
- Basement Membrane, Glomerular Antibody
- Anti-GBM Antibody
- LAB3749-VML
- LAB3749VML

Ordering Recommendations:
May be useful in detecting glomerular basement membrane (GBM) antibodies. Combined use of IFA Glomerular Basement Membrane Antibody, IgG by Multiplex Bead Assay and IFA (2008403) may improve diagnostic sensitivity for disease. If positive, may be useful for monitoring treatment response.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Multiplex Bead Assay

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
GBM Ab, IgG by Multiplex Bead Assay	0-19 AU/mL

Interpretive Data:

The presence of anti-glomerular basement membrane (GBM) antibodies by Multiplex Bead Assay, may aid in the diagnosis of Goodpasture syndrome. False positive results may occur due to reactivity against other chains of type IV collagen. If Multiplex Bead Assay is negative but there is strong suspicion for disease, renal biopsy may be indicated. A renal biopsy may also be essential in suspected Goodpasture disease with renal involvement, allowing diagnostic confirmation and assessment of renal prognosis.

Component	Interpretation
Glomerular Basement Membrane Antibody, IgG by Multiplex Bead Assay	19 AU/mL or less Negative 20-25 AU/mL Equivocal 26 AU/mL or greater Positive

Methodology:

Semi-Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:

83516

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Basement Membrane Antibody
- Glomerular Anti-Basement Membrane
- GBM Antibody
- Anti-GBM Antibody-IgG
- Anti-Glomerular Basement Membrane Antibody
- Antiglomerular Basement Membrane Antibody-IgG
- Basement Membrane, Glomerular Antibody
- Anti-GBM Antibody
- LAB3749-VML
- LAB3749VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-2 days

Ordering Recommendations:

May be useful in detecting glomerular basement membrane (GBM) antibodies. Combined use of IFA Glomerular Basement Membrane Antibody, IgG by Multiplex Bead Assay and IFA (2008403) may improve diagnostic sensitivity for disease. If positive, may be useful for monitoring treatment response.

Interpretive Data:

The presence of anti-glomerular basement membrane (GBM) antibodies by Multiplex Bead Assay, may aid in the diagnosis of Goodpasture syndrome. False positive results may occur due to reactivity against other chains of type IV collagen. If Multiplex Bead Assay is negative but there is strong suspicion for disease, renal biopsy may be indicated. A renal biopsy may also be essential in suspected Goodpasture disease with renal involvement, allowing diagnostic confirmation and assessment of renal prognosis.

Component	Interpretation
Glomerular Basement Membrane Antibody, IgG by Multiplex Bead Assay	19 AU/mL or less Negative 20-25 AU/mL Equivocal 26 AU/mL or greater Positive

Reference Interval:

Components	Reference Interval
GBM Ab, IgG by Multiplex Bead Assay	0-19 AU/mL

Methodology:

Semi-Quantitative Multiplex Bead Assay

Section:

RF-ARUP

CPT Codes:

83516

Glucagon

LAB1005

ORDERING INFO

Collect:
Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

Synonyms:

- LAB1005-VML
- LAB1005VML

SPECIMEN REQUIREMENTS

Collect:
Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

Specimen Preparation:
Mix well. Separate from cells within 1 hour of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: 3 months

Performed:
Tue

ORDERING

Synonyms:

- LAB1005-VML
- LAB1005VML

Ordering Recommendations:
Aid in diagnosis and monitoring of glucagonoma.

Performed:
Tue

Methodology:
Quantitative Radioimmunoassay

Reported:
3-11 days

RESULTS INTERPRETATION

Reference Interval:
Effective December 1, 2014
Adult: Less than or equal to 208 ng/L

Methodology:
Quantitative Radioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:
82943

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

Specimen Preparation:
Mix well. Separate from cells within 1 hour of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: 3 months

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- LAB1005-VML
- LAB1005VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
3-11 days

Ordering Recommendations:
Aid in diagnosis and monitoring of glucagonoma.

Reference Interval:
Effective December 1, 2014
Adult: Less than or equal to 208 ng/L

Methodology:
Quantitative Radioimmunoassay

Section:
RF-ARUP

CPT Codes:
82943

Glucose Tolerance Test (100 G), Plasma

LAB164

ORDERING INFO

Collect:
Gray (Sodium Flouride)

Synonyms:

- GT1, Gestational Diabetes, LAB164
- LAB164-VML
- LAB164VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting samples required. Performed following 100 g Glucola ingestion if screening Glucose Tolerance Test is abnormal.

Collect:
Gray (Sodium Flouride)

Specimen Preparation:
Separate plasma from cells ASAP or within 30 mins of collection. (Min 0.3 mL). Must show collection time. Draw glucose at fasting, 60, 120 and 180 minutes post-oral glucose load. Label tubes as: fasting, 60, 120 and 180 minutes collection, respectively. Indicate time of collection on tube and requisition.

Pediatric Collection:
1 Gray Tube (Sodium Flouride)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GT1, Gestational Diabetes, LAB164
- LAB164-VML
- LAB164VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Hexokinase/G-6-PDH

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Gestational diabetes diagnosed if at least 2 values exceed the following cut-offs: Baseline: 95 mg/dL; 1 hr: 180 mg/dL; 2 hrs: 155 mg/dL, 3 hrs: 140 mg/dL

Interpretive Data:
N/A

Methodology:
Hexokinase/G-6-PDH

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Performed following 100 g Glucola ingestion if screening Glucose Tolerance Test is abnormal. Diagnostic of Gestational Diabetes

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gray (Sodium Flouride)

Specimen Preparation:
Separate plasma from cells ASAP or within 30 mins of collection. (Min 0.3 mL). Must show collection time. Draw glucose at fasting, 60, 120 and 180 minutes post-oral glucose load. Label tubes as: fasting, 60, 120 and 180 minutes collection, respectively. Indicate time of collection on tube and requisition.

Pediatric Collection:
1 Gray Tube (Sodium Flouride)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Fasting samples required. Performed following 100 g Glucola ingestion if screening Glucose Tolerance Test is abnormal.

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- GT1, Gestational Diabetes, LAB164
- LAB164-VML
- LAB164VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Gestational diabetes diagnosed if at least 2 values exceed the following cut-offs: Baseline: 95 mg/dL; 1 hr: 180 mg/dL; 2 hrs: 155 mg/dL, 3 hrs: 140 mg/dL

Additional Information:
Performed following 100 g Glucola ingestion if screening Glucose Tolerance Test is abnormal. Diagnostic of Gestational Diabetes

Methodology:
Hexokinase/G-6-PDH

Section:
Chemistry

Glucose Tolerance Test (50 G), Plasma

LAB879

ORDERING INFO

Collect:
Gray (Sodium Flouride)

Synonyms:

- GT5, Glucose Tolerance 50 G (Screening) For Gestational Diabetes, Glucose Tolerance Test 50, LAB879
- LAB879-VML
- LAB879VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Performed following 50 g Glucola ingestion. No fasting required.

Collect:
Gray (Sodium Flouride)

Specimen Preparation:
Separate plasma from cells ASAP or within 30 mins of collection. (Min 0.3 mL). Must show collection time. Draw glucose at 60 post-oral glucose load (50 G). Label tube as 60 minutes collection. Indicate time of collection on tube and requisition.

Pediatric Collection:
1 Gray Tube (Sodium Flouride)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
\

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GT5, Glucose Tolerance 50 G (Screening) For Gestational Diabetes, Glucose Tolerance Test 50, LAB879
- LAB879-VML
- LAB879VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Hexokinase/G-6-PDH

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
< 139 mg/dL

Interpretive Data:
N/A

Methodology:
Hexokinase/G-6-PDH

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Diagnostic of Gestational Diabetes

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gray (Sodium Flouride)

Specimen Preparation:
Separate plasma from cells ASAP or within 30 mins of collection. (Min 0.3 mL). Must show collection time. Draw glucose at 60 post-oral glucose load (50 G). Label tube as 60 minutes collection. Indicate time of collection on tube and requisition.

Pediatric Collection:
1 Gray Tube (Sodium Flouride)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Performed following 50 g Glucola ingestion. No fasting required.

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
\

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- GT5, Glucose Tolerance 50 G (Screening) For Gestational Diabetes, Glucose Tolerance Test 50, LAB879
- LAB879-VML
- LAB879VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
< 139 mg/dL

Additional Information:
Diagnostic of Gestational Diabetes

Methodology:
Hexokinase/G-6-PDH

Section:
Chemistry

Glucose Tolerance Test (75 G), Plasma

LAB169

ORDERING INFO

Collect:
Gray (Sodium Flouride)

Synonyms:

- GT7, Diabetes, Glucose Tolerance Test 75 G, LAB169
- LAB169-VML
- LAB169VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Performed following 75 g (Adult) or 1.75 g/kg (Peds) Glucola ingestion.

Collect:
Gray (Sodium Flouride)

Specimen Preparation:
Separate plasma from cells ASAP or within 30 mins of collection. (Min 0.3 mL). Must show collection time. Draw samples at fasting and 120 minutes after oral glucose load. Label tubes as fasting and 120 minutes collection. Record time of collection on tube and requisition.

Pediatric Collection:
1 Gray Tube (Sodium Flouride)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GT7, Diabetes, Glucose Tolerance Test 75 G, LAB169
- LAB169-VML
- LAB169VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Hexokinase/G-6-PDH

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Fasting Glucose: 95 mg/dL - normal, 110-126 mg/dL - impaired Glucose tolerance, >126 mg/dL - Diabetes. 2-hour Glucose: <140 mg/dL - normal,. 140-200 mg/dL - impaired Glucose tolerance, >200 mg/dL - Diabetes.

Interpretive Data:
N/A

Methodology:
Hexokinase/G-6-PDH

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Diagnostic of impaired Glucose Tolerance and Diabetes.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gray (Sodium Flouride)

Specimen Preparation:
Separate plasma from cells ASAP or within 30 mins of collection. (Min 0.3 mL). Must show collection time. Draw samples at fasting and 120 minutes after oral glucose load. Label tubes as fasting and 120 minutes collection. Record time of collection on tube and requisition.

Pediatric Collection:
1 Gray Tube (Sodium Flouride)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Performed following 75 g (Adult) or 1.75 g/kg (Peds) Glucola ingestion.

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- GT7, Diabetes, Glucose Tolerance Test 75 G, LAB169
- LAB169-VML
- LAB169VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Fasting Glucose: 95 mg/dL - normal, 110-126 mg/dL - impaired Glucose tolerance, >126 mg/dL - Diabetes. 2-hour Glucose: <140 mg/dL - normal,. 140-200 mg/dL - impaired Glucose tolerance, >200 mg/dL - Diabetes.

Additional Information:
Diagnostic of impaired Glucose Tolerance and Diabetes.

Methodology:
Hexokinase/G-6-PDH

Section:
Chemistry

Glucose Transporter-1 (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath116

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- GLUT-1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GLUT-1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- GLUT-1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Glucose, Body Fluid

LAB186

ORDERING INFO

Collect:
Sterile Container

Synonyms:

- BFG, Glucose Body Fluid, Body Fluid Glucose, LAB186
- LAB186-VML
- LAB186VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.3 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 3 days; 2° to 8°C: 3 days; Frozen: unacceptable

Specimen:
Body Fluid

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BFG, Glucose Body Fluid, Body Fluid Glucose, LAB186
- LAB186-VML
- LAB186VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Hexokinase/G-6-PDH

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Interpretive Data:
N/A

Methodology:
Hexokinase/G-6-PDH

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.3 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Preferred Collection Volume:
1 mL

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Body Fluid

Reasons for Rejection:
Hemolysis, QNS, Fluid type not listed as acceptable specimen type, turbid samples unable to be cleared by centrifugation, and specimens that are too viscous to be aspirated, sample outside of stability limits

Components:
N/A

Stability:
15° to 25°C: 3 days; 2° to 8°C: 3 days; Frozen: unacceptable

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- BFG, Glucose Body Fluid, Body Fluid Glucose, LAB186
- LAB186-VML
- LAB186VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Additional Information:
N/A

Methodology:
Hexokinase/G-6-PDH

Section:
Chemistry

Glucose, CSF

LAB185

ORDERING INFO

Collect:

Sterile Container

Synonyms:

- SFG, Glucose CSF, LAB185
- LAB185-VML
- LAB185VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Sterile Container

Specimen Preparation:

Deliver to lab immediately. Centrifuge to remove cellular material (Min 0.3 mL).

Pediatric Collection:

1 Sterile Container

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Specimen:

CSF

Alternate Specimen:

Red (No Gel)

ORDERING

Ordering Indicators:

N/A

Synonyms:

- SFG, Glucose CSF, LAB185
- LAB185-VML
- LAB185VML

Performed:

Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
CSF may be contaminated with bacteria and often contains other cellular constituents. CSF samples should therefore be analyzed for glucose immediately.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile Container

Specimen Preparation:
Deliver to lab immediately. Centrifuge to remove cellular material (Min 0.3 mL).

Pediatric Collection:
1 Sterile Container

Preferred Collection Volume:
1 mL

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
CSF

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limit

Components:
N/A

Stability:
15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- SFG, Glucose CSF, LAB185
- LAB185-VML
- LAB185VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
CSF may be contaminated with bacteria and often contains other cellular constituents. CSF samples should therefore be analyzed for glucose immediately.

Methodology:
Quantitative Spectrophotometry

Section:
Chemistry

Glucose, Plasma or Serum

LAB82

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- GLU, Glucose Blood, Glucose Level, LAB82
- LAB82-VML
- LAB82VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GLU, Glucose Blood, Glucose Level, LAB82
- LAB82-VML
- LAB82VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
Glucose decreases in non-fluoridated specimens.

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- GLU, Glucose Blood, Glucose Level, LAB82
- LAB82-VML
- LAB82VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Glucose decreases in non-fluoridated specimens.

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Quantitative Enzymatic Assay

Section:
Chemistry

Glucose, Random, Urine

LAB395

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- UGLU, Urine Glucose, LAB395
- LAB395-VML
- LAB395VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 2 hours; Frozen: 2 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UGLU, Urine Glucose, LAB395
- LAB395-VML
- LAB395VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Hexokinase/G-6-PDH

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
1 - 15 mg/dL

Interpretive Data:
N/A

Methodology:
Hexokinase/G-6-PDH

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 2 hours; Frozen: 2 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- UGLU, Urine Glucose, LAB395
- LAB395-VML
- LAB395VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
1 - 15 mg/dL

Additional Information:
N/A

Methodology:
Hexokinase/G-6-PDH

Section:
Chemistry

Glucose, Whole Blood

LAB4536

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- GWB, Glu WB, Glucose Whole Blood, LAB4536
- LAB4536-VML
- LAB4536VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- GWB, Glu WB, Glucose Whole Blood, LAB4536
- LAB4536-VML
- LAB4536VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
0 minutes - 1 day: 40-60 mg/dL, 2 days - 30 days: 50-80 mg/dL; 31 days - 17 years: 60-99 mg/dL; 18 years - 150 years: 70-99 mg/dL

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Whole blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- GWB, Glu WB, Glucose Whole Blood, LAB4536
- LAB4536-VML
- LAB4536VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
0 minutes - 1 day: 40-60 mg/dL, 2 days - 30 days: 50-80 mg/dL; 31 days - 17 years: 60-99 mg/dL; 18 years - 150 years: 70-99 mg/dL

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Glucose-6-Phosphate Dehydrogenase

LAB571

ORDERING INFO

Collect:
Yellow (ACD solution A). Also acceptable: Green (sodium or lithium heparin), lavender (K2EDTA or K3EDTA), or pink (K2EDTA). Enzyme most stable in acid citrate dextrose (ACD).

Synonyms:

- G-6-PD
- G6PD Erythrocytes
- RBC G6PD test
- LAB571-VML
- LAB571VML

SPECIMEN REQUIREMENTS

Collect:
Yellow (ACD solution A). Also acceptable: Green (sodium or lithium heparin), lavender (K2EDTA or K3EDTA), or pink (K2EDTA). Enzyme most stable in acid citrate dextrose (ACD).

Specimen Preparation:
Do not freeze. Transport 3 mL whole blood. (Min: 1.5 mL heparin or EDTA collection tube; Min: 0.5 mL pediatric collection tube).

Unacceptable Conditions:
Clotted, frozen, or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 1 week; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Pediatric minimum 0.5 mL if collected and transported in a pediatric collection K2EDTA tube. ACD collection tubes should be filled to maximum collectible volume and are not recommended for pediatric specimen collection or preservation.

ORDERING

Synonyms:

- G-6-PD
- G6PD Erythrocytes
- RBC G6PD test
- LAB571-VML
- LAB571VML

Ordering Recommendations:
Preferred initial screening test for G6PD deficiency. For genetic testing in individuals of African descent, refer to Glucose-6-Phosphate Dehydrogenase (G6PD) 2 Mutations (0051684); for genetic testing in individuals with other high-risk ethnic backgrounds, refer to Glucose-6-Phosphate Dehydrogenase Deficiency (G6PD) Sequencing (3004457).

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
1-3 days

Notes:
Patients who have recently received transfusions have normal donor cells that may mask G-6-PD deficient erythrocytes.

RESULTS INTERPRETATION

Reference Interval:
Effective November 17, 2014
9.9-16.6 U/g Hb

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
82955

Section:
RF-ARUP

Remarks:
Pediatric minimum 0.5 mL if collected and transported in a pediatric collection K2EDTA tube. ACD collection tubes should be filled to maximum collectible volume and are not recommended for pediatric specimen collection or preservation.

Notes:
Patients who have recently received transfusions have normal donor cells that may mask G-6-PD deficient erythrocytes.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Yellow (ACD solution A). Also acceptable: Green (sodium or lithium heparin), lavender (K2EDTA or K3EDTA), or pink (K2EDTA). Enzyme most stable in acid citrate dextrose (ACD).

Specimen Preparation:
Do not freeze. Transport 3 mL whole blood. (Min: 1.5 mL heparin or EDTA collection tube; Min: 0.5 mL pediatric collection tube).

Unacceptable Conditions:
Clotted, frozen, or hemolyzed specimens.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 1 week; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- G-6-PD
- G6PD Erythrocytes
- RBC G6PD test
- LAB571-VML
- LAB571VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Preferred initial screening test for G6PD deficiency. For genetic testing in individuals of African descent, refer to Glucose-6-Phosphate Dehydrogenase (G6PD) 2 Mutations (0051684); for genetic testing in individuals with other high-risk ethnic backgrounds, refer to Glucose-6-Phosphate Dehydrogenase Deficiency (G6PD) Sequencing (3004457).

Reference Interval:
Effective November 17, 2014
9.9-16.6 U/g Hb

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
82955

Remarks:
Pediatric minimum 0.5 mL if collected and transported in a pediatric collection K2EDTA tube. ACD collection tubes should be filled to maximum collectible volume and are not recommended for pediatric specimen collection or preservation.

Notes:
Patients who have recently received transfusions have normal donor cells that may mask G-6-PD deficient erythrocytes.

Glucose-6-Phosphate Dehydrogenase Qualitative Screen

LAB3432

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- G6S, Glucose 6 Phosphate Dehydrogenase, G6PD screen
- LAB3432-VML
- LAB3432VML

Turn Around Time:
4 day

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
N/A

Pediatric Collection:
Pediatric: 0.25mL EDTA 2K whole blood minimum

Storage/Transport Temperature:
Refrigerate

Performed:
Batched Monday and Thursdays, STAT 24/7

Stability:
2° to 8°C: 1 week

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This is a qualitative screening test for G6PD

Synonyms:

- G6S, Glucose 6 Phosphate Dehydrogenase, G6PD screen
- LAB3432-VML
- LAB3432VML

Performed:
Batched Monday and Thursdays, STAT 24/7

Turn Around Time:
4 day

Methodology:
Fluorescent

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Normal

Interpretive Data:
False positives may occur in patients with erythrocytosis

Methodology:
Fluorescent

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
N/A

Pediatric Collection:
Pediatric: 0.25mL EDTA 2K whole blood minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Whole blood

Reasons for Rejection:
QNS, clotted, specimen age

Components:
N/A

Stability:
2° to 8°C: 1 week

Storage/Transport Temperature:
Refrigerate

Synonyms:

- G6S, Glucose 6 Phosphate Dehydrogenase, G6PD screen
- LAB3432-VML
- LAB3432VML

Performed:
Batched Monday and Thursdays, STAT 24/7

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 day

Ordering Indicators:
This is a qualitative screening test for G6PD

Interpretive Data:
False positives may occur in patients with erythrocytosis

Reference Interval:
Normal

Additional Information:
N/A

Methodology:
Fluorescent

Section:
Hematology

Glutamic Acid Decarboxylase Antibody

LAB650

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- 64K Antibody
- Anti-GAD Antibodies
- Anti-Glutamic Acid Decarboxylase Ab
- Beta Cell Antibody
- Beta-Cell Autoantibody to GAD 65
- GAD Antibody
- GAD-65
- GAD65
- GAD65 Antibody Assay
- Pancreatic Islet Cell Ab
- Glutamate Decarboxylase Antibodies
- LAB650-VML
- LAB650VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Grossly hemolyzed specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 3 months

Performed:
Sun-Fri

ORDERING

Synonyms:

- 64K Antibody
- Anti-GAD Antibodies
- Anti-Glutamic Acid Decarboxylase Ab
- Beta Cell Antibody
- Beta-Cell Autoantibody to GAD 65
- GAD Antibody
- GAD-65
- GAD65
- GAD65 Antibody Assay
- Pancreatic Islet Cell Ab
- Glutamate Decarboxylase Antibodies
- LAB650-VML
- LAB650VML

Ordering Recommendations:
Most useful to establish autoimmune etiology in previously diagnosed type 1 diabetes mellitus (DM). Do not use to differentiate type 1 DM from type 2 DM, for most cases.If pursuing antibody testing to determine autoimmune DM, perform at least two antibody tests. In most cases, use glutamic acid decarboxylase antibody in combination with another antibody test. Other antibody tests include Islet Antigen-2 (IA-2) Autoantibody (3001499), Insulin Antibody (0099228), Islet Cell Cytoplasmic Antibody, IgG (0050138), and Zinc Transporter 8 Antibody (2006196). For analysis in CSF, refer to Glutamic Acid Decarboxylase Antibody, CSF (3002788).

Performed:
Sun-Fri

Methodology:
Semi-quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
0.0-5.0 IU/mL

Interpretive Data:
A value greater than 5.0 IU/mL is considered positive for glutamic acid decarboxylase antibody (GAD Ab).

This assay is intended for the semi-quantitative determination of the GAD Ab in human serum. Results should be interpreted within the context of clinical symptoms.

Methodology:
Semi-quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86341

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Grossly hemolyzed specimens.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- 64K Antibody
- Anti-GAD Antibodies
- Anti-Glutamic Acid Decarboxylase Ab
- Beta Cell Antibody
- Beta-Cell Autoantibody to GAD 65
- GAD Antibody
- GAD-65
- GAD65
- GAD65 Antibody Assay
- Pancreatic Islet Cell Ab
- Glutamate Decarboxylase Antibodies
- LAB650-VML
- LAB650VML

Performed:
Sun-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Most useful to establish autoimmune etiology in previously diagnosed type 1 diabetes mellitus (DM). Do not use to differentiate type 1 DM from type 2 DM, for most cases.If pursuing antibody testing to determine autoimmune DM, perform at least two antibody tests. In most cases, use glutamic acid decarboxylase antibody in combination with another antibody test. Other antibody tests include Islet Antigen-2 (IA-2) Autoantibody (3001499), Insulin Antibody (0099228), Islet Cell Cytoplasmic Antibody, IgG (0050138), and Zinc Transporter 8 Antibody (2006196). For analysis in CSF, refer to Glutamic Acid Decarboxylase Antibody, CSF (3002788).

Interpretive Data:

A value greater than 5.0 IU/mL is considered positive for glutamic acid decarboxylase antibody (GAD Ab).

This assay is intended for the semi-quantitative determination of the GAD Ab in human serum. Results should be interpreted within the context of clinical symptoms.

Reference Interval:

0.0-5.0 IU/mL

Methodology:

Semi-quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

86341

Glutamine Synthetase (GS-6) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath117

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Glypican-3 (1G12) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath119

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Golimumab w/Ab-MAYO

LAB6544

ORDERING INFO

Synonyms:

- LAB6544-VML
- LAB6544VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6544-VML
- LAB6544VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6544-VML
- LAB6544VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Gram Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath16

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Gram stain

LAB250

ORDERING INFO

Collect:

Sterile, screwtop container (preferred); flocked swab in eSwab® transport media (liquid Amies)

Synonyms:

- GS, Gram stain, WBC stool
- LAB250-VML
- LAB250VML

Turn Around Time:

3 hours from receipt in laboratory

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Sterile, screwtop container (preferred); flocked swab in eSwab® transport media (liquid Amies)

Specimen Preparation:

(Min 1 swab or 0.5 mL fluid)

Pediatric Collection:

N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C) 8 hours

Specimen:
Stool, esophageal brush

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GS, Gram stain, WBC stool
- LAB250-VML
- LAB250VML

Performed:
Daily

Turn Around Time:
3 hours from receipt in laboratory

Methodology:
Gram stain

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative for white blood cells (stool). Negative for fungal elements (esophageal brushings).

Interpretive Data:
N/A

Methodology:
Gram stain

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Stool specimens will be examined for white blood cells only. Esophageal brushings will be examined for fungal elements. Gram stain on esophageal brushings should be ordered with an accompanying fungal culture.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile, screwtop container (preferred); flocked swab in eSwab® transport media (liquid Amies)

Specimen Preparation:
(Min 1 swab or 0.5 mL fluid)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab or 0.5 mL fluid

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Stool, esophageal brush

Reasons for Rejection:
Non-sterile or leaking container. Swab not in transport medium (dry swab). Specimen received >24 h after collection. Specimen other than esophageal brush or stool. Refrigerated or frozen, unacceptable.

Components:
N/A

Stability:
Ambient: (15-25°C) 8 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- GS, Gram stain, WBC stool
- LAB250-VML
- LAB250VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 hours from receipt in laboratory

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Negative for white blood cells (stool). Negative for fungal elements (esophageal brushings).

Additional Information:
Stool specimens will be examined for white blood cells only. Esophageal brushings will be examined for fungal elements. Gram stain on esophageal brushings should be ordered with an accompanying fungal culture.

Methodology:
Gram stain

Section:
Microbiology

Granzyme B (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath120

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Grocott Methenamine Silver Special Stain for Fungus, Formalin Fixed Paraffin Embedded Tissue

CoPath17

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- GMS, Fungus Silver Stain

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GMS, Fungus Silver Stain

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- GMS, Fungus Silver Stain

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Gross Cystic Disease Fluid Protein (EP1582Y) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath121

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- GCDFP

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- GCDFP

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- GCDFP

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Group A Streptococcus Culture, Throat

LAB228

ORDERING INFO

Collect:
Collect with flocked swab and place in Eswab (liquid Amies) transport media.

Synonyms:

- Throat culture, pharyngitis, Streptococcus pyogenes culture, Group A Strep Culture, THB
- LAB228-VML
- LAB228VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Collect with flocked swab and place in Eswab (liquid Amies) transport media.

Specimen Preparation:
Extend one flocked swab between the tonsillar pillars and behind uvula, avoiding tongue, buccal mucosa and uvula. Sweep swab back and forth across posterior pharynx, tonsillar areas and any inflamed or exudative areas. Do not obtain specimen if epiglottis is inflammed, as sampling may trigger life-threatening respiratory obstruction. (Min: 1 swab)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Performed:
Daily

Stability:
Ambient: (15-25°C) 48 hours (Refrigerated: (2-8°C) 48 hours

Specimen:
Throat swab

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Preferred test for evaluation of pharyngitis caused by Group A Streptococcus. Does not evaluate for other pathogens. For patients with Cystic Fibrosis, order Respiratory Culture, CF (LAB 3091)

Synonyms:

- Throat culture, pharyngitis, Streptococcus pyogenes culture, Group A Strep Culture, THB
- LAB228-VML
- LAB228VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Aerobic culture

Components:
Culture

RESULTS INTERPRETATION

Reference Interval:
Negative for Group A Streptococcus

Interpretive Data:
A positive culture result indicates infection with the identified organism. Antimicrobial susceptibility testing is not routinely performed as Group A Streptococcus remain universally susceptible to penicillin.

Methodology:
Aerobic culture

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Identification tests are billed separetly from culture. Susceptibility testing not routinely performed. Call laboratory in case of penicillin allergy, for testing.

Components:
Culture

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Collect with flocked swab and place in Eswab (liquid Amies) transport media.

Specimen Preparation:
Extend one flocked swab between the tonsillar pillars and behind uvula, avoiding tongue, buccal mucosa and uvula. Sweep swab back and forth across posterior pharynx, tonsillar areas and any inflamed or exudative areas. Do not obtain specimen if epiglottis is inflammed, as sampling may trigger life-threatening respiratory obstruction. (Min: 1 swab)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Throat swab

Reasons for Rejection:
Dry swab. Leaking container. Specimen received >48 h after collection. Frozen, unacceptable.

Components:
Culture

Stability:
Ambient: (15-25°C) 48 hours (Refrigerated: (2-8°C) 48 hours

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- Throat culture, pharyngitis, Streptococcus pyogenes culture, Group A Strep Culture, THB
- LAB228-VML
- LAB228VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Preferred test for evaluation of pharyngitis caused by Group A Streptococcus. Does not evaluate for other pathogens. For patients with Cystic Fibrosis, order Respiratory Culture, CF (LAB 3091)

Interpretive Data:
A positive culture result indicates infection with the identified organism. Antimicrobial susceptibility testing is not routinely performed as Group A Streptococcus remain universally susceptible to penicillin.

Reference Interval:
Negative for Group A Streptococcus

Additional Information:
Identification tests are billed separetly from culture. Susceptibility testing not routinely performed. Call laboratory in case of penicillin allergy, for testing.

Methodology:
Aerobic culture

Section:
Microbiology

Group A Streptococcus PCR, Throat

LAB6457

ORDERING INFO

Collect:
Collected with flocked swab and place in Eswab (liquid Amies) transport media.

Synonyms:

- Pharyngitis, Streptococcus pyogenes detection, Group A Strep PCR
- LAB6457-VML
- LAB6457VML

Turn Around Time:
2 hours from receipt in laboratory

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Collected with flocked swab and place in Eswab (liquid Amies) transport media.

Specimen Preparation:
Extend one flocked swab between the tonsillar pillars and behind uvula, avoiding tongue, buccal mucosa and uvula. Sweep swab back and forth across posterior pharynx, tonsillar areas and any inflamed or exudative areas. Do not obtain specimen if epiglottis is inflammed, as sampling may trigger life-threatening respiratory obstruction. (Min, 1 swab)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Performed:
Daily

Stability:
Ambient: (15-25°C) 48 hours

Specimen:
Throat swab

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Streptococcal pharyngitis

Synonyms:

- Pharyngitis, Streptococcus pyogenes detection, Group A Strep PCR
- LAB6457-VML
- LAB6457VML

Performed:
Daily

Turn Around Time:
2 hours from receipt in laboratory

Methodology:
Real Time PCR

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
N/A

Methodology:
Real Time PCR

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Culture confirmation of negative results not required.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Collected with flocked swab and place in Eswab (liquid Amies) transport media.

Specimen Preparation:
Extend one flocked swab between the tonsillar pillars and behind uvula, avoiding tongue, buccal mucosa and uvula. Sweep swab back and forth across posterior pharynx, tonsillar areas and any inflamed or exudative areas. Do not obtain specimen if epiglottis is inflammed, as sampling may trigger life-threatening respiratory obstruction. (Min, 1 swab)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Throat swab

Reasons for Rejection:
Specimen received on cotton or calcium alginate swabs, leaking container, dry swabs. Frozen unacceptable.

Components:
N/A

Stability:
Ambient: (15-25°C) 48 hours

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- Pharyngitis, Streptococcus pyogenes detection, Group A Strep PCR
- LAB6457-VML
- LAB6457VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours from receipt in laboratory

Ordering Indicators:
Streptococcal pharyngitis

Interpretive Data:
N/A

Reference Interval:
Not detected

Additional Information:
Culture confirmation of negative results not required.

Methodology:
Real Time PCR

Section:
Microbiology

Group B Streptococcus detection by real-time PCR

LAB6355

ORDERING INFO

Collect:
Collect with flocked swab and place in Eswab (liquid Amies) transport media.

Synonyms:

- GBS, Antenatal screening, Streptococcus agalactiae
- LAB6355-VML
- LAB6355VML

Turn Around Time:
2-3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect specimen between 36 0/7 and 37 6/7 weeks gestation.

Collect:
Collect with flocked swab and place in Eswab (liquid Amies) transport media.

Specimen Preparation:
A single swab is used to obtain specimen first from the lower vagina (near the introitus) and then from the rectum (through the anal sphincter) without use of speculum (Min, 1 swab)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Friday

Stability:
Ambient: (15-25°C) 48 hours

Specimen:
Vaginal AND rectal swab

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Antepartum screening for Group B Streptococcus

Synonyms:

- GBS, Antenatal screening, Streptococcus agalactiae
- LAB6355-VML
- LAB6355VML

Performed:
Monday - Friday

Turn Around Time:
2-3 days

Methodology:
Real Time PCR

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
Real-time PCR cannot assess antimicrobial resistance. If patient has anaphylactic reaction to pencillin, submit culture if PCR positive to assess for clindamycin resistance.

Methodology:
Real Time PCR

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Collect with flocked swab and place in Eswab (liquid Amies) transport media.

Specimen Preparation:
A single swab is used to obtain specimen first from the lower vagina (near the introitus) and then from the rectum (through the anal sphincter) without use of speculum (Min, 1 swab)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab

Alternate Specimen:
N/A

Patient Preparation:
Collect specimen between 36 0/7 and 37 6/7 weeks gestation.

Specimen:
Vaginal AND rectal swab

Reasons for Rejection:
Leaking container. Received outside stability.

Components:
N/A

Stability:
Ambient: (15-25°C) 48 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- GBS, Antenatal screening, Streptococcus agalactiae
- LAB6355-VML
- LAB6355VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2-3 days

Ordering Indicators:
Antepartum screening for Group B Streptococcus

Interpretive Data:
Real-time PCR cannot assess antimicrobial resistance. If patient has anaphylactic reaction to pencillin, submit culture if PCR positive to assess for clindamycin resistance.

Reference Interval:
Not detected

Additional Information:
N/A

Methodology:
Real Time PCR

Section:
Microbiology

Growth Hormone, serum

LAB525

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

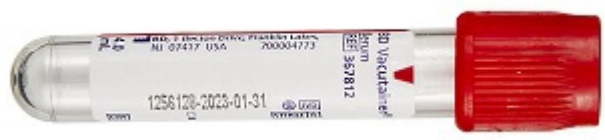
- LAB525, GH
- LAB525-VML
- LAB525VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
For unstimulated measurements, the patient should be fasting and at complete rest for 30 minutes prior to collection. For stimulation or supporession tests, be sure to identify the timed samples carefully.

Collect:
Red tube (no gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature. Specimens should be centrifuged in room temperature centrifuge immediately after clotting and the separated serum frozen. (Minimum: 0.5 mL serum)

Pediatric Collection:
Red microtainer (no gel)

Storage/Transport Temperature:
Frozen (-20°C)

Performed:
Monday - Friday

Stability:
After separation from cells: Refrigerated (2-8°C): 8 hours Frozen (-20°C): 2 months

Specimen:
Serum

Alternate Specimen:
Light green tube (Lithium heparin with gel)

ORDERING

Ordering Indicators:
This test is used to aid in the clinical diagnosis of growth disorders.

Synonyms:

- LAB525, GH
- LAB525-VML
- LAB525VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Serum Growth Hormone Baseline: Adult Females: < 8.0 ng/mL Adult Males: =/< 3.0 ng/mL Serum Growth Hormone Stimulated: Adults: > 5.0 ng/mL 1 - 17 years: > 7.0 ng/mL

Interpretive Data:
N/A

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Light green tube (Lithium heparin with gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature. Specimens should be centrifuged in room temperature centrifuge immediately after clotting and the separated serum frozen. (Minimum: 0.5 mL serum)

Pediatric Collection:
Red microtainer (no gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Light green tube (Lithium heparin with gel)

Patient Preparation:
For unstimulated measurements, the patient should be fasting and at complete rest for 30 minutes prior to collection. For stimulation or supporession tests, be sure to identify the timed samples carefully.

Specimen:
Serum

Reasons for Rejection:
improper handling, frozen sample, QNS

Components:
N/A

Stability:
After separation from cells: Refrigerated (2-8°C): 8 hours Frozen (-20°C): 2 months

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB525, GH
- LAB525-VML
- LAB525VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test is used to aid in the clinical diagnosis of growth disorders.

Interpretive Data:
N/A

Reference Interval:
Serum Growth Hormone Baseline: Adult Females: < 8.0 ng/mL Adult Males: =/< 3.0 ng/mL Serum Growth Hormone Stimulated: Adults: > 5.0 ng/mL 1 - 17 years: > 7.0 ng/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Special Chemistry

Guanidinoacetic Acid, Plsm-KNKR

LAB3954

ORDERING INFO

Synonyms:

- LAB3954-VML
- LAB3954VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3954-VML
- LAB3954VML

ADDITIONAL INFORMATION

Section:

RF-KNKR

Resulting Laboratory:

Kennedy Krieger Institute

FULL VIEW

Synonyms:

- LAB3954-VML
- LAB3954VML

Resulting Laboratory:

Kennedy Krieger Institute

Section:

RF-KNKR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Haloperidol

LAB191

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2EDTA).

Synonyms:

- Haldol
- LAB191-VML
- LAB191VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 4 hours; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Haldol
- LAB191-VML
- LAB191VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:
Effective February 16, 2021

Therapeutic Range:	5.0-20.0 ng/mL
Toxic:	Greater than 50 ng/mL

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Adverse effects may include drowsiness, blurred vision, tardive dyskinesia, tachycardia, hypotension and muscular rigidity.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80173

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 4 hours; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Haldol
- LAB191-VML
- LAB191VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Adverse effects may include drowsiness, blurred vision, tardive dyskinesia, tachycardia, hypotension and muscular rigidity.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective February 16, 2021

Therapeutic Range:	5.0-20.0 ng/mL
Toxic:	Greater than 50 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80173

Haptoglobin, Plasma

LAB89

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- HAP, Haptoglobin Blood, LAB89
- LAB89-VML
- LAB89VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection (Min 0.5 mL).

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 2 weeks

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- HAP, Haptoglobin Blood, LAB89
- LAB89-VML
- LAB89VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoturbidimetry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Immunoturbidimetry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection (Min 0.5 mL).

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 2 weeks

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- HAP, Haptoglobin Blood, LAB89
- LAB89-VML
- LAB89VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Immunoturbidimetry

Section:
Chemistry

H-Caldesmon (h-CD) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath123

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

HCM PnI-GNDX

LAB3302

ORDERING INFO

Synonyms:

- LAB3302-VML
- LAB3302VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3302-VML
- LAB3302VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3302-VML
- LAB3302VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

HDL Cholesterol, Plasma or Serum

LAB101

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- HDL, High Density Lipoprotein Cholesterol, LAB101
- LAB101-VML
- LAB101VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting is preferred but not required unless directed by the ordering provider.

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days; Frozen: 3 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
Testing is indicated for cardiovasular risk assessment, cholesterol lowering medication monitoring, familial hyperlipidemia screening, and routine checkups.

Synonyms:

- HDL, High Density Lipoprotein Cholesterol, LAB101
- LAB101-VML
- LAB101VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Acclerator Selective Detergent

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Consensus NCEP Risk Factor - 0-150 yrs: <40 mg/dL (male); <50 mg/dL (female)

Interpretive Data:
An HDL cholesterol less than 40 mg/dL is low and constitutes a coronary heart disease risk factor. An HDL cholesterol greater than 60 mg/dL is a negative risk factor for coronary heart disease. CHD Risk Factors +1 Age: Men > 45 Women > 55 or premature menopause without estrogen therapy +1 Family history of premature CHD +1 Current smoking +1 Hypertension +1 Diabetes mellitus +1 Low HDL cholesterol: < 40 mg/dL -1 High HDL cholesterol: >= 60 mg/dL

Methodology:
Acclerator Selective Detergent

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
Fasting is preferred but not required unless directed by the ordering provider.

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- HDL, High Density Lipoprotein Cholesterol, LAB101
- LAB101-VML
- LAB101VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Testing is indicated for cardiovasular risk assessment, cholesterol lowering medication monitoring, familial hyperlipidemia screening, and routine checkups.

Interpretive Data:
An HDL cholesterol less than 40 mg/dL is low and constitutes a coronary heart disease risk factor. An HDL cholesterol greater than 60 mg/dL is a negative risk factor for coronary heart disease. CHD Risk Factors +1 Age: Men > 45 Women > 55 or premature menopause without estrogen therapy +1 Family history of premature CHD +1 Current smoking +1 Hypertension +1 Diabetes mellitus +1 Low HDL cholesterol: < 40 mg/dL -1 High HDL cholesterol: >= 60 mg/dL

Reference Interval:
Consensus NCEP Risk Factor - 0-150 yrs: <40 mg/dL (male); <50 mg/dL (female)

Additional Information:
N/A

Methodology:
Acclerator Selective Detergent

Section:
Chemistry

Heavy Metals Panel 3, Blood

LAB1019

ORDERING INFO

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Synonyms:

- Arsenic
- arsenic blood level
- AS
- Hg
- Lead
- lead blood level
- Mercury
- mercury blood level
- Pb
- LAB1019-VML
- LAB1019VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours.

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:
Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep). Specimens transported in containers other than Royal blue (K2EDTA) or Royal blue (NaHep) or Trace Element-Free Transport Tube. Clotted specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Trace Elements requisition form may be required (ARUP form #32990).

ORDERING

Synonyms:

- Arsenic
- arsenic blood level
- AS
- Hg
- Lead
- lead blood level
- Mercury
- mercury blood level
- Pb
- LAB1019-VML
- LAB1019VML

Ordering Recommendations:
Useful in the assessment of recent exposure to arsenic, mercury, and lead. For chronic exposure or the determination of arsenic species, refer to Heavy Metals Panel 4, Urine with Reflex to Arsenic Fractionation (0020572). For occupational exposure, consider Lead, Industrial Exposure Panel, Adults (0025016) and/or Cadmium Exposure Panel - OSHA (0025013).

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Reported:
1-4 days

Notes:
Mercury is volatile; concentration may decrease over time. If the specimen is drawn and stored in the appropriate container, the arsenic and lead values do not change with time.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval	
Lead, Blood (Venous)	**Age**	**Reference Interval (µg/dL)**
	0-5 years	Less than or equal to 3.4
	6 years or above	Less than or equal to 4.9
Arsenic Blood	Less than or equal to 12.0 µg/L	
Mercury Blood	Less than or equal to 10.0 µg/L	

Interpretive Data:
Refer to report.

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

ADDITIONAL INFORMATION

CPT Codes:
82175; 83655; 83825

Section:
RF-ARUP

Remarks:
Trace Elements requisition form may be required (ARUP form #32990).

Notes:
Mercury is volatile; concentration may decrease over time. If the specimen is drawn and stored in the appropriate container, the arsenic and lead values do not change with time.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:
Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours.

Unacceptable Conditions:
Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep). Specimens transported in containers other than Royal blue (K2EDTA) or Royal blue (NaHep) or Trace Element-Free Transport Tube. Clotted specimens.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Synonyms:

- Arsenic
- arsenic blood level
- AS
- Hg
- Lead
- lead blood level
- Mercury
- mercury blood level
- Pb
- LAB1019-VML
- LAB1019VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Useful in the assessment of recent exposure to arsenic, mercury, and lead. For chronic exposure or the determination of arsenic species, refer to Heavy Metals Panel 4, Urine with Reflex to Arsenic Fractionation (0020572). For occupational exposure, consider Lead, Industrial Exposure Panel, Adults (0025016) and/or Cadmium Exposure Panel - OSHA (0025013).

Interpretive Data:
Refer to report.

Reference Interval:

Components	Reference Interval
Lead, Blood (Venous)	<table><tr><th>Age</th><th>Reference Interval (µg/dL)</th></tr><tr><td>0-5 years</td><td>Less than or equal to 3.4</td></tr><tr><td>6 years or above</td><td>Less than or equal to 4.9</td></tr></table>
Arsenic Blood	Less than or equal to 12.0 µg/L
Mercury Blood	Less than or equal to 10.0 µg/L

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Section:
RF-ARUP

CPT Codes:
82175; 83655; 83825

Remarks:
Trace Elements requisition form may be required (ARUP form #32990).

Notes:
Mercury is volatile; concentration may decrease over time. If the specimen is drawn and stored in the appropriate container, the arsenic and lead values do not change with time.

Heavy Metals Panel 3, Urine with Reflex to Arsenic Fractionated

LAB3234

ORDERING INFO

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Synonyms:

- Hb
- Arsenic
- Lead
- Mercury
- Mercury concentration
- Pb
- Urine concentration
- Urine AS
- Urine AS concentration
- LAB3234-VML
- LAB3234VML

SPECIMEN REQUIREMENTS

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours. High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post- contrast media exposure.

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Specimen Preparation:

Transfer 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 2 mL)

Unacceptable Conditions:

Urine collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element-free transport tube (with the exception of the original device).

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Performed:

Sun-Sat

Remarks:

Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

ORDERING

Synonyms:

- Hb
- Arsenic
- Lead
- Mercury
- Mercury concentration
- Pb
- Urine concentration
- Urine AS
- Urine AS concentration
- LAB3234-VML
- LAB3234VML

Ordering Recommendations:

Useful in the assessment of acute and chronic exposure to arsenic, mercury, and lead. The preferred test for the assessment of lead exposure is Lead, Blood (Venous) (0020098). For occupational exposure, consider Lead, Industrial Exposure Panel, Adults (0025016) and/or Cadmium Exposure Panel - OSHA (0025013).

Performed:

Sun-Sat

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:

1-5 days

Notes:

If total arsenic concentration is found to be elevated based on reference intervals, then Arsenic, Fractionated, will be added to determine the proportion of organic, inorganic, and methylated forms. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
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</table>
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<tr><td>Arsenic Urine - per volume</td><td>0.0-34.9 µg/L</td></tr>
<tr><td>Arsenic Urine - per 24h</td><td>0.0-49.9 µg/d</td></tr>
<tr><td>Mercury, Urine - per 24h</td><td>0.0-20.0 µg/d</td></tr>
<tr><td>Mercury, Urine - per volume</td><td>0.0-5.0 µg/L</td></tr>
<tr><td>Mercury, Urine - ratio to CRT</td><td>0.0-20.0 µg/g CRT</td></tr>
<tr><td>Arsenic, Urine - ratio to CRT</td><td>0.0-29.9 µg/g CRT</td></tr>
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<tr><td>Lead, Urine - ratio to CRT</td><td>0.0-5.0 µg/g CRT</td></tr>
</table>

Interpretive Data:

Quantification of urine excretion rates before or after chelation therapy has been used as an indicator of lead exposure. Urinary excretion of >125 mg of lead per 24 hours is usually associated with related evidence of lead toxicity.

Urinary mercury levels predominantly reflect acute or chronic elemental or inorganic mercury exposure. Urine concentrations in unexposed individuals are typically less than 10 µg/L. 24 hour urine concentrations of 30 to 100 µg/L may be associated with subclinical neuropsychiatric symptoms and tremor while concentrations greater than 100 µg/L can be associated with overt neuropsychiatric disturbances and tremors. Urine mercury levels may be useful in monitoring chelation therapy.

The ACGIH Biological Exposure Index (BEI) for arsenic in urine is 35 µg/L. The ACGIH BEI is based on the sum of inorganic and methylated species. For specimens with elevated total arsenic results, fractionation is automatically performed to determine the proportions of inorganic, methylated and organic species.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

82175; 83655; 83825; if reflexed, add 82175

Section:

RF-ARUP

Remarks:

Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

Notes:

If total arsenic concentration is found to be elevated based on reference intervals, then Arsenic, Fractionated, will be added to determine the proportion of organic, inorganic, and methylated forms. Additional charges apply.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Specimen Preparation:

Transfer 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 2 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours. High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post- contrast media exposure.

Unacceptable Conditions:

Urine collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element-free transport tube (with the exception of the original device).

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Hb
- Arsenic
- Lead
- Mercury
- Mercury concentration
- Pb
- Urine concentration
- Urine AS
- Urine AS concentration
- LAB3234-VML
- LAB3234VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Useful in the assessment of acute and chronic exposure to arsenic, mercury, and lead. The preferred test for the assessment of lead exposure is Lead, Blood (Venous) (0020098). For occupational exposure, consider Lead, Industrial Exposure Panel, Adults (0025016) and/or Cadmium Exposure Panel - OSHA (0025013).

Interpretive Data:
Quantification of urine excretion rates before or after chelation therapy has been used as an indicator of lead exposure. Urinary excretion of >125 mg of lead per 24 hours is usually associated with related evidence of lead toxicity.

Urinary mercury levels predominantly reflect acute or chronic elemental or inorganic mercury exposure. Urine concentrations in unexposed individuals are typically less than 10 µg/L. 24 hour urine concentrations of 30 to 100 µg/L may be associated with subclinical neuropsychiatric symptoms and tremor while concentrations greater than 100 µg/L can be associated with overt neuropsychiatric disturbances and tremors. Urine mercury levels may be useful in monitoring chelation therapy.

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Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Creatinine, Urine - per 24h	<table><tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr><tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr><tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr><tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr><tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr><tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr><tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr></table>
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Mercury, Urine - per 24h	0.0-20.0 µg/d
Mercury, Urine - per volume	0.0-5.0 µg/L
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Lead, Urine - per 24h	0.0-8.1 µg/d
Lead, Urine - per volume	0.0-5.0 µg/L
Lead, Urine - ratio to CRT	0.0-5.0 µg/g CRT

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82175; 83655; 83825; if reflexed, add 82175

Remarks:
Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

Notes:
If total arsenic concentration is found to be elevated based on reference intervals, then Arsenic, Fractionated, will be added to determine the proportion of organic, inorganic, and methylated forms. Additional charges apply.

Helicobacter pylori (BC7) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath122

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- H. pylori

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- H. pylori

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- H. pylori

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Helicobacter pylori Antigen, Fecal

LAB6392

ORDERING INFO

Collect:

Stool in clean container

Synonyms:

- H.pylori Ag
- LAB6392-VML
- LAB6392VML

Turn Around Time:

1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:

To avoid false negative results, no antibiotics, proton pump inhibitors, or a bismuth preparation should be administered to patient 14 days prior to specimen collection.

Collect:

Stool in clean container

Specimen Preparation:

Collect stool sample in clean container, store refrigerated.

Pediatric Collection:

Stool in clean container

Storage/Transport Temperature:

Refrigerated (2-8°C)

Performed:

Monday - Friday

Stability:

Refrigerated (2-8°C): 72 hours

Specimen:

Stool

Alternate Specimen:

NA

ORDERING

Ordering Indicators:

This test is used as an aid in the diagnosis of Helicobacter pylori infection.

Synonyms:

- H.pylori Ag
- LAB6392-VML
- LAB6392VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Chemiluminescent Immunoassay

Components:
H. pylori Ag

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result indicates the presence of detectable H. pylori stool antigen.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
NA

Additional Information:
NA

Components:
H. pylori Ag

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Stool in clean container

Specimen Preparation:
Collect stool sample in clean container, store refrigerated.

Pediatric Collection:
Stool in clean container

Preferred Collection Volume:
Stool: 2 grams (thumbnail-size portion)

Alternate Specimen:
NA

Patient Preparation:
To avoid false negative results, no antibiotics, proton pump inhibitors, or a bismuth preparation should be administered to patient 14 days prior to specimen collection.

Specimen:
Stool

Reasons for Rejection:
Specimens other than stool; gastric specimens; swabs; diapers; specimens in preservative

Components:
H. pylori Ag

Stability:
Refrigerated (2-8°C): 72 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- H.pylori Ag
- LAB6392-VML
- LAB6392VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used as an aid in the diagnosis of Helicobacter pylori infection.

Interpretive Data:
A positive result indicates the presence of detectable H. pylori stool antigen.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hematocrit, Packed Cell Volume

LAB289

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- HCT, Hematocrit, LAB289, Packed Cell Volume, PCV
- LAB289-VML
- LAB289VML

Turn Around Time:
STAT 1 hour; Routine 2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Storage/Transport Temperature:
Refrigerated or ambiant temperature, DO NOT FREEZE

Performed:
Daily

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Specimen:
Whole Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Anemia, hyperchromia

Synonyms:

- HCT, Hematocrit, LAB289, Packed Cell Volume, PCV
- LAB289-VML
- LAB289VML

Performed:
Daily

Turn Around Time:
STAT 1 hour; Routine 2 hours

Methodology:
Hematocrit (HCT) is measured as a ratio of the total RBC volume to whole blood using cumulative pulse height detection (Sysmex); Hematocrit (HCT) is measured as a ratio of the total RBC volume to whole blood using cumulative pulse height detection(micro method using microhematocrit centrifuge)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
B 0-7 days 41-65 B 8-30 days38-61 B 1-2 mo 31-54 3-6 mo 28-40 7 mo-6 yrs 32-39 7-11 yrs 34-44 12-17 yrs 35-49 F 18+ yrs 36-43 M 18+ yrs 41-49

Interpretive Data:
High white counts, cold agglutinins

Methodology:
Hematocrit (HCT) is measured as a ratio of the total RBC volume to whole blood using cumulative pulse height detection (Sysmex); Hematocrit (HCT) is measured as a ratio of the total RBC volume to whole blood using cumulative pulse height detection(micro method using microhematocrit centrifuge)

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
Gross hemolysis, clotted, improper collection, QNS, specimen age

Components:
N/A

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Storage/Transport Temperature:
Refrigerated or ambiant temperature, DO NOT FREEZE

Synonyms:

- HCT, Hematocrit, LAB289, Packed Cell Volume, PCV
- LAB289-VML
- LAB289VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT 1 hour; Routine 2 hours

Ordering Indicators:
Anemia, hyperchromia

Interpretive Data:
High white counts, cold agglutinins

Reference Interval:
B 0-7 days 41-65 B 8-30 days38-61 B 1-2 mo 31-54 3-6 mo 28-40 7 mo-6 yrs 32-39 7-11 yrs 34-44 12-17 yrs 35-49 F 18+ yrs 36-43 M 18+ yrs 41-49

Additional Information:
N/A

Methodology:
Hematocrit (HCT) is measured as a ratio of the total RBC volume to whole blood using cumulative pulse height detection (Sysmex); Hematocrit (HCT) is measured as a ratio of the total RBC volume to whole blood using cumulative pulse height detection(micro method using microhematocrit centrifuge)

Section:
Hematology

Hemoglobin

LAB291

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- HGB, Hemoglobin
- LAB291-VML
- LAB291VML

Turn Around Time:
STAT 1 hour; Routine 2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Performed:
Daily

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Specimen:
Whole Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Anemia, hyperchromia

Synonyms:

- HGB, Hemoglobin
- LAB291-VML
- LAB291VML

Performed:
Daily

Turn Around Time:
STAT 1 hour; Routine 2 hours

Methodology:
Hemoglobin (HGB) is converted to SLS-hemoglobin and read photometrically (Sysmex)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
B 0-7 days 13.5-22.6 g/d, B 8-30 days 12.5-20.6 g/dl, B 1-2 mo.10.0-18.1 g/dl, B 3-6 mo. 9.0-14.0 g/dl, B 7 mo-6 yrs. B 7-11 yrs.11.4-15.5 g/dl, B 12-17 yrs. 12.0-16.0 g/dl, F 18+ yrs. 11.8-16.0 g/dl, M 18+ yrs. 14.0-18.1 g/dl

Interpretive Data:
Lipemia, icterus, cold agglutinins, sickled cells, high white cell counts

Methodology:
Hemoglobin (HGB) is converted to SLS-hemoglobin and read photometrically (Sysmex)

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
Clotted, improper collection, QNS, specimen age

Components:
N/A

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Synonyms:

- HGB, Hemoglobin
- LAB291-VML
- LAB291VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT 1 hour; Routine 2 hours

Ordering Indicators:
Anemia, hyperchromia

Interpretive Data:
Lipemia, icterus, cold agglutinins, sickled cells, high white cell counts

Reference Interval:
B 0-7 days 13.5-22.6 g/d, B 8-30 days 12.5-20.6 g/dl, B 1-2 mo.10.0-18.1 g/dl, B 3-6 mo. 9.0-14.0 g/dl, B 7 mo-6 yrs. B 7-11 yrs.11.4-15.5 g/dl, B 12-17 yrs. 12.0-16.0 g/dl, F 18+ yrs. 11.8-16.0 g/dl, M 18+ yrs. 14.0-18.1 g/dl

Additional Information:
N/A

Methodology:
Hemoglobin (HGB) is converted to SLS-hemoglobin and read photometrically (Sysmex)

Section:
Hematology

Hemoglobin A, whole blood

LAB6112

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB6112, HGX, Hemoglobin A Quantitative, Hgb A
- LAB6112-VML
- LAB6112VML

Turn Around Time:
7 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 1 week

Specimen:
Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is used to detect or confirm a hemoglobinopathy.

Synonyms:

- LAB6112, HGX, Hemoglobin A Quantitative, Hgb A
- LAB6112-VML
- LAB6112VML

Performed:
Daily

Turn Around Time:
7 days

Methodology:
HPLC

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Normal: > 94.0%

Interpretive Data:
N/A

Methodology:
HPLC

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Clotted specimen, frozen specimen

Components:
N/A

Stability:
Refrigerated (2-8°C): 1 week

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB6112, HGX, Hemoglobin A Quantitative, Hgb A
- LAB6112-VML
- LAB6112VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
This test is used to detect or confirm a hemoglobinopathy.

Interpretive Data:
N/A

Reference Interval:
Normal: > 94.0%

Additional Information:
N/A

Methodology:
HPLC

Section:
Special Chemistry

Hemoglobin A1c, whole blood

LAB90

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB90, A1c, Hgb A1c, Glycohemoglobin, HBA1c
- LAB90-VML
- LAB90VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 1 day Refrigerated (2-8°C): 1 week

Specimen:
Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is used in the diagnosis and monitoring of diabetes mellitus.

Synonyms:

- LAB90, A1c, Hgb A1c, Glycohemoglobin, HBA1c
- LAB90-VML
- LAB90VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
HPLC

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Diagnosis of Diabetes: Diabetic - =/> 6.5% Pre-diabetic - 5.7 - 6.4% Non-diabetic - =/< 5.6% Glycemic Targets for Type I and Type II Diabetes: Non-pregnant Adults - < 7.0% Pregnant Adults - < 6.0% Children and Adolescents - < 7.5%

Interpretive Data:
Hemoglobin variants have no effect on the assay when they exist in the heterozygous state. In the homozygous states, there is virtually no HbA present, and therefore no HbA1c present. Any condition that alters the life span of the red blood cells has the potential to alter the HbA1c level, such as medications (dapsone, antiretrovirals), recent transfusion, G6PD, hereditary spherocytosis. HbF > 30% will also interfere with measurement.

Methodology:
HPLC

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
This test is not recommended for newborns and pregnant patients in 2nd or 3rd trimester.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Clotted specimen, frozen specimen

Components:
N/A

Stability:
Ambient (15-25°C): 1 day Refrigerated (2-8°C): 1 week

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB90, A1c, Hgb A1c, Glycohemoglobin, HBA1c
- LAB90-VML
- LAB90VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
This test is used in the diagnosis and monitoring of diabetes mellitus.

Interpretive Data:
Hemoglobin variants have no effect on the assay when they exist in the heterozygous state. In the homozygous states, there is virtually no HbA present, and therefore no HbA1c present. Any condition that alters the life span of the red blood cells has the potential to alter the HbA1c level, such as medications (dapsone, antiretrovirals), recent transfusion, G6PD, hereditary spherocytosis. HbF > 30% will also interfere with measurement.

Reference Interval:
Diagnosis of Diabetes: Diabetic - =/> 6.5% Pre-diabetic - 5.7 - 6.4% Non-diabetic - =/< 5.6% Glycemic Targets for Type I and Type II Diabetes: Non-pregnant Adults - < 7.0% Pregnant Adults - < 6.0% Children and Adolescents - < 7.5%

Additional Information:
This test is not recommended for newborns and pregnant patients in 2nd or 3rd trimester.

Methodology:
HPLC

Section:
Special Chemistry

Hemoglobin A2, whole blood

LAB3067

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3067, HA2, HbA2, Hgb A2
- LAB3067-VML
- LAB3067VML

Turn Around Time:
7 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 1 week

Specimen:
Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
In laboratory testing to confirm a diagnosis of a beta-thalassemia trait diagnosis, Hb A2 levels should be considered in conjunction with family history and additional laboratory data, including serum iron and iron binding capacity, red cell morphology, hemoglobin, hematocrit, and mean corpuscular volume (MCV). Patients with a combination of iron deficiency and beta-thalassemia may have a normal A[2] level. In these cases, elevated A[2] level cannot be used to screen for beta-thalassemia in these cases.

Synonyms:

- LAB3067, HA2, HbA2, Hgb A2
- LAB3067-VML
- LAB3067VML

Performed:
Daily

Turn Around Time:
7 days

Methodology:
HPLC

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Normal: 2.0 - 3.8% Borderline: 3.9 - 4.5% Abnormal: 4.6 - 7.9%

Interpretive Data:
Hemoglobin A2 results less than 2.0% might be nonspecific anemia or associated with Hemoglobin A2 prime (HbA2') and other delta chain variants. Elevated Hemoglobin A2 may be seen in beta thalassemia.

Methodology:
HPLC

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Clotted specimen, Frozen specimen

Components:
N/A

Stability:
Refrigerated (2-8°C): 1 week

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3067, HA2, HbA2, Hgb A2
- LAB3067-VML
- LAB3067VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
In laboratory testing to confirm a diagnosis of a beta-thalassemia trait diagnosis, Hb A2 levels should be considered in conjunction with family history and additional laboratory data, including serum iron and iron binding capacity, red cell morphology, hemoglobin, hematocrit, and mean corpuscular volume (MCV). Patients with a combination of iron deficiency and beta-thalassemia may have a normal A[2] level. In these cases, elevated A[2] level cannot be used to screen for beta-thalassemia in these cases.

Interpretive Data:
Hemoglobin A2 results less than 2.0% might be nonspecific anemia or associated with Hemoglobin A2 prime (HbA2') and other delta chain variants. Elevated Hemoglobin A2 may be seen in beta thalassemia.

Reference Interval:
Normal: 2.0 - 3.8% Borderline: 3.9 - 4.5% Abnormal: 4.6 - 7.9%

Additional Information:
N/A

Methodology:
HPLC

Section:
Special Chemistry

Hemoglobin Evaluation, whole blood

LAB2900

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB2900, HGA, HGB Evaluation
- LAB2900-VML
- LAB2900VML

Turn Around Time:
7 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 1 week

Specimen:
Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
The purpose of the hemoglobin evaluation is to determine whether a patient has any abnormality in hemoglobin structure or in the rate of production of both normal and variant chains.

Synonyms:

- LAB2900, HGA, HGB Evaluation
- LAB2900-VML
- LAB2900VML

Performed:
Daily

Turn Around Time:
7 days

Methodology:
HPLC

Components:
Hgb A% Hgb A2% Hgb F% Hgb S% Hgb C% Hgb D% Hgb E% Hgb (other) Hgb Interp Resulting ICD-10 Resulting Provider Code Electrophore?

RESULTS INTERPRETATION

Reference Interval:
Hemoglobin A: >94% Hemoglobin A2: 2.0 - 3.8% Hemoglobin F: <2.0%

Interpretive Data:
Report contains patient-specific interpretation.

Methodology:
HPLC

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Presence of abnormalities would reflex test for confirmation testing by capillary electrophoresis. A peripheral blood smear will also be reviewed.

Components:
Hgb A% Hgb A2% Hgb F% Hgb S% Hgb C% Hgb D% Hgb E% Hgb (other) Hgb Interp Resulting ICD-10 Resulting Provider Code Electrophore?

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Clotted specimen, Frozen specimen

Components:
Hgb A% Hgb A2% Hgb F% Hgb S% Hgb C% Hgb D% Hgb E% Hgb (other) Hgb Interp Resulting ICD-10 Resulting Provider Code Electrophore?

Stability:
Refrigerated (2-8°C): 1 week

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB2900, HGA, HGB Evaluation
- LAB2900-VML
- LAB2900VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
The purpose of the hemoglobin evaluation is to determine whether a patient has any abnormality in hemoglobin structure or in the rate of production of both normal and variant chains.

Interpretive Data:
Report contains patient-specific interpretation.

Reference Interval:
Hemoglobin A: >94% Hemoglobin A2: 2.0 - 3.8% Hemoglobin F: <2.0%

Additional Information:
Presence of abnormalities would reflex test for confirmation testing by capillary electrophoresis. A peripheral blood smear will also be reviewed.

Methodology:
HPLC

Section:
Special Chemistry

Hemoglobin F, whole blood

LAB3068

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3068, HGF
- LAB3068-VML
- LAB3068VML

Turn Around Time:
7 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 1 week

Specimen:
Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
The purpose of this test is to detect hereditary persistence of fetal hemoglobin (HPFH) or monitor response to Hydroxyurea therapy in sickle cell disease patients.

Synonyms:

- LAB3068, HGF
- LAB3068-VML
- LAB3068VML

Performed:
Daily

Turn Around Time:
7 days

Methodology:
HPLC

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Normal: < 2%

Interpretive Data:
N/A

Methodology:
HPLC

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Clotted specimen, Frozen specimen

Components:
N/A

Stability:
Refrigerated (2-8°C): 1 week

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3068, HGF
- LAB3068-VML
- LAB3068VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
The purpose of this test is to detect hereditary persistence of fetal hemoglobin (HPFH) or monitor response to Hydroxyurea therapy in sickle cell disease patients.

Interpretive Data:
N/A

Reference Interval:
Normal: < 2%

Additional Information:
N/A

Methodology:
HPLC

Section:
Special Chemistry

Hemoglobin S, whole blood

LAB3069

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3069, HGS
- LAB3069-VML
- LAB3069VML

Turn Around Time:
7 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 1 week

Specimen:
Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
The purpose of this test is to detect sickle cell trait and sickle cell disease and their clinical management.

Synonyms:

- LAB3069, HGS
- LAB3069-VML
- LAB3069VML

Performed:
Daily

Turn Around Time:
7 days

Methodology:
HPLC

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Normal: < 5%

Interpretive Data:
N/A

Methodology:
HPLC

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Transport whole blood in original tube (Minimum: 1mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Clotted specimen, Frozen specimen

Components:
N/A

Stability:
Refrigerated (2-8°C): 1 week

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3069, HGS
- LAB3069-VML
- LAB3069VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
The purpose of this test is to detect sickle cell trait and sickle cell disease and their clinical management.

Interpretive Data:
N/A

Reference Interval:
Normal: < 5%

Additional Information:
N/A

Methodology:
HPLC

Section:
Special Chemistry

Hemoglobin, Total, Whole Blood

LAB4541

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- THM, tHB WB, Total Hemoglobin Whole Blood, LAB4541
- LAB4541-VML
- LAB4541VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Venous blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- THM, tHB WB, Total Hemoglobin Whole Blood, LAB4541
- LAB4541-VML
- LAB4541VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
0 days - 7 days: 13.5-22.6; 8 days - 30 days: 12.5 - 20.6; 1 month - 2 months: 10.1 - 18.1; 3 months - 6 months: 9.0 - 14.0; 7 months - 6 years: 10.5 - 13.5; 7 years - 11 years: 11.4 - 15.5; 12 years - 17 years: 12.0 - 16.0 ; 18 years - 150 year: Male: 14

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Venous blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- THM, tHB WB, Total Hemoglobin Whole Blood, LAB4541
- LAB4541-VML
- LAB4541VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
0 days - 7 days: 13.5-22.6; 8 days - 30 days: 12.5 - 20.6; 1 month - 2 months: 10.1 - 18.1; 3 months - 6 months: 9.0 - 14.0; 7 months - 6 years: 10.5 - 13.5; 7 years - 11 years: 11.4 - 15.5; 12 years - 17 years: 12.0 - 16.0 ; 18 years - 150 year: Male: 14

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Hemolytic Anemia Eval-MAYO

LAB6265

ORDERING INFO

Synonyms:

- LAB6265-VML
- LAB6265VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6265-VML
- LAB6265VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6265-VML
- LAB6265VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Heparin Induced Thrombocytopenia ELISA

LAB766

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB766, Anti-Heparin PF4 Antibodies, Anti-Heparin Antibodies, Heparin Induced Thrombocytopenia Antibodies, HIT
- LAB766-VML
- LAB766VML

Turn Around Time:

1 day

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB766, Anti-Heparin PF4 Antibodies, Anti-Heparin Antibodies, Heparin Induced Thrombocytopenia Antibodies, HIT
- LAB766-VML
- LAB766VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
ELISA (Enzyme-linked Immunosorbent Assay)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negatuve

Interpretive Data:
The presence of immune complexes or other immunoglobulin aggregates in the plasma may cause an increase in non-specific binding and produce false positive results. The PF4:PVS complexes used in this assay may differ slightly from those created by PF4:Heparin. Therefore, it is possible that some antibodies could react with PVS complexes that do not react with heparin complexes.

Methodology:
ELISA (Enzyme-linked Immunosorbent Assay)

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
The presence of immune complexes or other immunoglobulin aggregates in the plasma may cause an increase in non-specific binding and produce false positive results. A variety of antibodies which include know antibodies to platelet alloantigens, platelet auto antibodies, antibodies to HLA class 1 and anti-fheumatoid factor do not cross react with the target antigen in the microwells.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB766, Anti-Heparin PF4 Antibodies, Anti-Heparin Antibodies, Heparin Induced Thrombocytopenia Antibodies, HIT
- LAB766-VML
- LAB766VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
N/A

Interpretive Data:
The presence of immune complexes or other immunoglobulin aggregates in the plasma may cause an increase in non-specific binding and produce false positive results. The PF4:PVS complexes used in this assay may differ slightly from those created by PF4:Heparin. Therefore, it is possible that some antibodies could react with PVS complexes that do not react with heparin complexes.

Reference Interval:
Negatuve

Additional Information:
The presence of immune complexes or other immunoglobulin aggregates in the plasma may cause an increase in non-specific binding and produce false positive results. A variety of antibodies which include know antibodies to platelet alloantigens, platelet auto antibodies, antibodies to HLA class 1 and anti-fheumatoid factor do not cross react with the target antigen in the microwells.

Methodology:
ELISA (Enzyme-linked Immunosorbent Assay)

Section:
Coagulation

Hepatic Function Panel, Plasma

LAB20

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- HPF, Hepatic Function Panel, Liver Function, LAB20
- LAB20-VML
- LAB20VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Protect from light during collection, storage and shipment. Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.4 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days

Specimen:
Plasma

Alternate Specimen:
N/A (Serum for Roche Not approved)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- HPF, Hepatic Function Panel, Liver Function, LAB20
- LAB20-VML
- LAB20VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
See individual components

Components:
Direct Bilirubin, Total Bilirubin, Albumin, Alkaline Phosphatase, Alanine Aminotransferase, Aspartate Aminotransferase

RESULTS INTERPRETATION

Reference Interval:
See individual components for reference values

Interpretive Data:
N/A

Methodology:
See individual components

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A (Serum for Roche Not approved)

Additional Information:
N/A

Components:
Direct Bilirubin, Total Bilirubin, Albumin, Alkaline Phosphatase, Alanine Aminotransferase, Aspartate Aminotransferase

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Protect from light during collection, storage and shipment. Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.4 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A (Serum for Roche Not approved)

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
Direct Bilirubin, Total Bilirubin, Albumin, Alkaline Phosphatase, Alanine Aminotransferase, Aspartate Aminotransferase

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- HPF, Hepatic Function Panel, Liver Function, LAB20
- LAB20-VML
- LAB20VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
See individual components for reference values

Additional Information:
N/A

Methodology:
See individual components

Section:
Chemistry

Hepatitis A IgM, serum or plasma

LAB798

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

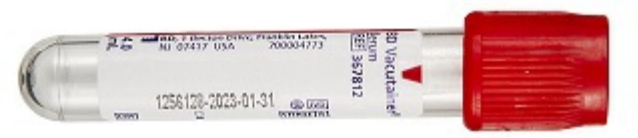
- LAB798, HAM, Hepatitis A IgM Antibody
- LAB798-VML
- LAB798VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)



Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 2 days, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used to diagnose acute hepatitis A virus infection.

Synonyms:

- LAB798, HAM, Hepatitis A IgM Antibody
- LAB798-VML
- LAB798VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hepatitis A IgM

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result indicates acute Hepatitis A virus infection.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
Hepatitis A IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hepatitis A IgM

Stability:
Ambient (15-25°C): 2 days, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB798, HAM, Hepatitis A IgM Antibody
- LAB798-VML
- LAB798VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to diagnose acute hepatitis A virus infection.

Interpretive Data:
A positive result indicates acute Hepatitis A virus infection.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis A Panel, serum or plasma

LAB551

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB551, HAV, Hep A Panel
- LAB551-VML
- LAB551VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 4 days, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
These tests are used as an aid in the diagnosis of current or previous hepatitis A infection, and to determine immune response to HAV vaccine.

Synonyms:

- LAB551, HAV, Hep A Panel
- LAB551-VML
- LAB551VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hepatitis A Total Hepatitis A IgM

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
The presence of hepatitis A IgM indicates current infection. A positive hepatitis A total antibody in the absence of IgM indicates past infection or vaccine-induced immunity.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
Hepatitis A Total Hepatitis A IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hepatitis A Total Hepatitis A IgM

Stability:
Ambient (15-25°C): 4 days, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB551, HAV, Hep A Panel
- LAB551-VML
- LAB551VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
These tests are used as an aid in the diagnosis of current or previous hepatitis A infection, and to determine immune response to HAV vaccine.

Interpretive Data:
The presence of hepatitis A IgM indicates current infection. A positive hepatitis A total antibody in the absence of IgM indicates past infection or vaccine-induced immunity.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis A Total Antibodies, serum or plasma

LAB797

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB797, HAT, Hepatitis A IgG Antibody
- LAB797-VML
- LAB797VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 4 days, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used to detect serologic response to recent or past exposure to hepatitis A virus or HAV vaccination.

Synonyms:

- LAB797, HAT, Hepatitis A IgG Antibody
- LAB797-VML
- LAB797VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hepatitis A Total Ab

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
This assay detects the presence of anti-hepatitis A virus (anti-HAV) total (both IgG and IgM combined). A positive result indicates that the patient had hepatitis A either recently or in the past or immunity to hepatitis A from vaccination.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
This test detects both IgG and IgM antibodies.

Components:
Hepatitis A Total Ab

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hepatitis A Total Ab

Stability:
Ambient (15-25°C): 4 days, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB797, HAT, Hepatitis A IgG Antibody
- LAB797-VML
- LAB797VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to detect serologic response to recent or past exposure to hepatitis A virus or HAV vaccination.

Interpretive Data:
This assay detects the presence of anti-hepatitis A virus (anti-HAV) total (both IgG and IgM combined). A positive result indicates that the patient had hepatitis A either recently or in the past or immunity to hepatitis A from vaccination.

Reference Interval:
Negative

Additional Information:
This test detects both IgG and IgM antibodies.

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis B Core IgM, serum or plasma

LAB549

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB549, HBM
- LAB549-VML
- LAB549VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 4 days, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used, in conjunction with other hepatitis B markers, to determine acute HBV infection.

Synonyms:

- LAB549, HBM
- LAB549-VML
- LAB549VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hep B Core IgM

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result indicates acute HBV infection.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
Hep B Core IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hep B Core IgM

Stability:
Ambient (15-25°C): 4 days, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB549, HBM
- LAB549-VML
- LAB549VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used, in conjunction with other hepatitis B markers, to determine acute HBV infection.

Interpretive Data:
A positive result indicates acute HBV infection.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis B e Antibody, serum or plasma

LAB796

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB796, HEB, HBe Antibody
- LAB796-VML
- LAB796VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 4 days, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used, in conjunction with other hepatitis B markers, to determine HBV infection status.

Synonyms:

- LAB796, HEB, HBe Antibody
- LAB796-VML
- LAB796VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hepatitis B e Antibody

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Interpret in conjunction with other Hepatitis B serologic markers.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
Hepatitis B e Antibody

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hepatitis B e Antibody

Stability:
Ambient (15-25°C): 4 days, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB796, HEB, HBe Antibody
- LAB796-VML
- LAB796VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used, in conjunction with other hepatitis B markers, to determine HBV infection status.

Interpretive Data:
Interpret in conjunction with other Hepatitis B serologic markers.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis B e Antigen, serum or plasma

LAB908

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB908, HEA, HBe Antigen
- LAB908-VML
- LAB908VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 24 hours, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA), Light blue tube (Sodium citrate), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used to diagnose acute, recent or chronic HBV infection and to determine the status of chronic HBV infection.

Synonyms:

- LAB908, HEA, HBe Antigen
- LAB908-VML
- LAB908VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hepatitis B e Antigen

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A confirmed positive results is suggestive of acute or chronic HBV infection, or chronic HBV carrier state

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA), Light blue tube (Sodium citrate), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
Hepatitis B e Antigen

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA), Light blue tube (Sodium citrate), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hepatitis B e Antigen

Stability:
Ambient (15-25°C): 24 hours, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB908, HEA, HBe Antigen
- LAB908-VML
- LAB908VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to diagnose acute, recent or chronic HBV infection and to determine the status of chronic HBV infection.

Interpretive Data:
A confirmed positive results is suggestive of acute or chronic HBV infection, or chronic HBV carrier state

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis B Panel, serum or plasma

LAB3070

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB3070, HBP, Hepatitis B Profile
- LAB3070-VML
- LAB3070VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 3 days, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This panel is used to screen for current or past exposure to hepatitis B virus.

Synonyms:

- LAB3070, HBP, Hepatitis B Profile
- LAB3070-VML
- LAB3070VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hep B Surface Antigen, Hep B Surface Antibody, Hep B Total (IgG and IgM) Core Antibody

RESULTS INTERPRETATION

Reference Interval:
HBsAg: Negative HBcoreTotal: Negative HBsAb: Negative

Interpretive Data:
See Table 1

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
Reflex testing: Hepatitis B Extended Panel (HBcore IgM, HBeAg, HBeAb)

Components:
Hep B Surface Antigen, Hep B Surface Antibody, Hep B Total (IgG and IgM) Core Antibody

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hep B Surface Antigen, Hep B Surface Antibody, Hep B Total (IgG and IgM) Core Antibody

Stability:
Ambient (15-25°C): 3 days, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3070, HBP, Hepatitis B Profile
- LAB3070-VML
- LAB3070VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This panel is used to screen for current or past exposure to hepatitis B virus.

Interpretive Data:
See Table 1

Reference Interval:
HBsAg: Negative HBcoreTotal: Negative HBsAb: Negative

Additional Information:
Reflex testing: Hepatitis B Extended Panel (HBcore IgM, HBeAg, HBeAb)

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis B Surface Antibody, serum or plasma

LAB472

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB472, HBS, HBSAB, Hepatitis B titer
- LAB472-VML
- LAB472VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 24 hours, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used to determine immune response to HBV vaccine, and to monitor HBV disease progression.

Synonyms:

- LAB472, HBS, HBSAB, Hepatitis B titer
- LAB472-VML
- LAB472VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hepatitis B Surface Antibody

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Interpret in conjunction with other Hepatitis B serologic markers.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
Hepatitis B Surface Antibody

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hepatitis B Surface Antibody

Stability:
Ambient (15-25°C): 24 hours, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB472, HBS, HBSAB, Hepatitis B titer
- LAB472-VML
- LAB472VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to determine immune response to HBV vaccine, and to monitor HBV disease progression.

Interpretive Data:
Interpret in conjunction with other Hepatitis B serologic markers.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis B Surface Antigen, serum or plasma

LAB471

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB471, HBSAG, HBG
- LAB471-VML
- LAB471VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 3 days, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used to detect acute or chronic HBV infection.

Synonyms:

- LAB471, HBSAG, HBG
- LAB471-VML
- LAB471VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hepatitis B Surface Antigen

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Interpret in conjunction with other Hepatitis B serologic markers.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
Confirmation by neutralization will be performed when indicated

Components:
Hepatitis B Surface Antigen

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hepatitis B Surface Antigen

Stability:
Ambient (15-25°C): 3 days, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB471, HBSAG, HBG
- LAB471-VML
- LAB471VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to detect acute or chronic HBV infection.

Interpretive Data:
Interpret in conjunction with other Hepatitis B serologic markers.

Reference Interval:
Negative

Additional Information:
Confirmation by neutralization will be performed when indicated

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis B Virus (HBV) by Quantitative PCR

LAB951

ORDERING INFO

Collect:

Plasma Preparation Tube (PPT) [EDTA]

Synonyms:

- LAB951, HBV DNA by PCR, HBV DNA quant, HBD
- LAB951-VML
- LAB951VML

Turn Around Time:

72 hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Plasma Preparation Tube (PPT) [EDTA]

Specimen Preparation:

PPT tube must be centrifuged and plasma removed within 24 hours of collection. (Min 0.8mL Plasma)

Pediatric Collection:

Lavender microtainer (EDTA) or Red microtainer (Serum)

Storage/Transport Temperature:

Ambient (15-25°C)

Performed:

Monday - Friday

Stability:

Blood: Up to 24 hours at Ambient (15-25°C), 6 days Refrigerated (2-8°C) once spun and plasma/serum separated.

Specimen:

Plasma, Serum

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

HBV is one of the leading causes of chronic hepatitis, cirrhosis, and hepatocellular carcinoma. More than 2 billion people are infected worldwide and it is responsible for 1 million deaths annually. In developed countries, HBV is a blood-borne viral infection transmitted via sexual activity, injection-drug use or occupational exposure. Almost all vertical transmission (mother to infant) of HBV has been eliminated in the United States due to the institution of an aggressive HBV vaccination program and the immunoprophylactic treatment of infants born to HBsAg positive mothers. Chronic HBV patients may go on to develop more severe conditions such as cirrhosis, hepatocellular carcinoma, liver failure and other complications. There have been recent advances in antiviral therapy with the development of new nucleoside analogues. This has supported the need for HBV viral quantification for the monitoring of treatment.
Click here to print the Molecular Diagnostics requisition.

Synonyms:

- LAB951, HBV DNA by PCR, HBV DNA quant, HBD
- LAB951-VML
- LAB951VML

Performed:

Monday - Friday

Turn Around Time:
72 hours

Methodology:
PCR (Polymerase Chain Reaction)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
The quantitative range of this assay is 1.00-9.00 log IU/mL (10-1,000,000,000 IU/mL). An interpretation of "Not Detected" does not rule out the presence of inhibitors in the patient specimen or HBV DNA concentration below the level of detection of the test. Care should be taken when interpreting any single viral load determination. This assay should not be used for blood donor screening, associated reentry protocols, or for screening human cell, tissues and cellular tissue-based products (HCT/P).

Methodology:
PCR (Polymerase Chain Reaction)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Plasma Preparation Tube (PPT) [EDTA]

Specimen Preparation:
PPT tube must be centrifuged and plasma removed within 24 hours of collection. (Min 0.8mL Plasma)

Pediatric Collection:
Lavender microtainer (EDTA) or Red microtainer (Serum)

Preferred Collection Volume:
2mL Plasma, 2mL Serum

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Plasma, Serum

Reasons for Rejection:
Specimen not received within 24 hours unspun, Incorrect collection device (i.e. collected in an incorrect vacutainer), Quantity not sufficient

Components:
N/A

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days Refrigerated (2-8°C) once spun and plasma/serum separated.

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB951, HBV DNA by PCR, HBV DNA quant, HBD
- LAB951-VML
- LAB951VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 hours

Ordering Indicators:
HBV is one of the leading causes of chronic hepatitis, cirrhosis, and hepatocellular carcinoma. More than 2 billion people are infected worldwide and it is responsible for 1 million deaths annually. In developed countries, HBV is a blood-borne viral infection transmitted via sexual activity, injection-drug use or occupational exposure. Almost all vertical transmission (mother to infant) of HBV has been eliminated in the United States due to the institution of an aggressive HBV vaccination program and the immunoprophylactic treatment of infants born to HBsAg positive mothers. Chronic HBV patients may go on to develop more severe conditions such as cirrhosis, hepatocellular carcinoma, liver failure and other complications. There have been recent advances in antiviral therapy with the development of new nucleoside analogues. This has supported the need for HBV viral quantification for the monitoring of treatment.
Click here to print the Molecular Diagnostics requisition.

Interpretive Data:
The quantitative range of this assay is 1.00-9.00 log IU/mL (10-1,000,000,000 IU/mL). An interpretation of "Not Detected" does not rule out the presence of inhibitors in the patient specimen or HBV DNA concentration below the level of detection of the test. Care should be taken when interpreting any single viral load determination. This assay should not be used for blood donor screening, associated reentry protocols, or for screening human cell, tissues and cellular tissue-based products (HCT/P).

Reference Interval:
Not detected

Additional Information:
N/A

Methodology:
PCR (Polymerase Chain Reaction)

Section:
Molecular Infectious Disease

Hepatitis B Virus Core Antibodies (Total), Serum or Plasma

LAB1242

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB1242, HBC, Hepatitis B Core Total Antibody
- LAB1242-VML
- LAB1242VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 4 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This is part of a screening protocol for hepatitis B infection, used (in conjuction with other hepatitis B markers) to differentiate between past, chronic, and active hepatitis B infections.

Synonyms:

- LAB1242, HBC, Hepatitis B Core Total Antibody
- LAB1242-VML
- LAB1242VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hepatitis B Core Total Antibody

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Interpret in conjunction with other Hepatitis B serologic markers.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
Hepatitis B Core Total Antibody

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 2 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hepatitis B Core Total Antibody

Stability:
Refrigerated (2-8°C): 4 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB1242, HBC, Hepatitis B Core Total Antibody
- LAB1242-VML
- LAB1242VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This is part of a screening protocol for hepatitis B infection, used (in conjuction with other hepatitis B markers) to differentiate between past, chronic, and active hepatitis B infections.

Interpretive Data:
Interpret in conjunction with other Hepatitis B serologic markers.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis B Virus Genotype by Sequencing

LAB3752

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA), serum separator tube, or plasma preparation tube.

Synonyms:

- Adefovir
- Entecavir
- HBsAg mutations
- HBV drug resistance testing
- HBV Genotype
- HBV Genotyping
- HBV Resistance
- HBV Resistance Sequencing
- HBV Sequencing
- Lamivudine
- Telbivudine
- Tenofovir
- Hepatitis B Drug Resistance Panel
- LAB3752-VML
- LAB3752VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA), serum separator tube, or plasma preparation tube.

Specimen Preparation:
Separate serum or plasma from cells within 24 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Heparinized specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: 6 weeks

Performed:
Tue, Fri

ORDERING

Synonyms:

- Adefovir
- Entecavir
- HBsAg mutations
- HBV drug resistance testing
- HBV Genotype
- HBV Genotyping
- HBV Resistance
- HBV Resistance Sequencing
- HBV Sequencing
- Lamivudine
- Telbivudine
- Tenofovir
- Hepatitis B Drug Resistance Panel
- LAB3752-VML
- LAB3752VML

Ordering Recommendations:
Determine antiviral drug resistance by DNA sequencing.

Performed:
Tue, Fri

Methodology:
Polymerase Chain Reaction/Sequencing

Reported:
7-10 days

Notes:
This test may be unsuccessful if the HBV viral load is less than log 3.0 or 1,000 IU/mL of plasma.

RESULTS INTERPRETATION

Reference Interval:
None

Interpretive Data:
Both the HBV RT polymerase and the HBsAg encoding regions are sequenced. Resistance and surface antigen mutations are reported. In addition, the major HBV genotypes are identified. Mutations in viral sub-populations below 20 percent of total may not be detected.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Polymerase Chain Reaction/Sequencing

ADDITIONAL INFORMATION

CPT Codes:
87912

Section:
RF-ARUP

Notes:
This test may be unsuccessful if the HBV viral load is less than log 3.0 or 1,000 IU/mL of plasma.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA), serum separator tube, or plasma preparation tube.

Specimen Preparation:
Separate serum or plasma from cells within 24 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Heparinized specimens.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: 6 weeks

Storage/Transport Temperature:
Frozen.

Synonyms:

- Adefovir
- Entecavir
- HBsAg mutations
- HBV drug resistance testing
- HBV Genotype
- HBV Genotyping
- HBV Resistance
- HBV Resistance Sequencing
- HBV Sequencing
- Lamivudine
- Telbivudine
- Tenofovir
- Hepatitis B Drug Resistance Panel
- LAB3752-VML
- LAB3752VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
7-10 days

Ordering Recommendations:
Determine antiviral drug resistance by DNA sequencing.

Interpretive Data:
Both the HBV RT polymerase and the HBsAg encoding regions are sequenced. Resistance and surface antigen mutations are reported. In addition, the major HBV genotypes are identified. Mutations in viral sub-populations below 20 percent of total may not be detected.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
None

Methodology:
Polymerase Chain Reaction/Sequencing

Section:
RF-ARUP

CPT Codes:
87912

Notes:
This test may be unsuccessful if the HBV viral load is less than log 3.0 or 1,000 IU/mL of plasma.

Hepatitis C FibroSure-LCOR

LAB5857

ORDERING INFO

Synonyms:

- LAB5857-VML
- LAB5857VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5857-VML
- LAB5857VML

ADDITIONAL INFORMATION

Section:

RF-LCOR

Resulting Laboratory:

LabCorp

FULL VIEW

Synonyms:

- LAB5857-VML
- LAB5857VML

Resulting Laboratory:

LabCorp

Section:

RF-LCOR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Hepatitis C GenoSure-LCOR

LAB5858

ORDERING INFO

Synonyms:

- LAB5858-VML
- LAB5858VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5858-VML
- LAB5858VML

ADDITIONAL INFORMATION

Section:

RF-LCOR

Resulting Laboratory:

LabCorp

FULL VIEW

Synonyms:

- LAB5858-VML
- LAB5858VML

Resulting Laboratory:

LabCorp

Section:

RF-LCOR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Hepatitis C IgG with reflex PCR, serum or plasma

LAB6233

ORDERING INFO

Collect:

HCV IgG: Red tube (no gel)

PCR: Lavender tube (EDTA)

Synonyms:

- LAB6233, HCV, HCV Ab, HCV with reflex
- LAB6233-VML
- LAB6233VML

Turn Around Time:

1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:

NA

Collect:

HCV IgG: Red tube (no gel)

PCR: Lavender tube (EDTA)

Specimen Preparation:

HCV IgG: Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma) PCR: Store EDTA tube refrigerated

Pediatric Collection:

HCV IgG: Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA). PCR: Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:

Refrigerated (2-8°C)

Performed:

Daily

Stability:

Ambient (15-25°C): 4 days, Refrigerated (2-8°C): 7 days

Specimen:

HCV IgG: Serum or plasma PCR: plasma

Alternate Specimen:

HCV IgG: Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used as an aid in the diagnosis of HCV infection.

Synonyms:

- LAB6233, HCV, HCV Ab, HCV with reflex
- LAB6233-VML
- LAB6233VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Hepatitis C Ab

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result indicates past (resolved) or chronic HCV infection. For specimens with positive HCV antibodies, an HCV viral load is reflexively performed to evaluate for active infection. A negative result does not exclude possibility of current HCV infection.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
HCV IgG: Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
If Hep C Ab is positive, reflex to PCR will be added, along with charges for CPT 87522; Hep C PCR is performed Monday - Friday.

Components:
Hepatitis C Ab

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
HCV IgG: Red tube (no gel)

PCR: Lavender tube (EDTA)

Specimen Preparation:
HCV IgG: Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma) PCR: Store EDTA tube refrigerated

Pediatric Collection:
HCV IgG: Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA). PCR: Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 3 mL

Alternate Specimen:
HCV IgG: Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
HCV IgG: Serum or plasma PCR: plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Hepatitis C Ab

Stability:
Ambient (15-25°C): 4 days, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB6233, HCV, HCV Ab, HCV with reflex
- LAB6233-VML
- LAB6233VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used as an aid in the diagnosis of HCV infection.

Interpretive Data:
A positive result indicates past (resolved) or chronic HCV infection. For specimens with positive HCV antibodies, an HCV viral load is reflexively performed to evaluate for active infection. A negative result does not exclude possibility of current HCV infection.

Reference Interval:
Negative

Additional Information:
If Hep C Ab is positive, reflex to PCR will be added, along with charges for CPT 87522; Hep C PCR is performed Monday - Friday.

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis C IgG, serum or plasma

LAB868

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB868, HCV, HCV Ab
- LAB868-VML
- LAB868VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 4 days, 2° - 8°C: 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA), Light blue tube (Sodium citrate), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used as an aid in the diagnosis of hepatitis C infection.

Synonyms:

- LAB868, HCV, HCV Ab
- LAB868-VML
- LAB868VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
HCV Ab

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result indicates past or chronic HCV infection. HCV RNA quantification is recommended to distinguish past or chronic HCV infection.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA), Light blue tube (Sodium citrate), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
HCV Ab

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA), Light blue tube (Sodium citrate), Light green tube (Lithium heparin with gel), Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
HCV Ab

Stability:
Ambient (15-25°C): 4 days, 2° - 8°C: 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB868, HCV, HCV Ab
- LAB868-VML
- LAB868VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used as an aid in the diagnosis of hepatitis C infection.

Interpretive Data:
A positive result indicates past or chronic HCV infection. HCV RNA quantification is recommended to distinguish past or chronic HCV infection.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Hepatitis C NS5A-LCOR

LAB5859

ORDERING INFO

Synonyms:

- LAB5859-VML
- LAB5859VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5859-VML
- LAB5859VML

ADDITIONAL INFORMATION

Section:

RF-LCOR

Resulting Laboratory:

LabCorp

FULL VIEW

Synonyms:

- LAB5859-VML
- LAB5859VML

Resulting Laboratory:

LabCorp

Section:

RF-LCOR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Hepatitis C Virus (HCV) by Quantitative PCR

LAB1834

ORDERING INFO

Collect:

Blood: Plasma Preparation Tube (PPT) (EDTA)

Synonyms:

- LAB1834, HCQ, HCV RNA quant, Hepatitis C RNA Quant
- LAB1834-VML
- LAB1834VML

Turn Around Time:

72 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Blood: Plasma Preparation Tube (PPT) (EDTA)

Specimen Preparation:

Blood: draw 4.0ml of whole blood (Lavender tube [EDTA] or Red tube [Serum]), deliver to lab within 24hrs at Ambient (15-25°C). (Min 0.7mL Plasma), (Min 0.7mL Serum)

Pediatric Collection:

Lavender microtainer (EDTA) or Red microtainer (Serum)

Storage/Transport Temperature:

Blood: Ambient (15-25°C)

Performed:

Monday - Friday

Stability:

Blood: Up to 24 hours at Ambient (15-25°C), 6 days at Refrigerated (2-8°C) once spun and plasma/serum separated.

Specimen:

Blood in a Lavender tube (EDTA) or Red tube (Serum)

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

It is necessary to quantitate HCV RNA once a patient has been diagnosed with an HCV infection to provide base-line levels prior to starting drug therapy. HCV can be treated with interferon-a alone or in combination with ribavirin. The amount of HCV RNA in the plasma (viral load) correlates to the response to therapy and the stage of HCV infection. HCV quantification will track levels to monitor the response to drug therapy. With successful drug therapy the viral load decreases and in some patients reaches undetectable levels. Nucleic acid techniques are currently the only reliable laboratory test for HCV quantitation in clinical specimens.

Synonyms:

- LAB1834, HCQ, HCV RNA quant, Hepatitis C RNA Quant
- LAB1834-VML
- LAB1834VML

Performed:

Monday - Friday

Turn Around Time:

72 Hours

Methodology:
PCR (Polymerase Chain Reaction)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not Detected

Interpretive Data:
Normal range for this assay is "Not Detected." The quantitative range of this assay is 10 -100,000,000 IU/mL (1.0 -8.0 log IU/mL). Lower limit of quantitation (LLoQ): 10 IU/mL (1.0 log IU/mL) LLoQ values do not apply to diluted specimens. A result of "Not Detected" does not rule out the presence of inhibitors in the patient specimen or hepatitis C virus RNA concentrations below the level of detection of the test. Care should be taken when interpreting any single viral load determination. This test should not be used for blood donor screening, associated reentry protocols, or for screening human cell, tissues and cellular tissue-based products (HCT/P).

Methodology:
PCR (Polymerase Chain Reaction)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Plasma Preparation Tube (PPT) (EDTA)

Specimen Preparation:
Blood: draw 4.0ml of whole blood (Lavender tube [EDTA] or Red tube [Serum]), deliver to lab within 24hrs at Ambient (15-25°C). (Min 0.7mL Plasma), (Min 0.7mL Serum)

Pediatric Collection:
Lavender microtainer (EDTA) or Red microtainer (Serum)

Preferred Collection Volume:
1mL Plasma; 1mL Serum

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Blood in a Lavender tube (EDTA) or Red tube (Serum)

Reasons for Rejection:
Specimen collected incorrectly (i.e. Whole Blood sent in wrong blood vacutainer); alternative specimen type/source sent without Medical Director approval

Components:
N/A

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days at Refrigerated (2-8°C) once spun and plasma/serum separated.

Storage/Transport Temperature:
Blood: Ambient (15-25°C)

Synonyms:

- LAB1834, HCQ, HCV RNA quant, Hepatitis C RNA Quant
- LAB1834-VML
- LAB1834VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 Hours

Ordering Indicators:
It is necessary to quantitate HCV RNA once a patient has been diagnosed with an HCV infection to provide base-line levels prior to starting drug therapy. HCV can be treated with interferon-a alone or in combination with ribavirin. The amount of HCV RNA in the plasma (viral load) correlates to the response to therapy and the stage of HCV infection. HCV quantification will track levels to monitor the response to drug therapy. With successful drug therapy the viral load decreases and in some patients reaches undetectable levels. Nucleic acid techniques are currently the only reliable laboratory test for HCV quantitation in clinical specimens.

Interpretive Data:
Normal range for this assay is "Not Detected." The quantitative range of this assay is 10 -100,000,000 IU/mL (1.0 -8.0 log IU/mL). Lower limit of quantitation (LLoQ): 10 IU/mL (1.0 log IU/mL) LLoQ values do not apply to diluted specimens. A result of "Not Detected" does not rule out the presence of inhibitors in the patient specimen or hepatitis C virus RNA concentrations below the level of detection of the test. Care should be taken when interpreting any single viral load determination. This test should not be used for blood donor screening, associated reentry protocols, or for screening human cell, tissues and cellular tissue-based products (HCT/P).

Reference Interval:
Not Detected

Additional Information:
N/A

Methodology:
PCR (Polymerase Chain Reaction)

Section:
Molecular Infectious Disease

Hepatitis C Virus Genotype by Sequencing

LAB915

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB915, HC5, Hep C typing, HCV typing, HCV GT
- LAB915-VML
- LAB915VML

Turn Around Time:

7-10 Days

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Lavender tube must be centrifuged and plasma removed within 24 hours of collection. (0.8mL Plasma)

Pediatric Collection:

Lavender tube (EDTA)

Storage/Transport Temperature:

Ambient (15-25°C)

Performed:

Weekly

Stability:

Blood: Up to 24 hours at Ambient (15-25°C), 6 days Refrigerated(2-8°C) once spun and plasma/serum separated.

Specimen:

Plasma (EDTA)

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

HCV genotyping is recommended after diagnosis of HCV to help in selecting a therapeutic regimen and also to determine expected virological response and therefore outcome of therapy. The current guidelines for therapy suggest that patients infected with genotype 1 follow a longer course of therapy (48 weeks) and a combination therapy than those of other genotypes. Amplifying and sequencing the 5' untranslated region (UTR) region of HCV genome allows the HCV genotype to be determined by comparing to prototypic HCV genotypes in a database.

Synonyms:

- LAB915, HC5, Hep C typing, HCV typing, HCV GT
- LAB915-VML
- LAB915VML

Performed:

Weekly

Turn Around Time:
7-10 Days

Methodology:
PCR (Polymerase Chain Reaction)

Components:
Will determine one of the following HCV Genotypes: 1a, 1b, 2, 2a/c, 2b, 3, 4, 5, and 6.

RESULTS INTERPRETATION

Reference Interval:
HCV Genotype

Interpretive Data:
Hepatitis C viral RNA is tested using reverse-transcription polymerase chain reaction (RT-PCR) to amplify a specific portion of the 5' untranslated region (5' UTR) of the viral genome. The amplified nucleic acid is sequenced bi-directionally using dye-terminator chemistry (ABI). Sequencing data is compared to a database of characterized sequences. Isolates of hepatitis C virus are grouped into six major genotypes (1-6). These genotypes are subtyped according to sequence characteristics. Due to high conservation of the 5' untranslated region of the HCV genome, this test has limitations in differentiating subtype 1a from 1b. Therefore, these subtypes will be reported as "1a or 1b." In rare instances, Type 6 virus may be misclassified as Type 1. This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
PCR (Polymerase Chain Reaction)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
THIS TEST IS CURRENTLY BEING SENT OUT TO ARUP LABORATORIES. PLEASE EXPECT A 7-10 TAT*

Components:
Will determine one of the following HCV Genotypes: 1a, 1b, 2, 2a/c, 2b, 3, 4, 5, and 6.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Lavender tube must be centrifuged and plasma removed within 24 hours of collection. (0.8mL Plasma)

Pediatric Collection:
Lavender tube (EDTA)

Preferred Collection Volume:
2mL Plasma

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Plasma (EDTA)

Reasons for Rejection:
Specimen not received within 24 hours unspun, Incorrect collection device (i.e. collected in an incorrect vacutainer), Quantity not sufficient

Components:
Will determine one of the following HCV Genotypes: 1a, 1b, 2, 2a/c, 2b, 3, 4, 5, and 6.

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days Refrigerated(2-8°C) once spun and plasma/serum separated.

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB915, HC5, Hep C typing, HCV typing, HCV GT
- LAB915-VML
- LAB915VML

Performed:
Weekly

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7-10 Days

Ordering Indicators:
HCV genotyping is recommended after diagnosis of HCV to help in selecting a therapeutic regimen and also to determine expected virological response and therefore outcome of therapy. The current guidelines for therapy suggest that patients infected with genotype 1 follow a longer course of therapy (48 weeks) and a combination therapy than those of other genotypes. Amplifying and sequencing the 5' untranslated region (UTR) region of HCV genome allows the HCV genotype to be determined by comparing to prototypic HCV genotypes in a database.

Interpretive Data:
Hepatitis C viral RNA is tested using reverse-transcription polymerase chain reaction (RT-PCR) to amplify a specific portion of the 5' untranslated region (5' UTR) of the viral genome. The amplified nucleic acid is sequenced bi-directionally using dye-terminator chemistry (ABI). Sequencing data is compared to a database of characterized sequences. Isolates of hepatitis C virus are grouped into six major genotypes (1-6). These genotypes are subtyped according to sequence characteristics. Due to high conservation of the 5' untranslated region of the HCV genome, this test has limitations in differentiating subtype 1a from 1b. Therefore, these subtypes will be reported as "1a or 1b." In rare instances, Type 6 virus may be misclassified as Type 1. This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
HCV Genotype

Additional Information:
THIS TEST IS CURRENTLY BEING SENT OUT TO ARUP LABORATORIES. PLEASE EXPECT A 7-10 TAT*

Methodology:
PCR (Polymerase Chain Reaction)

Section:
Molecular Infectious Disease

Hepatitis Delta Virus (HDV), IgM Antibody, EIA

LAB1240

ORDERING INFO

Collect:
Plain red or serum separator tube (SST).

Synonyms:

- LAB1240-VML
- LAB1240VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Varies

ORDERING

Synonyms:

- LAB1240-VML
- LAB1240VML

Ordering Recommendations:
Determine whether HDV infection is acute rather than chronic. Consider ordering HBV IgM core antibody to determine whether HDV infection is a coinfection or a superinfection with HBV.

Performed:
Varies

Methodology:
Enzyme Immunoassay

Reported:
3-8 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86692

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- LAB1240-VML
- LAB1240VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-8 days

Ordering Recommendations:
Determine whether HDV infection is acute rather than chronic. Consider ordering HBV IgM core antibody to determine whether HDV infection is a coinfection or a superinfection with HBV.

Reference Interval:
By report

Methodology:
Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
86692

Hepatitis E Virus (HEV) Antibody, IgG

LAB3753

ORDERING INFO

Collect:
Serum separator tube. Also acceptable: Red (clot activator), lavender (EDTA), pink (K_2EDTA).

Synonyms:

- Hep E IgG
- Hepatitis E IgG
- HEV
- LAB3753-VML
- LAB3753VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Also acceptable: Red (clot activator), lavender (EDTA), pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Specimens containing particulate material.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- Hep E IgG
- Hepatitis E IgG
- HEV
- LAB3753-VML
- LAB3753VML

Ordering Recommendations:
Recommended for determining exposure to HEV.

Performed:
Tue, Thu, Sat

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86790

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Also acceptable: Red (clot activator), lavender (EDTA), pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Specimens containing particulate material.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Hep E IgG
- Hepatitis E IgG
- HEV
- LAB3753-VML
- LAB3753VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Recommended for determining exposure to HEV.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Negative

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86790

Hepatitis E Virus (HEV) Antibody, IgM

LAB3754

ORDERING INFO

Collect:
Serum separator tube. Also acceptable: Red (clot activator), lavender (EDTA), pink (K_2EDTA).

Synonyms:

- Hep E IgM
- Hepatitis E IgM
- HEV
- LAB3754-VML
- LAB3754VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Also acceptable: Red (clot activator), lavender (EDTA), pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Specimens containing particulate material.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- Hep E IgM
- Hepatitis E IgM
- HEV
- LAB3754-VML
- LAB3754VML

Ordering Recommendations:
Preferred test for diagnosing acute HEV infection.

Performed:
Tue, Thu, Sat

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86790

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Also acceptable: Red (clot activator), lavender (EDTA), pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Specimens containing particulate material.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Hep E IgM
- Hepatitis E IgM
- HEV
- LAB3754-VML
- LAB3754VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Preferred test for diagnosing acute HEV infection.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Negative

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86790

Hepatocyte Nuclear Factor 1-beta (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath129

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- HNF1-beta, HNF1B

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- HNF1-beta, HNF1B

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- HNF1-beta, HNF1B

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Hepatocyte Specific Antigen (OCH1E5) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath124

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Hep-Par1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Hep-Par1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Hep-Par1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Her-2 (4B5) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath125

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Hereditary Hemochromatosis (HFE) Genotyping, Whole Blood

LAB3033

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB3033, HH, HHM, HFE Gene, C282Y, H63D
- LAB3033-VML
- LAB3033VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient (15-25°C) or Refrigerated (2-8°C)

Performed:

Tuesday

Stability:

Lavender EDTA: Ambient (15-25°C): 2 days; Refrigerated (2-8°C)C: 7 days

Specimen:

Whole Blood

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Hereditary hemochromatosis is an autosomal recessive disorder of iron metabolism that results in iron accumulation in otherwise healthy tissue primarily in liver, heart, joints, pituitary gland, and pancreas. DNA testing can confirm the cause of hemochromatosis and aid in early detection of disease and potentially prevent the sequelae resulting from decades of iron overloading in organs.

Synonyms:

- LAB3033, HH, HHM, HFE Gene, C282Y, H63D
- LAB3033-VML
- LAB3033VML

Performed:

Tuesday

Turn Around Time:
10 days

Methodology:
Direct detection of HFE variants c.845G>A (p.Cys282Tyr) and c.187C>G (p.His63Asp) by Taqman® SNP genotyping assays; Laboratory Developed Test

Components:
Tests for variants at C282Y and H63D

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
Direct detection of C282Y and H63D variants in the HFE gene.

Methodology:
Direct detection of HFE variants c.845G>A (p.Cys282Tyr) and c.187C>G (p.His63Asp) by Taqman® SNP genotyping assays; Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
N/A

Additional Information:
Laboratory Developed Test

Components:
Tests for variants at C282Y and H63D

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:
N/A

Preferred Collection Volume:
4 mL whole blood

Alternate Specimen:
N/A

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole Blood

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected.

Components:
Tests for variants at C282Y and H63D

Stability:
Lavender EDTA: Ambient (15-25°C): 2 days; Refrigerated (2-8°C)C: 7 days

Storage/Transport Temperature:
Ambient (15-25°C) or Refrigerated (2-8°C)

Synonyms:

- LAB3033, HH, HHM, HFE Gene, C282Y, H63D
- LAB3033-VML
- LAB3033VML

Performed:
Tuesday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Hereditary hemochromatosis is an autosomal recessive disorder of iron metabolism that results in iron accumulation in otherwise healthy tissue primarily in liver, heart, joints, pituitary gland, and pancreas. DNA testing can confirm the cause of hemochromatosis and aid in early detection of disease and potentially prevent the sequelae resulting from decades of iron overloading in organs.

Interpretive Data:
Direct detection of C282Y and H63D variants in the HFE gene.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Direct detection of HFE variants c.845G>A (p.Cys282Tyr) and c.187C>G (p.His63Asp) by Taqman® SNP genotyping assays; Laboratory Developed Test

Section:
Molecular Diagnostics

Hereditary Hemorrhagic Telangiectasia (HHT) Panel, Sequencing and Deletion/Duplication

LAB6248

ORDERING INFO

Collect:
Lavender or pink (EDTA) or yellow (ACD solution A or B).
New York State Clients: Lavender (EDTA)

Synonyms:

- JPS
- CM-AVM
- CM/AVM
- juvenile polyposis syndrome
- Osler-Weber-Rendu syndrome
- Parkes Weber syndrome
- BMP9
- LAB6248-VML
- LAB6248VML

SPECIMEN REQUIREMENTS

Collect:
Lavender or pink (EDTA) or yellow (ACD solution A or B).
New York State Clients: Lavender (EDTA)

Specimen Preparation:
Transport 3 mL whole blood. (Min: 3 mL)

Unacceptable Conditions:
Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
New York State Clients: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: Unacceptable

Performed:
Varies

ORDERING

Synonyms:

- JPS
- CM-AVM
- CM/AVM
- juvenile polyposis syndrome
- Osler-Weber-Rendu syndrome
- Parkes Weber syndrome
- BMP9
- LAB6248-VML
- LAB6248VML

Ordering Recommendations:
Recommended diagnostic test for individuals with clinical features of hereditary hemorrhagic telangiectasia (HHT).

Performed:
Varies

Methodology:
Massively Parallel Sequencing

Reported:
10-15 days

Notes:
GENES TESTED: ACVRL1, BMPR2, ENG,* EPHB4, GDF2, RASA1, SMAD4

*One or more exons are not covered by deletion/duplication analysis for the indicated gene; see Additional Technical Information.

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Methodology:
Massively Parallel Sequencing

ADDITIONAL INFORMATION

CPT Codes:
81405; 81406; 81479

Section:
RF-ARUP

Notes:
GENES TESTED: ACVRL1, BMPR2, ENG,* EPHB4, GDF2, RASA1, SMAD4

*One or more exons are not covered by deletion/duplication analysis for the indicated gene; see Additional Technical Information.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender or pink (EDTA) or yellow (ACD solution A or B).
New York State Clients: Lavender (EDTA)

Specimen Preparation:
Transport 3 mL whole blood. (Min: 3 mL)

Unacceptable Conditions:
Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
New York State Clients: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- JPS
- CM-AVM
- CM/AVM
- juvenile polyposis syndrome
- Osler-Weber-Rendu syndrome
- Parkes Weber syndrome
- BMP9
- LAB6248-VML
- LAB6248VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
10-15 days

Ordering Recommendations:
Recommended diagnostic test for individuals with clinical features of hereditary hemorrhagic telangiectasia (HHT).

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Reference Interval:
By report

Methodology:
Massively Parallel Sequencing

Section:
RF-ARUP

CPT Codes:
81405; 81406; 81479

Notes:
GENES TESTED: ACVRL1, BMPR2, ENG,* EPHB4, GDF2, RASA1, SMAD4

*One or more exons are not covered by deletion/duplication analysis for the indicated gene; see Additional Technical Information.

Herpes Simplex Virus (HSV-1/HSV-2) Subtype by Qualitative PCR

LAB3072

ORDERING INFO

Collect:

Blood: Red tube (Serum)

Swab: Universal /Viral Transport Media (UTM/VTM)

CSF: Sterile Container

Synonyms:

- LAB3072, Herpes Simplex Virus DNA, HSV CSF, HSV DNA, HSD
- LAB3072-VML
- LAB3072VML

Turn Around Time:

1 - 2 days

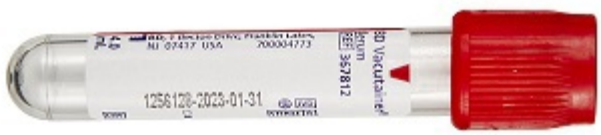
SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Blood: Red tube (Serum)



Swab: Universal /Viral Transport Media (UTM/VTM)

CSF: Sterile Container

Specimen Preparation:

Blood: draw 4.0ml of whole blood (Red Tube [Serum]), deliver to lab within 24hrs at Ambient (15-25°C). Swab: Swab site and place in either UTM or VTM, deliver to lab within 24hrs at Ambient (15-25°C). CSF: Collect in sterile container and deliver to lab within 24hrs at Ambient (15-25°C) (Min 1.0mL Serum), (Min 0.2mL UTM/VTM), (Min 0.2mL CSF)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Blood: Ambient (15-25°C); Swabs: Ambient (15-25°C). CSF: Ambient (15-25°C)

Performed:

Daily

Stability:

Blood: Up to 24 hours at Ambient (15-25°C), 6 days at Refrigerated (2-8°C) once spun and serum separated. Swabs: collected in UTM or VTM within 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C). CSF: 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C), 4 weeks at Frozen(<=-20°C).

Specimen:

Blood in a Red tube (Serum); Swab collected in UTM/VTM; CSF

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

PCR is substantially more sensitive than viral culture and test of choice for the diagnosis of suspected HSV infections of the central nervous system (encephalitis and meningitis). CSF cultures are generally of limited value in the detection of HSV. PCR is also the test of choice for detection of HSV viremia. Though culture isolation serves as a reliable means of demonstrating HSV in oral and genital lesions, PCR displays increased sensitivity at mucocutaneous sites.

Synonyms:

- LAB3072, Herpes Simplex Virus DNA, HSV CSF, HSV DNA, HSD
- LAB3072-VML
- LAB3072VML

Performed:

Daily

Turn Around Time:

1 - 2 days

Methodology:

PCR - Polymerase Chain Reaction

Components:

None

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
Assay sensitivity for virus detection in CSF may be low shortly after symptom development. Consider repeat testing for patients with a negative HSV PCR result but exhibiting a compatible clinical syndrome or neuroimaging findings.

Methodology:
PCR - Polymerase Chain Reaction

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
None

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Red tube (Serum)

Swab: Universal /Viral Transport Media (UTM/VTM)

CSF: Sterile Container

Specimen Preparation:
Blood: draw 4.0ml of whole blood (Red Tube [Serum]), deliver to lab within 24hrs at Ambient (15-25°C). Swab: Swab site and place in either UTM or VTM, deliver to lab within 24hrs at Ambient (15-25°C). CSF: Collect in sterile container and deliver to lab within 24hrs at Ambient (15-25°C) (Min 1.0mL Serum), (Min 0.2mL UTM/VTM), (Min 0.2mL CSF)

Pediatric Collection:
N/A

Preferred Collection Volume:
1mL Serum; 200ul UTM/VTM; 200ul CSF

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Blood in a Red tube (Serum); Swab collected in UTM/VTM; CSF

Reasons for Rejection:
Specimen collected incorrectly (i.e. Whole Blood sent in wrong blood vacutainer); alternative specimen type/source sent without Medical Director approval

Components:
None

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days at Refrigerated (2-8°C) once spun and serum separated. Swabs: collected in UTM or VTM within 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C). CSF: 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C), 4 weeks at Frozen(<=-20°C).

Storage/Transport Temperature:
Blood: Ambient (15-25°C); Swabs: Ambient (15-25°C). CSF: Ambient (15-25°C)

Synonyms:

- LAB3072, Herpes Simplex Virus DNA, HSV CSF, HSV DNA, HSD
- LAB3072-VML
- LAB3072VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 2 days

Ordering Indicators:
PCR is substantially more sensitive than viral culture and test of choice for the diagnosis of suspected HSV infections of the central nervous system (encephalitis and meningitis). CSF cultures are generally of limited value in the detection of HSV. PCR is also the test of choice for detection of HSV viremia. Though culture isolation serves as a reliable means of demonstrating HSV in oral and genital lesions, PCR displays increased sensitivity at mucocutaneous sites.

Interpretive Data:
Assay sensitivity for virus detection in CSF may be low shortly after symptom development. Consider repeat testing for patients with a negative HSV PCR result but exhibiting a compatible clinical syndrome or neuroimaging findings.

Reference Interval:
Not detected

Additional Information:
N/A

Methodology:
PCR - Polymerase Chain Reaction

Section:
Molecular Infectious Disease

Herpes Simplex Virus Cocktail (10A3/BSB-116) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath130

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- HSV Cocktail

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- HSV Cocktail

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- HSV Cocktail

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Herpes Simplex Virus Type 1 and Type 2 IgG, serum or plasma

LAB507

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB507, HGG, HSV, HSV IgG
- LAB507-VML
- LAB507VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used to determine past HSV exposure.

Synonyms:

- LAB507, HGG, HSV, HSV IgG
- LAB507-VML
- LAB507VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
HSV Type 1 IgG HSV Type 2 IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Positive results indicate previous HSV infection.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
Detection of IgG antibodies to HSV should not be used as the primary means of diagnosis of HSV infection. For patients with suspected acute HSV, a clinical specimen should be obtained and submitted for HSV PCR.

Components:
HSV Type 1 IgG HSV Type 2 IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
HSV Type 1 IgG HSV Type 2 IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB507, HGG, HSV, HSV IgG
- LAB507-VML
- LAB507VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to determine past HSV exposure.

Interpretive Data:
Positive results indicate previous HSV infection.

Reference Interval:
Negative

Additional Information:
Detection of IgG antibodies to HSV should not be used as the primary means of diagnosis of HSV infection. For patients with suspected acute HSV, a clinical specimen should be obtained and submitted for HSV PCR.

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG & IgM (CSF) with Reflex to Type 1 & 2 Glycoprotein G-Specific Ab, IgG

LAB3161

ORDERING INFO

Collect:
CSF.

Synonyms:

- HSV 1,2 and glycoprotein reflex
- HSV glycoprotein G CSF
- HSV glycoprotein G-based type-specific CSF
- Herpes Simplex CSF
- HSV 1, 2 IgG IgM CSF
- HSV 1,2 glycoprotein CSF
- HSV CSF antibody
- HSV 1,2
- glycoprotein type-specific reactivity
- Herpes Simplex Antibodies, IgG IgM CSF
- LAB3161-VML
- LAB3161VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimen types other than CSF. Contaminated, heat-inactivated, or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- HSV 1,2 and glycoprotein reflex
- HSV glycoprotein G CSF
- HSV glycoprotein G-based type-specific CSF
- Herpes Simplex CSF
- HSV 1, 2 IgG IgM CSF
- HSV 1,2 glycoprotein CSF
- HSV CSF antibody
- HSV 1,2
- glycoprotein type-specific reactivity
- Herpes Simplex Antibodies, IgG IgM CSF
- LAB3161-VML
- LAB3161VML

Ordering Recommendations:
Not recommended for herpes simplex virus (HSV) testing; lacks adequate predictive value for acute infection. Preferred testing is Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR (2010095).

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Chemiluminescent Immunoassay /Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-2 days

Notes:
If HSV 1/2 IgG, CSF is greater than or equal to 1.10 IV , then HSV 1 gG-Specific IgG, CSF and HSV 2 gG-Specific IgG, CSF will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
HSV 1 and/or 2 Antibodies IgM, CSF	0.89 IV or less
HSV 1/2 Antibody Screen IgG, CSF	0.89 IV or less

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgM, CSF by ELISA	0.89 IV or less; Negative. No significant level of detectable HSV IgM antibody. 0.90-1.09 IV: Equivocal. Questionable presence of IgM antibodies. Repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Positive. IgM antibody to HSV detected which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post infection.
Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG, CSF	0.89 IV or less: Negative - No significant level of detectable HSV IgG antibody. 0.90-1.09 IV: Equivocal - Questionable presence of IgG antibodies. Repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Positive - IgG antibody to HSV detected which may indicate a current or past HSV infection.

Methodology:

Semi-Quantitative Chemiluminescent Immunoassay /Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86694 x2; if reflexed, add 86695; 86696

Section:

RF-ARUP

Notes:

If HSV 1/2 IgG, CSF is greater than or equal to 1.10 IV , then HSV 1 gG-Specific IgG, CSF and HSV 2 gG-Specific IgG, CSF will be added. Additional charges apply.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

CSF.

Specimen Preparation:

Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:

Specimen types other than CSF. Contaminated, heat-inactivated, or hemolyzed specimens.

Stability (from collection to initiation):

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- HSV 1,2 and glycoprotein reflex
- HSV glycoprotein G CSF
- HSV glycoprotein G-based type-specific CSF
- Herpes Simplex CSF
- HSV 1, 2 IgG IgM CSF
- HSV 1,2 glycoprotein CSF
- HSV CSF antibody
- HSV 1,2
- glycoprotein type-specific reactivity
- Herpes Simplex Antibodies, IgG IgM CSF
- LAB3161-VML
- LAB3161VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Not recommended for herpes simplex virus (HSV) testing; lacks adequate predictive value for acute infection. Preferred testing is Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR (2010095).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgM, CSF by ELISA	0.89 IV or less; Negative. No significant level of detectable HSV IgM antibody. 0.90-1.09 IV: Equivocal. Questionable presence of IgM antibodies. Repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Positive. IgM antibody to HSV detected which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post infection.
Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG, CSF	0.89 IV or less: Negative - No significant level of detectable HSV IgG antibody. 0.90-1.09 IV: Equivocal - Questionable presence of IgG antibodies. Repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Positive - IgG antibody to HSV detected which may indicate a current or past HSV infection.

Reference Interval:

Components	Reference Interval
HSV 1 and/or 2 Antibodies IgM, CSF	0.89 IV or less
HSV 1/2 Antibody Screen IgG, CSF	0.89 IV or less

Methodology:
Semi-Quantitative Chemiluminescent Immunoassay /Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86694 x2; if reflexed, add 86695; 86696

Notes:
If HSV 1/2 IgG, CSF is greater than or equal to 1.10 IV , then HSV 1 gG-Specific IgG, CSF and HSV 2 gG-Specific IgG, CSF will be added. Additional charges apply.

Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF

LAB3162

ORDERING INFO

Collect:
CSF.

Synonyms:

- HerpeSelect
- HSV 1 CSF
- HSV type 1 glycoprotein G, CSF
- HSV typing CSF
- HSV-1
- LAB3162-VML
- LAB3162VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Specimen types other than CSF. Contaminated, heat-inactivated, or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Mon, Wed, Fri

Remarks:
Indicate source on test request form.

ORDERING

Synonyms:

- HerpeSelect
- HSV 1 CSF
- HSV type 1 glycoprotein G, CSF
- HSV typing CSF
- HSV-1
- LAB3162-VML
- LAB3162VML

Ordering Recommendations:
Not a standalone test. Molecular testing is preferred; refer to Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR (2010095).

Performed:
Mon, Wed, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

0.89 IV or less	Negative - No significant level of detectable IgG antibody to HSV type 1 glycoprotein G.
0.90-1.10 IV	Equivocal - Questionable presence of IgG antibody to HSV type 1. Repeat testing in 10-14 days may be helpful.
1.11 IV or greater	Positive - IgG antibody to HSV type 1 glycoprotein G detected, which may indicate a current or past infection.

Interpretive Data:

Individuals infected with HSV may not exhibit detectable IgG antibody to type-specific HSV antigens 1 and 2 in the early stages of infection. Detection of antibody presence in these cases may only be possible using a nontype-specific screening test.

The detection of antibodies to herpes simplex virus in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

Fourfold or greater rise in CSF antibodies to herpes on specimens at least 4 weeks apart are found in 74-94 percent of patients with herpes encephalitis. Specificity of the test based on a single CSF testing is not established. Presently PCR is the primary means of establishing a diagnosis of herpes encephalitis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86695

Section:

RF-ARUP

Remarks:

Indicate source on test request form.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

CSF.

Specimen Preparation:

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:

Specimen types other than CSF. Contaminated, heat-inactivated, or hemolyzed specimens.

Stability (from collection to initiation):

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- HerpeSelect
- HSV 1 CSF
- HSV type 1 glycoprotein G, CSF
- HSV typing CSF
- HSV-1
- LAB3162-VML
- LAB3162VML

Performed:

Mon, Wed, Fri

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Not a standalone test. Molecular testing is preferred; refer to Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR (2010095).

Interpretive Data:

Individuals infected with HSV may not exhibit detectable IgG antibody to type-specific HSV antigens 1 and 2 in the early stages of infection. Detection of antibody presence in these cases may only be possible using a nontype-specific screening test.

The detection of antibodies to herpes simplex virus in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

Fourfold or greater rise in CSF antibodies to herpes on specimens at least 4 weeks apart are found in 74-94 percent of patients with herpes encephalitis. Specificity of the test based on a single CSF testing is not established. Presently PCR is the primary means of establishing a diagnosis of herpes encephalitis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

0.89 IV or less	Negative - No significant level of detectable IgG antibody to HSV type 1 glycoprotein G.
0.90-1.10 IV	Equivocal - Questionable presence of IgG antibody to HSV type 1. Repeat testing in 10-14 days may be helpful.
1.11 IV or greater	Positive - IgG antibody to HSV type 1 glycoprotein G detected, which may indicate a current or past infection.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

86695

Remarks:

Indicate source on test request form.

Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF

LAB3163

ORDERING INFO

Collect:
CSF.

Synonyms:

- HSV-2
- Herpes Simplex glycoprotein G CSF
- HerpeSelect
- HSV 2 typing CSF
- HSV CSF typing
- HSV Type 2 IgG Specific Ab
- LAB3163-VML
- LAB3163VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Specimen types other than CSF. Contaminated, heat-inactivated, or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Mon, Wed, Fri

Remarks:
Indicate source on test request form.

ORDERING

Synonyms:

- HSV-2
- Herpes Simplex glycoprotein G CSF
- HerpeSelect
- HSV 2 typing CSF
- HSV CSF typing
- HSV Type 2 IgG Specific Ab
- LAB3163-VML
- LAB3163VML

Ordering Recommendations:
Not a standalone test. Molecular testing is preferred; refer to Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR (2010095).

Performed:
Mon, Wed, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

0.89 IV or less	Negative - No significant level of detectable IgG antibody to HSV type 2 glycoprotein G.
0.90-1.10 IV	Equivocal - Questionable presence of IgG antibody to HSV type 2. Repeat testing in 10-14 days may be helpful.
1.11 IV or greater	Positive - IgG antibody to HSV type 2 glycoprotein G detected, which may indicate a current or past HSV infection.

Interpretive Data:

Individuals infected with HSV may not exhibit detectable IgG antibody to type-specific HSV antigens 1 and 2 in the early stages of infection. Detection of antibody presence in these cases may only be possible using a nontype-specific screening test.

The detection of antibodies to herpes simplex virus in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

Fourfold or greater rise in CSF antibodies to herpes on specimens tested at least 4 weeks apart are found in 74-94 percent of patients with herpes encephalitis. Specificity of the test based on a single CSF testing is not established. Presently PCR is the primary means of establishing a diagnosis of herpes encephalitis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86696

Section:

RF-ARUP

Remarks:

Indicate source on test request form.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

CSF.

Specimen Preparation:

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:

Specimen types other than CSF. Contaminated, heat-inactivated, or hemolyzed specimens.

Stability (from collection to initiation):

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- HSV-2
- Herpes Simplex glycoprotein G CSF
- HerpeSelect
- HSV 2 typing CSF
- HSV CSF typing
- HSV Type 2 IgG Specific Ab
- LAB3163-VML
- LAB3163VML

Performed:

Mon, Wed, Fri

Resulting Laboratory:

ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Not a standalone test. Molecular testing is preferred; refer to Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR (2010095).

Interpretive Data:
Individuals infected with HSV may not exhibit detectable IgG antibody to type-specific HSV antigens 1 and 2 in the early stages of infection. Detection of antibody presence in these cases may only be possible using a nontype-specific screening test.

The detection of antibodies to herpes simplex virus in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

Fourfold or greater rise in CSF antibodies to herpes on specimens tested at least 4 weeks apart are found in 74-94 percent of patients with herpes encephalitis. Specificity of the test based on a single CSF testing is not established. Presently PCR is the primary means of establishing a diagnosis of herpes encephalitis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

0.89 IV or less	Negative - No significant level of detectable IgG antibody to HSV type 2 glycoprotein G.
0.90-1.10 IV	Equivocal - Questionable presence of IgG antibody to HSV type 2. Repeat testing in 10-14 days may be helpful.
1.11 IV or greater	Positive - IgG antibody to HSV type 2 glycoprotein G detected, which may indicate a current or past HSV infection.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86696

Remarks:
Indicate source on test request form.

Herpesvirus 6 Antibody, IgG

LAB1346

ORDERING INFO

Collect:
Plain Red or Serum Separator Tube (SST).

Synonyms:

- HHV6
- LAB1346-VML
- LAB1346VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red or Serum Separator Tube (SST).

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room Temperature or Frozen.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Varies

ORDERING

Synonyms:

- HHV6
- LAB1346-VML
- LAB1346VML

Ordering Recommendations:
Can be used in conjunction with Herpesvirus 6 Antibody, IgM by IFA, Serum (3001284) for diagnosis of HHV-6 disease in immunocompromised adults. Consider Human Herpesvirus 6 (HHV-6A and HHV-6B) by Quantitative PCR (0060071) as an alternative, especially in cases of suspected meningitis.

Performed:
Varies

Methodology:
Quantitative Indirect Fluorescent Antibody

Reported:
4-7 days

RESULTS INTERPRETATION

Reference Interval:
By Report

Methodology:
Quantitative Indirect Fluorescent Antibody

ADDITIONAL INFORMATION

CPT Codes:
86790

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red or Serum Separator Tube (SST).

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room Temperature or Frozen.

Synonyms:

- HHV6
- LAB1346-VML
- LAB1346VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
4-7 days

Ordering Recommendations:
Can be used in conjunction with Herpesvirus 6 Antibody, IgM by IFA, Serum (3001284) for diagnosis of HHV-6 disease in immunocompromised adults. Consider Human Herpesvirus 6 (HHV-6A and HHV-6B) by Quantitative PCR (0060071) as an alternative, especially in cases of suspected meningitis.

Reference Interval:
By Report

Methodology:
Quantitative Indirect Fluorescent Antibody

Section:
RF-ARUP

CPT Codes:
86790

High Molecular Weight Cytokeratin (34βE12) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath93

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- CK903, CK HMW

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CK903, CK HMW

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- CK903, CK HMW

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

High Molecular Weight Kininogen (HMWK) Screen

LAB1115

ORDERING INFO

Collect:

Two Light blue tubes (3.2% Sodium Citrate)

Synonyms:

- LAB1115, HMW, High Molecular Weight Kininogen Screen
- LAB1115-VML
- LAB1115VML

Turn Around Time:

1-3 days

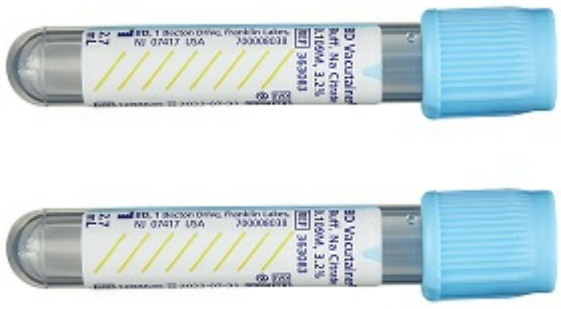
SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Two Light blue tubes (3.2% Sodium Citrate)



Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: Two 3.7 mL Light blue tubes (3.2% Sodium Citrate); Neonatal: Two 1.8mL Light blue tubes (3.2% Sodium Citrate)

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
The HMW kininogen screen provides insight into the etiology of a prolonged partial thromboplastin time (PTT) when other factors have been reported as normal. Note: decreased HMW kininogen is not associated with a bleeding phenotype.

Synonyms:

- LAB1115, HMW, High Molecular Weight Kininogen Screen
- LAB1115-VML
- LAB1115VML

Performed:
Daily

Turn Around Time:
1-3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
The result of the high molecular weight kininogen screening assay indicates the patient does not have a HMWK deficiency.

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. The presence of Hemlibra (emicizumab-kxwh) may cause a the initial PTT result to be normal.. (DOI: 10.1111/hae.13903)

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

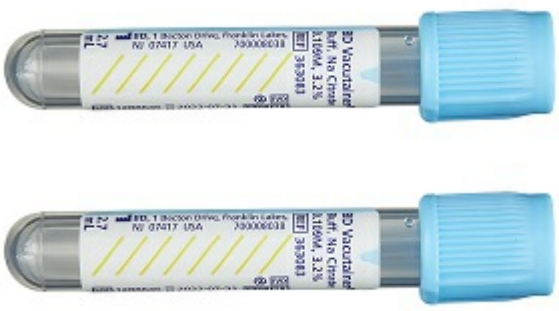
Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Two Light blue tubes (3.2% Sodium Citrate)



Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Two 3.7 mL Light blue tubes (3.2% Sodium Citrate); Neonatal: Two 1.8mL Light blue tubes (3.2% Sodium Citrate)

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB1115, HMW, High Molecular Weight Kininogen Screen
- LAB1115-VML
- LAB1115VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1-3 days

Ordering Indicators:
The HMW kininogen screen provides insight into the etiology of a prolonged partial thromboplastin time (PTT) when other factors have been reported as normal. Note: decreased HMW kininogen is not associated with a bleeding phenotype.

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. The presence of Hemlibra (emicizumab-kxwh) may cause a the initial PTT result to be normal.. (DOI: 10.1111/hae.13903)

Reference Interval:
The result of the high molecular weight kininogen screening assay indicates the patient does not have a HMWK deficiency.

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

High Risk Human Papilloma Virus Cocktail (18 types) RNA In Situ Hybridization, Formalin Fixed Paraffin Embedded Tissue

CoPath229

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- High Risk HPV, HPV, hr HPV, HPV ISH

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- High Risk HPV, HPV, hr HPV, HPV ISH

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
RNA In Situ Hybridization Chromogenic Probe

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
RNA In Situ Hybridization Chromogenic Probe

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
3 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- High Risk HPV, HPV, hr HPV, HPV ISH

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
RNA In Situ Hybridization Chromogenic Probe

Section:
Histology

High Risk Human Papillomavirus (HPV) with 16 and 18 Genotype by PCR

LAB3357

ORDERING INFO

Collect:

ThinPrep vial

Synonyms:

- LAB3357, HPP, HPV DNA, Human Papillomavirus PCR, High Risk HPV
- LAB3357-VML
- LAB3357VML

Turn Around Time:

72 hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

ThinPrep vial

Specimen Preparation:

(Min 1.0mL ThinPrep)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient (15-25°C)

Performed:

Monday - Friday

Stability:

Ambient (15-25°C): 4 months

Specimen:

Endocervical brush

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

More than 70 types of HPV have been identified, and are generally classified as high-risk or low-risk depending on their known association or lack of association with cancer and its precursor lesion, high-grade cervical intraepithelial neoplasia (CIN 2-3). Prospective studies (age 16-60 years) have shown that 15-28% of HPV DNA positive women developed squamous intraepithelial lesions (SIL) suggestive of CIN 1-3 or cancer within 2 years compared to only 1-3% of HPV DNA negative women. Although current scientific literature suggests that persistent infection with high-risk HPV is the main risk factor for development of high-grade cervical neoplasia and cancer, apparent persistence may represent continuous infection with a single HPV type, with multiple HPV types, or reinfection. Nonetheless, women who are repeatedly Pap negative and HR HPV negative appear to be at low risk for having or developing cervical precancerous lesions.

Synonyms:

- LAB3357, HPP, HPV DNA, Human Papillomavirus PCR, High Risk HPV
- LAB3357-VML
- LAB3357VML

Performed:

Monday - Friday

Turn Around Time:

72 hours

Methodology:

Polymerase Chain Reaction (PCR)

Components:

None

RESULTS INTERPRETATION

Reference Interval:

HPV Type 16: Not Detected; HPV Type 18: Not Detected; Other HPV: Not Detected

Interpretive Data:

This test detects high-risk HPV types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) and differentiates HPV 16 and 18 associated with cervical cancer and its precursor lesions. Sensitivity may be affected by specimen collection methods, stage of infection, and the presence of interfering substances. Results should be interpreted in conjunction with other available laboratory and clinical data. A negative high-risk HPV result does not exclude the presence of other high-risk HPV types. HPV testing should not be used for screening or management of atypical squamous cells of undetermined significance (ASCUS) in women under age 21.

Methodology:

Polymerase Chain Reaction (PCR)

ADDITIONAL INFORMATION

Section:

Molecular Infectious Disease

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:

N/A

Components:

None

Resulting Laboratory:

Vanderbilt Medical Laboratories

FULL VIEW

Collect:
ThinPrep vial

Specimen Preparation:
(Min 1.0mL ThinPrep)

Pediatric Collection:
N/A

Preferred Collection Volume:
2mL Thinprep

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Endocervical brush

Reasons for Rejection:
Specimen collected incorrectly (i.e. in non-validated collection kit); alternative specimen type/source sent without Medical Director approval

Components:
None

Stability:
Ambient (15-25°C): 4 months

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB3357, HPP, HPV DNA, Human Papillomavirus PCR, High Risk HPV
- LAB3357-VML
- LAB3357VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 hours

Ordering Indicators:
More than 70 types of HPV have been identified, and are generally classified as high-risk or low-risk depending on their known association or lack of association with cancer and its precursor lesion, high-grade cervical intraepithelial neoplasia (CIN 2-3). Prospective studies (age 16-60 years) have shown that 15-28% of HPV DNA positive women developed squamous intraepithelial lesions (SIL) suggestive of CIN 1-3 or cancer within 2 years compared to only 1-3% of HPV DNA negative women. Although current scientific literature suggests that persistent infection with high-risk HPV is the main risk factor for development of high-grade cervical neoplasia and cancer, apparent persistence may represent continuous infection with a single HPV type, with multiple HPV types, or reinfection. Nonetheless, women who are repeatedly Pap negative and HR HPV negative appear to be at low risk for having or developing cervical precancerous lesions.

Interpretive Data:
This test detects high-risk HPV types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) and differentiates HPV 16 and 18 associated with cervical cancer and its precursor lesions. Sensitivity may be affected by specimen collection methods, stage of infection, and the presence of interfering substances. Results should be interpreted in conjunction with other available laboratory and clinical data. A negative high-risk HPV result does not exclude the presence of other high-risk HPV types. HPV testing should not be used for screening or management of atypical squamous cells of undetermined significance (ASCUS) in women under age 21.

Reference Interval:
HPV Type 16: Not Detected; HPV Type 18: Not Detected; Other HPV: Not Detected

Additional Information:
N/A

Methodology:
Polymerase Chain Reaction (PCR)

Section:
Molecular Infectious Disease

Histamine, Plasma

LAB1033

ORDERING INFO

Collect:
Lavender (EDTA) or pink (K_2EDTA). Collect in a pre-chilled tube and on ice.

Synonyms:

- plasma histamine
- LAB1033-VML
- LAB1033VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or pink (K_2EDTA). Collect in a pre-chilled tube and on ice.

Specimen Preparation:
Centrifuge refrigerated and separate upper two-thirds of plasma within 20 minutes. If EDTA gel collection tube is used, the plasma must be collected immediately after centrifugation and frozen separately. Transfer 1 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL)

Unacceptable Conditions:
Lipemic or hemolyzed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 6 hours; Frozen: 6 months

Performed:
Tue, Sat

ORDERING

Synonyms:

- plasma histamine
- LAB1033-VML
- LAB1033VML

Ordering Recommendations:
Aid in evaluation of patient with allergic signs and symptoms, such as anaphylaxis; may assist in diagnosing and monitoring of mast-cell activation disorders.

Performed:
Tue, Sat

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:
Effective June 13, 2011

0-8 nmol/L

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
83088

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA) or pink (K_2EDTA). Collect in a pre-chilled tube and on ice.

Specimen Preparation:
Centrifuge refrigerated and separate upper two-thirds of plasma within 20 minutes. If EDTA gel collection tube is used, the plasma must be collected immediately after centrifugation and frozen separately. Transfer 1 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL)

Unacceptable Conditions:
Lipemic or hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 6 hours; Frozen: 6 months

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- plasma histamine
- LAB1033-VML
- LAB1033VML

Performed:
Tue, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Aid in evaluation of patient with allergic signs and symptoms, such as anaphylaxis; may assist in diagnosing and monitoring of mast-cell activation disorders.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective June 13, 2011

0-8 nmol/L

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
83088

Histamine, Urine

LAB3235

ORDERING INFO

Collect:
Random or 24-hour urine in a plastic container. Refrigerate during collection.

Synonyms:

- urine histamine
- LAB3235-VML
- LAB3235VML

SPECIMEN REQUIREMENTS

Collect:
Random or 24-hour urine in a plastic container. Refrigerate during collection.

Specimen Preparation:
Transfer a 4 mL aliquot from a well-mixed random or 24-hour collection to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 6 hours; Frozen: 6 months

Performed:
Tue, Sat

ORDERING

Synonyms:

- urine histamine
- LAB3235-VML
- LAB3235VML

Ordering Recommendations:
Aid in evaluation of patient with allergic signs and symptoms, such as anaphylaxis. May assist when diagnosing and monitoring mast-cell activation disorders or when evaluating histamine production over a longer time frame.

Performed:
Tue, Sat

Methodology:
Quantitative Enzyme Immunoassay

Reported:
1-6 days

Notes:
If 24-hour urine is submitted, the excretion will be calculated. If random urine is submitted, the result will be reported as "Not applicable."

RESULTS INTERPRETATION

Reference Interval:
Effective February 21, 2012

Components	Reference Interval
Histamine, Urine - ratio to CRT	0-450 nmol/g crt
Histamine, Urine, Excretion - 24h	0-60 µg/day

Interpretive Data:
Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
83088

Section:
RF-ARUP

Notes:
If 24-hour urine is submitted, the excretion will be calculated. If random urine is submitted, the result will be reported as "Not applicable."

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random or 24-hour urine in a plastic container. Refrigerate during collection.

Specimen Preparation:
Transfer a 4 mL aliquot from a well-mixed random or 24-hour collection to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 6 hours; Frozen: 6 months

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- urine histamine
- LAB3235-VML
- LAB3235VML

Performed:
Tue, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Aid in evaluation of patient with allergic signs and symptoms, such as anaphylaxis. May assist when diagnosing and monitoring mast-cell activation disorders or when evaluating histamine production over a longer time frame.

Interpretive Data:
Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective February 21, 2012

Components	Reference Interval
Histamine, Urine - ratio to CRT	0-450 nmol/g crt
Histamine, Urine, Excretion - 24h	0-60 µg/day

Methodology:
Quantitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
83088

Notes:
If 24-hour urine is submitted, the excretion will be calculated. If random urine is submitted, the result will be reported as "Not applicable."

Histone Antibody, IgG

LAB3756

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Histone IgG
- AHA IgG, AHA
- Anti-Histone Antibodies
- Antihistone Antibodies
- LAB3756-VML
- LAB3756VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Plasma or urine. Contaminated specimens. Grossly hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon, Wed-Sat

ORDERING

Synonyms:

- Histone IgG
- AHA IgG, AHA
- Anti-Histone Antibodies
- Antihistone Antibodies
- LAB3756-VML
- LAB3756VML

Ordering Recommendations:
Evaluate suspected drug-induced lupus. Negative results do not rule out drug-induced lupus.

Performed:
Mon, Wed-Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-3 days

Notes:
Histone antibodies are present in 20-55% of idiopathic systemic lupus erythematosus (SLE) and 80-95% of drug-induced SLE. They occur in less than 20% of other types of connective tissue diseases.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Histone Antibody, IgG	0.9 Units or less

Interpretive Data:

Component	Interpretation
Histone Antibody, IgG	0.9 Units or less Negative 1.0-1.5 Units Weak Positive 1.6-2.5 Units Moderate Positive 2.6 Units or greater Strong Positive

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
83516

Section:
RF-ARUP

Notes:
Histone antibodies are present in 20-55% of idiopathic systemic lupus erythematosus (SLE) and 80-95% of drug-induced SLE. They occur in less than 20% of other types of connective tissue diseases.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Plasma or urine. Contaminated specimens. Grossly hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Histone IgG
- AHA IgG, AHA
- Anti-Histone Antibodies
- Antihistone Antibodies
- LAB3756-VML
- LAB3756VML

Performed:
Mon, Wed-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Evaluate suspected drug-induced lupus. Negative results do not rule out drug-induced lupus.

Interpretive Data:

Component	Interpretation
Histone Antibody, IgG	0.9 Units or less Negative 1.0-1.5 Units Weak Positive 1.6-2.5 Units Moderate Positive 2.6 Units or greater Strong Positive

Reference Interval:

Components	Reference Interval
Histone Antibody, IgG	0.9 Units or less

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
83516

Notes:
Histone antibodies are present in 20-55% of idiopathic systemic lupus erythematosus (SLE) and 80-95% of drug-induced SLE. They occur in less than 20% of other types of connective tissue diseases.

Histone H3 K36M (RM193) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath126

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- H3K36M

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- H3K36M

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- H3K36M

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Histoplasma Ab Complement-QSTD

LAB3957

ORDERING INFO

Synonyms:

- LAB3957-VML
- LAB3957VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3957-VML
- LAB3957VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB3957-VML
- LAB3957VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Histoplasma Ag-MRVS

LAB4039

ORDERING INFO

Synonyms:

- LAB4039-VML
- LAB4039VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4039-VML
- LAB4039VML

ADDITIONAL INFORMATION

Section:

RF-MRVS

Resulting Laboratory:

Mira Vista Labs

FULL VIEW

Synonyms:

- LAB4039-VML
- LAB4039VML

Resulting Laboratory:

Mira Vista Labs

Section:

RF-MRVS

Links:

Test Sent to Reference Lab. Click Here for Test Details

Histoplasma Antigen, Urine

LAB6607

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- Histo Ag, Urine
- LAB6607-VML
- LAB6607VML

Turn Around Time:
1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Urine Clear

Specimen Preparation:
Collect urine in sterile container, store refrigerated.

Pediatric Collection:
Urine in sterile container

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
Refrigerated (2-8°C): 72 hours

Specimen:
Urine

Alternate Specimen:
NA

ORDERING

Ordering Indicators:
This test is used as an aid in the diagnosis of histoplasmosis.

Synonyms:

- Histo Ag, Urine
- LAB6607-VML
- LAB6607VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Enzyme-linked Immunoassay

Components:
Histoplasma Ag by EIA; Histoplasma Ag value

RESULTS INTERPRETATION

Reference Interval:
Not detected; <0.20 ng/mL

Interpretive Data:
A result of >/= 0.20 ng/mL indicates the presence of Histoplasma antigen. Histoplasma antigen assay completely cross-react with Blastomyces, another endemic dimorphic fungus. Therefore, a positive urine Histoplasma Ag result does not help differentiate between histoplasmosis and blastomycosis.

Methodology:
Enzyme-linked Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
NA

Additional Information:
NA

Components:
Histoplasma Ag by EIA; Histoplasma Ag value

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Collect urine in sterile container, store refrigerated.

Pediatric Collection:
Urine in sterile container

Preferred Collection Volume:
Urine: 0.5 mL

Alternate Specimen:
NA

Patient Preparation:
NA

Specimen:
Urine

Reasons for Rejection:
Specimens other than urine; specimens in preservative; diapers

Components:
Histoplasma Ag by EIA; Histoplasma Ag value

Stability:
Refrigerated (2-8°C): 72 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- Histo Ag, Urine
- LAB6607-VML
- LAB6607VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used as an aid in the diagnosis of histoplasmosis.

Interpretive Data:
A result of >/= 0.20 ng/mL indicates the presence of Histoplasma antigen. Histoplasma antigen assay completely cross-react with Blastomyces, another endemic dimorphic fungus. Therefore, a positive urine Histoplasma Ag result does not help differentiate between histoplasmosis and blastomycosis.

Reference Interval:
Not detected; <0.20 ng/mL

Additional Information:
NA

Methodology:
Enzyme-linked Immunoassay

Section:
Immunoserology

HIV PhenoSense GT

LAB3757

ORDERING INFO

Collect:
Lavender (EDTA) or Plasma Preparation Tube (PPT).

Synonyms:

- HIV Resistance
- LAB3757-VML
- LAB3757VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or Plasma Preparation Tube (PPT).

Specimen Preparation:
Separate from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Thawed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

Performed:
Varies

Remarks:
Provide patient's most recent viral load and viral load collection date.

ORDERING

Synonyms:

- HIV Resistance
- LAB3757-VML
- LAB3757VML

Ordering Recommendations:
Intended for use in patients with viral loads >=500 copies/mL. HIV-1 combined pheno- and genotyping test to provide antiretroviral susceptibility information for protease inhibitors (PI) and reverse transcriptase inhibitors (ie, NRTI and NNRTI). Preferred test for patients with known or suspected complex drug resistance patterns (eg, suboptimal virologic response to treatment and viral load rebound).

Performed:
Varies

Methodology:
Polymerase Chain Reaction/Culture

Reported:
16-25 days

Notes:
Procedure should be used for patients with documented HIV-1 infection and viral loads greater than 500 copies/mL.

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Polymerase Chain Reaction/Culture

ADDITIONAL INFORMATION

CPT Codes:
87900; 87901; 87903; 87904 x12

Section:
RF-ARUP

Remarks:
Provide patient's most recent viral load and viral load collection date.

Notes:
Procedure should be used for patients with documented HIV-1 infection and viral loads greater than 500 copies/mL.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA) or Plasma Preparation Tube (PPT).

Specimen Preparation:
Separate from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Thawed specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

Storage/Transport Temperature:
CRITICAL FROZEN.

Synonyms:

- HIV Resistance
- LAB3757-VML
- LAB3757VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
16-25 days

Ordering Recommendations:
Intended for use in patients with viral loads >=500 copies/mL. HIV-1 combined pheno- and genotyping test to provide antiretroviral susceptibility information for protease inhibitors (PI) and reverse transcriptase inhibitors (ie, NRTI and NNRTI). Preferred test for patients with known or suspected complex drug resistance patterns (eg, suboptimal virologic response to treatment and viral load rebound).

Reference Interval:
By report

Methodology:
Polymerase Chain Reaction/Culture

Section:
RF-ARUP

CPT Codes:
87900; 87901; 87903; 87904 x12

Remarks:
Provide patient's most recent viral load and viral load collection date.

Notes:
Procedure should be used for patients with documented HIV-1 infection and viral loads greater than 500 copies/mL.

HIV-1 Integrase Genotype-QSTD

LAB3958

ORDERING INFO

Synonyms:

- LAB3958-VML
- LAB3958VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3958-VML
- LAB3958VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB3958-VML
- LAB3958VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

HLA-B*57:01 for Abacavir Sensitivity

LAB3760

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA), or yellow (ACD Solution A or B).

Synonyms:

- Abacavir hypersensitivity genotyping
- Abacavir Sensitivity
- HLA-B 5701 Genotype, Abacavir Hypersensitivity, Saliva
- LAB3760-VML
- LAB3760VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA), or yellow (ACD Solution A or B).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month.

Performed:
Varies

ORDERING

Synonyms:

- Abacavir hypersensitivity genotyping
- Abacavir Sensitivity
- HLA-B 5701 Genotype, Abacavir Hypersensitivity, Saliva
- LAB3760-VML
- LAB3760VML

Ordering Recommendations:
Standard of care prior to abacavir therapy per FDA. Predicts risk of abacavir hypersensitivity syndrome. Relevant to most populations.

Performed:
Varies

Methodology:
Polymerase Chain Reaction/Fluorescence Monitoring

Reported:
5-10 days

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to Report

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Methodology:
Polymerase Chain Reaction/Fluorescence Monitoring

ADDITIONAL INFORMATION

CPT Codes:
81381

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA), or yellow (ACD Solution A or B).

Specimen Preparation:
Transport 3 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Plasma or serum. Heparinized specimens. Frozen specimens in glass collection tubes.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month.

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Abacavir hypersensitivity genotyping
- Abacavir Sensitivity
- HLA-B 5701 Genotype, Abacavir Hypersensitivity, Saliva
- LAB3760-VML
- LAB3760VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-10 days

Ordering Recommendations:
Standard of care prior to abacavir therapy per FDA. Predicts risk of abacavir hypersensitivity syndrome. Relevant to most populations.

Interpretive Data:
Refer to Report

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Reference Interval:
By report

Methodology:
Polymerase Chain Reaction/Fluorescence Monitoring

Section:
RF-ARUP

CPT Codes:
81381

HLA-B*58:01 Genotyping, Allopurinol Hypersensitivity

LAB6249

ORDERING INFO

Collect:
Lavender (EDTA), Pink (K_2EDTA), or Yellow (ACD Solution A or B).

Synonyms:

- B58
- B5801
- HLA B58
- HLA B*58:01
- Allopurinol Hypersensitivity
- LAB6249-VML
- LAB6249VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), Pink (K_2EDTA), or Yellow (ACD Solution A or B).

Specimen Preparation:
Transport 5 mL whole blood. (Min: 3 mL)

Unacceptable Conditions:
Specimens collected in green (sodium or lithium heparin).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

Performed:
Mon-Fri

ORDERING

Synonyms:

- B58
- B5801
- HLA B58
- HLA B*58:01
- Allopurinol Hypersensitivity
- LAB6249-VML
- LAB6249VML

Ordering Recommendations:
Identifies patients with increased risk for allopurinol-induced severe cutaneous adverse reactions (SCAR) based on the presence of HLA-B*58:01 allele.

Performed:
Mon-Fri

Methodology:
Polymerase Chain Reaction/Sequence-Specific Oligonucleotide Probe Hybridization

Reported:
3-7 days

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:

Characteristics: Allopurinol is the most commonly used drug for the treatment of hyperuricemia and gout. It inhibits xanthine oxidase, a key enzyme involved in uric acid formation. However, allopurinol is one of the most common causes of life-threatening severe cutaneous adverse reactions (SCAR), which include drug hypersensitivity syndrome, Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN). The presence of HLA-B*58:01 allele shows strong association with allopurinol-induced SCAR, including TEN and SJS. Although allopurinol-induced SCAR is rare with an estimated risk of 0.1-0.4 percent in allopurinol users, the severity can be high, with a mortality rate of up to 25 percent. Symptoms include rash, combined with eosinophilia, leukocytosis, fever, hepatitis and progressive kidney failure. Due to the severity of adverse reactions, it is recommended to test for the HLA-B*58:01 allele prior to initiation of the drug.
Incidence: HLA-B*58:01 allele frequency varies by ethnicity. In the US population, the highest incidence at 5.3 percent is found in Asians, 3.8 percent in African Americans, 1.45 percent in Native Hawaiians or Pacific Islanders, 1.35 percent in Hispanics, 1.19 percent in American Indians or Alaska Natives and 0.8 percent in Caucasians. Frequencies may be higher in other countries, up to 20 percent in Singapore, Taiwan and among Han Chinese, 15.4 percent in India, 14.2 percent in Hong Kong, 12 percent in China and Korea, 11 percent in Indonesia.
Cause: Allopurinol-induced SCAR, including SJS and TEN, is strongly associated with the presence of one or two copies of HLA-B*58:01 allele. The mechanism is immune mediated and involves direct interactions between the allopurine metabolite oxypurinol, and HLA-B*58:01, which may result in drug-induced changes in peptide presentation, allowing activation of self-reactive T lymphocytes.
Alleles tested: HLA-B*58:01 allele.
Clinical Sensitivity and Specificity: 71 percent sensitivity and 92 percent specificity, overall mean values from pooled populations (Yu KH et al, Int J Rheum Dis 2017). Higher in populations with increased HLA-B*58:01 allele frequency.
Methodology: PCR followed by Sequence Specific Oligonucleotide Probe Hybridization of HLA-B locus.
Analytical Sensitivity and Specificity: Greater than 99 percent.
Limitations: Copy number of HLA-B*58:01 will not be reported. Other genetic and non-genetic factors that influence allopurinol hypersensitivity are not evaluated. Other rare, or novel alleles may occur which may lead to false positive or false negative results.

Test systems were developed and their performance characteristics determined by the H&I laboratory at the University of Utah Health, under the accreditation guidelines from the American Society for Histocompatibility and Immunogenetics (ASHI).

Methodology:

Polymerase Chain Reaction/Sequence-Specific Oligonucleotide Probe Hybridization

ADDITIONAL INFORMATION

CPT Codes:

81381

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA), Pink (K_2EDTA), or Yellow (ACD Solution A or B).

Specimen Preparation:

Transport 5 mL whole blood. (Min: 3 mL)

Unacceptable Conditions:

Specimens collected in green (sodium or lithium heparin).

Stability (from collection to initiation):

Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- B58
- B5801
- HLA B58
- HLA B*58:01
- Allopurinol Hypersensitivity
- LAB6249-VML
- LAB6249VML

Performed:

Mon-Fri

Resulting Laboratory:

ARUP Laboratories

Reported:
3-7 days

Ordering Recommendations:
Identifies patients with increased risk for allopurinol-induced severe cutaneous adverse reactions (SCAR) based on the presence of HLA-B*58:01 allele.

Interpretive Data:
Characteristics: Allopurinol is the most commonly used drug for the treatment of hyperuricemia and gout. It inhibits xanthine oxidase, a key enzyme involved in uric acid formation. However, allopurinol is one of the most common causes of life-threatening severe cutaneous adverse reactions (SCAR), which include drug hypersensitivity syndrome, Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN). The presence of HLA-B*58:01 allele shows strong association with allopurinol-induced SCAR, including TEN and SJS. Although allopurinol-induced SCAR is rare with an estimated risk of 0.1-0.4 percent in allopurinol users, the severity can be high, with a mortality rate of up to 25 percent. Symptoms include rash, combined with eosinophilia, leukocytosis, fever, hepatitis and progressive kidney failure. Due to the severity of adverse reactions, it is recommended to test for the HLA-B*58:01 allele prior to initiation of the drug.
Incidence: HLA-B*58:01 allele frequency varies by ethnicity. In the US population, the highest incidence at 5.3 percent is found in Asians, 3.8 percent in African Americans, 1.45 percent in Native Hawaiians or Pacific Islanders, 1.35 percent in Hispanics, 1.19 percent in American Indians or Alaska Natives and 0.8 percent in Caucasians. Frequencies may be higher in other countries, up to 20 percent in Singapore, Taiwan and among Han Chinese, 15.4 percent in India, 14.2 percent in Hong Kong, 12 percent in China and Korea, 11 percent in Indonesia.
Cause: Allopurinol-induced SCAR, including SJS and TEN, is strongly associated with the presence of one or two copies of HLA-B*58:01 allele. The mechanism is immune mediated and involves direct interactions between the allopurine metabolite oxypurinol, and HLA-B*58:01, which may result in drug-induced changes in peptide presentation, allowing activation of self-reactive T lymphocytes.
Alleles tested: HLA-B*58:01 allele.
Clinical Sensitivity and Specificity: 71 percent sensitivity and 92 percent specificity, overall mean values from pooled populations (Yu KH et al, Int J Rheum Dis 2017). Higher in populations with increased HLA-B*58:01 allele frequency.
Methodology: PCR followed by Sequence Specific Oligonucleotide Probe Hybridization of HLA-B locus.
Analytical Sensitivity and Specificity: Greater than 99 percent.
Limitations: Copy number of HLA-B*58:01 will not be reported. Other genetic and non-genetic factors that influence allopurinol hypersensitivity are not evaluated. Other rare, or novel alleles may occur which may lead to false positive or false negative results.

Test systems were developed and their performance characteristics determined by the H&I laboratory at the University of Utah Health, under the accreditation guidelines from the American Society for Histocompatibility and Immunogenetics (ASHI).

Reference Interval:
By report

Methodology:
Polymerase Chain Reaction/Sequence-Specific Oligonucleotide Probe Hybridization

Section:
RF-ARUP

CPT Codes:
81381

HMB-45 (HMB-45) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath127

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

HMB-45 Red (HMB-45) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath128

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Homocysteine, Plasma

LAB93

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- HCB , LAB93
- LAB93-VML
- LAB93VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Deliver to lab immediately on ice. Separate plasma from cells within 6 hours of draw time. Specimens need to be spun in a refrigerated centrifuge (Min 0.5 mL).

Pediatric Collection:
1 Lavender Microtainer (EDTA)

Storage/Transport Temperature:
Place immediately on ice, deliver to lab and centrifuge, preferably at 2 8 °C.

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 14 days; Frozen: 1 year

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- HCB , LAB93
- LAB93-VML
- LAB93VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
5 - 15 µmol/L

Interpretive Data:
N/A

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Specimens not placed on ice immediately may exhibit a 10-20% increase in concentration.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Deliver to lab immediately on ice. Separate plasma from cells within 6 hours of draw time. Specimens need to be spun in a refrigerated centrifuge (Min 0.5 mL).

Pediatric Collection:
1 Lavender Microtainer (EDTA)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits - Specifically, EDTA tube not stored on ice/separated from cells within 6 hours

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 14 days; Frozen: 1 year

Storage/Transport Temperature:
Place immediately on ice, deliver to lab and centrifuge, preferably at 2 8 °C.

Synonyms:

- HCB , LAB93
- LAB93-VML
- LAB93VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
5 - 15 µmol/L

Additional Information:
Specimens not placed on ice immediately may exhibit a 10-20% increase in concentration.

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Homovanillic Acid (HVA), Urine

LAB401

ORDERING INFO

Collect:
24-hour or random urine. Refrigerate 24-hour specimens during collection.

Synonyms:

- 3-Methoxy-4-hydroxyphenyl acetic acid
- 4-Hydroxy-3-methoxy-benzeneacetic acid
- 4-Hydroxy-3-methoxyphenylacetic acid
- HVA
- 3-Methoxy-4-Hydroxy Phenylacetic Acid
- LAB401-VML
- LAB401VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Abstain from medications for 72 hours prior to collection.

Collect:
24-hour or random urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:
Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

Unacceptable Conditions:
Specimen types other than urine.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 weeks

Performed:
Sun, Tue, Wed, Thu, Fri, Sat

ORDERING

Synonyms:

- 3-Methoxy-4-hydroxyphenyl acetic acid
- 4-Hydroxy-3-methoxy-benzeneacetic acid
- 4-Hydroxy-3-methoxyphenylacetic acid
- HVA
- 3-Methoxy-4-Hydroxy Phenylacetic Acid
- LAB401-VML
- LAB401VML

Ordering Recommendations:
Initial test for the diagnosis and monitoring of neuroblastoma; order concurrently with Vanillylmandelic Acid (VMA), Urine (0080421).

Performed:
Sun, Tue, Wed, Thu, Fri, Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

Notes:
Moderately elevated HVA (homovanillic acid) may be caused by a variety of factors such as essential hypertension, intense anxiety, intense physical exercise, and numerous drug interactions (including some over-the-counter medications and herbal products).

Medications that may interfere with catecholamines and their metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, chlorpromazine, clonidine, disulfiram, diuretics (in doses sufficient to deplete sodium), epinephrine, glucagon, guanethidine, histamine, hydrazine derivatives, imipramine, levodopa (L-dopa, Sinemet®), lithium, MAO inhibitors, melatonin, methyldopa (Aldomet®), morphine, nitroglycerin, nose drops, propafenone (Rythmol), radiographic agents, rauwolfia alkaloids (Reserpine), and vasodilators. The effects of some drugs on catecholamine metabolite results may not be predictable.

RESULTS INTERPRETATION

Reference Interval:

Effective May 19, 2014

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Homovanillic Acid - per 24h</td><td>18 years and older: 0.0-15.0 mg/d</td></tr>
<tr><td>Homovanillic Acid - ratio to CRT</td><td>
<table>
<tr><th>Age</th><th>mg/g CRT</th></tr>
<tr><td>0-2 years</td><td>0-42</td></tr>
<tr><td>3-5 years</td><td>0-22</td></tr>
<tr><td>6-17 years</td><td>0-15</td></tr>
<tr><td>18 years and older</td><td>0-8</td></tr>
</table>
</td></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
</table>

Interpretive Data:

Homovanillic acid (HVA) results are expressed as a ratio to creatinine excretion (mg/g CRT). No reference interval is available for results reported in units of mg/L. Slight or moderate increases in catecholamine metabolites may be due to extreme anxiety, essential hypertension, intense physical exercise, or drug interactions. Significant increase of one or more catecholamine metabolites (several times the upper reference limit) is associated with an increased probability of a secreting neuroendocrine tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

83150

Section:

RF-ARUP

Notes:

Moderately elevated HVA (homovanillic acid) may be caused by a variety of factors such as essential hypertension, intense anxiety, intense physical exercise, and numerous drug interactions (including some over-the-counter medications and herbal products).

Medications that may interfere with catecholamines and their metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, chlorpromazine, clonidine, disulfiram, diuretics (in doses sufficient to deplete sodium), epinephrine, glucagon, guanethidine, histamine, hydrazine derivatives, imipramine, levodopa (L-dopa, Sinemet®), lithium, MAO inhibitors, melatonin, methyldopa (Aldomet®), morphine, nitroglycerin, nose drops, propafenone (Rythmol), radiographic agents, rauwolfia alkaloids (Reserpine), and vasodilators. The effects of some drugs on catecholamine metabolite results may not be predictable.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:
24-hour or random urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:
Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

Patient Preparation:
Abstain from medications for 72 hours prior to collection.

Unacceptable Conditions:
Specimen types other than urine.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 weeks

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- 3-Methoxy-4-hydroxyphenyl acetic acid
- 4-Hydroxy-3-methoxy-benzeneacetic acid
- 4-Hydroxy-3-methoxyphenylacetic acid
- HVA
- 3-Methoxy-4-Hydroxy Phenylacetic Acid
- LAB401-VML
- LAB401VML

Performed:
Sun, Tue, Wed, Thu, Fri, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Initial test for the diagnosis and monitoring of neuroblastoma; order concurrently with Vanillylmandelic Acid (VMA), Urine (0080421).

Interpretive Data:
Homovanillic acid (HVA) results are expressed as a ratio to creatinine excretion (mg/g CRT). No reference interval is available for results reported in units of mg/L. Slight or moderate increases in catecholamine metabolites may be due to extreme anxiety, essential hypertension, intense physical exercise, or drug interactions. Significant increase of one or more catecholamine metabolites (several times the upper reference limit) is associated with an increased probability of a secreting neuroendocrine tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective May 19, 2014

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</table>
</td></tr>
</table>

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

83150

Notes:

Moderately elevated HVA (homovanillic acid) may be caused by a variety of factors such as essential hypertension, intense anxiety, intense physical exercise, and numerous drug interactions (including some over-the-counter medications and herbal products).

Medications that may interfere with catecholamines and their metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, chlorpromazine, clonidine, disulfiram, diuretics (in doses sufficient to deplete sodium), epinephrine, glucagon, guanethidine, histamine, hydrazine derivatives, imipramine, levodopa (L-dopa, Sinemet®), lithium, MAO inhibitors, melatonin, methyldopa (Aldomet®), morphine, nitroglycerin, nose drops, propafenone (Rythmol), radiographic agents, rauwolfia alkaloids (Reserpine), and vasodilators. The effects of some drugs on catecholamine metabolite results may not be predictable.

Hormone Fine Needle Aspiration (FNA), fine needle aspiration

LAB3143

ORDERING INFO

Collect:
BD Vacutainer serum tube

Synonyms:

- LAB3143, HFNA, FNA, FNA PTH, FNA, THG, FNH
- LAB3143-VML
- LAB3143VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
BD Vacutainer serum tube

Specimen Preparation:
A saline control tube is required for analysis. Specimens should be centrifuged in a refrigerated centrifuge and the supernatant aliquoted off and frozen immediately. (Minimum: 0.5 mL fine needle aspiration)

Pediatric Collection:
BD Vacutainer serum tube

Storage/Transport Temperature:
Frozen (-20°C)

Performed:
Monday - Friday

Stability:
After centrifugation: Frozen (-20°C): 2 months

Specimen:
Fine Needle Aspiration

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Accurate tumor localization is the key to successful re-operative parathyroid surgery. Ultrasound-guided FNA is one such approach used in patients with persistent hyperparathyroidism requiring re-operative neck surgery, or in patients with unusual appearing or ectopic parathyroid tissue.

Synonyms:

- LAB3143, HFNA, FNA, FNA PTH, FNA, THG, FNH
- LAB3143-VML
- LAB3143VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Varies by test. (Chemiluminescent Immunoassay for thyroglobulin and electrochemiluminescence immunoassay (ECLIA) for PTH)

Components:
THG, FNA Saline Control Specimen Source PTH, FNA

RESULTS INTERPRETATION

Reference Interval:
Not established for this test.

Interpretive Data:
"Negative" in saline control sample means there is no thyroglobulin and/or parathyroid hormone contamination. This test was developed and its performance characteristics determined by Vanderbilt Medical Laboratories. The U.S. Food and Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

Methodology:
Varies by test. (Chemiluminescent Immunoassay for thyroglobulin and electrochemiluminescence immunoassay (ECLIA) for PTH)

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Hormone FNA includes thyroglobulin and/or parathyroid hormone.

Components:
THG, FNA Saline Control Specimen Source PTH, FNA

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
BD Vacutainer serum tube

Specimen Preparation:
A saline control tube is required for analysis. Specimens should be centrifuged in a refrigerated centrifuge and the supernatant aliquoted off and frozen immediately. (Minimum: 0.5 mL fine needle aspiration)

Pediatric Collection:
BD Vacutainer serum tube

Preferred Collection Volume:
1 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Fine Needle Aspiration

Reasons for Rejection:
No saline control. Saline control is contaminated.

Components:
THG, FNA Saline Control Specimen Source PTH, FNA

Stability:
After centrifugation: Frozen (-20°C): 2 months

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB3143, HFNA, FNA, FNA PTH, FNA, THG, FNH
- LAB3143-VML
- LAB3143VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
Accurate tumor localization is the key to successful re-operative parathyroid surgery. Ultrasound-guided FNA is one such approach used in patients with persistent hyperparathyroidism requiring re-operative neck surgery, or in patients with unusual appearing or ectopic parathyroid tissue.

Interpretive Data:
"Negative" in saline control sample means there is no thyroglobulin and/or parathyroid hormone contamination. This test was developed and its performance characteristics determined by Vanderbilt Medical Laboratories. The U.S. Food and Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

Reference Interval:
Not established for this test.

Additional Information:
Hormone FNA includes thyroglobulin and/or parathyroid hormone.

Methodology:
Varies by test. (Chemiluminescent Immunoassay for thyroglobulin and electrochemiluminescence immunoassay (ECLIA) for PTH)

Section:
Special Chemistry

Human Chorionic Gonadotropin (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath131

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- HCG

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- HCG

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- HCG

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Human Growth Hormone (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath132

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- HGH

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- HGH

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- HGH

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Human Herpes Virus 8 (13B10) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath133

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- HHV, HHV8

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- HHV, HHV8

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- HHV, HHV8

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Human Herpesvirus 6 (HHV-6A and HHV-6B) by Quantitative PCR

LAB3864

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA), serum separator tube, or CSF.

Synonyms:

- HHV-6 quantitative
- HHV-6A
- HHV-6B
- HHV6 Quant PCR
- Viral load monitoring
- herpes
- Human herpesvirus 6
- Roseola
- LAB3864-VML
- LAB3864VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA), serum separator tube, or CSF.

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma or CSF to a sterile container. (Min: 0.5 mL)

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 5 days; Frozen: 3 months

Performed:
Tue-Sat

Remarks:
Specimen source required.

ORDERING

Synonyms:

- HHV-6 quantitative
- HHV-6A
- HHV-6B
- HHV6 Quant PCR
- Viral load monitoring
- herpes
- Human herpesvirus 6
- Roseola
- LAB3864-VML
- LAB3864VML

Ordering Recommendations:
Detect and quantify HHV6 subtypes A and B in immunocompromised patients.

Performed:
Tue-Sat

Methodology:
Quantitative Polymerase Chain Reaction

Reported:
1-4 days

Notes:
The limit of quantification for this DNA assay is 3.0 log copies/mL (1,000 copies/mL). If the assay DID NOT DETECT the virus, the test result will be reported as "<3.0 log copies/mL (<1,000 copies/mL)." If the assay DETECTED the presence of the virus but was not able to accurately quantify the number of copies, the test result will be reported as "Not Quantified."

This assay detects and quantifies HHV6 subtypes A and B.

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
The quantitative range of this assay is 3.0-6.0 log copies/mL (1,000-999,000 copies/mL).

A negative result (less than 3.0 log copies/mL or less than 1,000 copies/mL) does not rule out the presence of PCR inhibitors in the patient specimen or HHV6 DNA in concentrations below the level of detection of the assay. Inhibition may also lead to underestimation of viral quantitation.

Caution should be taken when interpreting results generated by different assay methodologies.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
87533

Section:
RF-ARUP

Remarks:
Specimen source required.

Notes:
The limit of quantification for this DNA assay is 3.0 log copies/mL (1,000 copies/mL). If the assay DID NOT DETECT the virus, the test result will be reported as "<3.0 log copies/mL (<1,000 copies/mL)." If the assay DETECTED the presence of the virus but was not able to accurately quantify the number of copies, the test result will be reported as "Not Quantified."

This assay detects and quantifies HHV6 subtypes A and B.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA), serum separator tube, or CSF.

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma or CSF to a sterile container. (Min: 0.5 mL)

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 5 days; Frozen: 3 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- HHV-6 quantitative
- HHV-6A
- HHV-6B
- HHV6 Quant PCR
- Viral load monitoring
- herpes
- Human herpesvirus 6
- Roseola
- LAB3864-VML
- LAB3864VML

Performed:
Tue-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Detect and quantify HHV6 subtypes A and B in immunocompromised patients.

Interpretive Data:
The quantitative range of this assay is 3.0-6.0 log copies/mL (1,000-999,000 copies/mL).

A negative result (less than 3.0 log copies/mL or less than 1,000 copies/mL) does not rule out the presence of PCR inhibitors in the patient specimen or HHV6 DNA in concentrations below the level of detection of the assay. Inhibition may also lead to underestimation of viral quantitation.

Caution should be taken when interpreting results generated by different assay methodologies.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Reference Interval:
Not detected

Methodology:
Quantitative Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
87533

Remarks:
Specimen source required.

Notes:
The limit of quantification for this DNA assay is 3.0 log copies/mL (1,000 copies/mL). If the assay DID NOT DETECT the virus, the test result will be reported as "<3.0 log copies/mL (<1,000 copies/mL)." If the assay DETECTED the presence of the virus but was not able to accurately quantify the number of copies, the test result will be reported as "Not Quantified."

This assay detects and quantifies HHV6 subtypes A and B.

Human Herpesvirus 8 (HHV-8) by Quantitative PCR

LAB6072

ORDERING INFO

Collect:
Lavender (EDTA), Pink (K_2 EDTA), or Serum Separator Tube (SST).

Synonyms:

- HHV8
- Viral load monitoring, Kaposi's sarcoma herpes virus (KSHV)
- LAB6072-VML
- LAB6072VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), Pink (K_2 EDTA), or Serum Separator Tube (SST).

Specimen Preparation:
Separate serum or plasma from cells. Transport 1 mL plasma, serum, or whole blood in a sterile container. (Min: 0.5 mL)

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year

Performed:
Mon, Thu

Remarks:
Specimen source required.

ORDERING

Synonyms:

- HHV8
- Viral load monitoring, Kaposi's sarcoma herpes virus (KSHV)
- LAB6072-VML
- LAB6072VML

Ordering Recommendations:
Detect and quantify herpesvirus 8 (HHV-8).

Performed:
Mon, Thu

Methodology:
Quantitative Polymerase Chain Reaction

Reported:
2-5 days

Notes:
The limit of quantification for this DNA test is 3.8 log copies/mL (6,670 copies/mL). If the test DID NOT DETECT the virus, the test result will be reported as "< 3.8 log copies/mL (< 6,670 copies/mL)." If the test DETECTED the presence of the virus but was not able to accurately quantify the number of copies, the test result will be reported as "Not Quantified."

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:

The quantitative range of this assay is 3.8-8.8 log copies/mL (6,670 - 667,000,000 copies/mL).

A negative result (less than 3.8 log copies/mL or less than 6,670 copies/mL) does not rule out the presence of PCR inhibitors in the patient specimen or HHV8 DNA concentrations below the level of detection of the test. Inhibition may also lead to underestimation of viral quantitation.

No international standard is currently available for calibration of this assay. Caution should be taken when interpreting results generated by different assay methodologies.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:

87799

Section:

RF-ARUP

Remarks:

Specimen source required.

Notes:

The limit of quantification for this DNA test is 3.8 log copies/mL (6,670 copies/mL). If the test DID NOT DETECT the virus, the test result will be reported as "< 3.8 log copies/mL (< 6,670 copies/mL)." If the test DETECTED the presence of the virus but was not able to accurately quantify the number of copies, the test result will be reported as "Not Quantified."

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA), Pink (K_2 EDTA), or Serum Separator Tube (SST).

Specimen Preparation:

Separate serum or plasma from cells. Transport 1 mL plasma, serum, or whole blood in a sterile container. (Min: 0.5 mL)

Unacceptable Conditions:

Heparinized specimens, tissues in optimal cutting temperature compound.

Stability (from collection to initiation):

Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- HHV8
- Viral load monitoring, Kaposi's sarcoma herpes virus (KSHV)
- LAB6072-VML
- LAB6072VML

Performed:

Mon, Thu

Resulting Laboratory:

ARUP Laboratories

Reported:

2-5 days

Ordering Recommendations:

Detect and quantify herpesvirus 8 (HHV-8).

Interpretive Data:

The quantitative range of this assay is 3.8-8.8 log copies/mL (6,670 - 667,000,000 copies/mL).

A negative result (less than 3.8 log copies/mL or less than 6,670 copies/mL) does not rule out the presence of PCR inhibitors in the patient specimen or HHV8 DNA concentrations below the level of detection of the test. Inhibition may also lead to underestimation of viral quantitation.

No international standard is currently available for calibration of this assay. Caution should be taken when interpreting results generated by different assay methodologies.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Not detected

Methodology:

Quantitative Polymerase Chain Reaction

Section:

RF-ARUP

CPT Codes:

87799

Remarks:

Specimen source required.

Notes:

The limit of quantification for this DNA test is 3.8 log copies/mL (6,670 copies/mL). If the test DID NOT DETECT the virus, the test result will be reported as "< 3.8 log copies/mL (< 6,670 copies/mL)." If the test DETECTED the presence of the virus but was not able to accurately quantify the number of copies, the test result will be reported as "Not Quantified."

Human Immunodeficiency Virus (HIV) p24 Antigen and HIV-1/2 Antibody with Reflex Differentiation, serum or plasma

LAB159

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB159, HIV, HIV Ag/Ab Combo
- LAB159-VML
- LAB159VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 3 days; Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is intended to be used as an aid in diagnosing HIV-1 and/or HIV-2 infection in patients more than 2 years old.

Synonyms:

- LAB159, HIV, HIV Ag/Ab Combo
- LAB159-VML
- LAB159VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
HIV Ag/Ab

RESULTS INTERPRETATION

Reference Interval:
Nonreactive

Interpretive Data:
A repeatedly reactive result indicates the presence of antibody to HIV-1 or HIV-2, and/or the presence of HIV-1 p24 antigen. A nonreactive result does not rule out infection with HIV.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
HIV-1 p24 antigen and antibodies to HIV-1&2 are detected simultaneously in this assay. This assay does not distinguish positive signals generated from viral antigen and antibody. Repeatedly reactive specimens are confirmed by HIV-1/HIV-2 differentiation assay. The performance of this assay has not been established for individuals younger than 2 years old.

Components:
HIV Ag/Ab

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light blue tube (Sodium citrate) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
HIV Ag/Ab

Stability:
Ambient (15-25°C): 3 days; Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB159, HIV, HIV Ag/Ab Combo
- LAB159-VML
- LAB159VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is intended to be used as an aid in diagnosing HIV-1 and/or HIV-2 infection in patients more than 2 years old.

Interpretive Data:
A repeatedly reactive result indicates the presence of antibody to HIV-1 or HIV-2, and/or the presence of HIV-1 p24 antigen. A nonreactive result does not rule out infection with HIV.

Reference Interval:
Nonreactive

Additional Information:
HIV-1 p24 antigen and antibodies to HIV-1&2 are detected simultaneously in this assay. This assay does not distinguish positive signals generated from viral antigen and antibody. Repeatedly reactive specimens are confirmed by HIV-1/HIV-2 differentiation assay. The performance of this assay has not been established for individuals younger than 2 years old.

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Human Immunodeficiency Virus (HIV-1) RNA by Quantitative PCR

LAB919

ORDERING INFO

Collect:

Plasma Preparation Tube (PPT) [EDTA]

Synonyms:

- LAB919, HNA, HIV RNA quant, HIV viral load, HIV 1 ultra quant
- LAB919-VML
- LAB919VML

Turn Around Time:

72 hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Plasma Preparation Tube (PPT) [EDTA]

Specimen Preparation:

PPT tube must be centrifuged and plasma removed within 24 hours of collection. (Min 0.8mL Plasma)

Pediatric Collection:

Lavender microtainer (EDTA)

Storage/Transport Temperature:

Ambient (15-25°C)

Performed:

Monday - Friday

Stability:

Blood: Up to 24 hours at Ambient (15-25°C), 6 days Refrigerated (2-8°C) once spun and plasma/serum separated.

Specimen:

Plasma (PPT)

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

HIV is the etiologic agent of acquired immunodeficiency syndrome (AIDS). Quantitative measurements of HIV viremia in the peripheral blood have shown that higher virus levels may be correlated with increased risk of clinical progression of HIV disease, and that reductions in plasma virus levels may be associated with decreased risk of clinical progression. HIV viral load and drug treatment response are closely linked. With successful drug therapy the viral load decreases and with failure the load increases.

Synonyms:

- LAB919, HNA, HIV RNA quant, HIV viral load, HIV 1 ultra quant
- LAB919-VML
- LAB919VML

Performed:

Monday - Friday

Turn Around Time:

72 hours

Methodology:
PCR (Polymerase Chain Reaction)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
N/A

Methodology:
PCR (Polymerase Chain Reaction)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Plasma Preparation Tube (PPT) [EDTA]

Specimen Preparation:
PPT tube must be centrifuged and plasma removed within 24 hours of collection. (Min 0.8mL Plasma)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
2mL Plasma

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Plasma (PPT)

Reasons for Rejection:
Specimen not received within 24 hours unspun, Incorrect collection device (i.e. collected in an incorrect vacutainer), Quantity not sufficient

Components:
N/A

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days Refrigerated (2-8°C) once spun and plasma/serum separated.

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB919, HNA, HIV RNA quant, HIV viral load, HIV 1 ultra quant
- LAB919-VML
- LAB919VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 hours

Ordering Indicators:
HIV is the etiologic agent of acquired immunodeficiency syndrome (AIDS). Quantitative measurements of HIV viremia in the peripheral blood have shown that higher virus levels may be correlated with increased risk of clinical progression of HIV disease, and that reductions in plasma virus levels may be associated with decreased risk of clinical progression. HIV viral load and drug treatment response are closely linked. With successful drug therapy the viral load decreases and with failure the load increases.

Interpretive Data:
N/A

Reference Interval:
Not detected

Additional Information:
N/A

Methodology:
PCR (Polymerase Chain Reaction)

Section:
Molecular Infectious Disease

Human Immunodeficiency Virus 1 (HIV-1) by Qualitative NAAT

LAB6282

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA), yellow (ACD), or plasma preparation tube (PPT).

Synonyms:

- HIV1 detection
- HIV 1 RNA
- HIV Qualitative
- Nucleic Acid Amplification Test (NAAT)
- LAB6282-VML
- LAB6282VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA), yellow (ACD), or plasma preparation tube (PPT).

Specimen Preparation:
Separate from cells within 24 hours of collection. Transfer 2 mL plasma to an ARUP standard transport tube and freeze. (Min: 0.8 mL)

Unacceptable Conditions:
Heparinized specimens.

Storage/Transport Temperature:
Frozen

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours (Critical: Ship FROZEN); Refrigerated: 72 hours; Frozen: 90 days

Performed:
Sun-Sat

ORDERING

Synonyms:

- HIV1 detection
- HIV 1 RNA
- HIV Qualitative
- Nucleic Acid Amplification Test (NAAT)
- LAB6282-VML
- LAB6282VML

Ordering Recommendations:
Use to detect HIV-1 RNA qualitatively. For quantitative detection, refer to Human Immunodeficiency Virus 1 (HIV-1) by Quantitative NAAT, Plasma (3000867).

Performed:
Sun-Sat

Methodology:
Qualitative Transcription-Mediated Amplification (TMA)

Reported:
1-4 days

Notes:
Assay detects HIV-1 virus RNA. Proviral DNA will not be detected.

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
This test detects human immunodeficiency virus type 1 (HIV-1) RNA from Group M, N and O subtypes; it does not detect HIV-1 proviral DNA. A result of "Not Detected" does not rule out HIV-1 RNA concentrations below the limit of detection of the assay or the presence of inhibitors in the patient specimen. The diagnosis of HIV-1 infection should not be made based solely on a single HIV-1 test result. Diagnosis requires repeat and confirmatory testing as recommended by U.S. Health and Human Services guidelines. Improper specimen handling can cause false negatives or contamination.

This assay should not be used for blood donor screening, associated reentry protocols, or for screening human cell, tissues and cellular tissue-based products (HCT/P).

Methodology:
Qualitative Transcription-Mediated Amplification (TMA)

ADDITIONAL INFORMATION

CPT Codes:
87535

Section:
RF-ARUP

Notes:
Assay detects HIV-1 virus RNA. Proviral DNA will not be detected.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA), yellow (ACD), or plasma preparation tube (PPT).

Specimen Preparation:
Separate from cells within 24 hours of collection. Transfer 2 mL plasma to an ARUP standard transport tube and freeze. (Min: 0.8 mL)

Unacceptable Conditions:
Heparinized specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours (Critical: Ship FROZEN); Refrigerated: 72 hours; Frozen: 90 days

Storage/Transport Temperature:
Frozen

Synonyms:

- HIV1 detection
- HIV 1 RNA
- HIV Qualitative
- Nucleic Acid Amplification Test (NAAT)
- LAB6282-VML
- LAB6282VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Use to detect HIV-1 RNA qualitatively. For quantitative detection, refer to Human Immunodeficiency Virus 1 (HIV-1) by Quantitative NAAT, Plasma (3000867).

Interpretive Data:
This test detects human immunodeficiency virus type 1 (HIV-1) RNA from Group M, N and O subtypes; it does not detect HIV-1 proviral DNA. A result of "Not Detected" does not rule out HIV-1 RNA concentrations below the limit of detection of the assay or the presence of inhibitors in the patient specimen. The diagnosis of HIV-1 infection should not be made based solely on a single HIV-1 test result. Diagnosis requires repeat and confirmatory testing as recommended by U.S. Health and Human Services guidelines. Improper specimen handling can cause false negatives or contamination.

This assay should not be used for blood donor screening, associated reentry protocols, or for screening human cell, tissues and cellular tissue-based products (HCT/P).

Reference Interval:
Not detected

Methodology:
Qualitative Transcription-Mediated Amplification (TMA)

Section:
RF-ARUP

CPT Codes:
87535

Notes:
Assay detects HIV-1 virus RNA. Proviral DNA will not be detected.

Human Immunodeficiency Virus 1 Drug Resistance (Genotype) by Next Generation Sequencing

LAB878

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB878, HVG, HIV resistance testing, HIV Integrase, HIV Protease, HIV Reverse Transcriptase, HIV susceptibility to protease inhibitors (PI), reverse transcriptase inhibitors (NRTI, NNRTI), and integrase inhibitors (INT)
- LAB878-VML
- LAB878VML

Turn Around Time:

7-10 Days

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Lavender tube must be centrifuged and plasma removed within 24 hours of collection. (Min 2mL Plasma)

Pediatric Collection:

Lavender tube (EDTA)

Storage/Transport Temperature:

Ambient (15-25°C)

Performed:

Once per week - variable days

Stability:

Blood: Up to 24 hours at Ambient (15-25°C), 6 days Refrigerated (2-8°C) once spun and plasma/serum separated.

Specimen:

Plasma (EDTA)

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

Therapeutic failure for HIV infection has been closely linked with resistance to antiretroviral drugs. Mutations in the HIV-1 reverse transcriptase (RT) and protease targeted by antiretrovirals can confer drug resistance. Genotypic testing detects resistance-associated mutations in the RT- and protease-encoding genes. Resistance testing is recommended for (1) patients with acute HIV infection, (2) antiretroviral therapy (ART)-naive patients entering HIV care, (3) patients with virologic failure of ART, (4) patients with suboptimal suppression of viral load, and (5) HIV-positive pregnant women. (See Guidelines for the Use of Antiretoviral Agents in HIV-1-Infected Adults, Dept. of Health and Human Services, Oct. 14, 2011).

Synonyms:

- LAB878, HVG, HIV resistance testing, HIV Integrase, HIV Protease, HIV Reverse Transcriptase, HIV susceptibility to protease inhibitors (PI), reverse transcriptase inhibitors (NRTI, NNRTI), and integrase inhibitors (INT)
- LAB878-VML
- LAB878VML

Performed:
Once per week - variable days

Turn Around Time:
7-10 Days

Methodology:
PCR (Polymerase Chain Reaction) followed by nucleotide sequence analysis of amplicons

Components:
HIV Reverse Transcriptase, Protease, and Integrase squencing

RESULTS INTERPRETATION

Reference Interval:
Resistance or resistant mutations reported

Interpretive Data:
N/A

Methodology:
PCR (Polymerase Chain Reaction) followed by nucleotide sequence analysis of amplicons

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
THIS TEST IS CURRENTLY BEING SENT OUT TO ARUP LABORATORIES. PLEASE EXPECT A 7-10 TAT*

Components:
HIV Reverse Transcriptase, Protease, and Integrase squencing

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Lavender tube must be centrifuged and plasma removed within 24 hours of collection. (Min 2mL Plasma)

Pediatric Collection:
Lavender tube (EDTA)

Preferred Collection Volume:
2mL Plasma

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Plasma (EDTA)

Reasons for Rejection:
Specimen not received within 24 hours unspun, Incorrect collection device (i.e. collected in an incorrect vacutainer), Quantity not sufficient

Components:
HIV Reverse Transcriptase, Protease, and Integrase squencing

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days Refrigerated (2-8°C) once spun and plasma/serum separated.

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB878, HVG, HIV resistance testing, HIV Integrase, HIV Protease, HIV Reverse Transcriptase, HIV susceptibility to protease inhibitors (PI), reverse transcriptase inhibitors (NRTI, NNRTI), and integrase inhibitors (INT)
- LAB878-VML
- LAB878VML

Performed:
Once per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7-10 Days

Ordering Indicators:
Therapeutic failure for HIV infection has been closely linked with resistance to antiretroviral drugs. Mutations in the HIV-1 reverse transcriptase (RT) and protease targeted by antiretrovirals can confer drug resistance. Genotypic testing detects resistance-associated mutations in the RT- and protease-encoding genes. Resistance testing is recommended for (1) patients with acute HIV infection, (2) antiretroviral therapy (ART)-naive patients entering HIV care, (3) patients with virologic failure of ART, (4) patients with suboptimal suppression of viral load, and (5) HIV-positive pregnant women. (See Guidelines for the Use of Antiretoviral Agents in HIV-1-Infected Adults, Dept. of Health and Human Services, Oct. 14, 2011).

Interpretive Data:
N/A

Reference Interval:
Resistance or resistant mutations reported

Additional Information:
THIS TEST IS CURRENTLY BEING SENT OUT TO ARUP LABORATORIES. PLEASE EXPECT A 7-10 TAT*

Methodology:
PCR (Polymerase Chain Reaction) followed by nucleotide sequence analysis of amplicons

Section:
Molecular Infectious Disease

Human Immunodeficiency Virus Type 1 (HIV-1) PhenoSense

LAB6131

ORDERING INFO

Collect:
Lavender (K_2 EDTA) or Plasma Preparation Tube (PPT).

Synonyms:

- HIV resistance testing
- Human Immunodeficiency Virus (HIV) Phenotype Comprehensive
- LAB6131-VML
- LAB6131VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (K_2 EDTA) or Plasma Preparation Tube (PPT).

Specimen Preparation:
Separate from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 3 mL)

Unacceptable Conditions:
Thawed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 6 hours; Refrigerated: 24 hours; Frozen: 2 weeks

Performed:
Varies

ORDERING

Synonyms:

- HIV resistance testing
- Human Immunodeficiency Virus (HIV) Phenotype Comprehensive
- LAB6131-VML
- LAB6131VML

Ordering Recommendations:
Intended for use in patients with viral loads >=500 copies/mL. HIV-1 phenotyping test to provide antiretroviral susceptibility information for protease inhibitors (PI) and reverse transcriptase inhibitors (ie, NRTI and NNRTI).

Performed:
Varies

Methodology:
Polymerase Chain Reaction/Culture

Reported:
16-26 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Polymerase Chain Reaction/Culture

ADDITIONAL INFORMATION

CPT Codes:
87903; 87904 x12

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (K_2 EDTA) or Plasma Preparation Tube (PPT).

Specimen Preparation:
Separate from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 3 mL)

Unacceptable Conditions:
Thawed specimens.

Stability (from collection to initiation):
Ambient: 6 hours; Refrigerated: 24 hours; Frozen: 2 weeks

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- HIV resistance testing
- Human Immunodeficiency Virus (HIV) Phenotype Comprehensive
- LAB6131-VML
- LAB6131VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
16-26 days

Ordering Recommendations:
Intended for use in patients with viral loads >=500 copies/mL. HIV-1 phenotyping test to provide antiretroviral susceptibility information for protease inhibitors (PI) and reverse transcriptase inhibitors (ie, NRTI and NNRTI).

Reference Interval:
By report

Methodology:
Polymerase Chain Reaction/Culture

Section:
RF-ARUP

CPT Codes:
87903; 87904 x12

Human Immunodeficiency Virus Type 1 (HIV-1) Trofile Co-Receptor Tropism

LAB6159

ORDERING INFO

Collect:
Lavender (K_2EDTA) or Plasma Preparation Tube (PPT).

Synonyms:

- Chemokine Coreceptor Tropism Trofile
- CXCR4
- CCR5
- LAB6159-VML
- LAB6159VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (K_2EDTA) or Plasma Preparation Tube (PPT).

Specimen Preparation:
Separate from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 3 mL)

Unacceptable Conditions:
Thawed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

Performed:
Varies

ORDERING

Synonyms:

- Chemokine Coreceptor Tropism Trofile
- CXCR4
- CCR5
- LAB6159-VML
- LAB6159VML

Ordering Recommendations:
Intended for use in patients with viral loads >=1,000 copies/mL. HIV-1 phenotyping test to determine the tropism (ie, CCR5 or CXCR4) of the virus in patients being considered for CCR5 antagonist therapy.

Performed:
Varies

Methodology:
Polymerase Chain Reaction/Culture

Reported:
27-38 days

Notes:
Procedure should be used for patients with documented HIV-1 infection and viral loads greater than 1000 copies/mL.

RESULTS INTERPRETATION

Methodology:
Polymerase Chain Reaction/Culture

ADDITIONAL INFORMATION

CPT Codes:
87999

Section:
RF-ARUP

Notes:
Procedure should be used for patients with documented HIV-1 infection and viral loads greater than 1000 copies/mL.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (K_2EDTA) or Plasma Preparation Tube (PPT).

Specimen Preparation:
Separate from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 3 mL)

Unacceptable Conditions:
Thawed specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Chemokine Coreceptor Tropism Trofile
- CXCR4
- CCR5
- LAB6159-VML
- LAB6159VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
27-38 days

Ordering Recommendations:
Intended for use in patients with viral loads >=1,000 copies/mL. HIV-1 phenotyping test to determine the tropism (ie, CCR5 or CXCR4) of the virus in patients being considered for CCR5 antagonist therapy.

Methodology:
Polymerase Chain Reaction/Culture

Section:
RF-ARUP

CPT Codes:
87999

Notes:
Procedure should be used for patients with documented HIV-1 infection and viral loads greater than 1000 copies/mL.

Human Leukocyte Antigen (ABC) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded tissue

CoPath134

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- HLA

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- HLA

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- HLA

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Human Papillomavirus (HPV) High Risk by in situ Hybridization, Paraffin

LAB6075

ORDERING INFO

Collect:
Tissue.

Synonyms:

- HPV High Risk ISH
- HPV HR ISH
- HPVHI ISH
- HR-HPV ISH
- HPV
- high-risk HPV ISH
- LAB6075-VML
- LAB6075VML

SPECIMEN REQUIREMENTS

Collect:
Tissue.

Specimen Preparation:
Formalin fix (10 percent neutral buffered formalin) and paraffin-embed tissue. Transport tissue block or 5 unstained 5-micron slides in a tissue transport kit (recommended but not required) (ARUP supply #47808). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 4 slides) Protect paraffin block and/or slides from excessive heat.

Unacceptable Conditions:
Paraffin block with no tumor tissue remaining. Specimens fixed in any fixative other than 10 percent neutral buffered formalin. Decalcified specimens.

Storage/Transport Temperature:
Room temperature or refrigerated. Ship in cooled container during summer months.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Performed:
Mon-Fri

Remarks:
Include surgical pathology report.
If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.

ORDERING

Synonyms:

- HPV High Risk ISH
- HPV HR ISH
- HPVHI ISH
- HR-HPV ISH
- HPV
- high-risk HPV ISH
- LAB6075-VML
- LAB6075VML

Ordering Recommendations:
Preferred in situ hybridization test to detect high-risk HPV subtypes to determine potential cancer risk.

Performed:
Mon-Fri

Methodology:
In situ Hybridization (ISH)

Reported:
2-5 days

RESULTS INTERPRETATION

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
In situ Hybridization (ISH)

ADDITIONAL INFORMATION

CPT Codes:
88365

Section:
RF-ARUP

Remarks:
Include surgical pathology report.
If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Tissue.

Specimen Preparation:
Formalin fix (10 percent neutral buffered formalin) and paraffin-embed tissue. Transport tissue block or 5 unstained 5-micron slides in a tissue transport kit (recommended but not required) (ARUP supply #47808). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 4 slides) Protect paraffin block and/or slides from excessive heat.

Unacceptable Conditions:
Paraffin block with no tumor tissue remaining. Specimens fixed in any fixative other than 10 percent neutral buffered formalin. Decalcified specimens.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Storage/Transport Temperature:
Room temperature or refrigerated. Ship in cooled container during summer months.

Synonyms:

- HPV High Risk ISH
- HPV HR ISH
- HPVHI ISH
- HR-HPV ISH
- HPV
- high-risk HPV ISH
- LAB6075-VML
- LAB6075VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
Preferred in situ hybridization test to detect high-risk HPV subtypes to determine potential cancer risk.

Interpretive Data:

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

In situ Hybridization (ISH)

Section:

RF-ARUP

CPT Codes:

88365

Remarks:

Include surgical pathology report.
If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.

Human T-Lymphotropic Virus (HTLV) Types I/II Antibodies by ELISA with Reflex to HTLV-I/II Confirmation by Western Blot

LAB1239

ORDERING INFO

Collect:
Serum Separator Tube (SST). Also acceptable: Light Blue (Sodium Citrate), Green (Sodium or Lithium Heparin) or Lavender (EDTA).

Synonyms:

- HTLV 1, 2 western blot confirmation
- HTLV 1/2
- HTLV Types 1 & 2 confirmation
- LAB1239-VML
- LAB1239VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST). Also acceptable: Light Blue (Sodium Citrate), Green (Sodium or Lithium Heparin) or Lavender (EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens containing particulate material.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Performed:
Sun-Mon, Wed-Sat

ORDERING

Synonyms:

- HTLV 1, 2 western blot confirmation
- HTLV 1/2
- HTLV Types 1 & 2 confirmation
- LAB1239-VML
- LAB1239VML

Performed:
Sun-Mon, Wed-Sat

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay/Qualitative Western Blot

Reported:
1-3 days

Notes:
If HTLV I/II screen is repeatedly reactive, then HTLV I/II Confirmation by Western Blot will be added. Additional charges apply.

*Performed and Reported times indicated are for screening of the anti-HTLV. Refer to Human T-Lymphotropic Virus Types I/II Antibodies, Western Blot (0020642) for additional information regarding Performed and Reported times.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
HTLV I/II Antibodies by ELISA	Negative

Interpretive Data:
This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay/Qualitative Western Blot

ADDITIONAL INFORMATION

CPT Codes:
86790; if reflexed, add 86689

Section:
RF-ARUP

Notes:
If HTLV I/II screen is repeatedly reactive, then HTLV I/II Confirmation by Western Blot will be added. Additional charges apply.

*Performed and Reported times indicated are for screening of the anti-HTLV. Refer to Human T-Lymphotropic Virus Types I/II Antibodies, Western Blot (0020642) for additional information regarding Performed and Reported times.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST). Also acceptable: Light Blue (Sodium Citrate), Green (Sodium or Lithium Heparin) or Lavender (EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens containing particulate material.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- HTLV 1, 2 western blot confirmation
- HTLV 1/2
- HTLV Types 1 & 2 confirmation
- LAB1239-VML
- LAB1239VML

Performed:
Sun-Mon, Wed-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Interpretive Data:
This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

Reference Interval:

Components	Reference Interval
HTLV I/II Antibodies by ELISA	Negative

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay/Qualitative Western Blot

Section:
RF-ARUP

CPT Codes:
86790; if reflexed, add 86689

Notes:

If HTLV I/II screen is repeatedly reactive, then HTLV I/II Confirmation by Western Blot will be added. Additional charges apply.

*Performed and Reported times indicated are for screening of the anti-HTLV. Refer to Human T-Lymphotropic Virus Types I/II Antibodies, Western Blot (0020642) for additional information regarding Performed and Reported times.

Huntington Disease (HD) CAG Repeat Expansion Analysis, Whole Blood

LAB3034

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB3034, HD, HUN, HTT, Huntington Disease
- LAB3034-VML
- LAB3034VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient (15-25°C) or Refrigerated (2-8°C)

Performed:

Once per week - variable days

Stability:

Lavender EDTA: Ambient (15-25°C): 2 days; Refrigerated (2-8°C)C: 7 days

Specimen:

Whole Blood

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Clinical evidence of Huntington's disease or carrier screening with positive family history. *NOTE: Confirmation of genetic counseling is required prior to test initiation.

Synonyms:

- LAB3034, HD, HUN, HTT, Huntington Disease
- LAB3034-VML
- LAB3034VML

Performed:

Once per week - variable days

Turn Around Time:

10 days

Methodology:
Direct detection of CAG expansion alleles of the HTT gene by fluorescent PCR with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Normal: <=26 CAG repeats. Mutable/Intermediate: 27-35 CAG repeats. Reduced Penetrance: 36-39 CAG repeats. Abnormal: >=40 CAG repeats

Interpretive Data:
To identify normal, mutable/intermediate, reduced penetrance, or Huntington's disease alleles of the HTT gene.

Methodology:
Direct detection of CAG expansion alleles of the HTT gene by fluorescent PCR with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
N/A

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:
N/A

Preferred Collection Volume:
4 mL whole blood

Alternate Specimen:
N/A

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole Blood

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected.

Components:
N/A

Stability:
Lavender EDTA: Ambient (15-25°C): 2 days; Refrigerated (2-8°C)C: 7 days

Storage/Transport Temperature:
Ambient (15-25°C) or Refrigerated (2-8°C)

Synonyms:

- LAB3034, HD, HUN, HTT, Huntington Disease
- LAB3034-VML
- LAB3034VML

Performed:
Once per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Clinical evidence of Huntington's disease or carrier screening with positive family history. *NOTE: Confirmation of genetic counseling is required prior to test initiation.

Interpretive Data:
To identify normal, mutable/intermediate, reduced penetrance, or Huntington's disease alleles of the HTT gene.

Reference Interval:
Normal: <=26 CAG repeats. Mutable/Intermediate: 27-35 CAG repeats. Reduced Penetrance: 36-39 CAG repeats. Abnormal: >=40 CAG repeats

Additional Information:
Laboratory Developed Test

Methodology:
Direct detection of CAG expansion alleles of the HTT gene by fluorescent PCR with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

Section:
Molecular Diagnostics

Hyaluronic Acid, Serum

LAB3762

ORDERING INFO

Collect:
Serum separator tube. Also acceptable: Green (sodium or lithium heparin), lavender (EDTA), or pink (K_2EDTA).

Synonyms:

- HA
- Hyaluronate
- LAB3762-VML
- LAB3762VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Also acceptable: Green (sodium or lithium heparin), lavender (EDTA), or pink (K_2EDTA).

Specimen Preparation:
Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Tue

ORDERING

Synonyms:

- HA
- Hyaluronate
- LAB3762-VML
- LAB3762VML

Ordering Recommendations:
Noninvasive assessment of liver status.

Performed:
Tue

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-9 days

RESULTS INTERPRETATION

Reference Interval:
0-54 ng/mL

Interpretive Data:
This test is performed using the Corgenix Hyaluronic Acid test kit. Results obtained with different assay methods or kits cannot be used interchangeably.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
83520

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Also acceptable: Green (sodium or lithium heparin), lavender (EDTA), or pink (K_2EDTA).

Specimen Preparation:
Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- HA
- Hyaluronate
- LAB3762-VML
- LAB3762VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-9 days

Ordering Recommendations:
Noninvasive assessment of liver status.

Interpretive Data:
This test is performed using the Corgenix Hyaluronic Acid test kit. Results obtained with different assay methods or kits cannot be used interchangeably.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0-54 ng/mL

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
83520

IBD sgi-PROM

LAB3963

ORDERING INFO

Synonyms:

- LAB3963-VML
- LAB3963VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3963-VML
- LAB3963VML

ADDITIONAL INFORMATION

Section:

RF-PROM

Resulting Laboratory:

Prometheus Laboratories

FULL VIEW

Synonyms:

- LAB3963-VML
- LAB3963VML

Resulting Laboratory:

Prometheus Laboratories

Section:

RF-PROM

Links:

Test Sent to Reference Lab. Click Here for Test Details

Identified Known Familial Variant NGS Testing, Blood Saliva DNA

LAB6319

ORDERING INFO

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Synonyms:

- LAB6319, Known Mutation Testing, Single Variant Testing, Single Mutation Testing, Familial Mutation Testing, Familial Variant Testing
- LAB6319-VML
- LAB6319VML

Turn Around Time:

60 Business Days From Financial Clearance

SPECIMEN REQUIREMENTS

Patient Preparation:

Saliva: Patient Must Follow Kit Instructions

Collect:

Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:

Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:

REVIEW

Storage/Transport Temperature:

Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Performed:

Weekly

Stability:

Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Specimen:

N/A

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Preferred test to determine if the varients identified in the Proband are also present in related family members.

Synonyms:

- LAB6319, Known Mutation Testing, Single Variant Testing, Single Mutation Testing, Familial Mutation Testing, Familial Variant Testing
- LAB6319-VML
- LAB6319VML

Performed:

Weekly

Turn Around Time:
60 Business Days From Financial Clearance

Methodology:
Next Generation Sequencing (NGS) or PCR and Sanger Sequencing

Components:
Sequence analysis of previosuly identified gene variants in family members

RESULTS INTERPRETATION

Reference Interval:
Not Established for This Test

Interpretive Data:
N/A

Methodology:
Next Generation Sequencing (NGS) or PCR and Sanger Sequencing

ADDITIONAL INFORMATION

Section:
Clinical Genomics

Alternate Specimen:
N/A

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Components:
Sequence analysis of previosuly identified gene variants in family members

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Pediatric Collection:
REVIEW

Preferred Collection Volume:
Blood, Saliva, DNA

Alternate Specimen:
N/A

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Specimen:
N/A

Reasons for Rejection:
Mislabeling, Improper Collection, QNS

Components:
Sequence analysis of previosuly identified gene variants in family members

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Synonyms:

- LAB6319, Known Mutation Testing, Single Variant Testing, Single Mutation Testing, Familial Mutation Testing, Familial Variant Testing
- LAB6319-VML
- LAB6319VML

Performed:
Weekly

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
60 Business Days From Financial Clearance

Ordering Indicators:
Preferred test to determine if the varients identified in the Proband are also present in related family members.

Interpretive Data:
N/A

Reference Interval:
Not Established for This Test

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Methodology:
Next Generation Sequencing (NGS) or PCR and Sanger Sequencing

Section:
Clinical Genomics

IDH-1 (R132H) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath135

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

IgA (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath136

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

IgG (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath137

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

IgG4 (MRQ-44) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath138

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

IGH/BCL2 t(14;18) by PCR-MLAB

LAB3964

ORDERING INFO

Synonyms:

- LAB3964-VML
- LAB3964VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3964-VML
- LAB3964VML

ADDITIONAL INFORMATION

Section:

RF-MLAB

Resulting Laboratory:

Michigan Laboratories

FULL VIEW

Synonyms:

- LAB3964-VML
- LAB3964VML

Resulting Laboratory:

Michigan Laboratories

Section:

RF-MLAB

Links:

Test Sent to Reference Lab. Click Here for Test Details

IgM (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath139

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Imipramine and Desipramine, Serum or Plasma (Test on Referral as of 03/05/24)

LAB684

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Synonyms:

- Deprimin
- Antideprin
- Deprenyl
- Eupramin
- Imipramil
- Imipramine/Desipramine Fractionation
- Impril
- Irmin
- Janimine
- Melepramin
- Novo-Parmine
- Deprinol
- Desipramine/Imipramine
- Norpramin
- Imipramine and Metabolite
- Presamine
- Surplix
- TCA
- Tofranil
- Tricyclic Antidepressants
- LAB684-VML
- LAB684VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Predose (trough) draw at steady-state concentration.

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 6 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Deprimin
- Antideprin
- Deprenyl
- Eupramin
- Imipramil
- Imipramine/Desipramine Fractionation
- Impril
- Irmin
- Janimine
- Melepramin
- Novo-Parmine
- Deprinol
- Desipramine/Imipramine
- Norpramin
- Imipramine and Metabolite
- Presamine
- Surplix
- TCA
- Tofranil
- Tricyclic Antidepressants
- LAB684-VML
- LAB684VML

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

Notes:
Report includes individual values for imipramine, desipramine, and total.

RESULTS INTERPRETATION

Reference Interval:
Effective February 19, 2013

Therapeutic Range	Total (imipramine and desipramine): 150-300 ng/mL
Toxic Level	Greater than 500 ng/mL

Interpretive Data:
Toxic concentrations may cause anticholinergic effects, drowsiness, and cardiac abnormalities.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80335 (Alt code: G0480)

Section:
RF-ARUP

Notes:
Report includes individual values for imipramine, desipramine, and total.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Predose (trough) draw at steady-state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Deprimin
- Antideprin
- Deprenyl
- Eupramin
- Imipramil
- Imipramine/Desipramine Fractionation
- Impril
- Irmin
- Janimine
- Melepramin
- Novo-Parmine
- Deprinol
- Desipramine/Imipramine
- Norpramin
- Imipramine and Metabolite
- Presamine
- Surplix
- TCA
- Tofranil
- Tricyclic Antidepressants
- LAB684-VML
- LAB684VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Interpretive Data:
Toxic concentrations may cause anticholinergic effects, drowsiness, and cardiac abnormalities.

Reference Interval:
Effective February 19, 2013

Therapeutic Range	Total (imipramine and desipramine): 150-300 ng/mL
Toxic Level	Greater than 500 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80335 (Alt code: G0480)

Notes:
Report includes individual values for imipramine, desipramine, and total.

Immature Platelet Fraction(%)

LAB5780

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- IPF, Reticulated Platelet Count, Immature platelet fraction
- LAB5780-VML
- LAB5780VML

Turn Around Time:
Stat: 1 hour; Routine: 4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Draw to fill line, mix well with anticougulant

Pediatric Collection:
Pediatric: 0.25mL EDTA 2K whole blood minimum

Storage/Transport Temperature:
Room temperature or refrigerated

Performed:
Daily

Stability:
15° to 25°C: 8 hrs; 2-8C: 24 hrs

Specimen:
Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test measures the percent of immature platelets in the peripheral blood

Synonyms:

- IPF, Reticulated Platelet Count, Immature platelet fraction
- LAB5780-VML
- LAB5780VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour; Routine: 4 hours

Methodology:
Uses stain specifically for platelets, the higher the flourescence and larger size helps differentiate immaturity.

Components:
IPF

RESULTS INTERPRETATION

Reference Interval:
1.6-8.1

Interpretive Data:
For Platelets less than 10,000/microliter, The percent of immature platelets is not accurate.

Methodology:
Uses stain specifically for platelets, the higher the flourescence and larger size helps differentiate immaturity.

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
IPF

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Draw to fill line, mix well with anticougulant

Pediatric Collection:
Pediatric: 0.25mL EDTA 2K whole blood minimum

Preferred Collection Volume:
2 mL whole blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Clotted; QNS; specimen intergrity questionable; platelets in clumps, unable to evaluate

Components:
IPF

Stability:
15° to 25°C: 8 hrs; 2-8C: 24 hrs

Storage/Transport Temperature:
Room temperature or refrigerated

Synonyms:

- IPF, Reticulated Platelet Count, Immature platelet fraction
- LAB5780-VML
- LAB5780VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour; Routine: 4 hours

Ordering Indicators:
This test measures the percent of immature platelets in the peripheral blood

Interpretive Data:
For Platelets less than 10,000/microliter, The percent of immature platelets is not accurate.

Reference Interval:
1.6-8.1

Additional Information:
N/A

Methodology:
Uses stain specifically for platelets, the higher the flourescence and larger size helps differentiate immaturity.

Section:
Hematology

Immune Cell Function-QSTD

LAB3965

ORDERING INFO

Synonyms:

- LAB3965-VML
- LAB3965VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3965-VML
- LAB3965VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB3965-VML
- LAB3965VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Immunofixation with Free Light Chains, Quantitative, Urine

LAB6091

ORDERING INFO

Collect:
24-hour urine. Refrigerate during collection. Also acceptable: Random urine specimens and urine supernate.

Synonyms:

- Monoclonal protein detection and quantitation, urine
- Free Urinary Kappa/Lambda Ratio
- Free Urinary Lambda Light Chain
- IFE
- IFE urine
- Free Urinary Kappa Light Chains
- Immunofixation Electrophoresis, urine
- Urinary Light Chains
- LAB6091-VML
- LAB6091VML

SPECIMEN REQUIREMENTS

Collect:
24-hour urine. Refrigerate during collection. Also acceptable: Random urine specimens and urine supernate.

Specimen Preparation:
Transfer two 4 mL aliquots from a well-mixed 24-hour collection to individual ARUP Standard Transport Tubes. (Min: 4 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: 6 months

Performed:
Sun-Sat

Remarks:
Record total volume and collection time interval on transport tube and test request form.

ORDERING

Synonyms:

- Monoclonal protein detection and quantitation, urine
- Free Urinary Kappa/Lambda Ratio
- Free Urinary Lambda Light Chain
- IFE
- IFE urine
- Free Urinary Kappa Light Chains
- Immunofixation Electrophoresis, urine
- Urinary Light Chains
- LAB6091-VML
- LAB6091VML

Ordering Recommendations:
Aid in the monitoring of patients with urinary monoclonal proteins (Bence Jones protein).

Performed:
Sun-Sat

Methodology:
Qualitative Immunofixation Electrophoresis/Quantitative Immunoturbidimetry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Total Protein	Less than 150 mg/d
Free Urinary Kappa Light Chains	0.00 - 32.90 mg/L
Free Urinary Kappa Excretion/Day	Refer to Report
Free Urinary Lambda Light Chain	0.00 - 3.79 mg/L
Free Urinary Lambda Excretion/Day	Refer to Report
IFE Interpretation	By report

Interpretive Data:

Results of urine free light chain testing can be used to monitor disease progression or response to therapy in patients for whom urine electrophoresis is unable to provide reliable Bence Jones Protein quantification. The results of urine kappa and lambda free light chain quantitative values may be misleading in specimens with high levels of urinary polyclonal free light chains, and absent Bence Jones protein by immunofixation; therefore correlation with urine immunofixation is required to identify inconsistent results.

Total urinary protein is determined turbidimetrically by adding the albumin and kappa and/or lambda light chains. This value may not agree with the total protein as determined by chemical methods, which characteristically underestimates urinary light chains.

Undetected antigen excess is a rare event but cannot be excluded. Free light chain results should always be interpreted in conjunction with other clinical and laboratory findings.

Methodology:

Qualitative Immunofixation Electrophoresis/Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:

84156; 86335; 83521 x2

Section:

RF-ARUP

Remarks:

Record total volume and collection time interval on transport tube and test request form.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour urine. Refrigerate during collection. Also acceptable: Random urine specimens and urine supernate.

Specimen Preparation:

Transfer two 4 mL aliquots from a well-mixed 24-hour collection to individual ARUP Standard Transport Tubes. (Min: 4 mL)

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: 6 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Monoclonal protein detection and quantitation, urine
- Free Urinary Kappa/Lambda Ratio
- Free Urinary Lambda Light Chain
- IFE
- IFE urine
- Free Urinary Kappa Light Chains
- Immunofixation Electrophoresis, urine
- Urinary Light Chains
- LAB6091-VML
- LAB6091VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Aid in the monitoring of patients with urinary monoclonal proteins (Bence Jones protein).

Interpretive Data:
Results of urine free light chain testing can be used to monitor disease progression or response to therapy in patients for whom urine electrophoresis is unable to provide reliable Bence Jones Protein quantification. The results of urine kappa and lambda free light chain quantitative values may be misleading in specimens with high levels of urinary polyclonal free light chains, and absent Bence Jones protein by immunofixation; therefore correlation with urine immunofixation is required to identify inconsistent results.

Total urinary protein is determined turbidimetrically by adding the albumin and kappa and/or lambda light chains. This value may not agree with the total protein as determined by chemical methods, which characteristically underestimates urinary light chains.

Undetected antigen excess is a rare event but cannot be excluded. Free light chain results should always be interpreted in conjunction with other clinical and laboratory findings.

Reference Interval:

Components	Reference Interval
Total Protein	Less than 150 mg/d
Free Urinary Kappa Light Chains	0.00 - 32.90 mg/L
Free Urinary Kappa Excretion/Day	Refer to Report
Free Urinary Lambda Light Chain	0.00 - 3.79 mg/L
Free Urinary Lambda Excretion/Day	Refer to Report
IFE Interpretation	By report

Methodology:
Qualitative Immunofixation Electrophoresis/Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
84156; 86335; 83521 x2

Remarks:
Record total volume and collection time interval on transport tube and test request form.

Immunofixation, Random and 24 hour Urine

LAB438

ORDERING INFO

Collect:

Routine urine container - 20 mL

or 24 hour collection

Synonyms:

- LAB438, UPEP, UPE, U-PEP, Urine Protein Electrophoresis
- LAB438-VML
- LAB438VML

Turn Around Time:

5 days

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Routine urine container - 20 mL

or 24 hour collection

Specimen Preparation:

Proper collection of both spot/ random urine should be filled to at least 1/2 of the collection cup. 24 urine collections should include the total sample collected over 24 hours, 20ml minimum volume for either urine specimen.

Pediatric Collection:

N/A

Storage/Transport Temperature:

Refrigerated (2-8°C)

Performed:

Monday - Friday

Stability:

Refrigerated (2-8°C): 72 hours

Specimen:

Urine (24 hour collection preferred, spot /random samples acceptable) with no additives

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Urine protein electrophoresis is primarily useful for the detection of gammopathies, including those associated with lymphoproliferative neoplasms. Immunofixation, included in the testing, can identify the heavy and light chain involved in monoclonal bands that may be detected. In assessment of a new patient, correlation with serum protein electrophoresis may be indicated

Synonyms:

- LAB438, UPEP, UPE, U-PEP, Urine Protein Electrophoresis
- LAB438-VML
- LAB438VML

Performed:

Monday - Friday

Turn Around Time:

5 days

Methodology:

Protein Gel Electrophoresis and Immunofixation

Components:
Total % and quantitative Immunoglobulin proteins including M-spike if present, presence or absence of a monoclonal light chain

RESULTS INTERPRETATION

Reference Interval:
No monoclonal antibody detected

Interpretive Data:
N/A

Methodology:
Protein Gel Electrophoresis and Immunofixation

ADDITIONAL INFORMATION

Section:
Hematopathology/ Flow Cytometry

Alternate Specimen:
N/A

Additional Information:
Total urine protein is included in this order. Additionally, If electrophoresis densitometric scan and immunofixation of monoclonal protein is detected, follow-up identification will be performed.

Components:
Total % and quantitative Immunoglobulin proteins including M-spike if present, presence or absence of a monoclonal light chain

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Routine urine container - 20 mL

or 24 hour collection

Specimen Preparation:
Proper collection of both spot/ random urine should be filled to at least 1/2 of the collection cup. 24 urine collections should include the total sample collected over 24 hours, 20ml minimum volume for either urine specimen.

Pediatric Collection:
N/A

Preferred Collection Volume:
Minimum volume 20 ml spot or random or 24 hour collection

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine (24 hour collection preferred, spot /random samples acceptable) with no additives

Reasons for Rejection:
Urine collected in a container containing acid

Components:
Total % and quantitative Immunoglobulin proteins including M-spike if present, presence or absence of a monoclonal light chain

Stability:
Refrigerated (2-8°C): 72 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB438, UPEP, UPE, U-PEP, Urine Protein Electrophoresis
- LAB438-VML
- LAB438VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
5 days

Ordering Indicators:
Urine protein electrophoresis is primarily useful for the detection of gammopathies, including those associated with lymphoproliferative neoplasms. Immunofixation, included in the testing, can identify the heavy and light chain involved in monoclonal bands that may be detected. In assessment of a new patient, correlation with serum protein electrophoresis may be indicated

Interpretive Data:
N/A

Reference Interval:
No monoclonal antibody detected

Additional Information:
Total urine protein is included in this order. Additionally, If electrophoresis densitometric scan and immunofixation of monoclonal protein is detected, follow-up identification will be performed.

Methodology:
Protein Gel Electrophoresis and Immunofixation

Section:
Hematopathology/ Flow Cytometry

Immunoglobulin A Subclasses (1 and 2)

LAB997

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- IgA
- IgA 1 and 2
- IgA Subclasses with T otal IgA (Immunoglobulin A Subclasses (1&2))
- Immunoglobulin A
- LAB997-VML
- LAB997VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.7 mL)

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

Performed:
Wed, Sat

ORDERING

Synonyms:

- IgA
- IgA 1 and 2
- IgA Subclasses with T otal IgA (Immunoglobulin A Subclasses (1&2))
- Immunoglobulin A
- LAB997-VML
- LAB997VML

Ordering Recommendations:
Aid in diagnosis and monitoring of immune disorder due to IgA deficiency.

Performed:
Wed, Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Immunoglobulin A	**Age** / **Reference Interval (mg/dL)** 0-2 years: 2-126 3-4 years: 14-212 5-9 years: 52-226 10-14 years: 42-345 15-18 years: 60-349 19 years and older: 68-408
Immunoglobulin A Subclass 1	**Age** / **Reference Interval (mg/dL)** 0-2 years: 3-145 3-4 years: 22-278 5-9 years: 43-337 10-14 years: 37-430 15-18 years: 76-394 19 years and older: 60-294
Immunoglobulin A Subclass 2	**Age** / **Reference Interval (mg/dL)** 0-2 years: 1-15 3-4 years: 3-44 5-9 years: 7-56 10-14 years: 1-109 15-18 years: 14-54 19 years and older: 6-61

Methodology:
Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
82784; 82787 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.7 mL)

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated

Synonyms:

- IgA
- IgA 1 and 2
- IgA Subclasses with T otal IgA (Immunoglobulin A Subclasses (1&2))
- Immunoglobulin A
- LAB997-VML
- LAB997VML

Performed:
Wed, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Aid in diagnosis and monitoring of immune disorder due to IgA deficiency.

Reference Interval:

Components	Reference Interval
Immunoglobulin A	**Age** / **Reference Interval (mg/dL)** 0-2 years: 2-126 3-4 years: 14-212 5-9 years: 52-226 10-14 years: 42-345 15-18 years: 60-349 19 years and older: 68-408
Immunoglobulin A Subclass 1	**Age** / **Reference Interval (mg/dL)** 0-2 years: 3-145 3-4 years: 22-278 5-9 years: 43-337 10-14 years: 37-430 15-18 years: 76-394 19 years and older: 60-294
Immunoglobulin A Subclass 2	**Age** / **Reference Interval (mg/dL)** 0-2 years: 1-15 3-4 years: 3-44 5-9 years: 7-56 10-14 years: 1-109 15-18 years: 14-54 19 years and older: 6-61

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82784; 82787 x2

Immunoglobulin A, Plasma or Serum

LAB73

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- IGA, Immunoglobulin A, LAB73
- LAB73-VML
- LAB73VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 8 months; 2° to 8°C: 8 months; Frozen: 8 months

Specimen:
Plasma or Serum

Alternate Specimen:
Gold (Clot Activator with Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- IGA, Immunoglobulin A, LAB73
- LAB73-VML
- LAB73VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoturbidimetry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male and Female: 0 - < 1 year: 0 -10 mg/dL 1 year - < 3 years: 0 - 80 mg/dL 3 years - < 6 years: 10 - 140 mg/dL 6 years - < 14 years: 30 - 220 mg/dL 14 years - < 18 years: 40 - 290 mg/dL >= 18 years: 70 - 400 mg/dL

Interpretive Data:
N/A

Methodology:
Immunoturbidimetry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Gold (Clot Activator with Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Gold (Clot Activator with Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 8 months; 2° to 8°C: 8 months; Frozen: 8 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- IGA, Immunoglobulin A, LAB73
- LAB73-VML
- LAB73VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male and Female: 0 - < 1 year: 0 -10 mg/dL 1 year - < 3 years: 0 - 80 mg/dL 3 years - < 6 years: 10 - 140 mg/dL 6 years - < 14 years: 30 - 220 mg/dL 14 years - < 18 years: 40 - 290 mg/dL >= 18 years: 70 - 400 mg/dL

Additional Information:
N/A

Methodology:
Immunoturbidimetry

Section:
Chemistry

Immunoglobulin D, Serum

LAB3767

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- IgD
- IgD Total
- Immunoglobulin D
- LAB3767-VML
- LAB3767VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- IgD
- IgD Total
- Immunoglobulin D
- LAB3767-VML
- LAB3767VML

Ordering Recommendations:
Aids in diagnosis or monitoring of IgD monoclonal gammopathies and IgD-related immune deficiencies.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Immunoturbidimetry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Less than or equal to 15.3 mg/dL

Interpretive Data:
IgD is one of the five classes of immunoglobulin. IgD is mainly found on the surface of B-cells and may help regulate B-cell function. IgD likely serves as an early B-cell antigen receptor, however, the function of the circulating IgD is largely unknown.

Methodology:
Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
82784

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- IgD
- IgD Total
- Immunoglobulin D
- LAB3767-VML
- LAB3767VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Aids in diagnosis or monitoring of IgD monoclonal gammopathies and IgD-related immune deficiencies.

Interpretive Data:
IgD is one of the five classes of immunoglobulin. IgD is mainly found on the surface of B-cells and may help regulate B-cell function. IgD likely serves as an early B-cell antigen receptor, however, the function of the circulating IgD is largely unknown.

Reference Interval:
Less than or equal to 15.3 mg/dL

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82784

Immunoglobulin E, plasma

LAB74

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- LAB74, IGE
- LAB74-VML
- LAB74VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Specimens should be centrifuged immediately and the separated serum frozen. (Minimum: 0.5 mL serum)

Pediatric Collection:
Light green microtainer (Lithium heparin with gel)

Storage/Transport Temperature:
Frozen (-20°C)

Performed:
Monday - Friday

Stability:
After separation from cells: Refrigerated (2-8°C): 3 days Frozen (-20°C): 6 months

Specimen:
Plasma

Alternate Specimen:
Red tube (no gel)

ORDERING

Ordering Indicators:
This test is used to aid in the clinical diagnosis, evaluation, and management of suspected allergic reactions.

Synonyms:

- LAB74, IGE
- LAB74-VML
- LAB74VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
< 1 year: =/< 30 IU/mL 1 - 9 years: =/< 50 IU/mL =/> 10 years: =/< 100 IU/mL

Interpretive Data:
The appearance of elevated concentrations of IgE is not allergy-specific, and may be encountered not only in sensitized individuals, but also in cases of IgE myeloma, pulmonary aspergillosis, and during the active stage of parasitic infestations.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Red tube (no gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Specimens should be centrifuged immediately and the separated serum frozen. (Minimum: 0.5 mL serum)

Pediatric Collection:
Light green microtainer (Lithium heparin with gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Red tube (no gel)

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Clotted specimen, frozen specimen, QNS

Components:
N/A

Stability:
After separation from cells: Refrigerated (2-8°C): 3 days Frozen (-20°C): 6 months

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB74, IGE
- LAB74-VML
- LAB74VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test is used to aid in the clinical diagnosis, evaluation, and management of suspected allergic reactions.

Interpretive Data:
The appearance of elevated concentrations of IgE is not allergy-specific, and may be encountered not only in sensitized individuals, but also in cases of IgE myeloma, pulmonary aspergillosis, and during the active stage of parasitic infestations.

Reference Interval:
< 1 year: =/< 30 IU/mL 1 - 9 years: =/< 50 IU/mL =/> 10 years: =/< 100 IU/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Special Chemistry

Immunoglobulin G Subclass 4

LAB1000

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- IgG class 4
- Gamma-globulins 4
- IgG Subclass 4
- Class 4 IgG
- LAB1000-VML
- LAB1000VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- IgG class 4
- Gamma-globulins 4
- IgG Subclass 4
- Class 4 IgG
- LAB1000-VML
- LAB1000VML

Ordering Recommendations:
Aid in diagnosis or monitoring of IgG4-related disease.

Performed:
Sun-Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Effective February 16, 2021
0-2 years: 1-34 mg/dL
3-4 years: 1-65 mg/dL
5-9 years: 0-168 mg/dL
10-14 year: 1-103 mg/dL
15-18 years: 2-170 mg/dL
19 years and older: 1-123 mg/dL

Methodology:
Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
82787

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- IgG class 4
- Gamma-globulins 4
- IgG Subclass 4
- Class 4 IgG
- LAB1000-VML
- LAB1000VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Aid in diagnosis or monitoring of IgG4-related disease.

Reference Interval:
Effective February 16, 2021
0-2 years: 1-34 mg/dL
3-4 years: 1-65 mg/dL
5-9 years: 0-168 mg/dL
10-14 year: 1-103 mg/dL
15-18 years: 2-170 mg/dL
19 years and older: 1-123 mg/dL

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82787

Immunoglobulin G Subclasses (1, 2, 3, 4)

LAB1001

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- IgG Subclasses
- Subclasses, IgG
- Gamma-Globulins, Quantitative
- IgG 1, 2, 3, 4
- LAB1001-VML
- LAB1001VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- IgG Subclasses
- Subclasses, IgG
- Gamma-Globulins, Quantitative
- IgG 1, 2, 3, 4
- LAB1001-VML
- LAB1001VML

Ordering Recommendations:
Aid as second order test for evaluation of patients suspected of humoral immunodeficiency or combined immunodeficiency (humoral or cellular).

Performed:
Sun-Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Immunoglobulin G Subclass 1	**Age** / **Reference Interval (mg/dL)** 0-2 years: 167-900 3-4 years: 313-941 5-9 years: 363-1276 10-14 years: 316-1076 15-18 years: 325-894 19 years and older: 240-1118
Immunoglobulin G Subclass 2	**Age** / **Reference Interval (mg/dL)** 0-2 years: 55-359 3-4 years: 72-287 5-9 years: 27-398 10-14 years: 86-509 15-18 years: 156-625 19 years and older: 124-549
Immunoglobulin G Subclass 3	**Age** / **Reference Interval (mg/dL)** 0-2 years: 34-85 3-4 years: 25-117 5-9 years: 17-169 10-14 years: 14-201 15-18 years: 34-246 19 years and older: 21-134
Immunoglobulin G Subclass 4	**Age** / **Reference Interval (mg/dL)** 0-2 years: 1-34 3-4 years: 1-65 5-9 years: 0-168 10-14 years: 1-103 15-18 years: 2-170 19 years and older: 1-123

Interpretive Data:

The total IgG (mg/dL) can be derived from the sum of the subclass IgG1, IgG2, IgG3, and IgG4 values. However, a confirmatory and more precise total IgG is available by the immunoturbidimetric method of quantitation for total IgG. Refer to test Immunoglobulin G, Serum (0050350).

Methodology:

Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:

82787 x4

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- IgG Subclasses
- Subclasses, IgG
- Gamma-Globulins, Quantitative
- IgG 1, 2, 3, 4
- LAB1001-VML
- LAB1001VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Aid as second order test for evaluation of patients suspected of humoral immunodeficiency or combined immunodeficiency (humoral or cellular).

Interpretive Data:
The total IgG (mg/dL) can be derived from the sum of the subclass IgG1, IgG2, IgG3, and IgG4 values. However, a confirmatory and more precise total IgG is available by the immunoturbidimetric method of quantitation for total IgG. Refer to test Immunoglobulin G, Serum (0050350).

Reference Interval:

Components	Reference Interval
Immunoglobulin G Subclass 1	**Age** / **Reference Interval (mg/dL)** 0-2 years: 167-900 3-4 years: 313-941 5-9 years: 363-1276 10-14 years: 316-1076 15-18 years: 325-894 19 years and older: 240-1118
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Immunoglobulin G Subclass 3	**Age** / **Reference Interval (mg/dL)** 0-2 years: 34-85 3-4 years: 25-117 5-9 years: 17-169 10-14 years: 14-201 15-18 years: 34-246 19 years and older: 21-134
Immunoglobulin G Subclass 4	**Age** / **Reference Interval (mg/dL)** 0-2 years: 1-34 3-4 years: 1-65 5-9 years: 0-168 10-14 years: 1-103 15-18 years: 2-170 19 years and older: 1-123

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82787 x4

Immunoglobulin G, CSF

LAB6387

ORDERING INFO

Collect:
CSF.

Synonyms:

- Cerebrospinal Fluid, IgG
- CSF IgG
- IgG
- IgG CSF
- LAB6387-VML
- LAB6387VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Centrifuge and separate to remove cellular material. Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly bloody or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cerebrospinal Fluid, IgG
- CSF IgG
- IgG
- IgG CSF
- LAB6387-VML
- LAB6387VML

Ordering Recommendations:
Aids in diagnosis of immune-mediated disorders affecting the nervous system.

Performed:
Sun-Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
0.0-6.0 mg/dL

Methodology:
Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
82784

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
CSF.

Specimen Preparation:
Centrifuge and separate to remove cellular material. Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly bloody or hemolyzed specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Cerebrospinal Fluid, IgG
- CSF IgG
- IgG
- IgG CSF
- LAB6387-VML
- LAB6387VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Aids in diagnosis of immune-mediated disorders affecting the nervous system.

Reference Interval:
0.0-6.0 mg/dL

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82784

Immunoglobulin G, CSF Index

LAB6388

ORDERING INFO

Collect:
CSF AND serum separator tube.

Synonyms:

- Cerebrospinal fluid index
- CSF index IgG
- IgG, CSF Index
- Immunoglobulin G Synthesis Rate
- LAB6388-VML
- LAB6388VML

SPECIMEN REQUIREMENTS

Collect:
CSF AND serum separator tube.

Specimen Preparation:
Centrifuge and separate CSF to remove cellular material. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL CSF AND 1 mL serum to individual ARUP standard transport tubes. (Min: 0.5 mL CSF AND 0.5 mL serum)

Unacceptable Conditions:
Grossly bloody or hemolyzed specimens, grossly lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months (if frozen within 24 hours)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cerebrospinal fluid index
- CSF index IgG
- IgG, CSF Index
- Immunoglobulin G Synthesis Rate
- LAB6388-VML
- LAB6388VML

Ordering Recommendations:
Aids in the diagnosis and monitoring of patients with multiple sclerosis and other inflammatory disease of the nervous system.

Performed:
Sun-Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Albumin, CSF</td><td>0-35 mg/dL</td></tr>
<tr><td>Immunoglobulin G</td><td>
<table>
<tr><th>Age</th><th>Reference Interval (mg/dL)</th></tr>
<tr><td>0-2 years</td><td>242-1108</td></tr>
<tr><td>3-4 years</td><td>485-1160</td></tr>
<tr><td>5-9 years</td><td>514-1672</td></tr>
<tr><td>10-14 years</td><td>581-1652</td></tr>
<tr><td>15-18 years</td><td>479-1433</td></tr>
<tr><td>19 years and older</td><td>768-1632</td></tr>
</table>
</td></tr>
<tr><td>Immunoglobulin G CSF</td><td>0.0-6.0 mg/dL</td></tr>
<tr><td>Albumin, Serum</td><td>3500-5200 mg/dL</td></tr>
<tr><td>Albumin Index</td><td>0.0-9.0</td></tr>
<tr><td>CSF IgG Synthesis Rate</td><td>Less than or equal to 8.0 mg/d</td></tr>
<tr><td>CSF IgG/Albumin Ratio</td><td>0.09-0.25</td></tr>
<tr><td>IgG Index</td><td>0.28-0.66</td></tr>
</table>

Interpretive Data:

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (https://ltd.aruplab.com).

To ensure accurate result interpretation, it is recommended that both CSF and serum specimens be collected on the same day. If specimens are not collected within this specified timeframe, it is advised to exercise caution when interpreting the results.

Methodology:

Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:

82784 x2; 82040; 82042

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

CSF AND serum separator tube.

Specimen Preparation:

Centrifuge and separate CSF to remove cellular material. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL CSF AND 1 mL serum to individual ARUP standard transport tubes. (Min: 0.5 mL CSF AND 0.5 mL serum)

Unacceptable Conditions:

Grossly bloody or hemolyzed specimens, grossly lipemic specimens.

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 6 months (if frozen within 24 hours)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cerebrospinal fluid index
- CSF index IgG
- IgG, CSF Index
- Immunoglobulin G Synthesis Rate
- LAB6388-VML
- LAB6388VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Aids in the diagnosis and monitoring of patients with multiple sclerosis and other inflammatory disease of the nervous system.

Interpretive Data:
Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (https://ltd.aruplab.com).

To ensure accurate result interpretation, it is recommended that both CSF and serum specimens be collected on the same day. If specimens are not collected within this specified timeframe, it is advised to exercise caution when interpreting the results.

Reference Interval:

Components	Reference Interval
Albumin, CSF	0-35 mg/dL
Immunoglobulin G	<table><tr><th>Age</th><th>Reference Interval (mg/dL)</th></tr><tr><td>0-2 years</td><td>242-1108</td></tr><tr><td>3-4 years</td><td>485-1160</td></tr><tr><td>5-9 years</td><td>514-1672</td></tr><tr><td>10-14 years</td><td>581-1652</td></tr><tr><td>15-18 years</td><td>479-1433</td></tr><tr><td>19 years and older</td><td>768-1632</td></tr></table>
Immunoglobulin G CSF	0.0-6.0 mg/dL
Albumin, Serum	3500-5200 mg/dL
Albumin Index	0.0-9.0
CSF IgG Synthesis Rate	Less than or equal to 8.0 mg/d
CSF IgG/Albumin Ratio	0.09-0.25
IgG Index	0.28-0.66

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82784 x2; 82040; 82042

Immunoglobulin G, Plasma or Serum

LAB71

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- IGG, Immunoglobulin G, LAB71
- LAB71-VML
- LAB71VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 4 months; 2° to 8°C: 8 months; Frozen: 8 months

Specimen:
Plasma or Serum

Alternate Specimen:
Gold (Clot Activator with Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- IGG, Immunoglobulin G, LAB71
- LAB71-VML
- LAB71VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoturbidimetry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male and Female: 0 - < 15 days: 320 - 1210 mg/dL 15 days - < 1 year: 150 - 630 mg/dL 1 year - < 4 years: 320 - 990 mg/dL 4 years - < 10 years: 500 - 1170 mg/dL 10 years - < 18 years: 600 - 1310 mg/dL >= 18 years: 700 - 1600 mg/dL

Interpretive Data:
N/A

Methodology:
Immunoturbidimetry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Gold (Clot Activator with Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Gold (Clot Activator with Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 4 months; 2° to 8°C: 8 months; Frozen: 8 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- IGG, Immunoglobulin G, LAB71
- LAB71-VML
- LAB71VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male and Female: 0 - < 15 days: 320 - 1210 mg/dL 15 days - < 1 year: 150 - 630 mg/dL 1 year - < 4 years: 320 - 990 mg/dL 4 years - < 10 years: 500 - 1170 mg/dL 10 years - < 18 years: 600 - 1310 mg/dL >= 18 years: 700 - 1600 mg/dL

Additional Information:
N/A

Methodology:
Immunoturbidimetry

Section:
Chemistry

Immunoglobulin G/Albumin Ratio, CSF

LAB6389

ORDERING INFO

Collect:
CSF.

Synonyms:

- Albumin Ratio
- IgG/Albumin Ratio, CSF
- IgG/Albumin Ratio
- Specific Protein (CSF)
- LAB6389-VML
- LAB6389VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Centrifuge and separate to remove cellular material. Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly bloody or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Albumin Ratio
- IgG/Albumin Ratio, CSF
- IgG/Albumin Ratio
- Specific Protein (CSF)
- LAB6389-VML
- LAB6389VML

Ordering Recommendations:
Aids in the assessment of CSF IgG/albumin ratio in the absence of a paired serum specimen.

Performed:
Sun-Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
IgG, CSF: 0.0-6.0 mg/dL
Albumin, CSF: 0-35 mg/dL
CSF IgG/Albumin Ratio: 0.09-0.25

Methodology:
Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
82784; 82042

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
CSF.

Specimen Preparation:
Centrifuge and separate to remove cellular material. Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly bloody or hemolyzed specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Albumin Ratio
- IgG/Albumin Ratio, CSF
- IgG/Albumin Ratio
- Specific Protein (CSF)
- LAB6389-VML
- LAB6389VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Aids in the assessment of CSF IgG/albumin ratio in the absence of a paired serum specimen.

Reference Interval:
IgG, CSF: 0.0-6.0 mg/dL
Albumin, CSF: 0-35 mg/dL
CSF IgG/Albumin Ratio: 0.09-0.25

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
82784; 82042

Immunoglobulin G4 by Immunohistochemistry

LAB3180

ORDERING INFO

Collect:
Tissue or cells.

Synonyms:

- IgG4 antibody immunostaining
- IgG4 IHC
- LAB3180-VML
- LAB3180VML

SPECIMEN REQUIREMENTS

Collect:
Tissue or cells.

Specimen Preparation:
Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3-5 micron thick sections), positively charged slides in a tissue transport kit (ARUP supply #47808). Available online through eSupply using ARUP Connect (TM) or contact ARUP Client Services at (800) 522-2787. (Min: 2 slides). If sending precut slides, do not oven bake.

Unacceptable Conditions:
Specimens submitted with non-representative tissue type. Depleted specimens.

Storage/Transport Temperature:
Room temperature or refrigerated. Ship in cooled container during summer months.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Performed:
Mon-Fri

Remarks:
IMMUNOHISTOCHEMISTRY ORDERING AND SUBMISSION DETAILS: Submit electronic request. If you do not have electronic ordering capability, use an ARUP Immunohistochemistry Stain Form (#32978) and include an ARUP client number. For additional technical details, contact ARUP Client Services at (800) 522-2787.

ORDERING

Synonyms:

- IgG4 antibody immunostaining
- IgG4 IHC
- LAB3180-VML
- LAB3180VML

Ordering Recommendations:
Refer to ARUP Immunohistochemistry Stain Offerings brochure at www.aruplab.com/ap/resources.

Performed:
Mon-Fri

Methodology:
Immunohistochemistry

Reported:
1-3 days

Notes:
This test is performed as a stain and return (technical) service only.

RESULTS INTERPRETATION

Methodology:
Immunohistochemistry

ADDITIONAL INFORMATION

CPT Codes:
88342

Section:
RF-ARUP

Remarks:
IMMUNOHISTOCHEMISTRY ORDERING AND SUBMISSION DETAILS: Submit electronic request. If you do not have electronic ordering capability, use an ARUP Immunohistochemistry Stain Form (#32978) and include an ARUP client number. For additional technical details, contact ARUP Client Services at (800) 522-2787.

Notes:
This test is performed as a stain and return (technical) service only.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Tissue or cells.

Specimen Preparation:
Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3-5 micron thick sections), positively charged slides in a tissue transport kit (ARUP supply #47808). Available online through eSupply using ARUP Connect (TM) or contact ARUP Client Services at (800) 522-2787. (Min: 2 slides). If sending precut slides, do not oven bake.

Unacceptable Conditions:
Specimens submitted with non-representative tissue type. Depleted specimens.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Storage/Transport Temperature:
Room temperature or refrigerated. Ship in cooled container during summer months.

Synonyms:

- IgG4 antibody immunostaining
- IgG4 IHC
- LAB3180-VML
- LAB3180VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Refer to ARUP Immunohistochemistry Stain Offerings brochure at www.aruplab.com/ap/resources.

Methodology:
Immunohistochemistry

Section:
RF-ARUP

CPT Codes:
88342

Remarks:
IMMUNOHISTOCHEMISTRY ORDERING AND SUBMISSION DETAILS: Submit electronic request. If you do not have electronic ordering capability, use an ARUP Immunohistochemistry Stain Form (#32978) and include an ARUP client number. For additional technical details, contact ARUP Client Services at (800) 522-2787.

Notes:
This test is performed as a stain and return (technical) service only.

Immunoglobulin Heavy Chain (IGH) Gene Rearrangement, Whole blood, bone marrow, tissue

LAB3035

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB3035, B cell gene rearrangement, B cell clonality, IGR, IGH
- LAB3035-VML
- LAB3035VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:

Two Lavender microtainers (EDTA) or bone marrow

Storage/Transport Temperature:

Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Paraffin embedded tissue: Ambient (15-25°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:

Tuesday or Wednesday

Stability:

EDTA and ACD-A tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Paraffin block: indefinitely; Purified DNA: indefinitely at -70°C

Specimen:

Whole blood, bone marrow, paraffin embedded tissue, or purified DNA

Alternate Specimen:

Yellow tube (ACD-A)

ORDERING

Ordering Indicators:

PCR testing aids in the diagnosis and monitoring of B-cell lymphoproliferative disorders and is most useful in detecting a clonal population of B cells in situations where 1) there is insufficient histological evidence or lack of clear monotypism on immunophenotypic studies to diagnose a lymphoma, 2) limited amounts of tissue or only archival material from paraffin blocks are available, or 3) the relationship of two disease processes is being evaluated.

Synonyms:

- LAB3035, B cell gene rearrangement, B cell clonality, IGR, IGH
- LAB3035-VML
- LAB3035VML

Performed:
Tuesday or Wednesday

Turn Around Time:
10 days

Methodology:
Fluorescent PCR using the Invivoscribe IGH gene clonality kit with fragment size analysis by capillary electrophoresis. Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
No detection of clonal population

Interpretive Data:
Provides a semi-quantitative assessment of B-cell clonality. Clinical correlation is required.

Methodology:
Fluorescent PCR using the Invivoscribe IGH gene clonality kit with fragment size analysis by capillary electrophoresis. Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two Lavender microtainers (EDTA) or bone marrow

Preferred Collection Volume:
Blood or bone marrow: 4mL; Paraffin embedded tissue: block, 5-10 unstained slides, or 5 curls; Purified DNA: 1µg

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood, bone marrow, paraffin embedded tissue, or purified DNA

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and ACD-A tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Paraffin block: indefinitely; Purified DNA: indefinitely at -70°C

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Paraffin embedded tissue: Ambient (15-25°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- LAB3035, B cell gene rearrangement, B cell clonality, IGR, IGH
- LAB3035-VML
- LAB3035VML

Performed:
Tuesday or Wednesday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
PCR testing aids in the diagnosis and monitoring of B-cell lymphoproliferative disorders and is most useful in detecting a clonal population of B cells in situations where 1) there is insufficient histological evidence or lack of clear monotypism on immunophenotypic studies to diagnose a lymphoma, 2) limited amounts of tissue or only archival material from paraffin blocks are available, or 3) the relationship of two disease processes is being evaluated.

Interpretive Data:
Provides a semi-quantitative assessment of B-cell clonality. Clinical correlation is required.

Reference Interval:
No detection of clonal population

Additional Information:
Laboratory Developed Test

Methodology:
Fluorescent PCR using the Invivoscribe IGH gene clonality kit with fragment size analysis by capillary electrophoresis. Laboratory Developed Test

Section:
Molecular Diagnostics

Immunoglobulin M, Plasma or Serum

LAB72

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- IGM, IgM Quantitative Blood, Immunoglobulin M, LAB72
- LAB72-VML
- LAB72VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2 months; 2° to 8°C: 4 months; Frozen: 6 months

Specimen:
Plasma or Serum

Alternate Specimen:
Gold (Clot Activator with Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- IGM, IgM Quantitative Blood, Immunoglobulin M, LAB72
- LAB72-VML
- LAB72VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoturbidimetry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: 0 - < 15 days: 0 - 30 mg/dL 15 days - < 13 weeks: 10 - 70 mg/dL 13 weeks - < 1 year: 10 - 80 mg/dL 1 year - < 18 years: 50 - 180 mg/dL >= 18 years: 40 - 230 mg/dL Female: 0 - < 15 days: 0 - 30 mg/dL 15 days - < 13 weeks: 10 - 70 mg/dL 13 weeks - < 1 year: 10 - 80 mg/dL 1 year - < 18 years: 40 - 140 mg/dL >= 18 years: 40 - 230 mg/dL

Interpretive Data:
N/A

Methodology:
Immunoturbidimetry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Gold (Clot Activator with Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Gold (Clot Activator with Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 2 months; 2° to 8°C: 4 months; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- IGM, IgM Quantitative Blood, Immunoglobulin M, LAB72
- LAB72-VML
- LAB72VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male: 0 - < 15 days: 0 - 30 mg/dL 15 days - < 13 weeks: 10 - 70 mg/dL 13 weeks - < 1 year: 10 - 80 mg/dL 1 year - < 18 years: 50 - 180 mg/dL >= 18 years: 40 - 230 mg/dL Female: 0 - < 15 days: 0 - 30 mg/dL 15 days - < 13 weeks: 10 - 70 mg/dL 13 weeks - < 1 year: 10 - 80 mg/dL 1 year - < 18 years: 40 - 140 mg/dL >= 18 years: 40 - 230 mg/dL

Additional Information:
N/A

Methodology:
Immunoturbidimetry

Section:
Chemistry

Infliximab Qt w/Rfx to Ab-MAYO

LAB6550

ORDERING INFO

Synonyms:

- LAB6550-VML
- LAB6550VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6550-VML
- LAB6550VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6550-VML
- LAB6550VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Inhibin (R1) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath140

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Inhibin A (Dimer)

LAB5940

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- dimeric inhibin A
- inhibin-A
- LAB5940-VML
- LAB5940VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting specimens are recommended, but not required.

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Hemolyzed or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- dimeric inhibin A
- inhibin-A
- LAB5940-VML
- LAB5940VML

Ordering Recommendations:
Aid in the diagnosis and monitoring of various hormonal reproductive disorders.

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:

Effective November 18, 2013

Age/ Phase	Inhibin A (Dimer) pg/mL
Normal Cycling Females: Early Follicular Phase (-14 to -10) Mid Follicular Phase (-9 to -4) Late Follicular Phase (-3 to -1) Mid Cycle (Day 0) Early Luteal (1 to 3) Mid Luteal (4 to 11) Late Luteal (12 to 14)	Normal Cycling Females: 1.8-17.3 pg/mL 3.5-31.7 pg/mL 9.8-90.3 pg/mL 16.9-91.8 pg/mL 16.1-97.5 pg/mL 3.9-87.7 pg/mL 2.7-47.1 pg/mL
IVF-Peak Levels PCOS-Ovulatory Postmenopausal	354.2-1690.0 pg/mL 5.7-16.0 pg/mL less than 6.9 pg/mL
Normal males	less than 2.1 pg/mL

Interpretive Data:

This assay is performed using the Beckman Coulter Unicel DxI assay. Values may be elevated during normal pregnancy. Preeclampsia, Down Syndrome, and some cancers may increase Inhibin-A values.

Methodology:

Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86336

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum Separator Tube (SST).

Specimen Preparation:

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:

Fasting specimens are recommended, but not required.

Unacceptable Conditions:

Plasma. Hemolyzed or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- dimeric inhibin A
- inhibin-A
- LAB5940-VML
- LAB5940VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-2 days

Ordering Recommendations:

Aid in the diagnosis and monitoring of various hormonal reproductive disorders.

Interpretive Data:

This assay is performed using the Beckman Coulter Unicel Dxl assay. Values may be elevated during normal pregnancy. Preeclampsia, Down Syndrome, and some cancers may increase Inhibin-A values.

Reference Interval:

Effective November 18, 2013

Age/ Phase	Inhibin A (Dimer) pg/mL
Normal Cycling Females: Early Follicular Phase (-14 to -10) Mid Follicular Phase (-9 to -4) Late Follicular Phase (-3 to -1) Mid Cycle (Day 0) Early Luteal (1 to 3) Mid Luteal (4 to 11) Late Luteal (12 to 14)	Normal Cycling Females: 1.8-17.3 pg/mL 3.5-31.7 pg/mL 9.8-90.3 pg/mL 16.9-91.8 pg/mL 16.1-97.5 pg/mL 3.9-87.7 pg/mL 2.7-47.1 pg/mL
IVF-Peak Levels PCOS-Ovulatory Postmenopausal	354.2-1690.0 pg/mL 5.7-16.0 pg/mL less than 6.9 pg/mL
Normal males	less than 2.1 pg/mL

Methodology:

Quantitative Chemiluminescent Immunoassay

Section:

RF-ARUP

CPT Codes:

86336

Inhibin B

LAB3769

ORDERING INFO

Collect:
Serum separator tube or plain red.

Synonyms:

- LAB3769-VML
- LAB3769VML

SPECIMEN REQUIREMENTS

Patient Preparation:
For premenopausal females, collection is preferred during the follicular phase of the menstrual cycle.

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Transport 0.5 mL serum. (Min: 0.2 mL)

Unacceptable Conditions:
Room temperature specimens. Grossly hemolyzed specimens. Plasma

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 1 month

Performed:
Wed, Fri

ORDERING

Synonyms:

- LAB3769-VML
- LAB3769VML

Ordering Recommendations:
Use to differentiate ovarian tumor with normal CA 125 as stromal or mucinous epithelial tumor. May be used for monitoring recurrence of stromal ovarian tumors.

Performed:
Wed, Fri

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Male	Female
<15 days: 68-373 pg/mL 15 days-6 months: 42-516 pg/mL 7 months-7 years: 24-300 pg/mL 8-30 years: 47-383 pg/mL 31-72 years: 10-357 pg/mL	1 day-12 years: <=182 pg/mL 13-41 years (regular cycle, follicular phase): 8-223 pg/mL 42-51 years (regular cycle, follicular phase): <=107 pg/mL 51-76 years (postmenopausal): <=11 pg/mL

Interpretive Data:
This test is performed using the ANSH ultra-sensitive Inhibin B ELISA kit. Values obtained with different methodologies or kits cannot be used interchangeably.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

ADDITIONAL INFORMATION

CPT Codes:
83520

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Transport 0.5 mL serum. (Min: 0.2 mL)

Patient Preparation:
For premenopausal females, collection is preferred during the follicular phase of the menstrual cycle.

Unacceptable Conditions:
Room temperature specimens. Grossly hemolyzed specimens. Plasma

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 1 month

Storage/Transport Temperature:
Frozen.

Synonyms:

- LAB3769-VML
- LAB3769VML

Performed:
Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Use to differentiate ovarian tumor with normal CA 125 as stromal or mucinous epithelial tumor. May be used for monitoring recurrence of stromal ovarian tumors.

Interpretive Data:
This test is performed using the ANSH ultra-sensitive Inhibin B ELISA kit. Values obtained with different methodologies or kits cannot be used interchangeably.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Male	Female
<15 days: 68-373 pg/mL 15 days-6 months: 42-516 pg/mL 7 months-7 years: 24-300 pg/mL 8-30 years: 47-383 pg/mL 31-72 years: 10-357 pg/mL	1 day-12 years: <=182 pg/mL 13-41 years (regular cycle, follicular phase): 8-223 pg/mL 42-51 years (regular cycle, follicular phase): <=107 pg/mL 51-76 years (postmenopausal): <=11 pg/mL

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Section:
RF-ARUP

CPT Codes:
83520

INI-1 (MRQ-27) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath141

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

InSight FISH Rapid Detection-INGN

LAB6298

ORDERING INFO

Synonyms:

- LAB6298-VML
- LAB6298VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6298-VML
- LAB6298VML

ADDITIONAL INFORMATION

Section:

RF-INGN

Resulting Laboratory:

LabCorp Integrated Genetics

FULL VIEW

Synonyms:

- LAB6298-VML
- LAB6298VML

Resulting Laboratory:

LabCorp Integrated Genetics

Section:

RF-INGN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Insulin Antibody

LAB649

ORDERING INFO

Collect:
Serum separator tube or plain red.

Synonyms:

- Insulin Antibodies, Serum
- anti-insulin antibody
- Human Insulin Antibodies
- insulin AB
- LAB649-VML
- LAB649VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Plasma. Hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 2 months

Performed:
Tue, Wed, Fri

ORDERING

Synonyms:

- Insulin Antibodies, Serum
- anti-insulin antibody
- Human Insulin Antibodies
- insulin AB
- LAB649-VML
- LAB649VML

Ordering Recommendations:
Determine presence of antibodies to endogenous or exogenous insulin analogues. Testing not recommended for patients receiving insulin >2 weeks, as insulin antibody formation may occur.If pursuing antibody testing to determine autoimmune diabetes mellitus (DM), perform at least two antibody tests. In most cases, use glutamic acid decarboxylase antibody in combination with another antibody test. Other antibody tests include Islet Antigen-2 (IA-2) Autoantibody (3001499), Glutamic Acid Decarboxylase Antibody (2001771), Islet Cell Cytoplasmic Antibody, IgG (0050138), and Zinc Transporter 8 Antibody (2006196). Do not use to differentiate type 1 DM from type 2 DM, for most cases.

Performed:
Tue, Wed, Fri

Methodology:
Semi-Quantitative Radioimmunoassay

Reported:
2-5 days

RESULTS INTERPRETATION

Reference Interval:
Effective May 21, 2012

0.0-0.4 Kronus Units/mL

Interpretive Data:
A value greater than 0.4 Kronus Units/mL is considered positive for Insulin Antibody. Kronus units are arbitrary. Kronus Units = U/mL.

This assay is intended for the semi-quantitative determination of antibodies to endogenous insulin or antibodies to exogenous insulin in human serum. Antibodies to exogenous insulin therapies may be detected using this method. The magnitude of the measured result is not related to disease progression. Results should be interpreted within the context of clinical symptoms.

Methodology:
Semi-Quantitative Radioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:
86337

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Plasma. Hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- Insulin Antibodies, Serum
- anti-insulin antibody
- Human Insulin Antibodies
- insulin AB
- LAB649-VML
- LAB649VML

Performed:
Tue, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
Determine presence of antibodies to endogenous or exogenous insulin analogues. Testing not recommended for patients receiving insulin >2 weeks, as insulin antibody formation may occur.If pursuing antibody testing to determine autoimmune diabetes mellitus (DM), perform at least two antibody tests. In most cases, use glutamic acid decarboxylase antibody in combination with another antibody test. Other antibody tests include Islet Antigen-2 (IA-2) Autoantibody (3001499), Glutamic Acid Decarboxylase Antibody (2001771), Islet Cell Cytoplasmic Antibody, IgG (0050138), and Zinc Transporter 8 Antibody (2006196). Do not use to differentiate type 1 DM from type 2 DM, for most cases.

Interpretive Data:
A value greater than 0.4 Kronus Units/mL is considered positive for Insulin Antibody. Kronus units are arbitrary. Kronus Units = U/mL.

This assay is intended for the semi-quantitative determination of antibodies to endogenous insulin or antibodies to exogenous insulin in human serum. Antibodies to exogenous insulin therapies may be detected using this method. The magnitude of the measured result is not related to disease progression. Results should be interpreted within the context of clinical symptoms.

Reference Interval:
Effective May 21, 2012

0.0-0.4 Kronus Units/mL

Methodology:
Semi-Quantitative Radioimmunoassay

Section:
RF-ARUP

CPT Codes:
86337

Insulin, Serum

LAB527

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- IRI, INS, Insulin Level, LAB527
- LAB527-VML
- LAB527VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting specimen. Non fasting specimens are acceptable for special studies.

Collect:
Red tube (no gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.4 mL)

Pediatric Collection:
1 Red Microtainer (No Gel)

Storage/Transport Temperature:
Must be spun in refrigerated centrifuge and separated. Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 3 days; Frozen: 7 days

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- IRI, INS, Insulin Level, LAB527
- LAB527-VML
- LAB527VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - 16 µU/mL

Interpretive Data:
The ADLM Academy guidelines (formerly NACB) suggest that there is no role for routine insulin monitoring in most diabetic patients (Diabetes Care 34:e61-e99,2011). Recombinant insulin and insulin analogs cross-react with this assay to varying degrees. Contact the lab for more details.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
The NACB guidelines suggest that there is no role for routine insulin monitoring in most diabetic patients (Diabetes Care 34:e61-e99,2011). Recombinant insulin and insulin analogs cross-react with this assay to varying degrees. Contact the lab for more details.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.4 mL)

Pediatric Collection:
1 Red Microtainer (No Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Fasting specimen. Non fasting specimens are acceptable for special studies.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 3 days; Frozen: 7 days

Storage/Transport Temperature:
Must be spun in refrigerated centrifuge and separated. Refrigerated: 2° to 8°C

Synonyms:

- IRI, INS, Insulin Level, LAB527
- LAB527-VML
- LAB527VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
The ADLM Academy guidelines (formerly NACB) suggest that there is no role for routine insulin monitoring in most diabetic patients (Diabetes Care 34:e61-e99,2011). Recombinant insulin and insulin analogs cross-react with this assay to varying degrees. Contact the lab for more details.

Reference Interval:
0 - 16 µU/mL

Additional Information:
The NACB guidelines suggest that there is no role for routine insulin monitoring in most diabetic patients (Diabetes Care 34:e61-e99,2011). Recombinant insulin and insulin analogs cross-react with this assay to varying degrees. Contact the lab for more details.

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Insulin-Like Growth Factor 1 (IGF-1) with Calculated Z-Score

LAB5880

ORDERING INFO

Collect:
Serum Separator Tube (SST)

Synonyms:

- LAB5880-VML
- LAB5880VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST)

Specimen Preparation:
Transport 1mL, serum in an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma, tissue, or urine. Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Frozen

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB5880-VML
- LAB5880VML

Ordering Recommendations:
Aids in diagnosis of growth hormone excess or deficiency disorders.

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
1-2 days

Notes:
Both patient age and sex are required for Z-score calculation. Reference intervals have not been established in individuals older than 85 years.

RESULTS INTERPRETATION

Reference Interval:

AGE	Male	Female	AGE	Male	Female
0 year	11-100 ng/mL	8-131 ng/mL	35 years	83-241 ng/mL	81-278 ng/mL
1 year	12-120 ng/mL	9-146 ng/mL	36 years	83-240 ng/mL	80-277 ng/mL
2 years	13-143 ng/mL	11-165 ng/mL	37 years	83-239 ng/mL	80-277 ng/mL
3 years	14-169 ng/mL	13-187 ng/mL	38 years	83-238 ng/mL	79-276 ng/mL
4 years	15-200 ng/mL	15-216 ng/mL	39 years	83-238 ng/mL	78-274 ng/mL
5 years	16-233 ng/mL	19-251 ng/mL	40 years	82-237 ng/mL	76-271 ng/mL
6 years	17-269 ng/mL	24-293 ng/mL	41 years	81-236 ng/mL	75-267 ng/mL
7 years	18-307 ng/mL	30-342 ng/mL	42 years	80-235 ng/mL	73-263 ng/mL
8 years	20-347 ng/mL	39-396 ng/mL	43 years	78-233 ng/mL	71-258 ng/mL
9 years	23-386 ng/mL	49-451 ng/mL	44 years	76-230 ng/mL	69-253 ng/mL
10 years	29-424 ng/mL	62-504 ng/mL	45 years	74-227 ng/mL	66-249 ng/mL
11 years	37-459 ng/mL	76-549 ng/mL	46 years	72-225 ng/mL	64-246 ng/mL
12 years	49-487 ng/mL	90-581 ng/mL	47 years	71-224 ng/mL	62-243 ng/mL
13 years	64-508 ng/mL	104-596 ng/mL	48 years	69-224 ng/mL	60-240 ng/mL
14 years	83-519 ng/mL	115-591 ng/mL	49 years	68-225 ng/mL	59-238 ng/mL
15 years	102-520 ng/mL	121-564 ng/mL	50 years	67-225 ng/mL	57-236 ng/mL
16 years	119-511 ng/mL	122-524 ng/mL	51 years	66-225 ng/mL	55-235 ng/mL
17 years	131-490 ng/mL	120-479 ng/mL	52 years	65-222 ng/mL	53-234 ng/mL
18 years	137-461 ng/mL	117-436 ng/mL	53 years	64-218 ng/mL	52-233 ng/mL
19 years	137-428 ng/mL	113-399 ng/mL	54 years	62-214 ng/mL	51-233 ng/mL
20 years	133-395 ng/mL	109-372 ng/mL	55 years	61-210 ng/mL	49-234 ng/mL
21 years	127-364 ng/mL	107-351 ng/mL	56 years	59-206 ng/mL	48-235 ng/mL
22 years	120-338 ng/mL	105-337 ng/mL	57 years	58-204 ng/mL	47-236 ng/mL
23 years	112-316 ng/mL	103-326 ng/mL	58 years	56-203 ng/mL	46-238 ng/mL
24 years	105-298 ng/mL	102-317 ng/mL	59 years	55-203 ng/mL	44-240 ng/mL
25 years	99-283 ng/mL	100-311 ng/mL	60 years	53-206 ng/mL	43-241 ng/mL
26 years	94-271 ng/mL	98-305 ng/mL	61 years	51-209 ng/mL	41-243 ng/mL
27 years	90-262 ng/mL	96-301 ng/mL	62 years	49-214 ng/mL	40-244 ng/mL
28 years	87-255 ng/mL	93-297 ng/mL	63 years	46-219 ng/mL	38-244 ng/mL
29 years	84-250 ng/mL	91-293 ng/mL	64 years	43-225 ng/mL	36-244 ng/mL
30 years	83-246 ng/mL	89-290 ng/mL	65 years	40-231 ng/mL	34-241 ng/mL
31 years	82-244 ng/mL	87-286 ng/mL	66 years	37-236 ng/mL	32-238 ng/mL
32 years	82-243 ng/mL	85-283 ng/mL	67 years	34-240 ng/mL	30-235 ng/mL
33 years	82-242 ng/mL	82-280 ng/mL	68 years	31-243 ng/mL	28-231 ng/mL
34 years	82-242 ng/mL	82-279 ng/mL	69 years	29-245 ng/mL	27-228 ng/mL

AGE	Male	Female	AGE	Male	Female
70 years	27-246 ng/mL	26-226 ng/mL	78 years	20-196 ng/mL	19-210 ng/mL
71 years	26-245 ng/mL	24-224 ng/mL	79 years	19-189 ng/mL	18-206 ng/mL
72 years	25-242 ng/mL	24-222 ng/mL	80 years	18-184 ng/mL	18-200 ng/mL
73 years	24-236 ng/mL	23-221 ng/mL	81 years	17-180 ng/mL	18-193 ng/mL
74 years	23-229 ng/mL	22-220 ng/mL	82 years	16-177 ng/mL	17-186 ng/mL
75 years	22-221 ng/mL	21-218 ng/mL	83 years	16-176 ng/mL	17-179 ng/mL
76 years	22-212 ng/mL	20-216 ng/mL	84 years	16-176 ng/mL	17-173 ng/mL
77 years	21-204 ng/mL	20-214 ng/mL	85 years	15-177 ng/mL	17-167 ng/mL

Interpretive Data:

A Z score is the number of standard deviations a given result is above (positive score) or below (negative score) the age- and sex-adjusted population mean. Results that are within the IGF-1 reference interval will have a Z score between -2.0 and +2.0.

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
84305

Section:
RF-ARUP

Notes:
Both patient age and sex are required for Z-score calculation. Reference intervals have not been established in individuals older than 85 years.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST)

Specimen Preparation:
Transport 1mL, serum in an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma, tissue, or urine. Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year

Storage/Transport Temperature:
Frozen

Synonyms:

- LAB5880-VML
- LAB5880VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Aids in diagnosis of growth hormone excess or deficiency disorders.

Interpretive Data:
A Z score is the number of standard deviations a given result is above (positive score) or below (negative score) the age- and sex-adjusted population mean. Results that are within the IGF-1 reference interval will have a Z score between -2.0 and +2.0.

Reference Interval:

AGE	Male	Female	AGE	Male	Female
0 year	11-100 ng/mL	8-131 ng/mL	35 years	83-241 ng/mL	81-278 ng/mL
1 year	12-120 ng/mL	9-146 ng/mL	36 years	83-240 ng/mL	80-277 ng/mL
2 years	13-143 ng/mL	11-165 ng/mL	37 years	83-239 ng/mL	80-277 ng/mL
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7 years	18-307 ng/mL	30-342 ng/mL	42 years	80-235 ng/mL	73-263 ng/mL
8 years	20-347 ng/mL	39-396 ng/mL	43 years	78-233 ng/mL	71-258 ng/mL
9 years	23-386 ng/mL	49-451 ng/mL	44 years	76-230 ng/mL	69-253 ng/mL
10 years	29-424 ng/mL	62-504 ng/mL	45 years	74-227 ng/mL	66-249 ng/mL
11 years	37-459 ng/mL	76-549 ng/mL	46 years	72-225 ng/mL	64-246 ng/mL
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17 years	131-490 ng/mL	120-479 ng/mL	52 years	65-222 ng/mL	53-234 ng/mL
18 years	137-461 ng/mL	117-436 ng/mL	53 years	64-218 ng/mL	52-233 ng/mL
19 years	137-428 ng/mL	113-399 ng/mL	54 years	62-214 ng/mL	51-233 ng/mL
20 years	133-395 ng/mL	109-372 ng/mL	55 years	61-210 ng/mL	49-234 ng/mL
21 years	127-364 ng/mL	107-351 ng/mL	56 years	59-206 ng/mL	48-235 ng/mL
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25 years	99-283 ng/mL	100-311 ng/mL	60 years	53-206 ng/mL	43-241 ng/mL
26 years	94-271 ng/mL	98-305 ng/mL	61 years	51-209 ng/mL	41-243 ng/mL
27 years	90-262 ng/mL	96-301 ng/mL	62 years	49-214 ng/mL	40-244 ng/mL
28 years	87-255 ng/mL	93-297 ng/mL	63 years	46-219 ng/mL	38-244 ng/mL
29 years	84-250 ng/mL	91-293 ng/mL	64 years	43-225 ng/mL	36-244 ng/mL
30 years	83-246 ng/mL	89-290 ng/mL	65 years	40-231 ng/mL	34-241 ng/mL
31 years	82-244 ng/mL	87-286 ng/mL	66 years	37-236 ng/mL	32-238 ng/mL
32 years	82-243 ng/mL	85-283 ng/mL	67 years	34-240 ng/mL	30-235 ng/mL
33 years	82-242 ng/mL	82-280 ng/mL	68 years	31-243 ng/mL	28-231 ng/mL
34 years	82-242 ng/mL	82-279 ng/mL	69 years	29-245 ng/mL	27-228 ng/mL

AGE	Male	Female	AGE	Male	Female
70 years	27-246 ng/mL	26-226 ng/mL	78 years	20-196 ng/mL	19-210 ng/mL
71 years	26-245 ng/mL	24-224 ng/mL	79 years	19-189 ng/mL	18-206 ng/mL
72 years	25-242 ng/mL	24-222 ng/mL	80 years	18-184 ng/mL	18-200 ng/mL
73 years	24-236 ng/mL	23-221 ng/mL	81 years	17-180 ng/mL	18-193 ng/mL
74 years	23-229 ng/mL	22-220 ng/mL	82 years	16-177 ng/mL	17-186 ng/mL
75 years	22-221 ng/mL	21-218 ng/mL	83 years	16-176 ng/mL	17-179 ng/mL
76 years	22-212 ng/mL	20-216 ng/mL	84 years	16-176 ng/mL	17-173 ng/mL
77 years	21-204 ng/mL	20-214 ng/mL	85 years	15-177 ng/mL	17-167 ng/mL

Methodology:

Quantitative Chemiluminescent Immunoassay

Section:

RF-ARUP

CPT Codes:

84305

Notes:

Both patient age and sex are required for Z-score calculation. Reference intervals have not been established in individuals older than 85 years.

Insulin-Like Growth Factor 2 (IGF-2)

LAB3770

ORDERING INFO

Collect:
Plain Red or Serum Separator Tube (SST).

Synonyms:

- IGF-2 (Insulin-Like Growth Factor II)
- LAB3770-VML
- LAB3770VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red or Serum Separator Tube (SST).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube (Min: 0.2 mL). Freeze Immediately.

Unacceptable Conditions:
Moderately or grossly hemolyzed or severely lipemic specimens

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 2 days; Frozen: 2 months (Avoid repeated freeze/thaw cycles)

Performed:
Tue

ORDERING

Synonyms:

- IGF-2 (Insulin-Like Growth Factor II)
- LAB3770-VML
- LAB3770VML

Ordering Recommendations:
May be used as an adjunct to IGF-1 in diagnosis of growth disorders.

Performed:
Tue

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Prepubertal (0-11 years old)	127-473 ng/mL
Postpubertal (12 years and older)	180-580 ng/mL

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

ADDITIONAL INFORMATION

CPT Codes:
83520

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red or Serum Separator Tube (SST).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube (Min: 0.2 mL). Freeze Immediately.

Unacceptable Conditions:
Moderately or grossly hemolyzed or severely lipemic specimens

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 2 days; Frozen: 2 months (Avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- IGF-2 (Insulin-Like Growth Factor II)
- LAB3770-VML
- LAB3770VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
May be used as an adjunct to IGF-1 in diagnosis of growth disorders.

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Prepubertal (0-11 years old)	127-473 ng/mL
Postpubertal (12 years and older)	180-580 ng/mL

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Section:
RF-ARUP

CPT Codes:
83520

Insulin-Like Growth Factor Binding Protein 2 (IGFBP-2)

LAB3764

ORDERING INFO

Collect:
Plain red or serum separator tube (SST).

Synonyms:

- IGFBP-2
- LAB3764-VML
- LAB3764VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting specimen preferred.

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: 12 hours; Refrigerated: 4 days; Frozen: 28 days

Performed:
Varies

ORDERING

Synonyms:

- IGFBP-2
- LAB3764-VML
- LAB3764VML

Performed:
Varies

Methodology:
Quantitative Radioimmunoassay

Reported:
4-14 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Radioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:
83519

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Patient Preparation:
Fasting specimen preferred.

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):
Ambient: 12 hours; Refrigerated: 4 days; Frozen: 28 days

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated.

Synonyms:

- IGFBP-2
- LAB3764-VML
- LAB3764VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
4-14 days

Reference Interval:
By report

Methodology:
Quantitative Radioimmunoassay

Section:
RF-ARUP

CPT Codes:
83519

Insulin-Like Growth Factor Binding Protein-3, serum

LAB526

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB526, IGFBP3, IGFBP-3, BP3
- LAB526-VML
- LAB526VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Specimens must be spun in refrigerated centrifuge, separated, and frozen. (Minimum 0.5 mL serum)

Pediatric Collection:
Red microtainer (no gel)

Storage/Transport Temperature:
Frozen (-20°C)

Performed:
Monday - Friday

Stability:
After separation from cells: Ambient (15-25°C): 24 hours Refrigerated (2-8°C): 24 hours Frozen (-20°C): 1 year

Specimen:
Serum

Alternate Specimen:
Light green tube (Lithium heparin with gel)

ORDERING

Ordering Indicators:
This test is used to aid in the clinical diagnosis of growth disorders.

Synonyms:

- LAB526, IGFBP3, IGFBP-3, BP3
- LAB526-VML
- LAB526VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - 1 year: 700 - 3600 ng/mL 1 - 2 years: 800 - 3900 ng/mL 2 - 3 years: 900 - 4300 ng/mL 3 - 4 years: 1000 - 4700 ng/mL 4 - 5 years: 1100 - 5200 ng/mL 5 - 6 years: 1300 - 5600 ng/mL 6 - 7 years: 1400 - 6100 ng/mL 7 - 8 years: 1600 - 6500 ng/mL 8 - 9 years: 1800 - 7100 ng/mL 9 - 10 years: 2100 - 7700 ng/mL 10 - 11 years: 2400 - 8400 ng/mL 11 - 12 years: 2700 - 8900 ng/mL 12 - 13 years: 3100 - 9500 ng/mL 13 - 14 years: 3300 - 10000 ng/mL 14 - 15 years: 3500 - 10000 ng/mL 15 - 16 years: 3400 - 9500 ng/mL 16 - 17 years: 3200 - 8700 ng/mL 17 - 18 years: 3100 - 7900 ng/mL 18 - 19 years: 2900 - 7300 ng/mL 19 - 20 years: 2900 - 7200 ng/mL 20 - 25 years: 3400 - 7800 ng/mL 25 - 30 years: 3500 - 7600 ng/mL 30 - 35 years: 3500 - 7000 ng/mL 35 - 40 years: 3400 - 6700 ng/mL 40 - 45 years: 3300 - 6600 ng/mL 45 - 50 years: 3300 - 6700 ng/mL 50 - 55 years: 3400 - 6800 ng/mL 55 - 60 years: 3400 - 6900 ng/mL 60 - 65 years: 3200 - 6600 ng/mL 65 - 70 years: 3000 - 6200 ng/mL 70 - 75 years: 2800 - 5700 ng/mL 75 - 80 years: 2500 - 5100 ng/mL > 80 years: 2200 - 4500 ng/mL

Interpretive Data:
IGFBP-3 is used, usually in combinatio with IGF-1, as an aid in the diagnosis of growth hormone deficiency and resistance, and in monitoring recombinant growth hormone therapy.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Light green tube (Lithium heparin with gel)

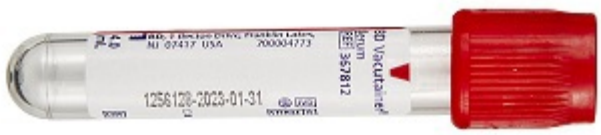
Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)



Specimen Preparation:
Specimens must be spun in refrigerated centrifuge, separated, and frozen. (Minimum 0.5 mL serum)

Pediatric Collection:
Red microtainer (no gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Light green tube (Lithium heparin with gel)

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
improper handling, frozen sample, QNS

Components:
N/A

Stability:
After separation from cells: Ambient (15-25°C): 24 hours Refrigerated (2-8°C): 24 hours Frozen (-20°C): 1 year

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB526, IGFBP3, IGFBP-3, BP3
- LAB526-VML
- LAB526VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test is used to aid in the clinical diagnosis of growth disorders.

Interpretive Data:
IGFBP-3 is used, usually in combinatio with IGF-1, as an aid in the diagnosis of growth hormone deficiency and resistance, and in monitoring recombinant growth hormone therapy.

Reference Interval:
0 - 1 year: 700 - 3600 ng/mL 1 - 2 years: 800 - 3900 ng/mL 2 - 3 years: 900 - 4300 ng/mL 3 - 4 years: 1000 - 4700 ng/mL 4 - 5 years: 1100 - 5200 ng/mL 5 - 6 years: 1300 - 5600 ng/mL 6 - 7 years: 1400 - 6100 ng/mL 7 - 8 years: 1600 - 6500 ng/mL 8 - 9 years: 1800 - 7100 ng/mL 9 - 10 years: 2100 - 7700 ng/mL 10 - 11 years: 2400 - 8400 ng/mL 11 - 12 years: 2700 - 8900 ng/mL 12 - 13 years: 3100 - 9500 ng/mL 13 - 14 years: 3300 - 10000 ng/mL 14 - 15 years: 3500 - 10000 ng/mL 15 - 16 years: 3400 - 9500 ng/mL 16 - 17 years: 3200 - 8700 ng/mL 17 - 18 years: 3100 - 7900 ng/mL 18 - 19 years: 2900 - 7300 ng/mL 19 - 20 years: 2900 - 7200 ng/mL 20 - 25 years: 3400 - 7800 ng/mL 25 - 30 years: 3500 - 7600 ng/mL 30 - 35 years: 3500 - 7000 ng/mL 35 - 40 years: 3400 - 6700 ng/mL 40 - 45 years: 3300 - 6600 ng/mL 45 - 50 years: 3300 - 6700 ng/mL 50 - 55 years: 3400 - 6800 ng/mL 55 - 60 years: 3400 - 6900 ng/mL 60 - 65 years: 3200 - 6600 ng/mL 65 - 70 years: 3000 - 6200 ng/mL 70 - 75 years: 2800 - 5700 ng/mL 75 - 80 years: 2500 - 5100 ng/mL > 80 years: 2200 - 4500 ng/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Special Chemistry

Insulinoma-Associated Protein 1 (MRQ-70) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath142

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- INSM1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- INSM1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- INSM1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Intact Fibroblast Growth Factor 23-MAYO

LAB6266

ORDERING INFO

Synonyms:

- LAB6266-VML
- LAB6266VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6266-VML
- LAB6266VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6266-VML
- LAB6266VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Interleukin 1 beta, Serum

LAB3772

ORDERING INFO

Collect:
Serum separator tube (SST), or plain red.

Synonyms:

- cytokines
- IL-1
- IL-1 Beta
- Interleukin 1-Beta
- IL 1-Beta
- IL1
- IL1B
- Interleukin 1b
- cytokine
- LAB3772-VML
- LAB3772VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST), or plain red.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Refrigerated specimens. Contaminated or heat-inactivated specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Ship in an ARUP Standard Transport Tube.

Stability (from collection to initiation):
After separation from cells: Ambient: 30 minutes; Refrigerated: Unacceptable; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- cytokines
- IL-1
- IL-1 Beta
- Interleukin 1-Beta
- IL 1-Beta
- IL1
- IL1B
- Interleukin 1b
- cytokine
- LAB3772-VML
- LAB3772VML

Ordering Recommendations:
Primarily used for research and to support attempts to understand the pathogenesis of immune, infectious, allergic, or inflammatory disorders.

Performed:
Sun-Sat

Methodology:
Quantitative Multiplex Bead Assay

Reported:
1-4 days

Notes:
Cytokine levels may demonstrate diurnal variation. For longitudinal comparison, it is recommended that cytokine levels be determined at the same time of day.

RESULTS INTERPRETATION

Reference Interval:
Effective May 18, 2020
6.7 pg/mL or less

Interpretive Data:
Results are used to understand the pathophysiology of immune, infectious, or inflammatory disorders, or may be used for research purposes.

Methodology:
Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:
83520

Section:
RF-ARUP

Notes:
Cytokine levels may demonstrate diurnal variation. For longitudinal comparison, it is recommended that cytokine levels be determined at the same time of day.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST), or plain red.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Refrigerated specimens. Contaminated or heat-inactivated specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 30 minutes; Refrigerated: Unacceptable; Frozen: 1 year

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Ship in an ARUP Standard Transport Tube.

Synonyms:

- cytokines
- IL-1
- IL-1 Beta
- Interleukin 1-Beta
- IL 1-Beta
- IL1
- IL1B
- Interleukin 1b
- cytokine
- LAB3772-VML
- LAB3772VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Primarily used for research and to support attempts to understand the pathogenesis of immune, infectious, allergic, or inflammatory disorders.

Interpretive Data:
Results are used to understand the pathophysiology of immune, infectious, or inflammatory disorders, or may be used for research purposes.

Reference Interval:
Effective May 18, 2020
6.7 pg/mL or less

Methodology:
Quantitative Multiplex Bead Assay

Section:
RF-ARUP

CPT Codes:
83520

Notes:
Cytokine levels may demonstrate diurnal variation. For longitudinal comparison, it is recommended that cytokine levels be determined at the same time of day.

Interleukin 6, Serum

LAB332

ORDERING INFO

Collect:
Serum separator tube, or plain red.

Synonyms:

- cytokines
- IL-6
- cytokine
- IL6
- Interleukin-6, Serum
- LAB332-VML
- LAB332VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube, or plain red.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Refrigerated specimens. Contaminated or heat-inactivated specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Ship in an ARUP Standard Transport Tube.

Stability (from collection to initiation):
After separation from cells: Ambient: 30 minutes; Refrigerated: Unacceptable; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- cytokines
- IL-6
- cytokine
- IL6
- Interleukin-6, Serum
- LAB332-VML
- LAB332VML

Ordering Recommendations:
Primarily used for research and to support attempts to understand the pathogenesis of immune, infectious, allergic, or inflammatory disorders.

Performed:
Sun-Sat

Methodology:
Quantitative Multiplex Bead Assay

Reported:
1-4 days

Notes:
Cytokine levels may demonstrate diurnal variation. For longitudinal comparison, it is recommended that cytokine levels be determined at the same time of day.

RESULTS INTERPRETATION

Reference Interval:
Effective May 18, 2020
2.0 pg/mL or less

Interpretive Data:
Results are used to understand the pathophysiology of immune, infectious, or inflammatory disorders, or may be used for research purposes.

Methodology:
Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:
83529

Section:
RF-ARUP

Notes:
Cytokine levels may demonstrate diurnal variation. For longitudinal comparison, it is recommended that cytokine levels be determined at the same time of day.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube, or plain red.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Refrigerated specimens. Contaminated or heat-inactivated specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 30 minutes; Refrigerated: Unacceptable; Frozen: 1 year

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Ship in an ARUP Standard Transport Tube.

Synonyms:

- cytokines
- IL-6
- cytokine
- IL6
- Interleukin-6, Serum
- LAB332-VML
- LAB332VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Primarily used for research and to support attempts to understand the pathogenesis of immune, infectious, allergic, or inflammatory disorders.

Interpretive Data:
Results are used to understand the pathophysiology of immune, infectious, or inflammatory disorders, or may be used for research purposes.

Reference Interval:
Effective May 18, 2020
2.0 pg/mL or less

Methodology:
Quantitative Multiplex Bead Assay

Section:
RF-ARUP

CPT Codes:
83529

Notes:

Cytokine levels may demonstrate diurnal variation. For longitudinal comparison, it is recommended that cytokine levels be determined at the same time of day.

Intrinsic Factor Blocking Antibody

LAB857

ORDERING INFO

Collect:
Serum separator tube or plain red.

Synonyms:

- IFAB
- Anti-Intrinsic Factor
- IF AB Type 1 levels
- IF blocking antibody
- Intrinsic Factor Blocking Antibody, Serum IF blocking Ab
- Type 1 Intrinsic Factor Antibody
- IF Blocking
- LAB857-VML
- LAB857VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Grossly hemolyzed or severely lipemic specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 48 hours; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- IFAB
- Anti-Intrinsic Factor
- IF AB Type 1 levels
- IF blocking antibody
- Intrinsic Factor Blocking Antibody, Serum IF blocking Ab
- Type 1 Intrinsic Factor Antibody
- IF Blocking
- LAB857-VML
- LAB857VML

Performed:
Sun-Sat

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Negative

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86340

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Grossly hemolyzed or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 48 hours; Frozen: 1 month

Storage/Transport Temperature:
Frozen.

Synonyms:

- IFAB
- Anti-Intrinsic Factor
- IF AB Type 1 levels
- IF blocking antibody
- Intrinsic Factor Blocking Antibody, Serum IF blocking Ab
- Type 1 Intrinsic Factor Antibody
- IF Blocking
- LAB857-VML
- LAB857VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Reference Interval:
Negative

Methodology:
Qualitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86340

Iodine, Urine

LAB3237

ORDERING INFO

Collect:
24-hour or random urine collection.

Synonyms:

- I urine
- Iodide urine
- Urinary Free Iodine
- Urinary Iodine
- LAB3237-VML
- LAB3237VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications for 48 hours (upon the advice of their physician). In addition, the administration of iodine-based contrast media and drugs containing Iodine may yield elevated results. Specimen must be collected in a plastic container and should be refrigerated after collection.

Collect:
24-hour or random urine collection.

Specimen Preparation:
Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Tubes (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Unacceptable Conditions:
Acid preserved urine. Specimens collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element-free transport tube (with the exception of the original device).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 2 months; Refrigerated: 2 months; Frozen: 2 months

Performed:
Tue, Thu, Sat

Remarks:
Record the total volume and collection time interval on transport tube and on test request form.

ORDERING

Synonyms:

- I urine
- Iodide urine
- Urinary Free Iodine
- Urinary Iodine
- LAB3237-VML
- LAB3237VML

Ordering Recommendations:
Recommended for the assessment of iodine nutritional status. This test reports total iodine from all iodine-containing species present in the specimen but does not determine the chemical form (species) of the iodine present. For determination of iodine excess and monitoring iodine overload in patients administered iodine-containing medications, refer to Iodine, Serum (2007463).

Performed:
Tue, Thu, Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Creatinine, Urine - per 24h	<table><tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr><tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr><tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr><tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr><tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr><tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr><tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr></table>
Iodine, Urine - per volume	16 years and older: 26.0-705.0 µg/L
Iodine, Urine - per 24h	16 years and older: 93.0-1125.0 µg/d
Iodine, per gram of CRT	35.0-540.0 µg/g CRT

Interpretive Data:

Values greater than 1000 µg/L may indicate dietary excess, but more frequently suggest recent drug or contrast media exposure.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

83018

Section:

RF-ARUP

Remarks:

Record the total volume and collection time interval on transport tube and on test request form.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour or random urine collection.

Specimen Preparation:

Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Tubes (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications for 48 hours (upon the advice of their physician). In addition, the administration of iodine-based contrast media and drugs containing Iodine may yield elevated results. Specimen must be collected in a plastic container and should be refrigerated after collection.

Unacceptable Conditions:

Acid preserved urine. Specimens collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element-free transport tube (with the exception of the original device).

Stability (from collection to initiation):

Ambient: 2 months; Refrigerated: 2 months; Frozen: 2 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- I urine
- Iodide urine
- Urinary Free Iodine
- Urinary Iodine
- LAB3237-VML
- LAB3237VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Recommended for the assessment of iodine nutritional status. This test reports total iodine from all iodine-containing species present in the specimen but does not determine the chemical form (species) of the iodine present. For determination of iodine excess and monitoring iodine overload in patients administered iodine-containing medications, refer to Iodine, Serum (2007463).

Interpretive Data:
Values greater than 1000 µg/L may indicate dietary excess, but more frequently suggest recent drug or contrast media exposure.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
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<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Iodine, Urine - per volume</td><td>16 years and older: 26.0-705.0 µg/L</td></tr>
<tr><td>Iodine, Urine - per 24h</td><td>16 years and older: 93.0-1125.0 µg/d</td></tr>
<tr><td>Iodine, per gram of CRT</td><td>35.0-540.0 µg/g CRT</td></tr>
</table>

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
83018

Remarks:
Record the total volume and collection time interval on transport tube and on test request form.

IRF6 Gene Seq-GNDX

LAB3303

ORDERING INFO

Synonyms:

- LAB3303-VML
- LAB3303VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3303-VML
- LAB3303VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3303-VML
- LAB3303VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Iron, Plasma or Serum

LAB94

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- FE, Iron Level, Iron Blood, LAB94
- LAB94-VML
- LAB94VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 3 weeks; Frozen: 1 year

Specimen:
Plasma or Serum

ORDERING

Ordering Indicators:
N/A

Synonyms:

- FE, Iron Level, Iron Blood, LAB94
- LAB94-VML
- LAB94VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
FerroZine

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: 0 - < 14 years: 29 - 137 µg/dL 14 years - < 18 years: 43 - 176 µg/dL >= 18 years: 61 - 157 µg/dL Female: 0 - < 14 years: 29 - 137 µg/dL 14 years - < 18 years: 33 - 170 µg/dL >= 18 years: 37 - 145 µg/dL

Interpretive Data:
N/A

Methodology:
FerroZine

ADDITIONAL INFORMATION

Section:
Chemistry

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 3 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- FE, Iron Level, Iron Blood, LAB94
- LAB94-VML
- LAB94VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male: 0 - < 14 years: 29 - 137 µg/dL 14 years - < 18 years: 43 - 176 µg/dL >= 18 years: 61 - 157 µg/dL Female: 0 - < 14 years: 29 - 137 µg/dL 14 years - < 18 years: 33 - 170 µg/dL >= 18 years: 37 - 145 µg/dL

Additional Information:
N/A

Methodology:
FerroZine

Section:
Chemistry

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

LAB5995

ORDERING INFO

Collect:
Plain Red or Serum Separator Tube (SST).

Synonyms:

- Islet Cell Antigen (ICA) 512
- ICA-512
- Islet Antigen 2
- Islet Cell Antibody
- IA-2 Autoantibody
- Tyrosine Phosphatase-Like Protein Antibodies
- tyrosine phosphatase-related islet antigen 2
- Anti-IA2 Antibody
- IA-2
- IA-2 AB
- LAB5995-VML
- LAB5995VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red or Serum Separator Tube (SST).

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.35 mL)

Unacceptable Conditions:
Plasma. Specimens submitted in frozen Serum Separator Tubes (SST). Grossly hemolyzed, icteric, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 2 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Islet Cell Antigen (ICA) 512
- ICA-512
- Islet Antigen 2
- Islet Cell Antibody
- IA-2 Autoantibody
- Tyrosine Phosphatase-Like Protein Antibodies
- tyrosine phosphatase-related islet antigen 2
- Anti-IA2 Antibody
- IA-2
- IA-2 AB
- LAB5995-VML
- LAB5995VML

Ordering Recommendations:
If pursuing antibody testing to determine autoimmune diabetes mellitus, perform at least two antibody tests. In most cases, use glutamic acid decarboxylase antibody in combination with another antibody test. Other antibody tests include Glutamic Acid Decarboxylase Antibody (2001771), Insulin Antibody (0099228), Islet Cell Cytoplasmic Antibody, IgG (0050138), and Zinc Transporter 8 Antibody (2006196). Most useful to establish autoimmune etiology in previously diagnosed type 1 DM. Do not use to differentiate type 1 DM from type 2 DM, for most cases.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
2-10 days

RESULTS INTERPRETATION

Reference Interval:
0.0-7.4 Units/mL

Interpretive Data:
A value greater than or equal to 7.5 Units/mL is considered positive for IA-2 autoantibody.

This assay is intended for the quantitative determination of autoantibodies to Islet Antigen-2 (IA-2) in human serum. Results should be interpreted within the context of clinical symptoms.

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86341

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red or Serum Separator Tube (SST).

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.35 mL)

Unacceptable Conditions:
Plasma. Specimens submitted in frozen Serum Separator Tubes (SST). Grossly hemolyzed, icteric, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Islet Cell Antigen (ICA) 512
- ICA-512
- Islet Antigen 2
- Islet Cell Antibody
- IA-2 Autoantibody
- Tyrosine Phosphatase-Like Protein Antibodies
- tyrosine phosphatase-related islet antigen 2
- Anti-IA2 Antibody
- IA-2
- IA-2 AB
- LAB5995-VML
- LAB5995VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
2-10 days

Ordering Recommendations:
If pursuing antibody testing to determine autoimmune diabetes mellitus, perform at least two antibody tests. In most cases, use glutamic acid decarboxylase antibody in combination with another antibody test. Other antibody tests include Glutamic Acid Decarboxylase Antibody (2001771), Insulin Antibody (0099228), Islet Cell Cytoplasmic Antibody, IgG (0050138), and Zinc Transporter 8 Antibody (2006196). Most useful to establish autoimmune etiology in previously diagnosed type 1 DM. Do not use to differentiate type 1 DM from type 2 DM, for most cases.

Interpretive Data:
A value greater than or equal to 7.5 Units/mL is considered positive for IA-2 autoantibody.

This assay is intended for the quantitative determination of autoantibodies to Islet Antigen-2 (IA-2) in human serum. Results should be interpreted within the context of clinical symptoms.

Reference Interval:
0.0-7.4 Units/mL

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86341

Islet Cell Cytoplasmic Antibody, IgG

LAB3774

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Cytoplasmic Islet Cell Ab
- Anti-Islet Cell Antibody
- beta cell
- ICA
- Islet Cell Ab IgG
- LAB3774-VML
- LAB3774VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Plasma. CSF. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cytoplasmic Islet Cell Ab
- Anti-Islet Cell Antibody
- beta cell
- ICA
- Islet Cell Ab IgG
- LAB3774-VML
- LAB3774VML

Ordering Recommendations:
If pursuing antibody testing to determine autoimmune diabetes mellitus (DM), perform at least two antibody tests. In most cases, use glutamic acid decarboxylase antibody in combination with another antibody test. Other antibody tests include Islet Antigen-2 (IA-2) Autoantibody (3001499), Glutamic Acid Decarboxylase Antibody (2001771), Insulin Antibody (0099228), and Zinc Transporter 8 Antibody (2006196). Most useful to establish autoimmune etiology in previously diagnosed type 1 DM. Do not use to differentiate type 1 DM from type 2 DM, for most cases.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
< 1:4 No antibody detected.

Interpretive Data:
Islet cell antibodies (ICAs) are associated with type 1 diabetes (T1D), an autoimmune endocrine disorder. ICAs may be present years before the onset of clinical symptoms. To calculate Juvenile Diabetes Foundation (JDF) units: multiply the titer x 5 (1:8 8 x 5 = 40 JDF Units).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

ADDITIONAL INFORMATION

CPT Codes:
86341

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Plasma. CSF. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Cytoplasmic Islet Cell Ab
- Anti-Islet Cell Antibody
- beta cell
- ICA
- Islet Cell Ab IgG
- LAB3774-VML
- LAB3774VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
If pursuing antibody testing to determine autoimmune diabetes mellitus (DM), perform at least two antibody tests. In most cases, use glutamic acid decarboxylase antibody in combination with another antibody test. Other antibody tests include Islet Antigen-2 (IA-2) Autoantibody (3001499), Glutamic Acid Decarboxylase Antibody (2001771), Insulin Antibody (0099228), and Zinc Transporter 8 Antibody (2006196). Most useful to establish autoimmune etiology in previously diagnosed type 1 DM. Do not use to differentiate type 1 DM from type 2 DM, for most cases.

Interpretive Data:
Islet cell antibodies (ICAs) are associated with type 1 diabetes (T1D), an autoimmune endocrine disorder. ICAs may be present years before the onset of clinical symptoms. To calculate Juvenile Diabetes Foundation (JDF) units: multiply the titer x 5 (1:8 8 x 5 = 40 JDF Units).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
< 1:4 No antibody detected.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Section:
RF-ARUP

CPT Codes:
86341

Isohemagglutinin Titer, IgG and IgM

LAB3773

ORDERING INFO

Collect:
Lavender (K_2EDTA), or Pink (K_2EDTA).

Synonyms:

- Isohemagglutinin Titer Anti-A
- Isohemagglutinin Titer Anti-B
- Anti-A & B Titer
- LAB3773-VML
- LAB3773VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (K_2EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Do not freeze. Transport 14 mL whole blood. (Min: 6 mL)

Unacceptable Conditions:
Separator or gel tubes.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Unacceptable

Performed:
Mon-Fri

ORDERING

Synonyms:

- Isohemagglutinin Titer Anti-A
- Isohemagglutinin Titer Anti-B
- Anti-A & B Titer
- LAB3773-VML
- LAB3773VML

Ordering Recommendations:
Aid in determination of the relative amount of anti-A or anti-B present in serum to evaluate an individual's ability to mount an immune response. Most often performed on pediatric patients with recurrent infections.

Performed:
Mon-Fri

Methodology:
Hemagglutination

Reported:
1-3 days

Notes:
Isohemagglutinin titers contain both IgM and IgG. Both IgG and IgM titers will be performed for this test. If only IgM or IgG titer is desired, order Isohemagglutinin Titer, IgG (2000271) or Isohemagglutinin Titer, IgM (2000270). Specimens are screened for antibodies; if positive, an antibody panel will be performed. Titers will be performed as indicated for specific blood groups. Additional charges will apply to antibody identification and titer testing.

RESULTS INTERPRETATION

Reference Interval:
Normals are not applicable.

Methodology:
Hemagglutination

ADDITIONAL INFORMATION

CPT Codes:
86900; if blood type is A add: 86886, 86941; if blood type is B, add: 86886, 86941; if blood type is O, add: 86886 x2, 86941 x2. If blood type is AB, no additional titers will be performed.

Section:
RF-ARUP

Notes:
Isohemagglutinin titers contain both IgM and IgG. Both IgG and IgM titers will be performed for this test. If only IgM or IgG titer is desired, order Isohemagglutinin Titer, IgG (2000271) or Isohemagglutinin Titer, IgM (2000270). Specimens are screened for antibodies; if positive, an antibody panel will be performed. Titers will be performed as indicated for specific blood groups. Additional charges will apply to antibody identification and titer testing.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (K_2EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Do not freeze. Transport 14 mL whole blood. (Min: 6 mL)

Unacceptable Conditions:
Separator or gel tubes.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Isohemagglutinin Titer Anti-A
- Isohemagglutinin Titer Anti-B
- Anti-A & B Titer
- LAB3773-VML
- LAB3773VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Aid in determination of the relative amount of anti-A or anti-B present in serum to evaluate an individual's ability to mount an immune response. Most often performed on pediatric patients with recurrent infections.

Reference Interval:
Normals are not applicable.

Methodology:
Hemagglutination

Section:
RF-ARUP

CPT Codes:
86900; if blood type is A add: 86886, 86941; if blood type is B, add: 86886, 86941; if blood type is O, add: 86886 x2, 86941 x2. If blood type is AB, no additional titers will be performed.

Notes:
Isohemagglutinin titers contain both IgM and IgG. Both IgG and IgM titers will be performed for this test. If only IgM or IgG titer is desired, order Isohemagglutinin Titer, IgG (2000271) or Isohemagglutinin Titer, IgM (2000270). Specimens are screened for antibodies; if positive, an antibody panel will be performed. Titers will be performed as indicated for specific blood groups. Additional charges will apply to antibody identification and titer testing.

Isopropanol, plasma

LAB3469

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- LAB3469, ISP, Rubbing Alcohol
- LAB3469-VML
- LAB3469VML

Turn Around Time:
6 hours after sample received in lab

SPECIMEN REQUIREMENTS

Patient Preparation:
A non-alcohol based cleanser should be used to clean the venipuncture site prior to collection.

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Specimens should be delivered to the lab immediately and should be centrifuged and separated within 2 hours of collection. (Minimum 0.5 mL plasma)

Pediatric Collection:
Dark green microtainer (Sodium heparin)

Storage/Transport Temperature:
Refrigerated (2-8°C) if not delivered to the lab immediately

Performed:
Daily

Stability:
After separation from cells: Refrigerated (2-8°C): 7 days

Specimen:
Plasma

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

ORDERING

Ordering Indicators:
This test is used in the confirmation of isopropanol (rubbing alcohol) ingestion.

Synonyms:

- LAB3469, ISP, Rubbing Alcohol
- LAB3469-VML
- LAB3469VML

Performed:
Daily

Turn Around Time:
6 hours after sample received in lab

Methodology:
GC/FID

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
None detected (< 10 mg/dL)

Interpretive Data:
In the case of isopropanol ingestion, acetone is produced metabolically and both acetone and isopropanol concentrations may be of clinical significance.

Methodology:
GC/FID

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Specimens should be delivered to the lab immediately and should be centrifuged and separated within 2 hours of collection. (Minimum 0.5 mL plasma)

Pediatric Collection:
Dark green microtainer (Sodium heparin)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

Patient Preparation:
A non-alcohol based cleanser should be used to clean the venipuncture site prior to collection.

Specimen:
Plasma

Reasons for Rejection:
Improper collection

Components:
N/A

Stability:
After separation from cells: Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C) if not delivered to the lab immediately

Synonyms:

- LAB3469, ISP, Rubbing Alcohol
- LAB3469-VML
- LAB3469VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 hours after sample received in lab

Ordering Indicators:
This test is used in the confirmation of isopropanol (rubbing alcohol) ingestion.

Interpretive Data:
In the case of isopropanol ingestion, acetone is produced metabolically and both acetone and isopropanol concentrations may be of clinical significance.

Reference Interval:
None detected (< 10 mg/dL)

Additional Information:
N/A

Methodology:
GC/FID

Section:
Special Chemistry

Itraconazole, Quantitative by LC-MS/MS

LAB3775

ORDERING INFO

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Synonyms:

- Antifungal Serum Level
- itranconazole blood level
- Sporanox
- sporanox blood concentration
- Sporanox blood level
- LAB3775-VML
- LAB3775VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, Light Blue (citrate), or Yellow (SPS or ACD solution).

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: 6 months

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- Antifungal Serum Level
- itranconazole blood level
- Sporanox
- sporanox blood concentration
- Sporanox blood level
- LAB3775-VML
- LAB3775VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Tue, Thu, Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 15, 2011

Therapeutic Ranges	
Itraconazole (trough) - Localized Infection	Greater than 0.5 µg/mL
Itraconazole (trough) - Systemic Infection	Greater than 1.0 µg/mL
Hydroxyitraconazole	No therapeutic range established

Interpretive Data:
Itraconazole is an azole antifungal drug indicated to treat fungal infections. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. The pharmacokinetics of itraconazole are influenced by drug-drug interactions when coadministered with drugs metabolized by cytochrome P450 3A4 enzyme. Itraconazole and hydroxyitraconazole concentrations combined should not exceed 10 µg/mL. Adverse effects may include nausea, abdominal pain, and congestive heart failure.

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80189

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, Light Blue (citrate), or Yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: 6 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- Antifungal Serum Level
- itranconazole blood level
- Sporanox
- sporanox blood concentration
- Sporanox blood level
- LAB3775-VML
- LAB3775VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Itraconazole is an azole antifungal drug indicated to treat fungal infections. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. The pharmacokinetics of itraconazole are influenced by drug-drug interactions when coadministered with drugs metabolized by cytochrome P450 3A4 enzyme. Itraconazole and hydroxyitraconazole concentrations combined should not exceed 10 µg/mL. Adverse effects may include nausea, abdominal pain, and congestive heart failure.

Reference Interval:

Effective August 15, 2011

Therapeutic Ranges	
Itraconazole (trough) - Localized Infection	Greater than 0.5 µg/mL
Itraconazole (trough) - Systemic Infection	Greater than 1.0 µg/mL
Hydroxyitraconazole	No therapeutic range established

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80189

JAK2 (V617F) Mutation Analysis, Whole blood, bone marrow

LAB3036

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB3036, JK2, Janus-kinase 2 gene, V617F
- LAB3036-VML
- LAB3036VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:

Two Lavender microtainers (EDTA) or bone marrow

Storage/Transport Temperature:

Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:

Once per week - variable days

Stability:

EDTA and AC-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Specimen:

Whole blood or bone marrow

Alternate Specimen:

Yellow tube (ACD-A)

ORDERING

Ordering Indicators:

Clinical suspicion/laboratory evidence of myeloproliferative neoplasms or otherwise unexplained thrombocytoses or erythrocytoses.

Synonyms:

- LAB3036, JK2, Janus-kinase 2 gene, V617F
- LAB3036-VML
- LAB3036VML

Performed:

Once per week - variable days

Turn Around Time:

10 days

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of JAK2 V617F; Laboratory Developed Test.

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
This assay will detect the presence of the V617F allele of the JAK2 gene with a sensitivity of approximately 2-3%.

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of JAK2 V617F; Laboratory Developed Test.

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two Lavender microtainers (EDTA) or bone marrow

Preferred Collection Volume:
4 mL whole blood or bone marrow

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood or bone marrow

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and AC-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- LAB3036, JK2, Janus-kinase 2 gene, V617F
- LAB3036-VML
- LAB3036VML

Performed:
Once per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Clinical suspicion/laboratory evidence of myeloproliferative neoplasms or otherwise unexplained thrombocytoses or erythrocytoses.

Interpretive Data:
This assay will detect the presence of the V617F allele of the JAK2 gene with a sensitivity of approximately 2-3%.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of JAK2 V617F; Laboratory Developed Test.

Section:
Molecular Diagnostics

JC Virus by PCR

LAB3865

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA) or serum separator tube. OR CSF or urine.

Synonyms:

- JCV
- JC Virus PCR
- John Cunningham Virus
- LAB3865-VML
- LAB3865VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA) or serum separator tube. OR CSF or urine.

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma, CSF or urine to a sterile container. (Min: 0.5 mL)

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 5 days; Frozen: 30 days

Performed:
Mon, Wed, Fri

Remarks:
Specimen source required.

ORDERING

Synonyms:

- JCV
- JC Virus PCR
- John Cunningham Virus
- LAB3865-VML
- LAB3865VML

Ordering Recommendations:
Detect JC virus in CSF, serum, or urine specimens.

Performed:
Mon, Wed, Fri

Methodology:
Qualitative Polymerase Chain Reaction

Reported:
1-4 days

RESULTS INTERPRETATION

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
87798

Section:
RF-ARUP

Remarks:
Specimen source required.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA) or serum separator tube. OR CSF or urine.

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma, CSF or urine to a sterile container. (Min: 0.5 mL)

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 5 days; Frozen: 30 days

Storage/Transport Temperature:
Frozen.

Synonyms:

- JCV
- JC Virus PCR
- John Cunningham Virus
- LAB3865-VML
- LAB3865VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Detect JC virus in CSF, serum, or urine specimens.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
87798

Remarks:
Specimen source required.

Jo-1 Antibody, IgG

LAB3776

ORDERING INFO

Collect:
Serum separator tubes.

Synonyms:

- Synthetase Antibody
- Jo 1 Antibodies
- Polymyositis Antibodies
- Anti-Jo-1 Antibody
- Antibodies to Jo 1 Antigen
- Autoantibodies to Jo 1 Antigen
- Histidyl-tRNA Synthetase Antibodies
- LAB3776-VML
- LAB3776VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tubes.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma or other body fluids.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from the cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Synthetase Antibody
- Jo 1 Antibodies
- Polymyositis Antibodies
- Anti-Jo-1 Antibody
- Antibodies to Jo 1 Antigen
- Autoantibodies to Jo 1 Antigen
- Histidyl-tRNA Synthetase Antibodies
- LAB3776-VML
- LAB3776VML

Ordering Recommendations:
Recommended first-line test for the evaluation of polymyositis or inflammatory myopathies.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Multiplex Bead Assay

Reported:
1-3 days

Notes:
Presence of Jo-1 antibody is found in patients with pure polymyositis, pure dermatomyositis, or myositis associated with another rheumatic disease or with interstitial lung disease.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG	40 AU/mL or less

Interpretive Data:

Presence of Jo-1 (antihistidyl transfer RNA [t-RNA] synthetase) antibody is associated with polymyositis and may also be seen in patients with dermatomyositis. Jo-1 antibody is associated with pulmonary involvement (interstitial lung disease), Raynaud phenomenon, arthritis, and mechanic's hands (implicated in antisynthetase syndrome).

Component	Interpretation
Jo-1 Antibody, IgG	29 AU/mL or less Negative 30-40 AU/mL Equivocal 41 AU/mL or greater Positive

Methodology:

Semi-Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:

86235

Section:

RF-ARUP

Notes:

Presence of Jo-1 antibody is found in patients with pure polymyositis, pure dermatomyositis, or myositis associated with another rheumatic disease or with interstitial lung disease.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tubes.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:

Plasma or other body fluids.

Stability (from collection to initiation):

After separation from the cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Synthetase Antibody
- Jo 1 Antibodies
- Polymyositis Antibodies
- Anti-Jo-1 Antibody
- Antibodies to Jo 1 Antigen
- Autoantibodies to Jo 1 Antigen
- Histidyl-tRNA Synthetase Antibodies
- LAB3776-VML
- LAB3776VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Recommended first-line test for the evaluation of polymyositis or inflammatory myopathies.

Interpretive Data:

Presence of Jo-1 (antihistidyl transfer RNA [t-RNA] synthetase) antibody is associated with polymyositis and may also be seen in patients with dermatomyositis. Jo-1 antibody is associated with pulmonary involvement (interstitial lung disease), Raynaud phenomenon, arthritis, and mechanic's hands (implicated in antisynthetase syndrome).

Component	Interpretation
Jo-1 Antibody, IgG	29 AU/mL or less Negative 30-40 AU/mL Equivocal 41 AU/mL or greater Positive

Reference Interval:

Components	Reference Interval
Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG	40 AU/mL or less

Methodology:

Semi-Quantitative Multiplex Bead Assay

Section:

RF-ARUP

CPT Codes:

86235

Notes:

Presence of Jo-1 antibody is found in patients with pure polymyositis, pure dermatomyositis, or myositis associated with another rheumatic disease or with interstitial lung disease.

K1 and K2 Ag Genotyping (Kell)-BCW

LAB4040

ORDERING INFO

Synonyms:

- LAB4040-VML
- LAB4040VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4040-VML
- LAB4040VML

ADDITIONAL INFORMATION

Section:

RF-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB4040-VML
- LAB4040VML

Resulting Laboratory:

Versiti

Section:

RF-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

Kappa (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath143

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Kappa Light Chains, serum

LAB3415

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB3415, KLC, Kappa Light Chain Quanititation, KAP
- LAB3415-VML
- LAB3415VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Centrifuge immediately and refrigerate. (Minimum 0.5 mL serum)

Pediatric Collection:
Two red microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
After separation from cells: Refrigerated (2-8°C): 21 days

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test aids in the diagnosis and monitoring of multiple myeloma, lymphocytic neoplasms, Waldenstr&oumlm's macroglobulinemia, AL amyloidosis, light chain deposition disease, and connective tissue diseases such as systemic lupus erythematosus (SLE) in conjunction with other laboratory and clinical findings.

Synonyms:

- LAB3415, KLC, Kappa Light Chain Quanititation, KAP
- LAB3415-VML
- LAB3415VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Immunoturbidimetric

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0.33 - 1.94 mg/dL

Interpretive Data:
N/A

Methodology:
Immunoturbidimetric

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Testing is batched.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Centrifuge immediately and refrigerate. (Minimum 0.5 mL serum)

Pediatric Collection:
Two red microtainers (no gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Grossly hemolyzed, grossly lipemic, QNS

Components:
N/A

Stability:
After separation from cells: Refrigerated (2-8°C): 21 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3415, KLC, Kappa Light Chain Quanititation, KAP
- LAB3415-VML
- LAB3415VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test aids in the diagnosis and monitoring of multiple myeloma, lymphocytic neoplasms, Waldenstr&oumlm's macroglobulinemia, AL amyloidosis, light chain deposition disease, and connective tissue diseases such as systemic lupus erythematosus (SLE) in conjunction with other laboratory and clinical findings.

Interpretive Data:
N/A

Reference Interval:
0.33 - 1.94 mg/dL

Additional Information:
Testing is batched.

Methodology:
Immunoturbidimetric

Section:
Special Chemistry

Kappa RNA In Situ Hybridization, Formalin Fixed Paraffine Embedded Tissue

CoPath230

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Kappa ISH

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Kappa ISH

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
RNA In Situ Hybridization Chromogenic Probe

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
RNA In Situ Hybridization Chromogenic Probe

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
3 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Kappa ISH

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
RNA In Situ Hybridization Chromogenic Probe

Section:
Histology

Keppra (Levetiracetam)

LAB6061

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Synonyms:

- anti-epileptic
- Keppra
- keppra blood concentration
- Keppra concentration
- Keppra level, Keppra blood level
- Levetiracetam
- LAB6061-VML
- LAB6061VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Serum or plasma separator tubes. Grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 7 days; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- anti-epileptic
- Keppra
- keppra blood concentration
- Keppra concentration
- Keppra level, Keppra blood level
- Levetiracetam
- LAB6061-VML
- LAB6061VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
Effective February 22, 2022

Therapeutic range: : 10-40 µg/mL
Toxic: Not well established

Interpretive Data:
Pharmacokinetics of levetiracetam are affected by renal function. Adverse effects may include somnolence, weakness, headache and vomiting.

This levetiracetam (Keppra) immunoassay uses the ARK Diagnostics reagents, which has known cross-reactivity with the drug brivaracetam (Briviact) and may report inaccurate results. Patients transitioning from levetiracetam to brivaracetam or those who are using both medications should not monitor drug concentrations with the ARK Diagnostics assay. These patients should be monitored using a validated chromatographic methodology that distinguishes between drugs to determine drug concentrations.

Methodology:
Quantitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
80177

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Serum or plasma separator tubes. Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 7 days; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- anti-epileptic
- Keppra
- keppra blood concentration
- Keppra concentration
- Keppra level, Keppra blood level
- Levetiracetam
- LAB6061-VML
- LAB6061VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Pharmacokinetics of levetiracetam are affected by renal function. Adverse effects may include somnolence, weakness, headache and vomiting.

This levetiracetam (Keppra) immunoassay uses the ARK Diagnostics reagents, which has known cross-reactivity with the drug brivaracetam (Briviact) and may report inaccurate results. Patients transitioning from levetiracetam to brivaracetam or those who are using both medications should not monitor drug concentrations with the ARK Diagnostics assay. These patients should be monitored using a validated chromatographic methodology that distinguishes between drugs to determine drug concentrations.

Reference Interval:
Effective February 22, 2022

Therapeutic range: : 10-40 µg/mL
Toxic: Not well established

Methodology:
Quantitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
80177

Ki-67 (MM1) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath144

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Ki-67/Melan A (MM1 and A103) Dual Chromogen Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath145

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

KIT (D816V) Mutation Analysis, Whole blood, bone marrow

LAB3037

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB3037, K17, KIT exon 17, D816V
- LAB3037-VML
- LAB3037VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:

Two Lavender microtainers (EDTA) or bone marrow

Storage/Transport Temperature:

Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:

Once per week - variable days

Stability:

EDTA and AC-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Specimen:

Whole blood or bone marrow

Alternate Specimen:

Yellow tube (ACD-A)

ORDERING

Ordering Indicators:

Clinical suspicion/laboratory evidence of mastocyosis, gastrointestinal stromal tumor, or certain hematologic malignancies.

Synonyms:

- LAB3037, K17, KIT exon 17, D816V
- LAB3037-VML
- LAB3037VML

Performed:

Once per week - variable days

Turn Around Time:

10 days

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of KIT D816V; Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
This assay will detect the presence of the D816V allele of the KIT gene with a sensitivity of approximately 2-3%.

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of KIT D816V; Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two Lavender microtainers (EDTA) or bone marrow

Preferred Collection Volume:
4 mL whole blood or bone marrow

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood or bone marrow

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and AC-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- LAB3037, K17, KIT exon 17, D816V
- LAB3037-VML
- LAB3037VML

Performed:
Once per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Clinical suspicion/laboratory evidence of mastocyosis, gastrointestinal stromal tumor, or certain hematologic malignancies.

Interpretive Data:
This assay will detect the presence of the D816V allele of the KIT gene with a sensitivity of approximately 2-3%.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of KIT D816V; Laboratory Developed Test

Section:
Molecular Diagnostics

Labetalol, Srm or Plsm-NMS

LAB3966

ORDERING INFO

Synonyms:

- LAB3966-VML
- LAB3966VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3966-VML
- LAB3966VML

ADDITIONAL INFORMATION

Section:

RF-NMS

Resulting Laboratory:

NMS Labs

FULL VIEW

Synonyms:

- LAB3966-VML
- LAB3966VML

Resulting Laboratory:

NMS Labs

Section:

RF-NMS

Links:

Test Sent to Reference Lab. Click Here for Test Details

Lacosamide, Serum or Plasma

LAB3777

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2EDTA).

Synonyms:

- Lacosamide blood level
- vimpat blood level
- Vimpat
- LAB3777-VML
- LAB3777VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated: Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Performed:
Mon-Fri

ORDERING

Synonyms:

- Lacosamide blood level
- vimpat blood level
- Vimpat
- LAB3777-VML
- LAB3777VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Mon-Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 15, 2021

Therapeutic Range:	Not well established. Suggested range 1.0-10.0 µg/mL
Toxic Level	Greater than or equal to 20 µg/mL

Interpretive Data:
Lacosamide is an anticonvulsant drug indicated for adjunctive therapy for partial-onset seizures. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. Adverse effects may include dizziness, fatigue, nausea, vomiting, blurred vision, and tremor.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80235

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Storage/Transport Temperature:
Refrigerated: Also acceptable: Room temperature or frozen.

Synonyms:

- Lacosamide blood level
- vimpat blood level
- Vimpat
- LAB3777-VML
- LAB3777VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Lacosamide is an anticonvulsant drug indicated for adjunctive therapy for partial-onset seizures. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. Adverse effects may include dizziness, fatigue, nausea, vomiting, blurred vision, and tremor.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective November 15, 2021

Therapeutic Range:	Not well established. Suggested range 1.0-10.0 µg/mL
Toxic Level	Greater than or equal to 20 µg/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80235

Lactate Dehydrogenase, Body Fluid

LAB188

ORDERING INFO

Collect:
Sterile Container

Synonyms:

- LDB, LDH Body Fluid, Body Fluid LDH, LAB188
- LAB188-VML
- LAB188VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.3 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 3 days; 2° to 8°C: 3 days; Frozen: unacceptable

Specimen:
Body Fluid

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LDB, LDH Body Fluid, Body Fluid LDH, LAB188
- LAB188-VML
- LAB188VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.3 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Preferred Collection Volume:
1 mL

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Body Fluid

Reasons for Rejection:
Hemolysis, QNS, Fluid type not listed as acceptable specimen type, turbid samples unable to be cleared by centrifugation, and specimens that are too viscous to be aspirated, sample outside of stability limits

Components:
N/A

Stability:
15° to 25°C: 3 days; 2° to 8°C: 3 days; Frozen: unacceptable

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- LDB, LDH Body Fluid, Body Fluid LDH, LAB188
- LAB188-VML
- LAB188VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Lactate Dehydrogenase, Isoenzymes

LAB97

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- Lactate Dehydrogenase Isoenzymes, S
- LDH
- LDH Fractionation
- LDH Isoenzymes
- Isoenzymes
- Isoenzymes of Lactate Dehydrogenase
- Isoenzymes, LD
- LD
- LAB97-VML
- LAB97VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Do not refrigerate or freeze. Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Unacceptable Conditions:
Hemolyzed specimens.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
After separation of cells: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable

Performed:
Sun-Sat

ORDERING

Synonyms:

- Lactate Dehydrogenase Isoenzymes, S
- LDH
- LDH Fractionation
- LDH Isoenzymes
- Isoenzymes
- Isoenzymes of Lactate Dehydrogenase
- Isoenzymes, LD
- LD
- LAB97-VML
- LAB97VML

Ordering Recommendations:
Do not use to detect myocardial injury. In rare cases, this test may be used to evaluate elevated lactate dehydrogenase associated with noncardiac muscle injury. Troponin testing is recommended for diagnosis and management of acute coronary syndrome; refer to Troponin T (cTnT) 5th Generation (3001831).

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay/Electrophoresis

Reported:
1-2 days

Notes:
LD-1 and LD-2 are elevated in hemolyzed specimens and serum which has not been separated from cells. LD-3, LD-4, and LD-5 are labile at low temperatures, and are erroneously low in specimens that have been refrigerated or frozen.

RESULTS INTERPRETATION

Reference Interval:

LD-1: 14-27%
LD-2: 29-42%
LD-3: 18-30%
LD-4: 8-15%
LD-5: 6-23%

Lactate Dehydrogenase, Total:
0-1 month: 200-465 U/L
2-17 months: 200-450 U/L
18 months-10 years: 165-430 U/L
11-16 years: 127-287 U/L
17 years and older: 105-230 U/L

Methodology:

Quantitative Enzymatic Assay/Electrophoresis

ADDITIONAL INFORMATION

CPT Codes:

83625; 83615

Section:

RF-ARUP

Notes:

LD-1 and LD-2 are elevated in hemolyzed specimens and serum which has not been separated from cells. LD-3, LD-4, and LD-5 are labile at low temperatures, and are erroneously low in specimens that have been refrigerated or frozen.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:

Do not refrigerate or freeze. Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Unacceptable Conditions:

Hemolyzed specimens.

Stability (from collection to initiation):

After separation of cells: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable

Storage/Transport Temperature:

Room temperature.

Synonyms:

- Lactate Dehydrogenase Isoenzymes, S
- LDH
- LDH Fractionation
- LDH Isoenzymes
- Isoenzymes
- Isoenzymes of Lactate Dehydrogenase
- Isoenzymes, LD
- LD
- LAB97-VML
- LAB97VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-2 days

Ordering Recommendations:

Do not use to detect myocardial injury. In rare cases, this test may be used to evaluate elevated lactate dehydrogenase associated with noncardiac muscle injury. Troponin testing is recommended for diagnosis and management of acute coronary syndrome; refer to Troponin T (cTnT) 5th Generation (3001831).

Reference Interval:

LD-1: 14-27%
LD-2: 29-42%
LD-3: 18-30%
LD-4: 8-15%
LD-5: 6-23%

Lactate Dehydrogenase, Total:
0-1 month: 200-465 U/L
2-17 months: 200-450 U/L
18 months-10 years: 165-430 U/L
11-16 years: 127-287 U/L
17 years and older: 105-230 U/L

Methodology:

Quantitative Enzymatic Assay/Electrophoresis

Section:

RF-ARUP

CPT Codes:

83625; 83615

Notes:

LD-1 and LD-2 are elevated in hemolyzed specimens and serum which has not been separated from cells. LD-3, LD-4, and LD-5 are labile at low temperatures, and are erroneously low in specimens that have been refrigerated or frozen.

Lactate Dehydrogenase, Plasma or Serum

LAB96

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- LDH, Lactic Dehydrogenase (LDH) Blood, LAB96
- LAB96-VML
- LAB96VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 4 days; Frozen: 6 weeks

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LDH, Lactic Dehydrogenase (LDH) Blood, LAB96
- LAB96-VML
- LAB96VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male and Female: 0 - < 30 days: 130 - 700 U/L 1 month - < 5 years: 130 - 400 U/L 5 years - < 12 years: 100 - 300 U/L >= 12 years: 100 - 250 U/L

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
In connection with certain diseases (e.g. hepatopathy, diseases of skeletal muscle, malignant tumors), the LDH 4 and LDH 5 isoenzymeportions are increased and unstable in cooled and frozen samples; this may lead to an incorrect LDH value in samples collected from patients suffering from such diseases.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 4 days; Frozen: 6 weeks

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- LDH, Lactic Dehydrogenase (LDH) Blood, LAB96
- LAB96-VML
- LAB96VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male and Female: 0 - < 30 days: 130 - 700 U/L 1 month - < 5 years: 130 - 400 U/L 5 years - < 12 years: 100 - 300 U/L >= 12 years: 100 - 250 U/L

Additional Information:
In connection with certain diseases (e.g. hepatopathy, diseases of skeletal muscle, malignant tumors), the LDH 4 and LDH 5 isoenzymeportions are increased and unstable in cooled and frozen samples; this may lead to an incorrect LDH value in samples collected from patients suffering from such diseases.

Methodology:
Enzymatic Assay

Section:
Chemistry

Lactic Acid, Plasma

LAB95

ORDERING INFO

Collect:
Gray (Sodium Flouride)

Synonyms:

- LA, Lactic Acid Venous, LAB95
- LAB95-VML
- LAB95VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Gray (Sodium Flouride)

Specimen Preparation:
Deliver to lab immediately on ice. Separate plasma from cells and freeze within 15 minutes of draw time. Specimens need to be spun in a refrigerated centrifuge (Min 0.3 mL).

Pediatric Collection:
1 Gray Tube (Sodium Flouride)

Storage/Transport Temperature:
Transport on ice.

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 8 hours

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LA, Lactic Acid Venous, LAB95
- LAB95-VML
- LAB95VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0.5 - 2.2 mmol/L

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gray (Sodium Flouride)

Specimen Preparation:
Deliver to lab immediately on ice. Separate plasma from cells and freeze within 15 minutes of draw time. Specimens need to be spun in a refrigerated centrifuge (Min 0.3 mL).

Pediatric Collection:
1 Gray Tube (Sodium Flouride)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits, sample not delivered on ice.

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 8 hours

Storage/Transport Temperature:
Transport on ice.

Synonyms:

- LA, Lactic Acid Venous, LAB95
- LAB95-VML
- LAB95VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0.5 - 2.2 mmol/L

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Lactic Acid, Whole Blood

LAB4538

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- LAC, Lactate Whole Blood, Lactic Acid, Lactate WB, LAB4538
- LAB4538-VML
- LAB4538VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Whole Blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- LAC, Lactate Whole Blood, Lactic Acid, Lactate WB, LAB4538
- LAB4538-VML
- LAB4538VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
0.5 - 2.2 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- LAC, Lactate Whole Blood, Lactic Acid, Lactate WB, LAB4538
- LAB4538-VML
- LAB4538VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
0.5 - 2.2 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Lactoferrin Qt, Stool-QSTD

LAB1040

ORDERING INFO

Synonyms:

- LAB1040-VML
- LAB1040VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB1040-VML
- LAB1040VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB1040-VML
- LAB1040VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Lambda (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath146

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Lambda Light Chains, serum

LAB3416

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB3416, LLC, Lambda Light Chains Quantitation, LAM
- LAB3416-VML
- LAB3416VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Centrifuge immediately and refrigerate. (Minimum 0.5 mL serum)

Pediatric Collection:
Two red microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
After separation from cells: Refrigerated (2-8°C): 21 days

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test aids in the diagnosis and monitoring of multiple myeloma, lymphocytic neoplasms, Waldenstr&oumlm's macroglobulinemia, AL amyloidosis, light chain deposition disease, and connective tissue diseases such as systemic lupus erythematosus (SLE) in conjunction with other laboratory and clinical findings.

Synonyms:

- LAB3416, LLC, Lambda Light Chains Quantitation, LAM
- LAB3416-VML
- LAB3416VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Immunoturbidimetric

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0.57 - 2.63 mg/dL

Interpretive Data:
N/A

Methodology:
Immunoturbidimetric

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Testing is batched.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Centrifuge immediately and refrigerate. (Minimum 0.5 mL serum)

Pediatric Collection:
Two red microtainers (no gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Grossly hemolyzed, grossly lipemic, QNS

Components:
N/A

Stability:
After separation from cells: Refrigerated (2-8°C): 21 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3416, LLC, Lambda Light Chains Quantitation, LAM
- LAB3416-VML
- LAB3416VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test aids in the diagnosis and monitoring of multiple myeloma, lymphocytic neoplasms, Waldenstr&oumlm's macroglobulinemia, AL amyloidosis, light chain deposition disease, and connective tissue diseases such as systemic lupus erythematosus (SLE) in conjunction with other laboratory and clinical findings.

Interpretive Data:
N/A

Reference Interval:
0.57 - 2.63 mg/dL

Additional Information:
Testing is batched.

Methodology:
Immunoturbidimetric

Section:
Special Chemistry

Lambda RNA In Situ Hybridization, Formalin Fixed Paraffin Embedded Tissue

CoPath231

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Lambda ISH

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Lambda ISH

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
RNA In Situ Hybridization Chromogenic Probe

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
RNA In Situ Hybridization Chromogenic Probe

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
3 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Lambda ISH

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
RNA In Situ Hybridization Chromogenic Probe

Section:
Histology

Lamotrigine

LAB6060

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Synonyms:

- Lamictal
- LAB6060-VML
- LAB6060VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Serum or plasma separator tubes. Grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 7 days; Refrigerated: 1 week; Frozen: 4 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- Lamictal
- LAB6060-VML
- LAB6060VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
Effective February 22, 2022

Therapeutic Range: 3-15.0 µg/mL
Toxic: Greater than or equal to 20 µg/mL

Interpretive Data:
Pharmacokinetics varies widely, particularly with co-medications and/or compromised renal function. Adverse effects may include dizziness, somnolence, nausea and vomiting.

Methodology:
Quantitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
80175

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Serum or plasma separator tubes. Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 7 days; Refrigerated: 1 week; Frozen: 4 weeks

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Lamictal
- LAB6060-VML
- LAB6060VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Pharmacokinetics varies widely, particularly with co-medications and/or compromised renal function. Adverse effects may include dizziness, somnolence, nausea and vomiting.

Reference Interval:
Effective February 22, 2022

Therapeutic Range: 3-15.0 µg/mL
Toxic: Greater than or equal to 20 µg/mL

Methodology:
Quantitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
80175

Langerin (12D6) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath147

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

LC3 Antibody (5F10) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath148

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

LDL Cholesterol - Direct, Plasma or Serum

LAB102

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- LDL, Low Density Lipoprotein Cholesterol, LAB102
- LAB102-VML
- LAB102VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting is preferred but not required unless directed by the ordering provider.

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 5 days; -80°C: 3 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
Useful to assess cardiovascular disease risk and guide therapy.

Synonyms:

- LDL, Low Density Lipoprotein Cholesterol, LAB102
- LAB102-VML
- LAB102VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Measured, Liquid Selective Detergent

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Consensus 0-150 yrs: Optimal - <100 mg/dL, Near or Above Optimal 100 - 129 mg/dL; Borderline High 130 - 159 mg/dL; High 160 - 189 mg/dL; Very High >=190 mg/dL

Interpretive Data:
CHD Risk Factors: +1 Age: Men, 45 years and older Women, 55 years and older or premature menopause without estrogen therapy +1 Family history of premature CHD +1 Current smoking +1 Hypertension +1 Diabetes mellitus +1 Low HDL Cholesterol: 39 mg/dL or less -1 High HDL Cholesterol: 60 mg/dL or greater LDL Cholesterol: Therapeutic goal 99 mg/dL or less if CHD is present (Optional 69 mg/dL or less). 129 mg/dL or less if no CHD and two or more risk factors. 159 mg/dL or less if no CHD. (Circulation 2004; 110:227-39)

Methodology:
Measured, Liquid Selective Detergent

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
Fasting is preferred but not required unless directed by the ordering provider.

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 5 days; -80°C: 3 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- LDL, Low Density Lipoprotein Cholesterol, LAB102
- LAB102-VML
- LAB102VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Useful to assess cardiovascular disease risk and guide therapy.

Interpretive Data:
CHD Risk Factors: +1 Age: Men, 45 years and older Women, 55 years and older or premature menopause without estrogen therapy +1 Family history of premature CHD +1 Current smoking +1 Hypertension +1 Diabetes mellitus +1 Low HDL Cholesterol: 39 mg/dL or less -1 High HDL Cholesterol: 60 mg/dL or greater LDL Cholesterol: Therapeutic goal 99 mg/dL or less if CHD is present (Optional 69 mg/dL or less). 129 mg/dL or less if no CHD and two or more risk factors. 159 mg/dL or less if no CHD. (Circulation 2004; 110:227-39)

Reference Interval:
Consensus 0-150 yrs: Optimal - <100 mg/dL, Near or Above Optimal 100 - 129 mg/dL; Borderline High 130 - 159 mg/dL; High 160 - 189 mg/dL; Very High >=190 mg/dL

Additional Information:
N/A

Methodology:
Measured, Liquid Selective Detergent

Section:
Chemistry

Lead, Blood (Capillary)

LAB5771

ORDERING INFO

Collect:
Lavender microtainer (K_2EDTA)

Synonyms:

- Pb, Pediatric
- Pb, Whole Blood
- BLL
- Capillary blood level
- Lead (Pediatric)
- Pb
- Pb, Blood
- LAB5771-VML
- LAB5771VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Clean puncture site well with soap and water before collection procedure begins.

Collect:
Lavender microtainer (K_2EDTA)

Specimen Preparation:
Invert specimen 10 times to prevent clot formation. Transport 0.5 mL whole blood in the original collection tube. (Min: 0.3 mL)

Unacceptable Conditions:
Specimens collected in tubes other than lavender microtainer (K_2EDTA). Specimens transported in tubes other than trace element-free transport tubes or lavender microtainer (K_2EDTA) tubes. Heparin anticoagulant. Clotted specimens. Venous whole blood, refer to Lead, Blood (Venous) (ARUP test code 0020098).

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Trace Elements requisition form may be required (ARUP form #32990).

ORDERING

Synonyms:

- Pb, Pediatric
- Pb, Whole Blood
- BLL
- Capillary blood level
- Lead (Pediatric)
- Pb
- Pb, Blood
- LAB5771-VML
- LAB5771VML

Ordering Recommendations:
Recommended routine screening for lead exposure in pediatric populations. Confirm elevated results with Lead, Blood (Venous) (0020098).

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective December 6, 2021

0-5 years	Less than or equal to 3.4 µg/dL
6 years or above	Less than or equal to 4.9 µg/dL

Interpretive Data:

Analysis performed by inductively coupled plasma-mass spectrometry (ICP-MS).

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified lead-free collection/transport tube. If contamination concerns exist due to elevated levels of blood lead, confirmation with a venous specimen collected in a certified lead-free tube is recommended.

Repeat testing is recommended prior to initiating chelation therapy or conducting environmental investigations of potential lead sources. Repeat testing collections should be performed using a venous specimen collected in a certified lead-free collection tube.

Information sources for blood lead reference intervals and interpretive comments include the CDC's "Childhood Lead Poisoning Prevention: Recommended Actions Based on Blood Lead Level" and the "Adult Blood Lead Epidemiology and Surveillance: Reference Blood Lead Levels (BLLs) for Adults in the U.S." Thresholds and time intervals for retesting, medical evaluation, and response vary by state and regulatory body. Contact your State Department of Health and/or applicable regulatory agency for specific guidance on medical management recommendations.

Children	
Concentration	**Comment**
3.5-19.9 µg/dL	Children under the age of 6 years are the most vulnerable to the harmful effects of lead exposure. Environmental investigation and exposure history to identify potential sources of lead. Biological and nutritional monitoring are recommended. Follow-up blood lead monitoring is recommended.
20-44.9 µg/dL	Lead hazard reduction and prompt medical evaluation are recommended. Contact a Pediatric Environmental Health Specialty Unit or poison control center for guidance.
Greater than 44.9 µg/dL	Critical. Immediate medical evaluation, including detailed neurological exam is recommended. Consider chelation therapy when symptoms of lead toxicity are present. Contact a Pediatric Environmental Health Specialty Unit or poison control center for assistance.

Adults	
Concentration	**Comment**
5-19.9 µg/dL	Medical removal is recommended for pregnant women or those who are trying or may become pregnant. Adverse health effects are possible. Reduced lead exposure and increased blood lead monitoring are recommended.
20-69.9 µg/dL	Adverse health effects are indicated. Medical removal from lead exposure is required by OSHA if blood lead level exceeds 50 µg/dL. Prompt medical evaluation is recommended.
Greater than 69.9 µg/dL	Critical. Immediate medical evaluation is recommended. Consider chelation therapy when symptoms of lead toxicity are present.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

ADDITIONAL INFORMATION

CPT Codes:

83655

Section:

RF-ARUP

Remarks:

Trace Elements requisition form may be required (ARUP form #32990).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender microtainer (K_2EDTA)

Specimen Preparation:

Invert specimen 10 times to prevent clot formation. Transport 0.5 mL whole blood in the original collection tube. (Min: 0.3 mL)

Patient Preparation:
Clean puncture site well with soap and water before collection procedure begins.

Unacceptable Conditions:
Specimens collected in tubes other than lavender microtainer (K_2EDTA). Specimens transported in tubes other than trace element-free transport tubes or lavender microtainer (K_2EDTA) tubes. Heparin anticoagulant. Clotted specimens. Venous whole blood, refer to Lead, Blood (Venous) (ARUP test code 0020098).

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Synonyms:

- Pb, Pediatric
- Pb, Whole Blood
- BLL
- Capillary blood level
- Lead (Pediatric)
- Pb
- Pb, Blood
- LAB5771-VML
- LAB5771VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Recommended routine screening for lead exposure in pediatric populations. Confirm elevated results with Lead, Blood (Venous) (0020098).

Interpretive Data:

Analysis performed by inductively coupled plasma-mass spectrometry (ICP-MS).

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified lead-free collection/transport tube. If contamination concerns exist due to elevated levels of blood lead, confirmation with a venous specimen collected in a certified lead-free tube is recommended.

Repeat testing is recommended prior to initiating chelation therapy or conducting environmental investigations of potential lead sources. Repeat testing collections should be performed using a venous specimen collected in a certified lead-free collection tube.

Information sources for blood lead reference intervals and interpretive comments include the CDC's "Childhood Lead Poisoning Prevention: Recommended Actions Based on Blood Lead Level" and the "Adult Blood Lead Epidemiology and Surveillance: Reference Blood Lead Levels (BLLs) for Adults in the U.S." Thresholds and time intervals for retesting, medical evaluation, and response vary by state and regulatory body. Contact your State Department of Health and/or applicable regulatory agency for specific guidance on medical management recommendations.

Children	
Concentration	**Comment**
3.5-19.9 µg/dL	Children under the age of 6 years are the most vulnerable to the harmful effects of lead exposure. Environmental investigation and exposure history to identify potential sources of lead. Biological and nutritional monitoring are recommended. Follow-up blood lead monitoring is recommended.
20-44.9 µg/dL	Lead hazard reduction and prompt medical evaluation are recommended. Contact a Pediatric Environmental Health Specialty Unit or poison control center for guidance.
Greater than 44.9 µg/dL	Critical. Immediate medical evaluation, including detailed neurological exam is recommended. Consider chelation therapy when symptoms of lead toxicity are present. Contact a Pediatric Environmental Health Specialty Unit or poison control center for assistance.

Adults	
Concentration	**Comment**
5-19.9 µg/dL	Medical removal is recommended for pregnant women or those who are trying or may become pregnant. Adverse health effects are possible. Reduced lead exposure and increased blood lead monitoring are recommended.
20-69.9 µg/dL	Adverse health effects are indicated. Medical removal from lead exposure is required by OSHA if blood lead level exceeds 50 µg/dL. Prompt medical evaluation is recommended.
Greater than 69.9 µg/dL	Critical. Immediate medical evaluation is recommended. Consider chelation therapy when symptoms of lead toxicity are present.

Reference Interval:

Effective December 6, 2021

0-5 years	Less than or equal to 3.4 µg/dL
6 years or above	Less than or equal to 4.9 µg/dL

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Section:

RF-ARUP

CPT Codes:

83655

Remarks:

Trace Elements requisition form may be required (ARUP form #32990).

Lead, Blood (Venous)

LAB5772

ORDERING INFO

Collect:
Royal blue (K2EDTA), Royal blue (NaHep), or tan (K2EDTA).

Synonyms:

- Venous blood level
- BLL
- Lead (Adult)
- Pb
- Pb, Blood
- Pb, Whole Blood
- LAB5772-VML
- LAB5772VML

SPECIMEN REQUIREMENTS

Collect:
Royal blue (K2EDTA), Royal blue (NaHep), or tan (K2EDTA).

Specimen Preparation:
Transport 6 mL whole blood in the original collection tube (royal blue). (Min: 0.5 mL) OR Transport 3 mL whole blood in the original collection tube (tan). (Min: 0.5 mL)

Unacceptable Conditions:
Serum. Specimens collected in tubes other than Royal blue(K2EDTA), Royal blue (NaHep), or tan (K2EDTA). Clotted specimens. Capillary pediatric EDTA collection tubes, refer to Lead, Blood (Capillary) 0020745.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Trace Elements requisition form may be required (ARUP form #32990).

ORDERING

Synonyms:

- Venous blood level
- BLL
- Lead (Adult)
- Pb
- Pb, Blood
- Pb, Whole Blood
- LAB5772-VML
- LAB5772VML

Ordering Recommendations:
Recommended for routine testing for lead exposure. For occupational exposure, consider Lead, Industrial Exposure Panel, Adults (0025016).

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Effective December 6, 2021

Age	Reference Internal
0-5 years	Less than or equal to 3.4 µg/dL
6 year or above	Less than or equal to 4.9 µg/dL

Interpretive Data:

Analysis performed by Inductively Coupled Plasma-Mass Spectrometry (ICP-MS).

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified lead-free tube. If contamination concerns exist due to elevated levels of blood lead, confirmation with a second specimen collected in a certified lead-free tube is recommended.

Information sources for blood lead reference intervals and interpretive comments include the CDC's "Childhood Lead Poisoning Prevention: Recommended Actions Based on Blood Lead Level" and the "Adult Blood Lead Epidemiology and Surveillance: Reference Blood Lead Levels (BLLs) for Adults in the U.S." Thresholds and time intervals for retesting, medical evaluation, and response vary by state and regulatory body. Contact your State Department of Health and/or applicable regulatory agency for specific guidance on medical management recommendations.

Children	
Concentration	**Comment**
3.5-19.9 µg/dL	Children under the age of 6 years are the most vulnerable to the harmful effects of lead exposure. Environmental investigation and exposure history to identify potential sources of lead. Biological and nutritional monitoring are recommended. Follow-up blood lead monitoring is recommended.
20-44.9 µg/dL	Lead hazard reduction and prompt medical evaluation are recommended. Contact a Pediatric Environmental Health Specialty Unit or poison control center for guidance.
Greater than 44.9 µg/dL	Critical. Immediate medical evaluation, including detailed neurological exam is recommended. Consider chelation therapy when symptoms of lead toxicity are present. Contact a Pediatric Environmental Health Specialty Unit or poison control center for assistance.

Adults	
Concentration	**Comment**
5-19.9 µg/dL	Medical removal is recommended for pregnant women or those who are trying or may become pregnant. Adverse health effects are possible. Reduced lead exposure and increased blood lead monitoring are recommended.
20-69.9 µg/dL	Adverse health effects are indicated. Medical removal from lead exposure is required by OSHA if blood lead level exceeds 50 µg/dL. Prompt medical evaluation is recommended.
Greater than 69.9 µg/dL	Critical. Immediate medical evaluation is recommended. Consider chelation therapy when symptoms of lead toxicity are present.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

ADDITIONAL INFORMATION

CPT Codes:

83655

Section:

RF-ARUP

Remarks:

Trace Elements requisition form may be required (ARUP form #32990).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal blue (K2EDTA), Royal blue (NaHep), or tan (K2EDTA).

Specimen Preparation:

Transport 6 mL whole blood in the original collection tube (royal blue). (Min: 0.5 mL) OR Transport 3 mL whole blood in the original collection tube (tan). (Min: 0.5 mL)

Unacceptable Conditions:
Serum. Specimens collected in tubes other than Royal blue(K2EDTA), Royal blue (NaHep), or tan (K2EDTA). Clotted specimens. Capillary pediatric EDTA collection tubes, refer to Lead, Blood (Capillary) 0020745.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Synonyms:

- Venous blood level
- BLL
- Lead (Adult)
- Pb
- Pb, Blood
- Pb, Whole Blood
- LAB5772-VML
- LAB5772VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Recommended for routine testing for lead exposure. For occupational exposure, consider Lead, Industrial Exposure Panel, Adults (0025016).

Interpretive Data:
Analysis performed by Inductively Coupled Plasma-Mass Spectrometry (ICP-MS).

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified lead-free tube. If contamination concerns exist due to elevated levels of blood lead, confirmation with a second specimen collected in a certified lead-free tube is recommended.

Information sources for blood lead reference intervals and interpretive comments include the CDC's "Childhood Lead Poisoning Prevention: Recommended Actions Based on Blood Lead Level" and the "Adult Blood Lead Epidemiology and Surveillance: Reference Blood Lead Levels (BLLs) for Adults in the U.S." Thresholds and time intervals for retesting, medical evaluation, and response vary by state and regulatory body. Contact your State Department of Health and/or applicable regulatory agency for specific guidance on medical management recommendations.

Children	
Concentration	**Comment**
3.5-19.9 µg/dL	Children under the age of 6 years are the most vulnerable to the harmful effects of lead exposure. Environmental investigation and exposure history to identify potential sources of lead. Biological and nutritional monitoring are recommended. Follow-up blood lead monitoring is recommended.
20-44.9 µg/dL	Lead hazard reduction and prompt medical evaluation are recommended. Contact a Pediatric Environmental Health Specialty Unit or poison control center for guidance.
Greater than 44.9 µg/dL	Critical. Immediate medical evaluation, including detailed neurological exam is recommended. Consider chelation therapy when symptoms of lead toxicity are present. Contact a Pediatric Environmental Health Specialty Unit or poison control center for assistance.

Adults	
Concentration	**Comment**
5-19.9 µg/dL	Medical removal is recommended for pregnant women or those who are trying or may become pregnant. Adverse health effects are possible. Reduced lead exposure and increased blood lead monitoring are recommended.
20-69.9 µg/dL	Adverse health effects are indicated. Medical removal from lead exposure is required by OSHA if blood lead level exceeds 50 µg/dL. Prompt medical evaluation is recommended.
Greater than 69.9 µg/dL	Critical. Immediate medical evaluation is recommended. Consider chelation therapy when symptoms of lead toxicity are present.

Reference Interval:

Effective December 6, 2021

Age	Reference Internal
0-5 years	Less than or equal to 3.4 µg/dL
6 year or above	Less than or equal to 4.9 µg/dL

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Section:

RF-ARUP

CPT Codes:

83655

Remarks:

Trace Elements requisition form may be required (ARUP form #32990).

Lead, Urine

LAB404

ORDERING INFO

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Synonyms:

- Pb
- Lead/Creatinine Ratio, Random, Urine
- Normalized Urine Lead
- Pb urine
- urine lead concentration
- LAB404-VML
- LAB404VML

SPECIMEN REQUIREMENTS

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post-contrast media exposure.

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Specimen Preparation:

Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Unacceptable Conditions:

Urine collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element free transport tube (with the exception of the original device).

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Performed:

Sun-Sat

Remarks:

Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

ORDERING

Synonyms:

- Pb
- Lead/Creatinine Ratio, Random, Urine
- Normalized Urine Lead
- Pb urine
- urine lead concentration
- LAB404-VML
- LAB404VML

Ordering Recommendations:

May be useful in the assessment of chronic lead exposure or in monitoring chelation therapy. For routine testing of lead exposure, Lead, Blood (Venous) (0020098) is preferred. For occupational exposure, consider Lead, Industrial Exposure Panel, Adults (0025016).

Performed:

Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Creatinine, Urine - per 24h	See table below
Lead, Urine - per 24h	0.0-8.1 µg/d
Lead, Urine - per volume	0.0-5.0 µg/L
Lead, Urine - ratio to CRT	0.0-5.0 µg/g CRT

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Interpretive Data:
Quantification of urine excretion rates before or after chelation therapy has been used as an indicator of lead exposure. Urinary excretion of >125 mg of lead per 24 hours is usually associated with related evidence of lead toxicity.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
83655

Section:
RF-ARUP

Remarks:
Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Specimen Preparation:
Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post-contrast media exposure.

Unacceptable Conditions:

Urine collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element free transport tube (with the exception of the original device).

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Pb
- Lead/Creatinine Ratio, Random, Urine
- Normalized Urine Lead
- Pb urine
- urine lead concentration
- LAB404-VML
- LAB404VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

May be useful in the assessment of chronic lead exposure or in monitoring chelation therapy. For routine testing of lead exposure, Lead, Blood (Venous) (0020098) is preferred. For occupational exposure, consider Lead, Industrial Exposure Panel, Adults (0025016).

Interpretive Data:

Quantification of urine excretion rates before or after chelation therapy has been used as an indicator of lead exposure. Urinary excretion of >125 mg of lead per 24 hours is usually associated with related evidence of lead toxicity.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Lead, Urine - per 24h</td><td>0.0-8.1 µg/d</td></tr>
<tr><td>Lead, Urine - per volume</td><td>0.0-5.0 µg/L</td></tr>
<tr><td>Lead, Urine - ratio to CRT</td><td>0.0-5.0 µg/g CRT</td></tr>
</table>

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
83655

Remarks:
Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

Leflunomide Metabolite, Serum or Plasma

LAB3779

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), green (sodium heparin), or gray (sodium fluoride).

Synonyms:

- Arava
- Arava® (Leflunomide (Teriflunomide), Serum or Plasma)
- leflunomide blood concentration
- Teriflunomide
- LAB3779-VML
- LAB3779VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Predose (trough). Obtain specimen 12 - 24 hours after last dose.

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), green (sodium heparin), or gray (sodium fluoride).

Specimen Preparation:
Separate from cells within 2 hours of draw. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Whole blood. Potassium oxalate or separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 7 days; Refrigerated: 17 days; Frozen: 90 days

Performed:
Sun, Wed, Fri

ORDERING

Synonyms:

- Arava
- Arava® (Leflunomide (Teriflunomide), Serum or Plasma)
- leflunomide blood concentration
- Teriflunomide
- LAB3779-VML
- LAB3779VML

Ordering Recommendations:
Therapeutic monitoring and evaluating full elimination of the drug (eg, toxicity, pregnancy).

Performed:
Sun, Wed, Fri

Methodology:
Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:

Therapeutic Range	Greater than 40.000 µg/mL
Toxic Level	Not well established.

Interpretive Data:

Therapeutic and toxic ranges are not well established. Concentrations greater than 40.000 µg/mL tend to correlate with improved patient outcome. A proposed therapeutic range is 50.000 - 100.000 µg/mL. Adverse reactions to Leflunomide, such as diarrhea, hypertension, and liver toxicity, do not correlate well with serum drug concentrations. Leflunomide has a potential risk for teratogenesis. For women being treated with Leflunomide who desire to become pregnant, enhanced drug elimination should be performed until plasma teriflunomide concentrations are lower than 0.020 µg/mL on two separate tests taken at least 14 days apart.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80193

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), green (sodium heparin), or gray (sodium fluoride).

Specimen Preparation:

Separate from cells within 2 hours of draw. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Patient Preparation:

Timing of specimen collection: Predose (trough). Obtain specimen 12 - 24 hours after last dose.

Unacceptable Conditions:

Whole blood. Potassium oxalate or separator tubes.

Stability (from collection to initiation):

Ambient: 7 days; Refrigerated: 17 days; Frozen: 90 days

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Arava
- Arava® (Leflunomide (Teriflunomide), Serum or Plasma)
- leflunomide blood concentration
- Teriflunomide
- LAB3779-VML
- LAB3779VML

Performed:

Sun, Wed, Fri

Resulting Laboratory:

ARUP Laboratories

Reported:

1-7 days

Ordering Recommendations:

Therapeutic monitoring and evaluating full elimination of the drug (eg, toxicity, pregnancy).

Interpretive Data:

Therapeutic and toxic ranges are not well established. Concentrations greater than 40.000 µg/mL tend to correlate with improved patient outcome. A proposed therapeutic range is 50.000 - 100.000 µg/mL. Adverse reactions to Leflunomide, such as diarrhea, hypertension, and liver toxicity, do not correlate well with serum drug concentrations. Leflunomide has a potential risk for teratogenesis. For women being treated with Leflunomide who desire to become pregnant, enhanced drug elimination should be performed until plasma teriflunomide concentrations are lower than 0.020 µg/mL on two separate tests taken at least 14 days apart.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Therapeutic Range	Greater than 40.000 µg/mL
Toxic Level	Not well established.

Methodology:

Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80193

Legionella Species by Qualitative PCR

LAB3168

ORDERING INFO

Collect:
Respiratory specimen: Bronchoalveolar lavage (BAL), bronchial brushings, nasopharyngeal swab, sputum, tracheal aspirates or pleural fluid.

Synonyms:

- Legionella pneumophila (Legionella Species by PCR)
- LAB3168-VML
- LAB3168VML

SPECIMEN REQUIREMENTS

Collect:
Respiratory specimen: Bronchoalveolar lavage (BAL), bronchial brushings, nasopharyngeal swab, sputum, tracheal aspirates or pleural fluid.

Specimen Preparation:
Fluid: Transfer 2 mL respiratory specimen to a sterile container. (Min: 0.5 mL) Also acceptable: Transfer to viral transport media (ARUP supply #12884).
Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.
Swabs: Place in viral transport media.

Unacceptable Conditions:
Tissues in optimal cutting temperature compound.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 5 days; Frozen: 6 months

Performed:
Sun-Sat

Remarks:
Specimen source required, tissues in optimal cutting temperature compound.

ORDERING

Synonyms:

- Legionella pneumophila (Legionella Species by PCR)
- LAB3168-VML
- LAB3168VML

Ordering Recommendations:
Detect Legionella species.

Performed:
Sun-Sat

Methodology:
Qualitative Polymerase Chain Reaction

Reported:
1-2 days

Notes:
This test detects and speciates L. pneumophila. The nucleic acid from other Legionella species will be detected by this test but cannot be differentiated

RESULTS INTERPRETATION

Interpretive Data:
A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
87541; 87798

Section:
RF-ARUP

Remarks:
Specimen source required, tissues in optimal cutting temperature compound.

Notes:
This test detects and speciates L. pneumophila. The nucleic acid from other Legionella species will be detected by this test but cannot be differentiated

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Respiratory specimen: Bronchoalveolar lavage (BAL), bronchial brushings, nasopharyngeal swab, sputum, tracheal aspirates or pleural fluid.

Specimen Preparation:
Fluid: Transfer 2 mL respiratory specimen to a sterile container. (Min: 0.5 mL) Also acceptable: Transfer to viral transport media (ARUP supply #12884).
Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.
Swabs: Place in viral transport media.

Unacceptable Conditions:
Tissues in optimal cutting temperature compound.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 5 days; Frozen: 6 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- Legionella pneumophila (Legionella Species by PCR)
- LAB3168-VML
- LAB3168VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Detect Legionella species.

Interpretive Data:
A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
87541; 87798

Remarks:
Specimen source required, tissues in optimal cutting temperature compound.

Notes:

This test detects and speciates L. pneumophila. The nucleic acid from other Legionella species will be detected by this test but cannot be differentiated

LEMS Ab-ATH

LAB3305

ORDERING INFO

Synonyms:

- LAB3305-VML
- LAB3305VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3305-VML
- LAB3305VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3305-VML
- LAB3305VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Leptin, Quantitative by Chemiluminescent Immunoassay

LAB3781

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- Leptin
- leptin resistance
- LAB3781-VML
- LAB3781VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should fast overnight prior to collection.

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Non-fasting specimens. Icteric or severely hemolyzed specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 48 hours; Frozen: 2 months

Performed:
Mon, Thu

ORDERING

Synonyms:

- Leptin
- leptin resistance
- LAB3781-VML
- LAB3781VML

Performed:
Mon, Thu

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Age	Reference Interval
0-17 years	Not Established
Adult Male	0.5-12.5 ng/mL
Adult Female	0.5-15.2 ng/mL

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
83520

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Patient Preparation:
Patient should fast overnight prior to collection.

Unacceptable Conditions:
Non-fasting specimens. Icteric or severely hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 48 hours; Frozen: 2 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- Leptin
- leptin resistance
- LAB3781-VML
- LAB3781VML

Performed:
Mon, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Age	Reference Interval
0-17 years	Not Established
Adult Male	0.5-12.5 ng/mL
Adult Female	0.5-15.2 ng/mL

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
83520

Leukocyte Adhesion Deficiency Panel

LAB3782

ORDERING INFO

Collect:
Green (Na heparin) or purple (KEDTA).

Synonyms:

- Beta 2 integrins
- LAD I, II determination
- CD11a, CD11b; CD15s; CD18
- CD11a, CD11b
- CD15s
- CD18
- LAB3782-VML
- LAB3782VML

SPECIMEN REQUIREMENTS

Collect:
Green (Na heparin) or purple (KEDTA).

Specimen Preparation:
Transport 5 mL whole blood. (Min: 1 mL) Specimen must be analyzed within 72 hours of collection.

Unacceptable Conditions:
Clotted or hemolyzed specimens. Frozen specimens.

Storage/Transport Temperature:
Room temperature or refrigerated.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable.

Performed:
Sun-Sat

ORDERING

Synonyms:

- Beta 2 integrins
- LAD I, II determination
- CD11a, CD11b; CD15s; CD18
- CD11a, CD11b
- CD15s
- CD18
- LAB3782-VML
- LAB3782VML

Ordering Recommendations:
Aids in the diagnosis of type I and II leukocyte adhesion deficiency. Panel measures CD11a, CD11b, CD15s, and CD18 on neutrophils.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Flow Cytometry

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
% CD18	99-100
% CD11b	96-100
% CD15s	95-100
% CD11a	97-100

Interpretive Data:
The Leukocyte Adhesion Deficiency Panel measures the receptors CD11a, CD11b, CD15s, and CD18 normally found on neutrophils. The percentage of patient neutrophils bearing these receptors is reported. Decreased values outside of the reference interval may correlate with abnormal neutrophil function. For example, CD11 and CD18 are decreased or absent in leukocyte adhesion deficiency (LAD) type I and CD15s is decreased or absent in LAD type II.

Methodology:
Semi-Quantitative Flow Cytometry

ADDITIONAL INFORMATION

CPT Codes:
86356 x4

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (Na heparin) or purple (KEDTA).

Specimen Preparation:
Transport 5 mL whole blood. (Min: 1 mL) Specimen must be analyzed within 72 hours of collection.

Unacceptable Conditions:
Clotted or hemolyzed specimens. Frozen specimens.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable.

Storage/Transport Temperature:
Room temperature or refrigerated.

Synonyms:

- Beta 2 integrins
- LAD I, II determination
- CD11a, CD11b; CD15s; CD18
- CD11a, CD11b
- CD15s
- CD18
- LAB3782-VML
- LAB3782VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Aids in the diagnosis of type I and II leukocyte adhesion deficiency. Panel measures CD11a, CD11b, CD15s, and CD18 on neutrophils.

Interpretive Data:
The Leukocyte Adhesion Deficiency Panel measures the receptors CD11a, CD11b, CD15s, and CD18 normally found on neutrophils. The percentage of patient neutrophils bearing these receptors is reported. Decreased values outside of the reference interval may correlate with abnormal neutrophil function. For example, CD11 and CD18 are decreased or absent in leukocyte adhesion deficiency (LAD) type I and CD15s is decreased or absent in LAD type II.

Reference Interval:

Components	Reference Interval
% CD18	99-100
% CD11b	96-100
% CD15s	95-100
% CD11a	97-100

Methodology:
Semi-Quantitative Flow Cytometry

Section:
RF-ARUP

CPT Codes:
86356 x4

Leukocyte Alkaline Phosphatase (Test on Delay as of 7/21/2023)

LAB763

ORDERING INFO

Collect:
Green (sodium or lithium heparin).

Synonyms:

- LAP
- LAB763-VML
- LAB763VML

SPECIMEN REQUIREMENTS

Collect:
Green (sodium or lithium heparin).

Specimen Preparation:
Protect both smears and whole blood from light and pack accordingly to avoid breakage. Transport 5 mL whole blood (Min: 1 mL) AND 6 unfixed, well-prepared smears (Min: 6 smears)

Unacceptable Conditions:
Specimens collected in EDTA. Poorly prepared smears (too thick or no feather edge). Broken or fixed smears. Specimens that have been spun. Smears made from anything other than heparin. Smears made from blood older than 24 hours. Whole blood not protected from light. Smears not protected from light.

Storage/Transport Temperature:
Room temperature. Send Sunday through Thursday only. Whole blood must be received within 24 hours of collection; smears must be made within 24 hours of collection and received within 7 days of collection.

Stability (from collection to initiation):
Blood: Ambient: 24 hours; Refrigerated: Unacceptable; Frozen: Unacceptable
Unfixed Smears: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable

Performed:
Mon-Fri

Remarks:
Further information on how to make an adequate smear can be found in the following instructional video: https://www.youtube.com/watch?v=ca3NwrlpS40&feature=youtube

ORDERING

Synonyms:

- LAP
- LAB763-VML
- LAB763VML

Ordering Recommendations:
Aid in differential diagnosis of neutrophilia, including chronic myeloid leukemia (CML) and leukemoid reaction.

Performed:
Mon-Fri

Methodology:
Cytochemical Stain

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Female: 33-149 (no units)
Male: 22-124 (no units)

Interpretive Data:
Refer to Report

Methodology:
Cytochemical Stain

ADDITIONAL INFORMATION

CPT Codes:
85540

Section:
RF-ARUP

Remarks:
Further information on how to make an adequate smear can be found in the following instructional video:
https://www.youtube.com/watch?v=ca3NwrlpS40&feature=youtube

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (sodium or lithium heparin).

Specimen Preparation:
Protect both smears and whole blood from light and pack accordingly to avoid breakage. Transport 5 mL whole blood (Min: 1 mL) AND 6 unfixed, well-prepared smears (Min: 6 smears)

Unacceptable Conditions:
Specimens collected in EDTA. Poorly prepared smears (too thick or no feather edge). Broken or fixed smears. Specimens that have been spun. Smears made from anything other than heparin. Smears made from blood older than 24 hours. Whole blood not protected from light. Smears not protected from light.

Stability (from collection to initiation):
Blood: Ambient: 24 hours; Refrigerated: Unacceptable; Frozen: Unacceptable
Unfixed Smears: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable

Storage/Transport Temperature:
Room temperature. Send Sunday through Thursday only. Whole blood must be received within 24 hours of collection; smears must be made within 24 hours of collection and received within 7 days of collection.

Synonyms:

- LAP
- LAB763-VML
- LAB763VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Aid in differential diagnosis of neutrophilia, including chronic myeloid leukemia (CML) and leukemoid reaction.

Interpretive Data:
Refer to Report

Reference Interval:
Female: 33-149 (no units)
Male: 22-124 (no units)

Methodology:
Cytochemical Stain

Section:
RF-ARUP

CPT Codes:
85540

Remarks:
Further information on how to make an adequate smear can be found in the following instructional video:
https://www.youtube.com/watch?v=ca3NwrlpS40&feature=youtube

Leutinizing Hormone (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath149

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- LH

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LH

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- LH

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

LH (Peds)-ESTX

LAB3967

ORDERING INFO

Synonyms:

- LAB3967-VML
- LAB3967VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3967-VML
- LAB3967VML

ADDITIONAL INFORMATION

Section:

RF-ESTX

Resulting Laboratory:

Esoterix

FULL VIEW

Synonyms:

- LAB3967-VML
- LAB3967VML

Resulting Laboratory:

Esoterix

Section:

RF-ESTX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Lidocaine Lvl-CENT

LAB6203

ORDERING INFO

Synonyms:

- LAB6203-VML
- LAB6203VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Centennial Medical Center Lab. Please call 615-875-5227 (5-LABS) for test details.

ORDERING

Synonyms:

- LAB6203-VML
- LAB6203VML

ADDITIONAL INFORMATION

Section:
RF-CENT

Resulting Laboratory:
Centennial Med Ctr Lab

FULL VIEW

Synonyms:

- LAB6203-VML
- LAB6203VML

Resulting Laboratory:
Centennial Med Ctr Lab

Section:
RF-CENT

Links:
Test Sent to Centennial Medical Center Lab. Please call 615-875-5227 (5-LABS) for test details.

Lipase, Fluid

LAB5896

ORDERING INFO

Collect:
Biliary/Hepatic, Drain, Pancreatic, Pericardial, Peritoneal/Ascites, Pleural or Synovial fluid.

Synonyms:

- LAB5896-VML
- LAB5896VML

SPECIMEN REQUIREMENTS

Collect:
Biliary/Hepatic, Drain, Pancreatic, Pericardial, Peritoneal/Ascites, Pleural or Synovial fluid.

Specimen Preparation:
Centrifuge to remove cellular material. Transfer 1 mL body fluid to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimen types other than those listed. Specimens too viscous to be aspirated by instrument.

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 months

Performed:
Sun-Sat

Remarks:
Specimen source must be provided.

ORDERING

Synonyms:

- LAB5896-VML
- LAB5896VML

Ordering Recommendations:
Refer to aruplab.com/bodyfluids for clinical indications and interpretive information.

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Interpretive Data:
For information on body fluid reference ranges and/or interpretive guidance visit http://aruplab.com/bodyfluids/

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
83690

Section:
RF-ARUP

Remarks:
Specimen source must be provided.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Biliary/Hepatic, Drain, Pancreatic, Pericardial, Peritoneal/Ascites, Pleural or Synovial fluid.

Specimen Preparation:
Centrifuge to remove cellular material. Transfer 1 mL body fluid to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimen types other than those listed. Specimens too viscous to be aspirated by instrument.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated

Synonyms:

- LAB5896-VML
- LAB5896VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Refer to aruplab.com/bodyfluids for clinical indications and interpretive information.

Interpretive Data:
For information on body fluid reference ranges and/or interpretive guidance visit http://aruplab.com/bodyfluids/

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
83690

Remarks:
Specimen source must be provided.

Lipase, Plasma or Serum

LAB99

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- LP, Lipase Blood, Lipsae Level, LAB99
- LAB99-VML
- LAB99VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 12 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LP, Lipase Blood, Lipsae Level, LAB99
- LAB99-VML
- LAB99VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quinone Dye

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - 60 U/L

Interpretive Data:
N/A

Methodology:
Quinone Dye

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 12 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- LP, Lipase Blood, Lipsae Level, LAB99
- LAB99-VML
- LAB99VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0 - 60 U/L

Additional Information:
N/A

Methodology:
Quinone Dye

Section:
Chemistry

Lipid Panel, Plasma or Serum

LAB18

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- LIP, Lipid/Hdl Profile Blood, Lipid Panel, LAB18
- LAB18-VML
- LAB18VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
12 hour fast required.

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days; Frozen: 3 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LIP, Lipid/Hdl Profile Blood, Lipid Panel, LAB18
- LAB18-VML
- LAB18VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
See individual components

Components:
Cholesterol, Triglycerides, HDL Cholesterol, Calculated LDL Cholesterol

RESULTS INTERPRETATION

Reference Interval:
See individual components for reference values

Interpretive Data:
N/A

Methodology:
See individual components

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
Cholesterol, Triglycerides, HDL Cholesterol, Calculated LDL Cholesterol

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
12 hour fast required.

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
Cholesterol, Triglycerides, HDL Cholesterol, Calculated LDL Cholesterol

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- LIP, Lipid/Hdl Profile Blood, Lipid Panel, LAB18
- LAB18-VML
- LAB18VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
See individual components for reference values

Additional Information:
N/A

Methodology:
See individual components

Section:
Chemistry

Lipoprotein Metabolism Profile-MAYO

LAB3881

ORDERING INFO

Synonyms:

- LAB3881-VML
- LAB3881VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3881-VML
- LAB3881VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3881-VML
- LAB3881VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

LIQUID BASE CYTOLOGY, THIN PREP PAP

ORDERING INFO

Collect:
Gyn ThinPrep preservcyt vial

Synonyms:

- GYN, Pap smear, Thin prep, GYN, Liquid-based pap, Conventional pap smear, Cytology

Turn Around Time:
7 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Gyn ThinPrep preservcyt vial

Specimen Preparation:
1. A plastic cervical spatula and endocervical brush combination or a single Wallach broom are used to sample the cervix, endocervix, and (if needed) the vagina. 2. The collection devices are vigorously rinsed in a GYN ThinPrep vial. 3. Place Epic order for Cytology GYN Pap. 4. Indicate specimen source and laterality when completing the collection task in Epic. 5. Specimen vial is to be labeled with generic ADT label. 6. Please send Epic requisition and specimen vial to the lab. Visit www.hologic.com for clinical information regarding the ThinPrep Pap. (Minimum: 1 GYN ThinPrep vial)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C).

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) 6 weeks

Specimen:
Gyn sample in ThinPrep vial

Alternate Specimen:
Conventional Pap; Specimen may be collected as a smear on a glass slide labeled with two patient identifiers. Slides must be fixed immediately with spray fixative or by placing slides in 95% alcohol. HPV testing can not be performed on a conventional Pap smear.

ORDERING

Ordering Indicators:
Lab must have presenting ICD-10 code and specimen source to be able to process specimen. For optimal patient care we must have patient's age, first date of LMP, and any significant clinical history.

Synonyms:

- GYN, Pap smear, Thin prep, GYN, Liquid-based pap, Conventional pap smear, Cytology

Performed:
Monday-Friday

Turn Around Time:
7 days

Methodology:
ThinPrep procedure

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
This test shows morphological characteristics reflecting benign and malignant disease processes.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
Conventional Pap; Specimen may be collected as a smear on a glass slide labeled with two patient identifiers. Slides must be fixed immediately with spray fixative or by placing slides in 95% alcohol. HPV testing can not be performed on a conventional Pap smear.

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gyn ThinPrep preservcyt vial

Specimen Preparation:
1. A plastic cervical spatula and endocervical brush combination or a single Wallach broom are used to sample the cervix, endocervix, and (if needed) the vagina. 2. The collection devices are vigorously rinsed in a GYN ThinPrep vial. 3. Place Epic order for Cytology GYN Pap. 4. Indicate specimen source and laterality when completing the collection task in Epic. 5. Specimen vial is to be labeled with generic ADT label. 6. Please send Epic requisition and specimen vial to the lab. Visit www.hologic.com for clinical information regarding the ThinPrep Pap. (Minimum: 1 GYN ThinPrep vial)

Pediatric Collection:
N/A

Alternate Specimen:
Conventional Pap; Specimen may be collected as a smear on a glass slide labeled with two patient identifiers. Slides must be fixed immediately with spray fixative or by placing slides in 95% alcohol. HPV testing can not be performed on a conventional Pap smear.

Patient Preparation:
N/A

Specimen:
Gyn sample in ThinPrep vial

Reasons for Rejection:
Mislabeled specimen, unlabeled specimen, specimen leaked out in transit, insufficient fluid for processing

Stability:
Ambient: (15-25°C) 6 weeks

Storage/Transport Temperature:
Ambient: (15-25°C).

Synonyms:

- GYN, Pap smear, Thin prep, GYN, Liquid-based pap, Conventional pap smear, Cytology

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
Lab must have presenting ICD-10 code and specimen source to be able to process specimen. For optimal patient care we must have patient's age, first date of LMP, and any significant clinical history.

Interpretive Data:
This test shows morphological characteristics reflecting benign and malignant disease processes.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
ThinPrep procedure

Section:
Cytology

Lithium, Plasma or Serum

LAB29

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LIT , LAB29
- LAB29-VML
- LAB29VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Red Microtainer (No Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 1 day; 2° to 8°C: 7 days; Frozen: 6 months

Specimen:
Plasma or Serum

Alternate Specimen:
Dark Green (Sodium Heparin without Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LIT , LAB29
- LAB29-VML
- LAB29VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Colorimetry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0.6-1.2 mEq/L

Interpretive Data:
Long-term lithium therapy has been reported to cause hyperparathyroidism in some individuals, with resulting hypercalcemia.

Methodology:
Colorimetry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Dark Green (Sodium Heparin without Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Red Microtainer (No Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Dark Green (Sodium Heparin without Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection (lithium heparin), QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 1 day; 2° to 8°C: 7 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- LIT , LAB29
- LAB29-VML
- LAB29VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Long-term lithium therapy has been reported to cause hyperparathyroidism in some individuals, with resulting hypercalcemia.

Reference Interval:
0.6-1.2 mEq/L

Additional Information:
N/A

Methodology:
Colorimetry

Section:
Chemistry

Liver Fatty Acid Binding Protein (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath150

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- LFABP, FABP

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LFABP, FABP

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- LFABP, FABP

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Liver-Kidney Microsome Antibody, IgG

LAB3783

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Liver-Kidney Microsome antibody, IgG IIF
- LKM antibody, IgG IIF
- LKM IgG IIF
- Liver-Kidney Microsome antibody, IgG IFA
- LKM antibody, IgG IFA
- LKM IgG IFA
- LAB3783-VML
- LAB3783VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Severely hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon-Sat

ORDERING

Synonyms:

- Liver-Kidney Microsome antibody, IgG IIF
- LKM antibody, IgG IIF
- LKM IgG IIF
- Liver-Kidney Microsome antibody, IgG IFA
- LKM antibody, IgG IFA
- LKM IgG IFA
- LAB3783-VML
- LAB3783VML

Ordering Recommendations:
Differential evaluation of autoimmune liver disease of unknown etiology, especially autoimmune hepatitis (AIH) of childhood onset. Use in combination with Liver Cytosolic Antigen Type 1 (LC-1) Antibody, IgG (2010711) when evaluating for AIH-2.

Performed:
Mon-Sat

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Less than 1:20 Normal

Interpretive Data:
Liver-Kidney Microsome IgG antibody (anti-LKM), as detected by indirect immunofluorescent antibody (IFA) techniques, may be observed in patients with autoimmune hepatitis type 2 (AIH-2), AIH-2 associated with autoimmune polyendocrinopathy-candidiasis-ectodermal dystrophy (APECED), viral hepatitis C or D, and some forms of drug-induced hepatitis. This IFA does not differentiate among the four types of LKM antibodies (LKM-1, LKM-2, LKM-3, and a fourth type that recognizes CYP1A2 and CYP2A6 antigens). Of these, anti-LKM-1 (cytochrome P450IID6) IgG antibodies are considered specific for AIH-2.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

ADDITIONAL INFORMATION

CPT Codes:
86376

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Unacceptable Conditions:
Severely hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Liver-Kidney Microsome antibody, IgG IIF
- LKM antibody, IgG IIF
- LKM IgG IIF
- Liver-Kidney Microsome antibody, IgG IFA
- LKM antibody, IgG IFA
- LKM IgG IFA
- LAB3783-VML
- LAB3783VML

Performed:
Mon-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Differential evaluation of autoimmune liver disease of unknown etiology, especially autoimmune hepatitis (AIH) of childhood onset. Use in combination with Liver Cytosolic Antigen Type 1 (LC-1) Antibody, IgG (2010711) when evaluating for AIH-2.

Interpretive Data:
Liver-Kidney Microsome IgG antibody (anti-LKM), as detected by indirect immunofluorescent antibody (IFA) techniques, may be observed in patients with autoimmune hepatitis type 2 (AIH-2), AIH-2 associated with autoimmune polyendocrinopathy-candidiasis-ectodermal dystrophy (APECED), viral hepatitis C or D, and some forms of drug-induced hepatitis. This IFA does not differentiate among the four types of LKM antibodies (LKM-1, LKM-2, LKM-3, and a fourth type that recognizes CYP1A2 and CYP2A6 antigens). Of these, anti-LKM-1 (cytochrome P450IID6) IgG antibodies are considered specific for AIH-2.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Less than 1:20 Normal

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Section:
RF-ARUP

CPT Codes:
86376

Low Molecular Wwight Heparin Level

LAB316

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB316, Low Molecular Weight Heparin Assay, LMW Heparin Level, Lovenox Level, Anti-Xa Assay
- LAB316-VML
- LAB316VML

Turn Around Time:

2 hours once received into lab

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. Process the sample carefully to avoid platelet activation during centrifugation. PF-4 released from the platelet granules is a potent heparin inhibitor, and release of PF-4 may result in an underestimate of the LMWH level. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB316, Low Molecular Weight Heparin Assay, LMW Heparin Level, Lovenox Level, Anti-Xa Assay
- LAB316-VML
- LAB316VML

Performed:
Daily

Turn Around Time:
2 hours once received into lab

Methodology:
Chromogenic

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Therapeutic range 0.6 - 1.1 U/mL

Interpretive Data:
The LMWH result is dependent on the concentration of antithrombin in the test plasma. Antithrombin deficiency may result in an undersestimation of the LMWH level. Plasma hemoglobin levels of >150 mg/dL may result in an overestimation of the LMWH level.

Methodology:
Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Oral anti-Xa inhibitors interfer with anti-Xa assays for LMWH. Even at subtheraputic levels, anti-Xa inhibitors may result in an overestimation of the LMWH level.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. Process the sample carefully to avoid platelet activation during centrifugation. PF-4 released from the platelet granules is a potent heparin inhibitor, and release of PF-4 may result in an underestimate of the LMWH level. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB316, Low Molecular Weight Heparin Assay, LMW Heparin Level, Lovenox Level, Anti-Xa Assay
- LAB316-VML
- LAB316VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours once received into lab

Ordering Indicators:
N/A

Interpretive Data:
The LMWH result is dependent on the concentration of antithrombin in the test plasma. Antithrombin deficiency may result in an undersestimation of the LMWH level. Plasma hemoglobin levels of >150 mg/dL may result in an overestimation of the LMWH level.

Reference Interval:
Therapeutic range 0.6 - 1.1 U/mL

Additional Information:
Oral anti-Xa inhibitors interfer with anti-Xa assays for LMWH. Even at subtheraputic levels, anti-Xa inhibitors may result in an overestimation of the LMWH level.

Methodology:
Chromogenic

Section:
Coagulation

Low Risk Human Papilloma Virus Cocktail (5 types) RNA In Situ Hybridization, Formalin Fixed Paraffin Embedded Tissue

CoPath232

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- RISH, Human Papilloma Virus, hpvlr

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- RISH, Human Papilloma Virus, hpvlr

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
RNA In Situ Hybridization Chromogenic Probe

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
RNA In Situ Hybridization Chromogenic Probe

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
3 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- RISH, Human Papilloma Virus, hpvlr

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
RNA In Situ Hybridization Chromogenic Probe

Section:
Histology

Lupus Anticoagulant dilute Russell's Viper Venom Time

LAB3447

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3447, RVV, DRVVT, Lupus Anticoagulant DRVVT
- LAB3447-VML
- LAB3447VML

Turn Around Time:

1 -3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Twice per week - variable days

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

This test on its own is not adequate for the evaluation of the Antiphospholipid Antibody Syndrome. A more appropriate test for work up of Antiphospholipid Antibody Syndrome is the Antiphospholipid Ab Pnl [LAB2307].

Synonyms:

- LAB3447, RVV, DRVVT, Lupus Anticoagulant DRVVT
- LAB3447-VML
- LAB3447VML

Performed:
Twice per week - variable days

Turn Around Time:
1 -3 days

Methodology:
Clotting

Components:
dRVVT reflex to 1:1 dRVVT mixing study, and dRVVT confirmirmatory testing if indicated.

RESULTS INTERPRETATION

Reference Interval:
Ratio 0.7 - 1.2

Interpretive Data:
Direct IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. Factor VIII levels > 200% may result in a false negative dRVVT result. The presence of Hemlibra (emicizumab) may affect the assay.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
A positive test (ratio > 1.2) will generate reflex testing for confirmation. Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Components:
dRVVT reflex to 1:1 dRVVT mixing study, and dRVVT confirmirmatory testing if indicated.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
dRVVT reflex to 1:1 dRVVT mixing study, and dRVVT confirmirmatory testing if indicated.

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3447, RVV, DRVVT, Lupus Anticoagulant DRVVT
- LAB3447-VML
- LAB3447VML

Performed:
Twice per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 -3 days

Ordering Indicators:
This test on its own is not adequate for the evaluation of the Antiphospholipid Antibody Syndrome. A more appropriate test for work up of Antiphospholipid Antibody Syndrome is the Antiphospholipid Ab Pnl [LAB2307].

Interpretive Data:
Direct IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. Factor VIII levels > 200% may result in a false negative dRVVT result. The presence of Hemlibra (emicizumab) may affect the assay.

Reference Interval:
Ratio 0.7 - 1.2

Additional Information:
A positive test (ratio > 1.2) will generate reflex testing for confirmation. Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Methodology:
Clotting

Section:
Coagulation

Lupus Anticoagulant STAClot LA

LAB478

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB478, Hexagonal Phase Phospholipid Testing, LAS, LASTA Clot
- LAB478-VML
- LAB478VML

Turn Around Time:

1 - 6 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Twice per week - variable days

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

This test on its own is not adequate for the evaluation of the Antiphospholipid Antibody Syndrome. A more appropriate test for work up of Antiphospholipid Antibody Syndrome is the Antiphospholipid Ab Pnl [LAB2307].

Synonyms:

- LAB478, Hexagonal Phase Phospholipid Testing, LAS, LASTA Clot
- LAB478-VML
- LAB478VML

Performed:
Twice per week - variable days

Turn Around Time:
1 - 6 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Direct IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of Hemlibra (emicizumab) may affect the assay.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB478, Hexagonal Phase Phospholipid Testing, LAS, LASTA Clot
- LAB478-VML
- LAB478VML

Performed:
Twice per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 6 days

Ordering Indicators:
This test on its own is not adequate for the evaluation of the Antiphospholipid Antibody Syndrome. A more appropriate test for work up of Antiphospholipid Antibody Syndrome is the Antiphospholipid Ab Pnl [LAB2307].

Interpretive Data:
Direct IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of Hemlibra (emicizumab) may affect the assay.

Reference Interval:
Negative

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Methodology:
Clotting

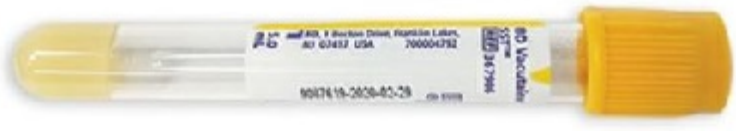
Section:
Coagulation

Luteinizing Hormone, Serum

LAB87

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

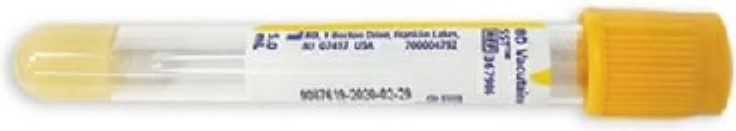
- LH, Luteinizing Hormone Blood, LAB87
- LAB87-VML
- LAB87VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 14 days; 2° to 8°C: 4 days; Frozen: 6 months

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LH, Luteinizing Hormone Blood, LAB87
- LAB87-VML
- LAB87VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: >= 18 years: 1.7 - 8.6 mIU/mL

Interpretive Data:
Follicular: 2.4 - 12.6 mIU/mL Ovulation: 14 - 95.5 mIU/mL Luteal: 1 - 11.4 mIU/mL Postmenopause: 7.7 - 58.5 mIU/mL

Methodology:
Quantitative Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 14 days; 2° to 8°C: 4 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- LH, Luteinizing Hormone Blood, LAB87
- LAB87-VML
- LAB87VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Follicular: 2.4 - 12.6 mIU/mL Ovulation: 14 - 95.5 mIU/mL Luteal: 1 - 11.4 mIU/mL Postmenopause: 7.7 - 58.5 mIU/mL

Reference Interval:
Male: >= 18 years: 1.7 - 8.6 mIU/mL

Additional Information:
N/A

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Section:
Chemistry

Luxol Fast Blue/PAS Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath18

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- LFB, LFB PAS, Myelin

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LFB, LFB PAS, Myelin

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- LFB, LFB PAS, Myelin

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Lymphocyte Proliferation to Ags-Mayo

LAB5902

ORDERING INFO

Synonyms:

- LAB5902-VML
- LAB5902VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5902-VML
- LAB5902VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB5902-VML
- LAB5902VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Lymphocyte Proliferation to Candida Ag-NJMC

LAB3968

ORDERING INFO

Synonyms:

- LAB3968-VML
- LAB3968VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3968-VML
- LAB3968VML

ADDITIONAL INFORMATION

Section:

RF-NJMC

Resulting Laboratory:

National Jewish Health Labs

FULL VIEW

Synonyms:

- LAB3968-VML
- LAB3968VML

Resulting Laboratory:

National Jewish Health Labs

Section:

RF-NJMC

Links:

Test Sent to Reference Lab. Click Here for Test Details

Lymphocyte Proliferation to Mitogens-Mayo

LAB5903

ORDERING INFO

Synonyms:

- LAB5903-VML
- LAB5903VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5903-VML
- LAB5903VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB5903-VML
- LAB5903VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Lymphocyte Subset Panel - T-Cell Subsets (CD4 and CD8) enumeration

LAB3455

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3455, CD3, CD4, CD8
- LAB3455-VML
- LAB3455VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
Two Lavender microtainerss (EDTA)

Storage/Transport Temperature:
Ambient (15-25°C) or refrigerated (2-8°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C): 48 hours

Specimen:
Blood, BAL

Alternate Specimen:
Yellow Top (ACD-A)

ORDERING

Ordering Indicators:
This test identifies and enumerates CD3+ T cells (including CD4 and CD8 subsets).

Synonyms:

- LAB3455, CD3, CD4, CD8
- LAB3455-VML
- LAB3455VML

Performed:
Monday - Saturday

Turn Around Time:
24 hours

Methodology:
Flow Cytometry Immunophenotyping

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Peripheral blood: 1 day to 2 years: CD3: 58-69%, 1700-3600/mm(3) ; CD4, 30-50%, 1000-2800/ mm(3); CD8: 18-32%, 800-1500/ mm(3); 7 years to 70: CD3: 66-82%, 700-2372 /mm(3); CD4: 35-55%, 410-1572/ mm(3); CD8: 20-36%, 116-961/ mm(3)

Interpretive Data:
The CD4 cells are helper T cells expressing both CD3 and CD4. The CD8 cells are cytotoxic T cells expressing both CD3 and CD8. CD4 and CD8 T-cell percentages are reported as a percent of total lymphocytes. CD4 T-cell levels are a criterion for categorizing HIV-related clinical conditions by the CDC's classification system for HIV infection. The measurement of CD4 T-cell levels has been used to establish decision points for initiating P. jirovecii prophylaxis, antiviral therapy and to monitor the efficacy of treatment. The Public Health Service (PHS) has recommended that CD4 T-cell levels be monitored every 3 to 6 months in all HIV-infected persons. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Flow Cytometry Immunophenotyping

ADDITIONAL INFORMATION

Section:
Hematopathology/ Flow Cytometry

Alternate Specimen:
Yellow Top (ACD-A)

Additional Information:
Must also order and draw CBC with differential. This test is for immunodeficiency or transplant patients only.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
Two Lavender microtainerss (EDTA)

Preferred Collection Volume:
4.0ml Whole blood

Alternate Specimen:
Yellow Top (ACD-A)

Patient Preparation:
N/A

Specimen:
Blood, BAL

Reasons for Rejection:
Clotted, specimen age, collected in incorrect tube

Components:
N/A

Stability:
Ambient: (15-25°C): 48 hours

Storage/Transport Temperature:
Ambient (15-25°C) or refrigerated (2-8°C)

Synonyms:

- LAB3455, CD3, CD4, CD8
- LAB3455-VML
- LAB3455VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
This test identifies and enumerates CD3+ T cells (including CD4 and CD8 subsets).

Interpretive Data:
The CD4 cells are helper T cells expressing both CD3 and CD4. The CD8 cells are cytotoxic T cells expressing both CD3 and CD8. CD4 and CD8 T-cell percentages are reported as a percent of total lymphocytes. CD4 T-cell levels are a criterion for categorizing HIV-related clinical conditions by the CDC's classification system for HIV infection. The measurement of CD4 T-cell levels has been used to establish decision points for initiating P. jirovecii prophylaxis, antiviral therapy and to monitor the efficacy of treatment. The Public Health Service (PHS) has recommended that CD4 T-cell levels be monitored every 3 to 6 months in all HIV-infected persons. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Peripheral blood: 1 day to 2 years: CD3: 58-69%, 1700-3600/mm(3) ; CD4, 30-50%, 1000-2800/ mm(3); CD8: 18-32%, 800-1500/ mm(3); 7 years to 70: CD3: 66-82%, 700-2372 /mm(3); CD4: 35-55%, 410-1572/ mm(3); CD8: 20-36%, 116-961/ mm(3)

Additional Information:
Must also order and draw CBC with differential. This test is for immunodeficiency or transplant patients only.

Methodology:
Flow Cytometry Immunophenotyping

Section:
Hematopathology/ Flow Cytometry

Lymphocyte Subset Panel - Total Lymphocyte Enumeration

LAB3454

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3454, TBNK
- LAB3454-VML
- LAB3454VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
Two Lavender microtainerss (EDTA)

Storage/Transport Temperature:
Ambient (15-25°C) or refrigerated (2-8°C)

Performed:
Monday-Saturday

Stability:
Ambient: (15-25°C): 48 hours

Specimen:
Blood

Alternate Specimen:
Yellow Top (ACD-A)

ORDERING

Ordering Indicators:
This test identifies and enumerates CD3+ T cells (including CD4 and CD8 subsets), CD19+ B cells, and CD16/CD56+ NK cells for the purposes of identifying and assessing immune deficiency or immune suppression

Synonyms:

- LAB3454, TBNK
- LAB3454-VML
- LAB3454VML

Performed:
Monday-Saturday

Turn Around Time:
24 hours

Methodology:
Flow Cytometry Immunophenotyping

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Peripheral blood: 1 day to 2 years: CD3: 58-69%, 1700-3600/mm(3) ; CD4, 30-50%, 1000-2800/ mm(3); CD8: 18-32%, 800-1500/ mm(3); CD56: 8-17%, 200-700 /mm(3), CD19: 19-31%, 500-1500/ mm(3); 7 years to 70: CD3: 66-82%, 700-2372 /mm(3); CD4: 35-55%, 410-1572/ mm(3); CD8: 20-36%, 116-961/ mm(3); CD56: 7-14%, 50-375/ mm(3); CD19: 6-29%, 35-427/ mm(3)

Interpretive Data:
The CD4 cells are helper T cells expressing both CD3 and CD4. The CD8 cells are cytotoxic T cells expressing both CD3 and CD8. The B cells express CD19, but not CD3. The NK cells express either CD16 or CD56 (or both) but not CD3. CD3, CD4, CD8, CD19 and NK-cell percentages are reported as a percent of total lymphocytes. CD4 T-cell levels are a criterion for categorizing HIV-related clinical conditions by the CDC's classification system for HIV infection. The measurement of CD4 T-cell levels has been used to establish decision points for initiating P. jirovecii prophylaxis, antiviral therapy and to monitor the efficacy of treatment. The Public Health Service (PHS) has recommended that CD4 T-cell levels be monitored every 3 to 6 months in all HIV-infected persons. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Flow Cytometry Immunophenotyping

ADDITIONAL INFORMATION

Section:
Hematopathology/ Flow Cytometry

Alternate Specimen:
Yellow Top (ACD-A)

Additional Information:
Must also order and draw CBC with differential. This test is for immunodeficiency or transplant patients only.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Fill tube to indicator line and mix well. (Min >1.0ml Blood)

Pediatric Collection:
Two Lavender microtainerss (EDTA)

Preferred Collection Volume:
4.0ml Whole blood

Alternate Specimen:
Yellow Top (ACD-A)

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Clotted, specimen age, collected in incorrect tube

Components:
N/A

Stability:
Ambient: (15-25°C): 48 hours

Storage/Transport Temperature:
Ambient (15-25°C) or refrigerated (2-8°C)

Synonyms:

- LAB3454, TBNK
- LAB3454-VML
- LAB3454VML

Performed:
Monday-Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
This test identifies and enumerates CD3+ T cells (including CD4 and CD8 subsets), CD19+ B cells, and CD16/CD56+ NK cells for the purposes of identifying and assessing immune deficiency or immune suppression

Interpretive Data:
The CD4 cells are helper T cells expressing both CD3 and CD4. The CD8 cells are cytotoxic T cells expressing both CD3 and CD8. The B cells express CD19, but not CD3. The NK cells express either CD16 or CD56 (or both) but not CD3. CD3, CD4, CD8, CD19 and NK-cell percentages are reported as a percent of total lymphocytes. CD4 T-cell levels are a criterion for categorizing HIV-related clinical conditions by the CDC's classification system for HIV infection. The measurement of CD4 T-cell levels has been used to establish decision points for initiating P. jirovecii prophylaxis, antiviral therapy and to monitor the efficacy of treatment. The Public Health Service (PHS) has recommended that CD4 T-cell levels be monitored every 3 to 6 months in all HIV-infected persons. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Peripheral blood: 1 day to 2 years: CD3: 58-69%, 1700-3600/mm(3) ; CD4, 30-50%, 1000-2800/ mm(3); CD8: 18-32%, 800-1500/ mm(3); CD56: 8-17%, 200-700 /mm(3), CD19: 19-31%, 500-1500/ mm(3); 7 years to 70: CD3: 66-82%, 700-2372 /mm(3); CD4: 35-55%, 410-1572/ mm(3); CD8: 20-36%, 116-961/ mm(3); CD56: 7-14%, 50-375/ mm(3); CD19: 6-29%, 35-427/ mm(3)

Additional Information:
Must also order and draw CBC with differential. This test is for immunodeficiency or transplant patients only.

Methodology:
Flow Cytometry Immunophenotyping

Section:
Hematopathology/ Flow Cytometry

Lymphocyte Subsets-CINN

LAB3969

ORDERING INFO

Synonyms:

- LAB3969-VML
- LAB3969VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3969-VML
- LAB3969VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3969-VML
- LAB3969VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Lymphocytic Choriomeningitis (LCM) Virus Antibodies, IgG & IgM

LAB3778

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- LCM Antibodies, Serum
- LAB3778-VML
- LAB3778VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Tue, Fri

ORDERING

Synonyms:

- LCM Antibodies, Serum
- LAB3778-VML
- LAB3778VML

Ordering Recommendations:
Aid in the diagnosis of lymphocytic choriomeningitis (LCM) viral infection.

Performed:
Tue, Fri

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
LCM Virus Ab, IgG	Less than 1:10
LCM Virus Ab, IgM	Less than 1:10

Interpretive Data:

The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgG	< 1:10 Negative - No significant level of LCM virus IgG antibody detected. >= 1:10 Positive - Presence of IgG antibody to LCM virus detected, suggestive of current or past infection.
Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgM	< 1:10 Negative - No significant level of LCM virus IgM antibody detected. >= 1:10 Positive - Presence of IgM antibody to LCM virus detected, suggestive of current or past infection.

Methodology:

Semi-Quantitative Indirect Fluorescent Antibody

ADDITIONAL INFORMATION

CPT Codes:

86727 x2

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:

Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LCM Antibodies, Serum
- LAB3778-VML
- LAB3778VML

Performed:

Tue, Fri

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Aid in the diagnosis of lymphocytic choriomeningitis (LCM) viral infection.

Interpretive Data:

The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgG	< 1:10 Negative - No significant level of LCM virus IgG antibody detected. >= 1:10 Positive - Presence of IgG antibody to LCM virus detected, suggestive of current or past infection.
Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgM	< 1:10 Negative - No significant level of LCM virus IgM antibody detected. >= 1:10 Positive - Presence of IgM antibody to LCM virus detected, suggestive of current or past infection.

Reference Interval:

Components	Reference Interval
LCM Virus Ab, IgG	Less than 1:10
LCM Virus Ab, IgM	Less than 1:10

Methodology:

Semi-Quantitative Indirect Fluorescent Antibody

Section:

RF-ARUP

CPT Codes:

86727 x2

Lymphoma (aggressive) Panel by FISH

LAB3017

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- LYM, FISH
- LAB3017-VML
- LAB3017VML

Turn Around Time:
6 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Bone Marrow

Alternate Specimen:
Peripheral blood if blasts are present

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LYM, FISH
- LAB3017-VML
- LAB3017VML

Performed:
Monday - Saturday

Turn Around Time:
6 10 days

Methodology:
Fluorescence in situ Hybridization

Components:
Chr 3q27 (BCL6 breakapart), Chr 8q24 (MYC breakapart), t(8;14) (c-MYC/IGH/CEP8), t(11;14) (CCND1/IGH), t(11;18) (API2/MALT1), Chr 14q34 (IGH breakapart); t(14;18) (IGH/BCL2)

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
Peripheral blood if blasts are present

Additional Information:
N/A

Components:
Chr 3q27 (BCL6 breakapart), Chr 8q24 (MYC breakapart), t(8;14) (c-MYC/IGH/CEP8), t(11;14) (CCND1/IGH), t(11;18) (API2/MALT1), Chr 14q34 (IGH breakapart); t(14;18) (IGH/BCL2)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Include patient history, diagnosis and WBC count with % blasts.

Pediatric Collection:
2mL

Preferred Collection Volume:
5-7 mL

Alternate Specimen:
Peripheral blood if blasts are present

Patient Preparation:
N/A

Specimen:
Bone Marrow

Reasons for Rejection:
Clotted, frozen, or >48 hours old

Components:
Chr 3q27 (BCL6 breakapart), Chr 8q24 (MYC breakapart), t(8;14) (c-MYC/IGH/CEP8), t(11;14) (CCND1/IGH), t(11;18) (API2/MALT1), Chr 14q34 (IGH breakapart); t(14;18) (IGH/BCL2)

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- LYM, FISH
- LAB3017-VML
- LAB3017VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

Lysosomal Disease Pnl-JMC

LAB3970

ORDERING INFO

Synonyms:

- LAB3970-VML
- LAB3970VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3970-VML
- LAB3970VML

ADDITIONAL INFORMATION

Section:

RF-JMC

Resulting Laboratory:

Thomas Jefferson University Lysosomal Diseases Laboratory

FULL VIEW

Synonyms:

- LAB3970-VML
- LAB3970VML

Resulting Laboratory:

Thomas Jefferson University Lysosomal Diseases Laboratory

Section:

RF-JMC

Links:

Test Sent to Reference Lab. Click Here for Test Details

Lysozyme (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath151

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Lysozyme, Serum

LAB1133

ORDERING INFO

Collect:
Serum separator tube (SST).

Synonyms:

- Serum lysozyme
- Muramidase serum
- LAB1133-VML
- LAB1133VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed, lipemic, icteric, or contaminated specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 1 month.

Performed:
Sun, Tue, Thu

ORDERING

Synonyms:

- Serum lysozyme
- Muramidase serum
- LAB1133-VML
- LAB1133VML

Ordering Recommendations:
Aids in diagnosis of acute myelocytic leukemia or other leukemias, sarcoidosis, and infections such as tuberculosis.

Performed:
Sun, Tue, Thu

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Reported:
1-5 days

Notes:
Serum lysozyme levels may be elevated in acute myelomonocytic leukemia (FAB-M4), chronic myelomonocytic leukemia (CMML), and chronic myelocytic leukemia (CML). Increased serum lysozyme activity is present in tuberculosis, sarcoidosis, megaloblastic anemias, acute bacterial infections, ulcerative colitis, regional enteritis, and Crohn disease. Elevated serum lysozyme occurs during severe renal insufficiency, renal transplant rejection, urinary tract infections, pyelonephritis, glomerulonephritis, and nephrosis.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Lysozyme, Serum	Less than or equal to 4.50 ug/mL

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Lysozyme, Serum	2.75 ug/mL or less ..... Negative 2.76 - 4.50 ug/mL ..... Equivocal 4.51 ug/mL or greater ..... Positive

Methodology:

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

ADDITIONAL INFORMATION

CPT Codes:

85549

Section:

RF-ARUP

Notes:

Serum lysozyme levels may be elevated in acute myelomonocytic leukemia (FAB-M4), chronic myelomonocytic leukemia (CMML), and chronic myelocytic leukemia (CML). Increased serum lysozyme activity is present in tuberculosis, sarcoidosis, megaloblastic anemias, acute bacterial infections, ulcerative colitis, regional enteritis, and Crohn disease. Elevated serum lysozyme occurs during severe renal insufficiency, renal transplant rejection, urinary tract infections, pyelonephritis, glomerulonephritis, and nephrosis.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube (SST).

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:

Hemolyzed, lipemic, icteric, or contaminated specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 1 month.

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Serum lysozyme
- Muramidase serum
- LAB1133-VML
- LAB1133VML

Performed:

Sun, Tue, Thu

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Aids in diagnosis of acute myelocytic leukemia or other leukemias, sarcoidosis, and infections such as tuberculosis.

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Lysozyme, Serum	2.75 ug/mL or less ..... Negative 2.76 - 4.50 ug/mL ..... Equivocal 4.51 ug/mL or greater ..... Positive

Reference Interval:

Components	Reference Interval
Lysozyme, Serum	Less than or equal to 4.50 ug/mL

Methodology:

Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Section:

RF-ARUP

CPT Codes:

85549

Notes:

Serum lysozyme levels may be elevated in acute myelomonocytic leukemia (FAB-M4), chronic myelomonocytic leukemia (CMML), and chronic myelocytic leukemia (CML). Increased serum lysozyme activity is present in tuberculosis, sarcoidosis, megaloblastic anemias, acute bacterial infections, ulcerative colitis, regional enteritis, and Crohn disease. Elevated serum lysozyme occurs during severe renal insufficiency, renal transplant rejection, urinary tract infections, pyelonephritis, glomerulonephritis, and nephrosis.

Magnesium, Fecal

LAB3169

ORDERING INFO

Collect:
24-hour or random stool.

Synonyms:

- Electrolytes, Feces
- Fecal Magnesium
- LAB3169-VML
- LAB3169VML

SPECIMEN REQUIREMENTS

Collect:
24-hour or random stool.

Specimen Preparation:
Mix specimen well and transfer a 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). Do not add saline or water to liquefy specimen. Indicate total time and weight.

Unacceptable Conditions:
Formed or viscous stools.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Electrolytes, Feces
- Fecal Magnesium
- LAB3169-VML
- LAB3169VML

Performed:
Sun-Sat

Methodology:
Quantitative Spectrophotometry

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Magnesium, Fecal - per volume	0-110 mg/dL
Magnesium, Fecal - per 24h	0-355 mg/d

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
83735

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24-hour or random stool.

Specimen Preparation:
Mix specimen well and transfer a 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). Do not add saline or water to liquefy specimen. Indicate total time and weight.

Unacceptable Conditions:
Formed or viscous stools.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Electrolytes, Feces
- Fecal Magnesium
- LAB3169-VML
- LAB3169VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Magnesium, Fecal - per volume	0-110 mg/dL
Magnesium, Fecal - per 24h	0-355 mg/d

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
83735

Magnesium, Plasma or Serum

LAB103

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- MG, Magnesium Blood, Magneisum Level, LAB103
- LAB103-VML
- LAB103VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 1 year

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MG, Magnesium Blood, Magneisum Level, LAB103
- LAB103-VML
- LAB103VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- MG, Magnesium Blood, Magneisum Level, LAB103
- LAB103-VML
- LAB103VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Quantitative Spectrophotometry

Section:
Chemistry

Magnesium, RBC

LAB6096

ORDERING INFO

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Synonyms:

- Intracellular Magnesium
- MgRBCs
- LAB6096-VML
- LAB6096VML

SPECIMEN REQUIREMENTS

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:
Centrifuge whole blood and separate RBCs from plasma within 2 hours of collection. Transfer 2 mL RBCs to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.6 mL)

Unacceptable Conditions:
Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep). Specimens transported in containers other than Royal blue (K2EDTA) or Royal blue (NaHep) tube or Trace Element-Free Transport Tube. Clotted or grossly hemolyzed specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Stability (from collection to initiation):
After separation from plasma: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Unacceptable

Performed:
Sun-Sat

ORDERING

Synonyms:

- Intracellular Magnesium
- MgRBCs
- LAB6096-VML
- LAB6096VML

Ordering Recommendations:
May be useful in the assessment of tissue stores. For routine assessment of magnesium deficiency, Magnesium, Plasma or Serum (0020039) is preferred.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
3.6-7.5 mg/dL

Interpretive Data:
RBC magnesium results reflect the intracellular stores and general homeostasis of magnesium. Results may be falsely low if RBCs in the submitted specimen are lysed or not promptly separated from plasma.

RBC magnesium concentration is reported as milligrams per deciliter (mg/dL). To convert concentration to millimoles per liter (mmol/L), divide the result by 2.43.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
83735

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:
Centrifuge whole blood and separate RBCs from plasma within 2 hours of collection. Transfer 2 mL RBCs to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.6 mL)

Unacceptable Conditions:
Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep). Specimens transported in containers other than Royal blue (K2EDTA) or Royal blue (NaHep) tube or Trace Element-Free Transport Tube. Clotted or grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from plasma: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Unacceptable

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Synonyms:

- Intracellular Magnesium
- MgRBCs
- LAB6096-VML
- LAB6096VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
May be useful in the assessment of tissue stores. For routine assessment of magnesium deficiency, Magnesium, Plasma or Serum (0020039) is preferred.

Interpretive Data:
RBC magnesium results reflect the intracellular stores and general homeostasis of magnesium. Results may be falsely low if RBCs in the submitted specimen are lysed or not promptly separated from plasma.

RBC magnesium concentration is reported as milligrams per deciliter (mg/dL). To convert concentration to millimoles per liter (mmol/L), divide the result by 2.43.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes

Reference Interval:
3.6-7.5 mg/dL

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
83735

Malaria Prep (thick and thin peripheral smear), Lavender tube (EDTA)

LAB1256

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- Malaria Prep, Malaria Smear, Thick and thin peripheral smears for malaria
- LAB1256-VML
- LAB1256VML

Turn Around Time:

1 day

SPECIMEN REQUIREMENTS

Patient Preparation:

Although optimum time to collect the specimen is midway between chills, blood collection should be performed immediately upon first suspicion of malaria. Since single blood films may not reveal organisms, successive films at 6, 12, or 24 hours are sometimes necessary.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Collection for whole blood: Collect while patient is midway between chills. Deliver to lab immediately (minimum 0.5 mL)

Pediatric Collection:

Lavendar microtainer (EDTA)

Storage/Transport Temperature:

Room temperature or refrigerated

Performed:

Daily

Stability:

Ambient: 1 hour after blood collection is ideal

Specimen:

Whole Blood

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Recent Travel History

Synonyms:

- Malaria Prep, Malaria Smear, Thick and thin peripheral smears for malaria
- LAB1256-VML
- LAB1256VML

Performed:

Daily

Turn Around Time:

1 day

Methodology:
Wright Stain smear

Components:
Test performed: Yes/No; separate written report generated by hematopathologist

RESULTS INTERPRETATION

Reference Interval:
Negative, no malarial parasites present

Interpretive Data:
N/A

Methodology:
Wright Stain smear

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
Formal report issued by pathologist

Components:
Test performed: Yes/No; separate written report generated by hematopathologist

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collection for whole blood: Collect while patient is midway between chills. Deliver to lab immediately (minimum 0.5 mL)

Pediatric Collection:
Lavendar microtainer (EDTA)

Preferred Collection Volume:
2 mL Whole Blood

Alternate Specimen:
N/A

Patient Preparation:
Although optimum time to collect the specimen is midway between chills, blood collection should be performed immediately upon first suspicion of malaria. Since single blood films may not reveal organisms, successive films at 6, 12, or 24 hours are sometimes necessary.

Specimen:
Whole Blood

Reasons for Rejection:
QNS, clotted, specimen age

Components:
Test performed: Yes/No; separate written report generated by hematopathologist

Stability:
Ambient: 1 hour after blood collection is ideal

Storage/Transport Temperature:
Room temperature or refrigerated

Synonyms:

- Malaria Prep, Malaria Smear, Thick and thin peripheral smears for malaria
- LAB1256-VML
- LAB1256VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Recent Travel History

Interpretive Data:
N/A

Reference Interval:
Negative, no malarial parasites present

Additional Information:
Formal report issued by pathologist

Methodology:
Wright Stain smear

Section:
Hematology

Mammaglobin (31A5) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath152

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Mamma

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Mamma

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Mamma

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Manganese, Serum

LAB1050

ORDERING INFO

Collect:
Royal Blue (No Additive).

Synonyms:

- Mn
- Mn blood level
- MNS
- Serum manganese concentration
- LAB1050-VML
- LAB1050VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Collect:
Royal Blue (No Additive).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Specimens that are not separated from clot, within 2 hours. Separator tubes or Royal Blue (EDTA). Specimens transported in tubes other than specified. Hemolyzed specimens.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Performed:
Sun-Sat

ORDERING

Synonyms:

- Mn
- Mn blood level
- MNS
- Serum manganese concentration
- LAB1050-VML
- LAB1050VML

Ordering Recommendations:
May be useful as a reasonable indicator of recent, active exposure and provides a modest indicator for distinguishing exposed from nonexposed individuals. Not recommended for the assessment of manganese body stores. Manganese, Whole Blood (0099272) is recommended for monitoring potential accumulation with TPN.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
0.0-2.0 µg/L

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum manganese, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Less than 5 percent of manganese present in circulation resides in the serum.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

83785

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal Blue (No Additive).

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Unacceptable Conditions:

Plasma. Specimens that are not separated from clot, within 2 hours. Separator tubes or Royal Blue (EDTA). Specimens transported in tubes other than specified. Hemolyzed specimens.

Stability (from collection to initiation):

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Storage/Transport Temperature:

Room temperature.

Synonyms:

- Mn
- Mn blood level
- MNS
- Serum manganese concentration
- LAB1050-VML
- LAB1050VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

May be useful as a reasonable indicator of recent, active exposure and provides a modest indicator for distinguishing exposed from nonexposed individuals. Not recommended for the assessment of manganese body stores. Manganese, Whole Blood (0099272) is recommended for monitoring potential accumulation with TPN.

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum manganese, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Less than 5 percent of manganese present in circulation resides in the serum.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

0.0-2.0 µg/L

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

83785

Manganese, Whole Blood

LAB1052

ORDERING INFO

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Synonyms:

- Mn
- Mn,WB
- MNB
- LAB1052-VML
- LAB1052VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patient should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:
Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep).
Specimens transported in containers other than a Royal blue (K2EDTA) or Royal blue (NaHep) tube or Trace Element-Free Transport Tube. Clotted specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Performed:
Sun-Sat

ORDERING

Synonyms:

- Mn
- Mn,WB
- MNB
- LAB1052-VML
- LAB1052VML

Ordering Recommendations:
Useful as a reasonable indicator of recent, active exposure and provides a modest indicator for distinguishing exposed from nonexposed individuals. Recommended for monitoring potential accumulation with TPN. Not recommended for detecting long-term, low-dose manganese exposure, refer to Manganese, RBC (2007254).

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
4.2-16.5 µg/L

Interpretive Data:
Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood manganese, confirmation with a second specimen collected in a certified metal-free tube is recommended.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

ADDITIONAL INFORMATION

CPT Codes:
83785

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:
Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patient should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Unacceptable Conditions:
Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep).
Specimens transported in containers other than a Royal blue (K2EDTA) or Royal blue (NaHep) tube or Trace Element-Free Transport Tube. Clotted specimens.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Synonyms:

- Mn
- Mn,WB
- MNB
- LAB1052-VML
- LAB1052VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Useful as a reasonable indicator of recent, active exposure and provides a modest indicator for distinguishing exposed from nonexposed individuals. Recommended for monitoring potential accumulation with TPN. Not recommended for detecting long-term, low-dose manganese exposure, refer to Manganese, RBC (2007254).

Interpretive Data:
Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood manganese, confirmation with a second specimen collected in a certified metal-free tube is recommended.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
4.2-16.5 µg/L

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Section:
RF-ARUP

CPT Codes:
83785

Mannose Binding Lectin

LAB3786

ORDERING INFO

Collect:
Serum separator tube or plain red.

Synonyms:

- Mannan Binding Lectin
- Mannose-Binding Lectin, S MBL
- LAB3786-VML
- LAB3786VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min 0.2 mL)

Unacceptable Conditions:
Nonserum, contaminated, or heat-inactivated specimens.

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated if maintained at temperature for less than 7 days.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 days (avoid repeated freeze/thaw cycles)

Performed:
Tue

ORDERING

Synonyms:

- Mannan Binding Lectin
- Mannose-Binding Lectin, S MBL
- LAB3786-VML
- LAB3786VML

Ordering Recommendations:
Initial screening for suspected deficiency in the lectin complement pathway.

Performed:
Tue

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Greater than or equal to 76 ng/mL

Interpretive Data:
Mannose-binding protein is a component of the innate or natural immune system which binds to mannose residues on a variety of different microorganisms. When bound, this lectin will trigger the complement pathway resulting in opsonization. Mannose-binding protein is also an acute phase reactant produced by the liver. Patients who have abnormal levels of mannose-binding protein may have recurrent significant infections in the absence of abnormalities in the four major arms of the immune system. Abnormal mannose-binding protein concentrations have been found in patients with infectious disorders such as tuberculosis and hepatitis B and in autoimmune disorders, including recurrent spontaneous abortion and systemic lupus erythematosis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

ADDITIONAL INFORMATION

CPT Codes:
83520

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min 0.2 mL)

Unacceptable Conditions:
Nonserum, contaminated, or heat-inactivated specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 days (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated if maintained at temperature for less than 7 days.

Synonyms:

- Mannan Binding Lectin
- Mannose-Binding Lectin, S MBL
- LAB3786-VML
- LAB3786VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Initial screening for suspected deficiency in the lectin complement pathway.

Interpretive Data:
Mannose-binding protein is a component of the innate or natural immune system which binds to mannose residues on a variety of different microorganisms. When bound, this lectin will trigger the complement pathway resulting in opsonization. Mannose-binding protein is also an acute phase reactant produced by the liver. Patients who have abnormal levels of mannose-binding protein may have recurrent significant infections in the absence of abnormalities in the four major arms of the immune system. Abnormal mannose-binding protein concentrations have been found in patients with infectious disorders such as tuberculosis and hepatitis B and in autoimmune disorders, including recurrent spontaneous abortion and systemic lupus erythematosis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Reference Interval:
Greater than or equal to 76 ng/mL

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Section:
RF-ARUP

CPT Codes:
83520

Marijuana Metabolite, Umbilical Cord Tissue, Qualitative

LAB5847

ORDERING INFO

Collect:
Umbilical Cord (At least 8 inches, approximately the width of a sheet of paper.)

Synonyms:

- LAB5847-VML
- LAB5847VML

SPECIMEN REQUIREMENTS

Collect:
Umbilical Cord (At least 8 inches, approximately the width of a sheet of paper.)

Specimen Preparation:
Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or water. Pat the cord dry and transport at least 8 inches of umbilical cord in a routine urine collection cup or Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548) available online through eSupply using ARUP Connect(TM) or by contacting ARUP Client Services at (800) 522-2787. (Min: 6 inches)

Unacceptable Conditions:
Cords soaking in blood or other fluid. Formalin fixed. Tissue that is obviously decomposed.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 3 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB5847-VML
- LAB5847VML

Ordering Recommendations:
Use to detect and document fetal exposure to THC during approximately the last trimester of a full-term pregnancy. For panel testing that includes THC metabolite, refer to Drug Detection Panel and THC Metabolite, Umbilical Cord Tissue, Qualitative (3006371).This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

Performed:
Sun-Sat

Methodology:
Qualitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-3 days

Notes:
Absolute Minimum: 6 inches.

RESULTS INTERPRETATION

Reference Interval:

Drugs/Drug Classes	Cutoff Concentrations (ng/g)
THC-COOH	0.2

Interpretive Data:

Methodology: Qualitative Liquid Chromatography-Tandem Mass Spectrometry

This test is designed to detect and document exposure that occurred during approximately the last trimester of a full term pregnancy, to a common cannabis (marijuana) metabolite. Alternative testing is available to detect other drug exposures. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in umbilical cord tissue depends on extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in umbilical cord tissue, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in umbilical cord tissue does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Qualitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80349 (Alt code: G0480)

Section:

RF-ARUP

Notes:

Absolute Minimum: 6 inches.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Umbilical Cord (At least 8 inches, approximately the width of a sheet of paper.)

Specimen Preparation:

Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or water. Pat the cord dry and transport at least 8 inches of umbilical cord in a routine urine collection cup or Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548) available online through eSupply using ARUP Connect(TM) or by contacting ARUP Client Services at (800) 522-2787. (Min: 6 inches)

Unacceptable Conditions:

Cords soaking in blood or other fluid. Formalin fixed. Tissue that is obviously decomposed.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 3 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB5847-VML
- LAB5847VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Use to detect and document fetal exposure to THC during approximately the last trimester of a full-term pregnancy. For panel testing that includes THC metabolite, refer to Drug Detection Panel and THC Metabolite, Umbilical Cord Tissue, Qualitative (3006371).This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

Interpretive Data:

Methodology: Qualitative Liquid Chromatography-Tandem Mass Spectrometry

This test is designed to detect and document exposure that occurred during approximately the last trimester of a full term pregnancy, to a common cannabis (marijuana) metabolite. Alternative testing is available to detect other drug exposures. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in umbilical cord tissue depends on extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in umbilical cord tissue, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in umbilical cord tissue does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Drugs/Drug Classes	Cutoff Concentrations (ng/g)
THC-COOH	0.2

Methodology:

Qualitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80349 (Alt code: G0480)

Notes:

Absolute Minimum: 6 inches.

Masson Trichrome Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath27

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Trichrome, Masson

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Trichrome, Masson

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Trichrome, Masson

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Maternal Serum Screen, Alpha Fetoprotein

LAB5939

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- Maternal Screening, AFP Single Marker
- AFP
- AFP Neural Tube Defects
- AFP Maternal Screening
- LAB5939-VML
- LAB5939VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation.

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles.)

Performed:
Sun-Sat

Remarks:
Submit with Order: Patient's date of birth, current weight, due date, dating method (US, LMP), number of fetuses present, patient's race, if the patient was diabetic at the time of conception, if there is a known family history of neural tube defects, if the patient is currently smoking, if the patient is taking valproic acid or carbamazepine (Tegretol), if this is a repeat sample, and the age of the egg donor if an in vitro fertilization.

ORDERING

Synonyms:

- Maternal Screening, AFP Single Marker
- AFP
- AFP Neural Tube Defects
- AFP Maternal Screening
- LAB5939-VML
- LAB5939VML

Ordering Recommendations:
Second-trimester screening test for open neural tube defects. Order this test for PREGNANT FEMALE patients only. For males or non-pregnant females, refer to Alpha Fetoprotein, Serum (Tumor Marker) (0080428).

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
2-3 days

Notes:
This test is used to screen for fetal risk of Open Neural Tube Defect (i.e., spina bifida).

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
82105

Section:
RF-ARUP

Remarks:
Submit with Order: Patient's date of birth, current weight, due date, dating method (US, LMP), number of fetuses present, patient's race, if the patient was diabetic at the time of conception, if there is a known family history of neural tube defects, if the patient is currently smoking, if the patient is taking valproic acid or carbamazepine (Tegretol), if this is a repeat sample, and the age of the egg donor if an in vitro fertilization.

Notes:
This test is used to screen for fetal risk of Open Neural Tube Defect (i.e., spina bifida).

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation.

Unacceptable Conditions:
Plasma. Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles.)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Maternal Screening, AFP Single Marker
- AFP
- AFP Neural Tube Defects
- AFP Maternal Screening
- LAB5939-VML
- LAB5939VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-3 days

Ordering Recommendations:
Second-trimester screening test for open neural tube defects. Order this test for PREGNANT FEMALE patients only. For males or non-pregnant females, refer to Alpha Fetoprotein, Serum (Tumor Marker) (0080428).

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
By report

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
82105

Remarks:
Submit with Order: Patient's date of birth, current weight, due date, dating method (US, LMP), number of fetuses present, patient's race, if the patient was diabetic at the time of conception, if there is a known family history of neural tube defects, if the patient is currently smoking, if the patient is taking valproic acid or carbamazepine (Tegretol), if this is a repeat sample, and the age of the egg donor if an in vitro fertilization.

Notes:
This test is used to screen for fetal risk of Open Neural Tube Defect (i.e., spina bifida).

Maternal Serum Screen, Alpha Fetoprotein, hCG, Estriol, and Inhibin A (Quad)

LAB5938

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- QUAD
- AFP 4 Marker Screen
- AFP MS4 (Quad)
- Alpha Fetoprotein, hCG, Estriol, and Inhibin
- Maternal Screening, AFP 4 Marker
- Quad AFP
- Quad screening
- LAB5938-VML
- LAB5938VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation. The recommended time for maternal serum screening is 16 to 18 weeks gestation.

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Plasma. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles.)

Performed:
Sun-Sat

Remarks:
Submit with Order: Patient's date of birth, current weight, due date, dating method (US, LMP), number of fetuses present, patient's race, if the patient was diabetic at the time of conception, if there is a known family history of neural tube defects, if the patient has had a previous pregnancy with a trisomy, if the patient is currently smoking, if the patient is taking valproic acid or carbamazepine (Tegretol), if this is a repeat sample, and the age of the egg donor if in vitro fertilization.

ORDERING

Synonyms:

- QUAD
- AFP 4 Marker Screen
- AFP MS4 (Quad)
- Alpha Fetoprotein, hCG, Estriol, and Inhibin
- Maternal Screening, AFP 4 Marker
- Quad AFP
- Quad screening
- LAB5938-VML
- LAB5938VML

Ordering Recommendations:
Second-trimester screening test for trisomy 21 (Down syndrome), trisomy 18, and open neural tube defects.

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
2-3 days

Notes:
This test is used to screen for fetal risk of Down syndrome (trisomy 21), trisomy 18, and Open Neural Tube Defect (ONTD, spina bifida).

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
81511

Section:
RF-ARUP

Remarks:
Submit with Order: Patient's date of birth, current weight, due date, dating method (US, LMP), number of fetuses present, patient's race, if the patient was diabetic at the time of conception, if there is a known family history of neural tube defects, if the patient has had a previous pregnancy with a trisomy, if the patient is currently smoking, if the patient is taking valproic acid or carbamazepine (Tegretol), if this is a repeat sample, and the age of the egg donor if in vitro fertilization.

Notes:
This test is used to screen for fetal risk of Down syndrome (trisomy 21), trisomy 18, and Open Neural Tube Defect (ONTD, spina bifida).

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Patient Preparation:
Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation. The recommended time for maternal serum screening is 16 to 18 weeks gestation.

Unacceptable Conditions:
Plasma. Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles.)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- QUAD
- AFP 4 Marker Screen
- AFP MS4 (Quad)
- Alpha Fetoprotein, hCG, Estriol, and Inhibin
- Maternal Screening, AFP 4 Marker
- Quad AFP
- Quad screening
- LAB5938-VML
- LAB5938VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-3 days

Ordering Recommendations:
Second-trimester screening test for trisomy 21 (Down syndrome), trisomy 18, and open neural tube defects.

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
By report

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
81511

Remarks:
Submit with Order: Patient's date of birth, current weight, due date, dating method (US, LMP), number of fetuses present, patient's race, if the patient was diabetic at the time of conception, if there is a known family history of neural tube defects, if the patient has had a previous pregnancy with a trisomy, if the patient is currently smoking, if the patient is taking valproic acid or carbamazepine (Tegretol), if this is a repeat sample, and the age of the egg donor if in vitro fertilization.

Notes:
This test is used to screen for fetal risk of Down syndrome (trisomy 21), trisomy 18, and Open Neural Tube Defect (ONTD, spina bifida).

MDM2 (IF2) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath153

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

MDM2 Gene Amplification by FISH

LAB5662

ORDERING INFO

Collect:
Paraffin Embedded Tissue + H&E Slide, 2 slides

Synonyms:

- MD2
- LAB5662-VML
- LAB5662VML

Turn Around Time:
6 - 10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Paraffin Embedded Tissue + H&E Slide, 2 slides

Specimen Preparation:
Circle area(s) of interest. Include concurrent results

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Saturday

Stability:
Ambient: (15-25°C) <12 hours old

Specimen:
Paraffin Embedded Tissue + H&E Slide, 2 slides

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MD2
- LAB5662-VML
- LAB5662VML

Performed:
Monday - Saturday

Turn Around Time:
6 - 10 days

Methodology:
Fluorescence in situ Hybridization

Components:
MDM2 (12q14)

RESULTS INTERPRETATION

Interpretive Data:
N/A

Methodology:
Fluorescence in situ Hybridization

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
MDM2 (12q14)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Paraffin Embedded Tissue + H&E Slide, 2 slides

Specimen Preparation:
Circle area(s) of interest. Include concurrent results

Preferred Collection Volume:
4um thick mounted on positively charged slides

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Paraffin Embedded Tissue + H&E Slide, 2 slides

Reasons for Rejection:
N/A

Components:
MDM2 (12q14)

Stability:
Ambient: (15-25°C) <12 hours old

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- MD2
- LAB5662-VML
- LAB5662VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 - 10 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Additional Information:
N/A

Methodology:
Fluorescence in situ Hybridization

Section:
Cytogenetics

Measles (Rubeola) Antibodies, IgG and IgM

LAB801

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- rubeola antibody panel
- rubeola IgG IgM
- Rubeola serology
- LAB801-VML
- LAB801VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Refer to individual components.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- rubeola antibody panel
- rubeola IgG IgM
- Rubeola serology
- LAB801-VML
- LAB801VML

Ordering Recommendations:
Aid in the diagnosis of measles infection. Test may not be helpful in patients who have recently received an MMR vaccination.

Performed:
Mon, Wed, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Semi-Quantitative Chemiluminescent Immunoassay

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Measles, Rubeola, Antibody IgM	0.79 AU or less

Interpretive Data:

Component	Interpretation
Measles (Rubeola) Antibody, IgG	13.4 AU/mL or less: Negative - No significant level of detectable measles (rubeola) IgG antibody. 13.5-16.4 AU/mL: Equivocal - Repeat testing in 10-14 days may be helpful. 16.5 AU/mL or greater: Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).
Measles (Rubeola) Antibody, IgM	0.79 AU or less: Negative - No significant level of IgM antibodies to measles (rubeola) virus detected. 0.80-1.20 AU: Equivocal - Repeat testing in 10-14 days may be helpful. 1.21 AU or greater: Positive - IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Semi-Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86765 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Refer to individual components.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- rubeola antibody panel
- rubeola IgG IgM
- Rubeola serology
- LAB801-VML
- LAB801VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Aid in the diagnosis of measles infection. Test may not be helpful in patients who have recently received an MMR vaccination.

Interpretive Data:

Component	Interpretation
Measles (Rubeola) Antibody, IgG	13.4 AU/mL or less: Negative - No significant level of detectable measles (rubeola) IgG antibody. 13.5-16.4 AU/mL: Equivocal - Repeat testing in 10-14 days may be helpful. 16.5 AU/mL or greater: Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).
Measles (Rubeola) Antibody, IgM	0.79 AU or less: Negative - No significant level of IgM antibodies to measles (rubeola) virus detected. 0.80-1.20 AU: Equivocal - Repeat testing in 10-14 days may be helpful. 1.21 AU or greater: Positive - IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

Reference Interval:

Components	Reference Interval
Measles, Rubeola, Antibody IgM	0.79 AU or less

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Semi-Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
86765 x2

Measles (Rubeola) Antibodies, IgG and IgM

LAB3788

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- rubeola antibody panel
- rubeola IgG IgM
- Rubeola serology
- LAB3788-VML
- LAB3788VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Refer to individual components.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- rubeola antibody panel
- rubeola IgG IgM
- Rubeola serology
- LAB3788-VML
- LAB3788VML

Ordering Recommendations:
Aid in the diagnosis of measles infection. Test may not be helpful in patients who have recently received an MMR vaccination.

Performed:
Mon, Wed, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Semi-Quantitative Chemiluminescent Immunoassay

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Measles, Rubeola, Antibody IgM	0.79 AU or less

Interpretive Data:

Component	Interpretation
Measles (Rubeola) Antibody, IgG	13.4 AU/mL or less: Negative - No significant level of detectable measles (rubeola) IgG antibody. 13.5-16.4 AU/mL: Equivocal - Repeat testing in 10-14 days may be helpful. 16.5 AU/mL or greater: Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).
Measles (Rubeola) Antibody, IgM	0.79 AU or less: Negative - No significant level of IgM antibodies to measles (rubeola) virus detected. 0.80-1.20 AU: Equivocal - Repeat testing in 10-14 days may be helpful. 1.21 AU or greater: Positive - IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Semi-Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86765 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Refer to individual components.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- rubeola antibody panel
- rubeola IgG IgM
- Rubeola serology
- LAB3788-VML
- LAB3788VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Aid in the diagnosis of measles infection. Test may not be helpful in patients who have recently received an MMR vaccination.

Interpretive Data:

Component	Interpretation
Measles (Rubeola) Antibody, IgG	13.4 AU/mL or less: Negative - No significant level of detectable measles (rubeola) IgG antibody. 13.5-16.4 AU/mL: Equivocal - Repeat testing in 10-14 days may be helpful. 16.5 AU/mL or greater: Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).
Measles (Rubeola) Antibody, IgM	0.79 AU or less: Negative - No significant level of IgM antibodies to measles (rubeola) virus detected. 0.80-1.20 AU: Equivocal - Repeat testing in 10-14 days may be helpful. 1.21 AU or greater: Positive - IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

Reference Interval:

Components	Reference Interval
Measles, Rubeola, Antibody IgM	0.79 AU or less

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Semi-Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
86765 x2

Measles IgG, serum

LAB657

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB657, MEA, Rubeola IgG, Rubeola
- LAB657-VML
- LAB657VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 9 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is intended to be used as an aid in the determination of serological status to measles virus or measles vaccination

Synonyms:

- LAB657, MEA, Rubeola IgG, Rubeola
- LAB657-VML
- LAB657VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Measles IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A negative result indicates that the patient has not been infected/immunized and is susceptible to measles virus. A positive result indicates past exposure to measles or previous vaccination.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
NA

Components:
Measles IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Measles IgG

Stability:
Refrigerated (2-8°C): 9 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB657, MEA, Rubeola IgG, Rubeola
- LAB657-VML
- LAB657VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is intended to be used as an aid in the determination of serological status to measles virus or measles vaccination

Interpretive Data:
A negative result indicates that the patient has not been infected/immunized and is susceptible to measles virus. A positive result indicates past exposure to measles or previous vaccination.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

MECP2 Seq Anly-BAYH

LAB3307

ORDERING INFO

Synonyms:

- LAB3307VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3307VML

ADDITIONAL INFORMATION

Section:
RF-BAYH

Resulting Laboratory:
Baylor Genetics

FULL VIEW

Synonyms:

- LAB3307VML

Resulting Laboratory:
Baylor Genetics

Section:
RF-BAYH

Links:
Test Sent to Reference Lab. Click Here for Test Details

Melan A (A103) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath154

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Mart-1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Mart-1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Mart-1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Melan A Red (A103) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath155

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Mart-1 Red

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Mart-1 Red

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Mart-1 Red

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Melanoma Cocktail (Mart-1, Tyrosinase, Sox10) (M2-7C10, M2-9E3, T311, and BC34) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath156

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

MEN1 Gene Del/Dup-GNDX

LAB3308

ORDERING INFO

Synonyms:

- LAB3308-VML
- LAB3308VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3308-VML
- LAB3308VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3308-VML
- LAB3308VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

MEN1 Gene Seq-GNDX

LAB3309

ORDERING INFO

Synonyms:

- LAB3309-VML
- LAB3309VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3309-VML
- LAB3309VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3309-VML
- LAB3309VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Mercaptopurine (6-MP, Purinethol)-MAYO

LAB3882

ORDERING INFO

Synonyms:

- LAB3882-VML
- LAB3882VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3882-VML
- LAB3882VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3882-VML
- LAB3882VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Mercury, Urine

LAB408

ORDERING INFO

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Synonyms:

- Hg
- HGU
- Urine Hg
- Urine mercury concentration
- LAB408-VML
- LAB408VML

SPECIMEN REQUIREMENTS

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours. High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post-contrast media exposure.

Collect:

24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Specimen Preparation:

Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Unacceptable Conditions:

Urine collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element free transport tube (with the exception of the original device).

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Performed:

Sun-Sat

Remarks:

Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

ORDERING

Synonyms:

- Hg
- HGU
- Urine Hg
- Urine mercury concentration
- LAB408-VML
- LAB408VML

Ordering Recommendations:

May be useful in the assessment of acute or chronic elemental or inorganic mercury exposure and/or in monitoring chelation therapy. For the assessment of acute exposure, Mercury, Whole Blood (0099305) is preferred.

Performed:

Sun-Sat

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval		
Creatinine, Urine - per 24h	**Age**	**Male (mg/d)**	**Female (mg/d)**
	3-8 years	140-700	140-700
	9-12 years	300-1300	300-1300
	13-17 years	500-2300	400-1600
	18-50 years	1000-2500	700-1600
	51-80 years	800-2100	500-1400
	81 years and older	600-2000	400-1300
Mercury, Urine - per 24h	0.0-20.0 µg/d		
Mercury, Urine - per volume	0.0-5.0 µg/L		
Mercury, Urine - ratio to CRT	0.0-20.0 µg/g CRT		

Interpretive Data:
Urinary mercury levels predominantly reflect acute or chronic elemental or inorganic mercury exposure. Urine concentrations in unexposed individuals are typically less than 10 µg/L. 24 hour urine concentrations of 30 to 100 µg/L may be associated with subclinical neuropsychiatric symptoms and tremor while concentrations greater than 100 µg/L can be associated with overt neuropsychiatric disturbances and tremors. Urine mercury levels may be useful in monitoring chelation therapy.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
83825

Section:
RF-ARUP

Remarks:
Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24-hour or random urine collection. Specimen must be collected in a plastic container. ARUP studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.

Specimen Preparation:
Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours. High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post-contrast media exposure.

Unacceptable Conditions:

Urine collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element free transport tube (with the exception of the original device).

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Hg
- HGU
- Urine Hg
- Urine mercury concentration
- LAB408-VML
- LAB408VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

May be useful in the assessment of acute or chronic elemental or inorganic mercury exposure and/or in monitoring chelation therapy. For the assessment of acute exposure, Mercury, Whole Blood (0099305) is preferred.

Interpretive Data:

Urinary mercury levels predominantly reflect acute or chronic elemental or inorganic mercury exposure. Urine concentrations in unexposed individuals are typically less than 10 µg/L. 24 hour urine concentrations of 30 to 100 µg/L may be associated with subclinical neuropsychiatric symptoms and tremor while concentrations greater than 100 µg/L can be associated with overt neuropsychiatric disturbances and tremors. Urine mercury levels may be useful in monitoring chelation therapy.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
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<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Mercury, Urine - per 24h</td><td>0.0-20.0 µg/d</td></tr>
<tr><td>Mercury, Urine - per volume</td><td>0.0-5.0 µg/L</td></tr>
<tr><td>Mercury, Urine - ratio to CRT</td><td>0.0-20.0 µg/g CRT</td></tr>
</table>

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
83825

Remarks:
Trace Elements requisition form may be required (ARUP form #32990-Barcode; #32991-No Barcode). Record total volume and collection time interval on transport tube and on test request form.

Mercury, Whole Blood

LAB831

ORDERING INFO

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Synonyms:

- HGB
- Hg
- Hg WB
- LAB831-VML
- LAB831VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patient should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours.

Collect:
Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:
Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep). Specimens transported in containers other than Royal blue (K2EDTA) or Royal blue (NaHep) tube or Trace Element-Free Transport Tube. Clotted specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Trace Elements requisition form may be required (ARUP form #32990).

ORDERING

Synonyms:

- HGB
- Hg
- Hg WB
- LAB831-VML
- LAB831VML

Ordering Recommendations:
Preferred test for the assessment of acute mercury exposure. For chronic exposure, Mercury, Urine (0025050) is preferred.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Reported:
1-3 days

Notes:
Mercury is volatile; concentration may decrease over time.

RESULTS INTERPRETATION

Reference Interval:
Less than or equal to 10.0 µg/L

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood mercury, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Blood mercury levels predominantly reflect recent exposure and are most useful in the diagnosis of acute poisoning as blood mercury concentrations rise sharply and fall quickly over several days after ingestion. Blood concentrations in unexposed individuals rarely exceed 20 µg/L. The provided reference interval relates to inorganic mercury concentrations. Dietary and non-occupational exposure to organic mercury forms may contribute to an elevated total mercury result. Clinical presentation after toxic exposure to organic mercury may include dysarthria, ataxia and constricted vision fields with mercury blood concentrations from 20 to 50 µg/L.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

ADDITIONAL INFORMATION

CPT Codes:

83825

Section:

RF-ARUP

Remarks:

Trace Elements requisition form may be required (ARUP form #32990).

Notes:

Mercury is volatile; concentration may decrease over time.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal blue (K2EDTA) or Royal blue (NaHep).

Specimen Preparation:

Transport 6 mL whole blood in the original collection tube. (Min: 0.5 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patient should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours.

Unacceptable Conditions:

Specimens collected in tubes other than Royal blue (K2EDTA) or Royal blue (NaHep). Specimens transported in containers other than Royal blue (K2EDTA) or Royal blue (NaHep) tube or Trace Element-Free Transport Tube. Clotted specimens.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Storage/Transport Temperature:

Room temperature. Also acceptable: Refrigerated.

Synonyms:

- HGB
- Hg
- Hg WB
- LAB831-VML
- LAB831VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Preferred test for the assessment of acute mercury exposure. For chronic exposure, Mercury, Urine (0025050) is preferred.

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood mercury, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Blood mercury levels predominantly reflect recent exposure and are most useful in the diagnosis of acute poisoning as blood mercury concentrations rise sharply and fall quickly over several days after ingestion. Blood concentrations in unexposed individuals rarely exceed 20 µg/L. The provided reference interval relates to inorganic mercury concentrations. Dietary and non-occupational exposure to organic mercury forms may contribute to an elevated total mercury result. Clinical presentation after toxic exposure to organic mercury may include dysarthria, ataxia and constricted vision fields with mercury blood concentrations from 20 to 50 µg/L.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Less than or equal to 10.0 µg/L

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)

Section:

RF-ARUP

CPT Codes:

83825

Remarks:

Trace Elements requisition form may be required (ARUP form #32990).

Notes:

Mercury is volatile; concentration may decrease over time.

Metanephrines Fractionated by HPLC-MS/MS, Urine

LAB6089

ORDERING INFO

Collect:
24-hour or random urine. Refrigerate 24-hour specimen during collection.

Synonyms:

- LAB6089-VML
- LAB6089VML

SPECIMEN REQUIREMENTS

Patient Preparation:
If possible, abstain from medications for 72 hours prior to collection.

Collect:
24-hour or random urine. Refrigerate 24-hour specimen during collection.

Specimen Preparation:
Thoroughly mix entire collection (24-hour or random) in one container. Transfer a 4 mL aliquot to an ARUP standard transport tube. (Min: 2.5 mL) A pH lower than 2 can cause assay interference. Record total volume and collection time interval on transport tube and test request form.
Specimen preservation can be extended to 1 month refrigerated by performing one of the following:
Option 1: Transfer a 4 mL aliquot to an ARUP standard transport tube. (Min: 2.5 mL) Adjust pH to 2.0-4.0 with 6M HCl.
Option 2: Transfer a 4 mL aliquot to an ARUP standard transport tube containing 20 mg sulfamic acid (ARUP Supply #48098), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 2.5 mL)

Unacceptable Conditions:
Specimens preserved with boric acid or acetic acid.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 2 weeks (unpreserved), 1 month (preserved); Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB6089-VML
- LAB6089VML

Ordering Recommendations:
First-line test in suspected pheochromocytoma.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Components

Creatinine, Urine - per 24h

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Metanephrine, Urine - per 24h

Age	Male (µg/d)	Female (µg/d)
0-6 years	Not Applicable	Not Applicable
7-12 years	45-273	40-209
13-17 years	56-298	40-209
18 years and older	55-320	36-229

Metanephrine, Urine - ratio to CRT

Age	µg/g CRT
0-3 months	0-700
4-6 months	0-650
7-11 months	0-650
1 year	0-530
2-5 years	0-500
6-17 years	0-320
18 years and older	0-300

Normetanephrine, Urine - per 24h

Age	Male (µg/d)	Female (µg/d)
0-6 years	Not Applicable	Not Applicable
7-12 years	58-670	48-474
13-17 years	82-553	65-406
18-29 years	81-667	18 years and older: 95-650
30 years and older	114-865	Not Applicable

Normetanephrine, Urine - ratio to CRT

Age	µg/g CRT
0-3 months	0-3400
4-6 months	0-2200
7-11 months	0-1100
1 year	0-1300
2-5 years	0-610
6-17 years	0-450
18 years and older	0-400

Interpretive Data:

Smaller increases in metanephrine and/or normetanephrine concentrations (less than two times the upper reference limit) usually are the result of physiological stimuli, drugs, or improper specimen collection. Essential hypertension is often associated with slight elevations (metanephrine less than 400 ug/d and normetanephrine less than 900 ug/d). Elevated concentrations may be due to intense physical activity, life-threatening illness, and drug interferences.

Significant elevation of one or both metanephrines (three or more times the upper reference limit) is associated with an increased probability of a neuroendocrine tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

83835

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour or random urine. Refrigerate 24-hour specimen during collection.

Specimen Preparation:

Thoroughly mix entire collection (24-hour or random) in one container. Transfer a 4 mL aliquot to an ARUP standard transport tube. (Min: 2.5 mL) A pH lower than 2 can cause assay interference. Record total volume and collection time interval on transport tube and test request form.
Specimen preservation can be extended to 1 month refrigerated by performing one of the following:
Option 1: Transfer a 4 mL aliquot to an ARUP standard transport tube. (Min: 2.5 mL) Adjust pH to 2.0-4.0 with 6M HCl.
Option 2: Transfer a 4 mL aliquot to an ARUP standard transport tube containing 20 mg sulfamic acid (ARUP Supply #48098), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 2.5 mL)

Patient Preparation:

If possible, abstain from medications for 72 hours prior to collection.

Unacceptable Conditions:

Specimens preserved with boric acid or acetic acid.

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: 2 weeks (unpreserved), 1 month (preserved); Frozen: 1 month

Storage/Transport Temperature:

Refrigerated. Also acceptable: Frozen.

Synonyms:

- LAB6089-VML
- LAB6089VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

First-line test in suspected pheochromocytoma.

Interpretive Data:

Smaller increases in metanephrine and/or normetanephrine concentrations (less than two times the upper reference limit) usually are the result of physiological stimuli, drugs, or improper specimen collection. Essential hypertension is often associated with slight elevations (metanephrine less than 400 ug/d and normetanephrine less than 900 ug/d). Elevated concentrations may be due to intense physical activity, life-threatening illness, and drug interferences.

Significant elevation of one or both metanephrines (three or more times the upper reference limit) is associated with an increased probability of a neuroendocrine tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

Reference Interval:

Components

Creatinine, Urine - per 24h

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Metanephrine, Urine - per 24h

Age	Male (µg/d)	Female (µg/d)
0-6 years	Not Applicable	Not Applicable
7-12 years	45-273	40-209
13-17 years	56-298	40-209
18 years and older	55-320	36-229

Metanephrine, Urine - ratio to CRT

Age	µg/g CRT
0-3 months	0-700
4-6 months	0-650
7-11 months	0-650
1 year	0-530
2-5 years	0-500
6-17 years	0-320
18 years and older	0-300

Normetanephrine, Urine - per 24h

Age	Male (µg/d)	Female (µg/d)
0-6 years	Not Applicable	Not Applicable
7-12 years	58-670	48-474
13-17 years	82-553	65-406
18-29 years	81-667	18 years and older: 95-650
30 years and older	114-865	Not Applicable

Normetanephrine, Urine - ratio to CRT

Age	µg/g CRT
0-3 months	0-3400
4-6 months	0-2200
7-11 months	0-1100
1 year	0-1300
2-5 years	0-610
6-17 years	0-450
18 years and older	0-400

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
83835

Metanephrines, Plasma (Free)

LAB3789

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Synonyms:

- Fractionated metanephrines
- Fractionated Plasma Free Metanephrines
- Free Metanephrine
- Metanephrine
- Metanephrines, Fractionated
- NMN, plasma
- Normetanephrine
- Normetanephrine, free
- Plasma Metanephrines
- Quantitative Metanephrines
- LAB3789-VML
- LAB3789VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible. Collection of the specimen after the patient has rested for 15 minutes in a supine position is recommended.

Collect:
Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Centrifuge within 1 hour. Transfer 2 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL) Avoid hemolysis.

Unacceptable Conditions:
Plasma separator tubes. Body fluids other than EDTA or heparinized plasma. Non-frozen specimens. Grossly hemolyzed.

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: 3 Days; Refrigerated: 10 Days; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Fractionated metanephrines
- Fractionated Plasma Free Metanephrines
- Free Metanephrine
- Metanephrine
- Metanephrines, Fractionated
- NMN, plasma
- Normetanephrine
- Normetanephrine, free
- Plasma Metanephrines
- Quantitative Metanephrines
- LAB3789-VML
- LAB3789VML

Ordering Recommendations:
First-line test in suspected pheochromocytoma.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
2-5 days

Notes:

Isoetharine, isoproterenol, 3,4-methylenedioxyamphetamine (MDA), and 3,4-methylenedioxymethamphetamine (MDMA) are known to interfere with this test.

Many drugs/medications, including over-the-counter and herbal products, can interfere with test results. Testing for all potential interactions is not possible. If the patient is taking a drug not listed as an interferent, its potential effect on test results is unknown. If test results are inconsistent with clinical evidence, drug interference should be considered. If appropriate, the patient should discontinue the potential interferent for 48-72 hours and a new sample collected for retesting.

RESULTS INTERPRETATION

Reference Interval:

Normetanephrine: 0.0-0.89 nmol/L
Metanephrine: 0.0-0.49 nmol/L

Interpretive Data:

This test is useful in the detection of pheochromocytoma, a rare neuroendocrine tumor. The majority of patients with pheochromocytoma have a plasma normetanephrine concentration in excess of 2.2 nmol/L and/or a metanephrine concentration in excess of 1.1 nmol/L. Increased concentrations of these analytes serve as confirmation for diagnosis. Patients with essential hypertension and plasma concentrations of normetanephrine below 0.9 nmol/L and a metanephrine concentration below 0.5 nmol/L, can be excluded from further testing. If clinical suspicion remains, repeat testing or testing for metanephrines in a 24-hr. urine specimen should be considered.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

83835

Section:

RF-ARUP

Notes:

Isoetharine, isoproterenol, 3,4-methylenedioxyamphetamine (MDA), and 3,4-methylenedioxymethamphetamine (MDMA) are known to interfere with this test.

Many drugs/medications, including over-the-counter and herbal products, can interfere with test results. Testing for all potential interactions is not possible. If the patient is taking a drug not listed as an interferent, its potential effect on test results is unknown. If test results are inconsistent with clinical evidence, drug interference should be considered. If appropriate, the patient should discontinue the potential interferent for 48-72 hours and a new sample collected for retesting.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:

Centrifuge within 1 hour. Transfer 2 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL) Avoid hemolysis.

Patient Preparation:

Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible. Collection of the specimen after the patient has rested for 15 minutes in a supine position is recommended.

Unacceptable Conditions:

Plasma separator tubes. Body fluids other than EDTA or heparinized plasma. Non-frozen specimens. Grossly hemolyzed.

Stability (from collection to initiation):

After separation from cells: Ambient: 3 Days; Refrigerated: 10 Days; Frozen: 1 month

Storage/Transport Temperature:

Frozen. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Fractionated metanephrines
- Fractionated Plasma Free Metanephrines
- Free Metanephrine
- Metanephrine
- Metanephrines, Fractionated
- NMN, plasma
- Normetanephrine
- Normetanephrine, free
- Plasma Metanephrines
- Quantitative Metanephrines
- LAB3789-VML
- LAB3789VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
First-line test in suspected pheochromocytoma.

Interpretive Data:
This test is useful in the detection of pheochromocytoma, a rare neuroendocrine tumor. The majority of patients with pheochromocytoma have a plasma normetanephrine concentration in excess of 2.2 nmol/L and/or a metanephrine concentration in excess of 1.1 nmol/L. Increased concentrations of these analytes serve as confirmation for diagnosis. Patients with essential hypertension and plasma concentrations of normetanephrine below 0.9 nmol/L and a metanephrine concentration below 0.5 nmol/L, can be excluded from further testing. If clinical suspicion remains, repeat testing or testing for metanephrines in a 24-hr. urine specimen should be considered.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Normetanephrine: 0.0-0.89 nmol/L
Metanephrine: 0.0-0.49 nmol/L

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
83835

Notes:
Isoetharine, isoproterenol, 3,4-methylenedioxyamphetamine (MDA), and 3,4-methylenedioxymethamphetamine (MDMA) are known to interfere with this test.

Many drugs/medications, including over-the-counter and herbal products, can interfere with test results. Testing for all potential interactions is not possible. If the patient is taking a drug not listed as an interferent, its potential effect on test results is unknown. If test results are inconsistent with clinical evidence, drug interference should be considered. If appropriate, the patient should discontinue the potential interferent for 48-72 hours and a new sample collected for retesting.

Metformin Quantitative, Serum or Plasma

LAB3790

ORDERING INFO

Collect:
Plain Red, Lavender (K_2EDTA), or Pink (K_2EDTA).

Synonyms:

- Glucophage
- LAB3790-VML
- LAB3790VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red, Lavender (K_2EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 years

Performed:
Varies

ORDERING

Synonyms:

- Glucophage
- LAB3790-VML
- LAB3790VML

Ordering Recommendations:
Preferred test when determining if hypoglycemia is from exposure to metformin. Serum or plasma is the preferred specimen for correlating drug use with hypoglycemia.

Performed:
Varies

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
8-11 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80375 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (K_2EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 years

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Glucophage
- LAB3790-VML
- LAB3790VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Ordering Recommendations:
Preferred test when determining if hypoglycemia is from exposure to metformin. Serum or plasma is the preferred specimen for correlating drug use with hypoglycemia.

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80375 (Alt code: G0480)

Methadone and Metabolite, Urine, Quantitative

LAB6103

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Pain Management
- EDDP
- Dolophine
- Physeptone
- Symoron
- Amidone
- Heptadon
- Methadone
- Methadose
- LAB6103-VML
- LAB6103VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 1 mL with no additives or preservatives urine to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Performed:
Sun-Sat

ORDERING

Synonyms:

- Pain Management
- EDDP
- Dolophine
- Physeptone
- Symoron
- Amidone
- Heptadon
- Methadone
- Methadose
- LAB6103-VML
- LAB6103VML

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Methadone Urine Screen with Reflex to Quantitation (2012245).

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

Notes:
Compare to Pain Management, Methadone, Quantitative, with medMATCH, Urine; Pain Management, Methadone, with Confirmation with medMATCH, Urine.

RESULTS INTERPRETATION

Reference Interval:

Drugs Covered	Cutoff Concentrations
Methadone	100 ng/mL
EDDP	100 ng/mL

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 100 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80358 (Alt code: G0480)

Section:

RF-ARUP

Notes:

Compare to Pain Management, Methadone, Quantitative, with medMATCH, Urine; Pain Management, Methadone, with Confirmation with medMATCH, Urine.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Random urine.

Specimen Preparation:

Transfer 1 mL with no additives or preservatives urine to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:

Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Storage/Transport Temperature:

Room temperature.

Synonyms:

- Pain Management
- EDDP
- Dolophine
- Physeptone
- Symoron
- Amidone
- Heptadon
- Methadone
- Methadose
- LAB6103-VML
- LAB6103VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-7 days

Ordering Recommendations:

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Methadone Urine Screen with Reflex to Quantitation (2012245).

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 100 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Reference Interval:

Drugs Covered	Cutoff Concentrations
Methadone	100 ng/mL
EDDP	100 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80358 (Alt code: G0480)

Notes:

Compare to Pain Management, Methadone, Quantitative, with medMATCH, Urine; Pain Management, Methadone, with Confirmation with medMATCH, Urine.

Methadone Screen, Urine

LAB3229

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- LAB3229, UME, Methadone screen, LAB3229
- LAB3229-VML
- LAB3229VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB3229, UME, Methadone screen, LAB3229
- LAB3229-VML
- LAB3229VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- LAB3229, UME, Methadone screen, LAB3229
- LAB3229-VML
- LAB3229VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Methanol, plasma

LAB3471

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- LAB3471, MTH, Wood Alcohol
- LAB3471-VML
- LAB3471VML

Turn Around Time:
6 hours after sample received in lab

SPECIMEN REQUIREMENTS

Patient Preparation:
A non-alcohol based cleanser should be used to clean the venipuncture site prior to collection.

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Specimens should be delivered to the lab immediately and should be centrifuged and separated within 2 hours of collection. (Minimum 0.5 mL plasma)

Pediatric Collection:
Dark green microtainer (Sodium heparin)

Storage/Transport Temperature:
Refrigerated (2-8°C) if not delivered to the lab immediately

Performed:
Daily

Stability:
After separation from cells: Refrigerated (2-8°C): 7 days

Specimen:
Plasma

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

ORDERING

Ordering Indicators:
This test is used in the confirmation of methanol toxicity.

Synonyms:

- LAB3471, MTH, Wood Alcohol
- LAB3471-VML
- LAB3471VML

Performed:
Daily

Turn Around Time:
6 hours after sample received in lab

Methodology:
GC/FID

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
None detected (< 10 mg/dL)

Interpretive Data:
As little as 10 mL of methanol may cause blindness and 30 mL may be fatal. A variety of toxic symptoms may occur following exposure, from drowsiness to profound coma, respiratory depression, metabolic acidosis, hypoglycemia, visual disturbance, and renal involvement.

Methodology:
GC/FID

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Specimens should be delivered to the lab immediately and should be centrifuged and separated within 2 hours of collection. (Minimum 0.5 mL plasma)

Pediatric Collection:
Dark green microtainer (Sodium heparin)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

Patient Preparation:
A non-alcohol based cleanser should be used to clean the venipuncture site prior to collection.

Specimen:
Plasma

Reasons for Rejection:
Improper collection

Components:
N/A

Stability:
After separation from cells: Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C) if not delivered to the lab immediately

Synonyms:

- LAB3471, MTH, Wood Alcohol
- LAB3471-VML
- LAB3471VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 hours after sample received in lab

Ordering Indicators:
This test is used in the confirmation of methanol toxicity.

Interpretive Data:
As little as 10 mL of methanol may cause blindness and 30 mL may be fatal. A variety of toxic symptoms may occur following exposure, from drowsiness to profound coma, respiratory depression, metabolic acidosis, hypoglycemia, visual disturbance, and renal involvement.

Reference Interval:
None detected (< 10 mg/dL)

Additional Information:
N/A

Methodology:
GC/FID

Section:
Special Chemistry

Methemoglobin Quantitation, Whole Blood by Co-Oximetry

LAB91

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- Methemoglobin Arterial, MetHb, LAB91
- LAB91-VML
- LAB91VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Arterial blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- Methemoglobin Arterial, MetHb, LAB91
- LAB91-VML
- LAB91VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Cooximetry

RESULTS INTERPRETATION

Reference Interval:
0 years - 12 years: 1.1 - 1.3 %; 12 years -150 years: < 2.9 %

Methodology:
Cooximetry

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Arterial blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- Methemoglobin Arterial, MetHb, LAB91
- LAB91-VML
- LAB91VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
0 years - 12 years: 1.1 - 1.3 %; 12 years -150 years: < 2.9 %

Methodology:
Cooximetry

Section:
Misc Chemistry

Methotrexate, Plasma or Serum

LAB481

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- MTX , LAB481
- LAB481-VML
- LAB481VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Not to be used for patients given Glucarpidase (Carboxypeptidase G2) rescue

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 2 weeks; Frozen: 1 year

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MTX , LAB481
- LAB481-VML
- LAB481VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
See interpretive data.

Interpretive Data:
24 hours post infusion < 5.0 mol/L; 48 hours post infusion <0.50 mol/L; 72 hours post infusion <0.10 mol/L

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
Not to be used for patients given Glucarpidase (Carboxypeptidase G2) rescue

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits, patients treated with Glucarpidase (Carboxypeptidase G2) rescue

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- MTX , LAB481
- LAB481-VML
- LAB481VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
24 hours post infusion < 5.0 mol/L; 48 hours post infusion <0.50 mol/L; 72 hours post infusion <0.10 mol/L

Reference Interval:
See interpretive data.

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Methylenetetrahydrofolate Reductase (MTHFR) Variant Analysis, Whole blood

LAB3038

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3038, HHC, MTHFR, Hyperhomocysteinemia
- LAB3038-VML
- LAB3038VML

Turn Around Time:
10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Storage/Transport Temperature:
Ambient (15-25°C) or Refrigerated (2-8°C)

Performed:
Tuesday

Stability:
EDTA or Sodium Citrate: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days

Specimen:
Whole blood

Alternate Specimen:
Light blue tube (Sodium Citrate)

ORDERING

Ordering Indicators:
Clinical suspicion for otherwise unexplained thromboembolic disorder.

Synonyms:

- LAB3038, HHC, MTHFR, Hyperhomocysteinemia
- LAB3038-VML
- LAB3038VML

Performed:
Tuesday

Turn Around Time:
10 days

Methodology:
Direct detection of MTHFR variants c.665C>T (p.Ala222Val) and c.1286A>C (p.Glu429Ala) by Taqman SNP genotyping assay; Laboratory Developed Test

Components:
Tests for variants c.665C>T (p.Ala222Val) and c.1286A>C (p.Glu429Ala)

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
Direct detection of MTHFR variants c.665C>T (p.Ala222Val) and c.1286A>C (p.Glu429Ala)

Methodology:
Direct detection of MTHFR variants c.665C>T (p.Ala222Val) and c.1286A>C (p.Glu429Ala) by Taqman SNP genotyping assay; Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Light blue tube (Sodium Citrate)

Additional Information:
Laboratory Developed Test

Components:
Tests for variants c.665C>T (p.Ala222Val) and c.1286A>C (p.Glu429Ala)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Preferred Collection Volume:
4 mL whole blood

Alternate Specimen:
Light blue tube (Sodium Citrate)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected.

Components:
Tests for variants c.665C>T (p.Ala222Val) and c.1286A>C (p.Glu429Ala)

Stability:
EDTA or Sodium Citrate: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days

Storage/Transport Temperature:
Ambient (15-25°C) or Refrigerated (2-8°C)

Synonyms:

- LAB3038, HHC, MTHFR, Hyperhomocysteinemia
- LAB3038-VML
- LAB3038VML

Performed:
Tuesday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Clinical suspicion for otherwise unexplained thromboembolic disorder.

Interpretive Data:
Direct detection of MTHFR variants c.665C>T (p.Ala222Val) and c.1286A>C (p.Glu429Ala)

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Direct detection of MTHFR variants c.665C>T (p.Ala222Val) and c.1286A>C (p.Glu429Ala) by Taqman SNP genotyping assay; Laboratory Developed Test

Section:
Molecular Diagnostics

Methylmalonic Acid, Serum or Plasma (Vitamin B12 Status)

LAB3793

ORDERING INFO

Collect:
Plain red or serum separator tube. Also acceptable: Green (sodium heparin), green (lithium heparin), lavender (EDTA), or pink (K_2EDTA).

Synonyms:

- Cobalamin Deficiency (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- MMA (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- Methylmalonate (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- Vitamin B12 Deficiency (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- LAB3793-VML
- LAB3793VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube. Also acceptable: Green (sodium heparin), green (lithium heparin), lavender (EDTA), or pink (K_2EDTA).

Specimen Preparation:
Centrifuge and remove serum or plasma from cells within 2 hours of collection. Transfer 1.2 mL serum or plasma to an ARUP Standard Transport Tube and refrigerate or freeze immediately. (Min: 0.6 mL)

Unacceptable Conditions:
Room temperature specimens. Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cobalamin Deficiency (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- MMA (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- Methylmalonate (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- Vitamin B12 Deficiency (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- LAB3793-VML
- LAB3793VML

Ordering Recommendations:
Use to evaluate vitamin B12 deficiency in individuals with macrocytic or unexplained anemia, or unexplained neurologic disease. Preferred test is Vitamin B12 with Reflex to Methylmalonic Acid, Serum (Vitamin B12 Status) (0055662).

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
0.00-0.40 µmol/L

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
83921

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube. Also acceptable: Green (sodium heparin), green (lithium heparin), lavender (EDTA), or pink (K_2EDTA).

Specimen Preparation:
Centrifuge and remove serum or plasma from cells within 2 hours of collection. Transfer 1.2 mL serum or plasma to an ARUP Standard Transport Tube and refrigerate or freeze immediately. (Min: 0.6 mL)

Unacceptable Conditions:
Room temperature specimens. Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Frozen.

Synonyms:

- Cobalamin Deficiency (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- MMA (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- Methylmalonate (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- Vitamin B12 Deficiency (Methylmalonic Acid, Serum or Plasma (Vitamin B12 Deficiency))
- LAB3793-VML
- LAB3793VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Use to evaluate vitamin B12 deficiency in individuals with macrocytic or unexplained anemia, or unexplained neurologic disease. Preferred test is Vitamin B12 with Reflex to Methylmalonic Acid, Serum (Vitamin B12 Status) (0055662).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0.00-0.40 µmol/L

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
83921

Metoprolol Quantitative, Serum or Plasma

LAB3791

ORDERING INFO

Collect:
Plain Red, Lavender (K_2EDTA), or Pink (K_2EDTA).

Synonyms:

- Lopressor
- LAB3791-VML
- LAB3791VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red, Lavender (K_2EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 2 weeks; Refrigerated: 1 month; Frozen: 1 month

Performed:
Varies

ORDERING

Synonyms:

- Lopressor
- LAB3791-VML
- LAB3791VML

Performed:
Varies

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
8-11 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80375 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (K_2EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 2 weeks; Refrigerated: 1 month; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Lopressor
- LAB3791-VML
- LAB3791VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80375 (Alt code: G0480)

Mexiletine, Serum or Plasma

LAB3792

ORDERING INFO

Collect:
Serum Pre-dose (Trough) Draw - At a Steady State Concentration or Plasma Pre-dose (Trough) Draw - At a Steady State Concentration in Plain Red, Lavender (K_2EDTA), Lavender (K_3EDTA), or Pink (K_2EDTA).

Synonyms:

- Mexitil blood level
- Mexitil
- LAB3792-VML
- LAB3792VML

SPECIMEN REQUIREMENTS

Collect:
Serum Pre-dose (Trough) Draw - At a Steady State Concentration or Plasma Pre-dose (Trough) Draw - At a Steady State Concentration in Plain Red, Lavender (K_2EDTA), Lavender (K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel Separator Tubes, Light Blue (Sodium Citrate), or Yellow (SPS or ACD Solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 5 days; Frozen: 2 months

Performed:
Mon, Thu, Sat

ORDERING

Synonyms:

- Mexitil blood level
- Mexitil
- LAB3792-VML
- LAB3792VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Mon, Thu, Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 12, 2018

Therapeutic Range	0.5-2.0 µg/mL
Toxic Level	Greater than 2.0 µg/mL

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Toxic concentrations may cause hypotension, tremor and cardiac abnormalities.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80299

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Pre-dose (Trough) Draw - At a Steady State Concentration or Plasma Pre-dose (Trough) Draw - At a Steady State Concentration in Plain Red, Lavender (K_2EDTA), Lavender (K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel Separator Tubes, Light Blue (Sodium Citrate), or Yellow (SPS or ACD Solution).

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 5 days; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Mexitil blood level
- Mexitil
- LAB3792-VML
- LAB3792VML

Performed:
Mon, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Toxic concentrations may cause hypotension, tremor and cardiac abnormalities.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective November 12, 2018

Therapeutic Range	0.5-2.0 µg/mL
Toxic Level	Greater than 2.0 µg/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80299

MICA Ab-UCLA

LAB6384

ORDERING INFO

Synonyms:

- LAB6384-VML
- LAB6384VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6384-VML
- LAB6384VML

ADDITIONAL INFORMATION

Section:

RF-UCLA

Resulting Laboratory:

UCLA Health

FULL VIEW

Synonyms:

- LAB6384-VML
- LAB6384VML

Resulting Laboratory:

UCLA Health

Section:

RF-UCLA

Links:

Test Sent to Reference Lab. Click Here for Test Details

Micropthalmia Transcription Factor (C5/D5) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded TIssue

CoPath157

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- MiTF

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MiTF

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- MiTF

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Microsatellite Instability (MSI), Tissue

LAB5660

ORDERING INFO

Collect:
N/A

Synonyms:

- LAB5660, MSI
- LAB5660-VML
- LAB5660VML

Turn Around Time:
10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:
N/A

Specimen Preparation:
Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Paraffin block: Ambient (15-25°C); EDTA: Ambient (15-25°C) or Refrigerated (2-8°C)

Performed:
Once per week - variable days

Stability:
Paraffin block: indefinitely; EDTA tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days

Specimen:
Tumor sample: Paraffin embedded tissue; Normal (control) sample: Paraffin embedded tissue or whole blood.

Alternate Specimen:
Peripheral blood in a lavender tube (EDTA) may be submitted as a normal sample if normal uninvolved tissue is not available.

ORDERING

Ordering Indicators:
Consideration of immunotherapy in cancer and during evaluation for Lynch syndrome.

Synonyms:

- LAB5660, MSI
- LAB5660-VML
- LAB5660VML

Performed:
Once per week - variable days

Turn Around Time:
10 days

Methodology:
PCR amplification of matching normal and tumor samples followed by capillary electrophoresis allows for comparison of allelic profiles of 5 mononucleotide microsatellite markers.

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Microsatellite Stable: MSI not detected. MSI Low: <30% of loci tested show MSI. MSI High: >=30% of loci tested show MSI.

Interpretive Data:
Alleles present in the tumor sample that are not found in the corresponding normal sample indicate microsatellite instability. Colon samples found to have high microsatellite instability (MSI-H) will be reflexed for BRAF c.1799T>A testing per institutional protocol.

Methodology:
PCR amplification of matching normal and tumor samples followed by capillary electrophoresis allows for comparison of allelic profiles of 5 mononucleotide microsatellite markers.

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Peripheral blood in a lavender tube (EDTA) may be submitted as a normal sample if normal uninvolved tissue is not available.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
N/A

Specimen Preparation:
Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing.

Pediatric Collection:
N/A

Preferred Collection Volume:
Tumor paraffin embedded tissue: block or 5-10 unstained slides; Normal paraffin embedded tissue: block, 5 curls, or 5-10 unstained slides Blood: 4mL

Alternate Specimen:
Peripheral blood in a lavender tube (EDTA) may be submitted as a normal sample if normal uninvolved tissue is not available.

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Tumor sample: Paraffin embedded tissue; Normal (control) sample: Paraffin embedded tissue or whole blood.

Reasons for Rejection:
Insufficient tumor in tissue; Decalcified tissue may or may not yield interpretable results and is dependent on the degree of fixation during processing. An alternate tissue specimen is suggested if available. Client will be notified by Molecular Diagnostics Lab if specimen is rejected.

Components:
N/A

Stability:
Paraffin block: indefinitely; EDTA tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days

Storage/Transport Temperature:
Paraffin block: Ambient (15-25°C); EDTA: Ambient (15-25°C) or Refrigerated (2-8°C)

Synonyms:

- LAB5660, MSI
- LAB5660-VML
- LAB5660VML

Performed:
Once per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:

Consideration of immunotherapy in cancer and during evaluation for Lynch syndrome.

Interpretive Data:

Alleles present in the tumor sample that are not found in the corresponding normal sample indicate microsatellite instability. Colon samples found to have high microsatellite instability (MSI-H) will be reflexed for BRAF c.1799T>A testing per institutional protocol.

Reference Interval:

Microsatellite Stable: MSI not detected. MSI Low: <30% of loci tested show MSI. MSI High: >=30% of loci tested show MSI.

Additional Information:

N/A

Methodology:

PCR amplification of matching normal and tumor samples followed by capillary electrophoresis allows for comparison of allelic profiles of 5 mononucleotide microsatellite markers.

Section:

Molecular Diagnostics

MISCELLANEOUS CYTOLOGY

ORDERING INFO

Collect:
Clean glass slide and coplin jar with 95% alcohol (provided by the Cytopathology lab)

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean glass slide and coplin jar with 95% alcohol (provided by the Cytopathology lab)

Specimen Preparation:
1. The specimen is collected on clean, labeled glass slides, and immediately placed into a coplin jar filled with 95% alcohol. 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Coplin jar is labeled with a lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 2 glass slides)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C).

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) 6 weeks

Specimen:
Lesion scraping on clean, labeled glass slide in 95% ethanol.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
MUST PROVIDE BODY SITE, need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
Pap stain.

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
Detection and characterization of inflammatory/infectious processes of the skin, especially herpetic infections.

Methodology:
Pap stain.

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean glass slide and coplin jar with 95% alcohol (provided by the Cytopathology lab)

Specimen Preparation:
1. The specimen is collected on clean, labeled glass slides, and immediately placed into a coplin jar filled with 95% alcohol. 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Coplin jar is labeled with a lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 2 glass slides)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Lesion scraping on clean, labeled glass slide in 95% ethanol.

Reasons for Rejection:
Unlabeled, mislabeled, or broken slides.

Stability:
Ambient: (15-25°C) 6 weeks

Storage/Transport Temperature:
Ambient: (15-25°C).

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
MUST PROVIDE BODY SITE, need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Interpretive Data:
Detection and characterization of inflammatory/infectious processes of the skin, especially herpetic infections.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
Pap stain.

Section:
Cytology

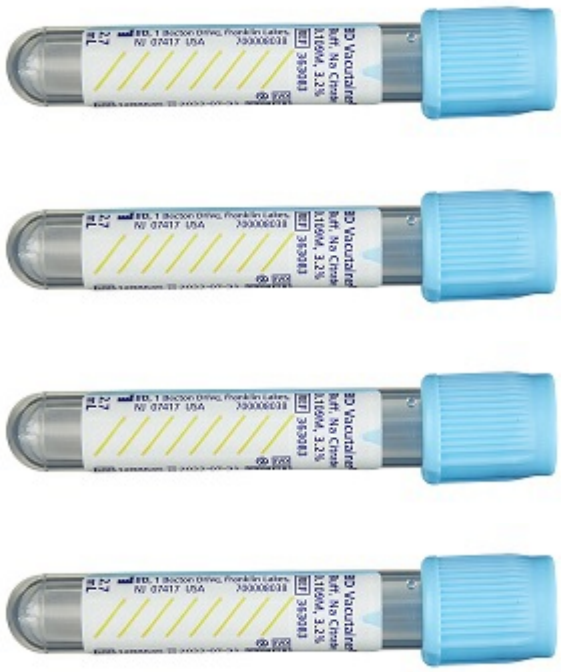
Miscellanous Coagulation

LAB6318

ORDERING INFO

Collect:

Four 2.7 mL Light blue tube (3.2% Sodium Citrate)



Synonyms:

- LAB6318, Misc Coag
- LAB6318-VML
- LAB6318VML

Turn Around Time:

1 - 7 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:
Four 2.7 mL Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Three 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: Three 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:
By request only

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:
Citrated platelet poor plasma.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB6318, Misc Coag
- LAB6318-VML
- LAB6318VML

Performed:
By request only

Turn Around Time:
1 - 7 days

Methodology:
Clotting, Chromogenic, Immulogic, Immunoturbetric

Components:
Varies by request

RESULTS INTERPRETATION

Reference Interval:
Dependent on specific assays performed.

Interpretive Data:
Interpretive data is dependent on the specific assays performed.

Methodology:
Clotting, Chromogenic, Immulogic, Immunoturbetric

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

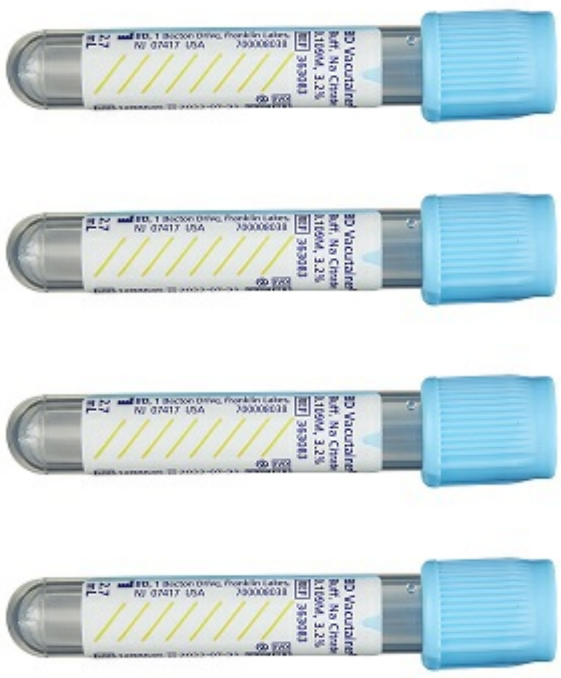
Additional Information:
Testing is performed daily for 7:00AM to 4:00PM. Samples must be received in the laboratory by 2:00PM for screening assays to be performed on the day the sample is received.

Components:
Varies by request

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Four 2.7 mL Light blue tube (3.2% Sodium Citrate)



Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, double centrifugation is required. Transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Three 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: Three 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
Varies by request

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB6318, Misc Coag
- LAB6318-VML
- LAB6318VML

Performed:
By request only

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 7 days

Ordering Indicators:
N/A

Interpretive Data:
Interpretive data is dependent on the specific assays performed.

Reference Interval:
Dependent on specific assays performed.

Additional Information:
Testing is performed daily for 7:00AM to 4:00PM. Samples must be received in the laboratory by 2:00PM for screening assays to be performed on the day the sample is received.

Methodology:
Clotting, Chromogenic, Immulogic, Immunoturbetric

Section:
Coagulation

Mitochondrial M2 Antibody, IgG (ELISA)

LAB724

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Antibodies to Microtubule Associated Protein 2
- Antimitochondrial Antibodies
- Immunology Profile (AMA)
- Mitochondrial Antibodies, Serum
- AMA
- Anti-Mitochondrial Antibody
- LAB724-VML
- LAB724VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL to an ARUP standard transport tube. (Min: 0.3 mL)

Unacceptable Conditions:
Plasma. Contaminated, hemolyzed, grossly icteric, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Antibodies to Microtubule Associated Protein 2
- Antimitochondrial Antibodies
- Immunology Profile (AMA)
- Mitochondrial Antibodies, Serum
- AMA
- Anti-Mitochondrial Antibody
- LAB724-VML
- LAB724VML

Ordering Recommendations:
May be useful in confirming a diagnosis of primary biliary cholangitis.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Mitochondrial (M2) Antibody, IgG	24.9 Units or less

Interpretive Data:

Antimitochondrial antibodies (AMA) are thought to be present in 90-95% of patients with primary biliary cholangitis (PBC). However, the frequency of detected antibodies may be cohort or assay dependent, as lower sensitivities have been reported. Not all PBC patients are positive for AMA; some patients may be positive for SP100 and/or GP210 antibodies. A negative result does not rule out PBC.

Component	Interpretation
Mitochondrial M2 Antibody, IgG (ELISA)	20.0 Units or less Negative 20.1-24.9 Equivocal 25.0 Units or greater Positive

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

ADDITIONAL INFORMATION

CPT Codes:

86381

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL to an ARUP standard transport tube. (Min: 0.3 mL)

Unacceptable Conditions:

Plasma. Contaminated, hemolyzed, grossly icteric, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Antibodies to Microtubule Associated Protein 2
- Antimitochondrial Antibodies
- Immunology Profile (AMA)
- Mitochondrial Antibodies, Serum
- AMA
- Anti-Mitochondrial Antibody
- LAB724-VML
- LAB724VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-2 days

Ordering Recommendations:

May be useful in confirming a diagnosis of primary biliary cholangitis.

Interpretive Data:

Antimitochondrial antibodies (AMA) are thought to be present in 90-95% of patients with primary biliary cholangitis (PBC). However, the frequency of detected antibodies may be cohort or assay dependent, as lower sensitivities have been reported. Not all PBC patients are positive for AMA; some patients may be positive for SP100 and/or GP210 antibodies. A negative result does not rule out PBC.

Component	Interpretation
Mitochondrial M2 Antibody, IgG (ELISA)	20.0 Units or less Negative 20.1-24.9 Equivocal 25.0 Units or greater Positive

Reference Interval:

Components	Reference Interval
Mitochondrial (M2) Antibody, IgG	24.9 Units or less

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Section:

RF-ARUP

CPT Codes:

86381

Mitogen Stimulation-CINN

LAB3974

ORDERING INFO

Synonyms:

- LAB3974-VML
- LAB3974VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3974-VML
- LAB3974VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3974-VML
- LAB3974VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Mitotane (Lysodren) Lvl-MAYO

LAB3885

ORDERING INFO

Synonyms:

- LAB3885-VML
- LAB3885VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3885-VML
- LAB3885VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3885-VML
- LAB3885VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

MLH-1 (M1) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath158

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

MLL2 Seq Anly-GRWD

LAB3310

ORDERING INFO

Synonyms:

- LAB3310-VML
- LAB3310VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3310-VML
- LAB3310VML

ADDITIONAL INFORMATION

Section:

RF-GRWD

Resulting Laboratory:

Greenwood Genetic Center

FULL VIEW

Synonyms:

- LAB3310-VML
- LAB3310VML

Resulting Laboratory:

Greenwood Genetic Center

Section:

RF-GRWD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Monogenic Diabetes (MODY)-ATH

LAB3312

ORDERING INFO

Synonyms:

- LAB3312-VML
- LAB3312VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3312-VML
- LAB3312VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3312-VML
- LAB3312VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Monospot, serum or plasma

LAB482

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB482, MON
- LAB482-VML
- LAB482VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 24 hours

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Yellow tube (ACD)

ORDERING

Ordering Indicators:
This test is used to be used as an aid in diagnosing primary Epstein-Barr (EBV) infectious mononucleosis.

Synonyms:

- LAB482, MON
- LAB482-VML
- LAB482VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Hemagglutination with color enhancement

Components:
Mono Screen

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result is suggestive of primary infection with EBV.

Methodology:
Hemagglutination with color enhancement

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Yellow tube (ACD)

Additional Information:
NA

Components:
Mono Screen

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Yellow tube (ACD)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Mono Screen

Stability:
Refrigerated (2-8°C): 24 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB482, MON
- LAB482-VML
- LAB482VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to be used as an aid in diagnosing primary Epstein-Barr (EBV) infectious mononucleosis.

Interpretive Data:
A positive result is suggestive of primary infection with EBV.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Hemagglutination with color enhancement

Section:
Immunoserology

Movat Pentachrome Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath19

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Movat, Pentachrome, Movats

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Movat, Pentachrome, Movats

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Movat, Pentachrome, Movats

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

MPL Exon 10 Mutation Analysis, Whole blood, bone marrow

LAB6146

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB6146, MPL
- LAB6146-VML
- LAB6146VML

Turn Around Time:

14 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:

Two Lavender microtainers (EDTA) or bone marrow

Storage/Transport Temperature:

Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:

Variable

Stability:

EDTA and ACD-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Specimen:

Blood, bone marrow, purified DNA

Alternate Specimen:

Yellow tube (ACD-A)

ORDERING

Ordering Indicators:

MPL mutations are found in roughly 8% and 4% of cases of primary myelofibrosis (PMF) and essential thrombocythemia (ET), respectively. Given the heterogeneity of MPL variants within exon 10, Sanger sequencing of this exon is justified in patients suspected of having a JAK2 and CALR mutation negative clonal MPN.

Synonyms:

- LAB6146, MPL
- LAB6146-VML
- LAB6146VML

Performed:

Variable

Turn Around Time:
14 days

Methodology:
PCR coupled with Sanger sequencing and capillary electrophoresis

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
This assay will detect the presence of sequence variants in exon 10 of MPL with a sensitivity of roughly 10-15%.

Methodology:
PCR coupled with Sanger sequencing and capillary electrophoresis

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two Lavender microtainers (EDTA) or bone marrow

Preferred Collection Volume:
Whole blood or bone marrow: 4mL; Purified DNA: 1µg

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Blood, bone marrow, purified DNA

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and ACD-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- LAB6146, MPL
- LAB6146-VML
- LAB6146VML

Performed:
Variable

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
14 days

Ordering Indicators:
MPL mutations are found in roughly 8% and 4% of cases of primary myelofibrosis (PMF) and essential thrombocythemia (ET), respectively. Given the heterogeneity of MPL variants within exon 10, Sanger sequencing of this exon is justified in patients suspected of having a JAK2 and CALR mutation negative clonal MPN.

Interpretive Data:
This assay will detect the presence of sequence variants in exon 10 of MPL with a sensitivity of roughly 10-15%.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
PCR coupled with Sanger sequencing and capillary electrophoresis

Section:
Molecular Diagnostics

MSH-2 (FE11) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath160

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

MSH-6 (EP49) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath161

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Mucicarmine Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath20

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Mucin, Muci

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Mucin, Muci

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Mucin, Muci

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Mucin 4 (8G7) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath162

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- MUC4

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MUC4

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- MUC4

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Multiple Endocrine Neoplasia Type 2 (Ret) Seq & Del/Dup-INVT

LAB6200

ORDERING INFO

Synonyms:

- LAB6200-VML
- LAB6200VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6200-VML
- LAB6200VML

ADDITIONAL INFORMATION

Section:

RF-INVT

Resulting Laboratory:

Invitae

FULL VIEW

Synonyms:

- LAB6200-VML
- LAB6200VML

Resulting Laboratory:

Invitae

Section:

RF-INVT

Links:

Test Sent to Reference Lab. Click Here for Test Details

Multiple Myeloma Oncogene-1 (MRQ-43) Immunohistochemical Stain, Formalin FIxed Paraffin Embedded Tissue

CoPath163

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- MUM1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MUM1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- MUM1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Mumps Virus Antibody, IgM

LAB161

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- MMR
- Mumps IgM
- Mumps IgM Antibody, IFA (Serum)
- Mumps Serology
- LAB161-VML
- LAB161VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon-Fri

ORDERING

Synonyms:

- MMR
- Mumps IgM
- Mumps IgM Antibody, IFA (Serum)
- Mumps Serology
- LAB161-VML
- LAB161VML

Ordering Recommendations:
Aid in the diagnosis of suspected mumps infection.

Performed:
Mon-Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
0.79 IV or less: Negative - No significant level of detectable IgM antibody to Mumps virus.
0.80-1.20 IV: Equivocal - Borderline levels of IgM antibody to Mumps virus. Repeat testing in 10-14 days may be helpful.
1.21 IV or greater: Positive - Presence of IgM antibody to Mumps virus detected, which may indicate a current or recent infection. However, low levels of IgM antibody may occasionally persist for more than 12 months post-infection or immunization.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86735

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- MMR
- Mumps IgM
- Mumps IgM Antibody, IFA (Serum)
- Mumps Serology
- LAB161-VML
- LAB161VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Aid in the diagnosis of suspected mumps infection.

Reference Interval:
0.79 IV or less: Negative - No significant level of detectable IgM antibody to Mumps virus.
0.80-1.20 IV: Equivocal - Borderline levels of IgM antibody to Mumps virus. Repeat testing in 10-14 days may be helpful.
1.21 IV or greater: Positive - Presence of IgM antibody to Mumps virus detected, which may indicate a current or recent infection. However, low levels of IgM antibody may occasionally persist for more than 12 months post-infection or immunization.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86735

Mumps Virus IgG, Serum

LAB160

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB160, MUM, Mumps IgG Antibody
- LAB160-VML
- LAB160VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 9 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is intended to be used as an aid in the determination of serological status to mumps virus or mumps vaccination.

Synonyms:

- LAB160, MUM, Mumps IgG Antibody
- LAB160-VML
- LAB160VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Mumps IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A negative result indicates that the patient has not been exposed/immunized to mumps virus. A positive result indicates current or past exposure/immunization to mumps virus.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
NA

Components:
Mumps IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Mumps IgG

Stability:
Refrigerated (2-8°C): 9 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB160, MUM, Mumps IgG Antibody
- LAB160-VML
- LAB160VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is intended to be used as an aid in the determination of serological status to mumps virus or mumps vaccination.

Interpretive Data:
A negative result indicates that the patient has not been exposed/immunized to mumps virus. A positive result indicates current or past exposure/immunization to mumps virus.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

MUNC 13-4 Seq Anly-CINN

LAB3313

ORDERING INFO

Synonyms:

- LAB3313-VML
- LAB3313VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3313-VML
- LAB3313VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3313-VML
- LAB3313VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Myasthenia Gravis Eval w/MuSK Rfx-MAYO

LAB6278

ORDERING INFO

Synonyms:

- LAB6278-VML
- LAB6278VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6278-VML
- LAB6278VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6278-VML
- LAB6278VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Mycobacterium tuberculosis complex and rifampin resistance detection by PCR

LAB6273

ORDERING INFO

Collect:
Sterile screwtop container

Synonyms:

- TB PCR, MTB/RIF, GeneXpert, TB PCR w/RIF
- LAB6273-VML
- LAB6273VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile screwtop container

Specimen Preparation:
(Min, 1 mL)

Pediatric Collection:
Gastric aspirates acceptable

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Performed:
Daily

Stability:
Send to laboratory immediately. Ambient: (15-25°C) 4 hours. Refrigerated: (2-8°C) 7 days.

Specimen:
Sputum

Alternate Specimen:
Endotracheal aspriate, brochoalveolar lavage, pleural fluid, peritoneal fluid, abscess, CSF, lymph node, tissue, vitreous fluid, urine

ORDERING

Ordering Indicators:
Assessment of tuberculosis. Must submit with Culture, Acid Fast Bacillus

Synonyms:

- TB PCR, MTB/RIF, GeneXpert, TB PCR w/RIF
- LAB6273-VML
- LAB6273VML

Performed:
Daily

Turn Around Time:
24 hours

Methodology:
Real Time PCR

Components:
Detection of Mycobacterium tuberculosis complex and rifampin resistance by PCR

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
Sensitivity of this test is ~70% in smear-negative specimens. Culture must always be performed in conjunction to assess for non-tuberculous mycobacteria and/or infections below the limit of detection by RT-PCR.

Methodology:
Real Time PCR

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
Endotracheal aspriate, brochoalveolar lavage, pleural fluid, peritoneal fluid, abscess, CSF, lymph node, tissue, vitreous fluid, urine

Additional Information:
N/A

Components:
Detection of Mycobacterium tuberculosis complex and rifampin resistance by PCR

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile screwtop container

Specimen Preparation:
(Min, 1 mL)

Pediatric Collection:
Gastric aspirates acceptable

Preferred Collection Volume:
2 mL

Alternate Specimen:
Endotracheal aspriate, brochoalveolar lavage, pleural fluid, peritoneal fluid, abscess, CSF, lymph node, tissue, vitreous fluid, urine

Patient Preparation:
N/A

Specimen:
Sputum

Reasons for Rejection:
Non-sterile or leaking container. Swabs and eSwabs not accepted. Frozen unacceptable.

Components:
Detection of Mycobacterium tuberculosis complex and rifampin resistance by PCR

Stability:
Send to laboratory immediately. Ambient: (15-25°C) 4 hours. Refrigerated: (2-8°C) 7 days.

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- TB PCR, MTB/RIF, GeneXpert, TB PCR w/RIF
- LAB6273-VML
- LAB6273VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
Assessment of tuberculosis. Must submit with Culture, Acid Fast Bacillus

Interpretive Data:
Sensitivity of this test is ~70% in smear-negative specimens. Culture must always be performed in conjunction to assess for non-tuberculous mycobacteria and/or infections below the limit of detection by RT-PCR.

Reference Interval:
Not detected

Additional Information:
N/A

Methodology:
Real Time PCR

Section:
Microbiology

Mycophenolic Acid and Metabolites

LAB3794

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K2 or K_3EDTA) or pink (K_2EDTA).

Synonyms:

- Cellcept
- CellCept MPA
- Myfortic
- LAB3794-VML
- LAB3794VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (K2 or K_3EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 6 weeks; Refrigerated: 6 weeks; Frozen: 11 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Cellcept
- CellCept MPA
- Myfortic
- LAB3794-VML
- LAB3794VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Component	Therapeutic Range	Toxic
Mycophenolic Acid	1.0 - 3.5 µg/mL	Greater than 25.0 µg/mL
Mycophenolic Acid Glucuronide	35.0-100.0 µg/mL	Not well established

Interpretive Data:

The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. A proposed therapeutic range is 1.0-3.5 µg/mL for a 2 g/day dose. A 3 g/day dose may have plasma concentrations up to 5.0 µg/mL. Trough concentrations between 2.0 and 4.0 µg/mL have been suggested to maximize efficacy and minimize adverse effects. Mycophenolic acid glucuronide is an inactive metabolite and a range of 35.0-100.0 µg/mL indicates normal metabolism. During the first two weeks of transplantation, mycophenolic acid glucuronide concentrations are typically 100 - 250 µg/mL. Adverse effects of toxicity include abdominal pain, peripheral edema, cardiac abnormalities, hypertension and electrolyte disturbances.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80180

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red. Also acceptable: Lavender (K2 or K_3EDTA) or pink (K_2EDTA).

Specimen Preparation:

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Patient Preparation:

Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:

Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):

After separation from cells: Ambient: 6 weeks; Refrigerated: 6 weeks; Frozen: 11 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Cellcept
- CellCept MPA
- Myfortic
- LAB3794-VML
- LAB3794VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

Optimize drug therapy and monitor patient adherence.

Interpretive Data:

The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. A proposed therapeutic range is 1.0-3.5 µg/mL for a 2 g/day dose. A 3 g/day dose may have plasma concentrations up to 5.0 µg/mL. Trough concentrations between 2.0 and 4.0 µg/mL have been suggested to maximize efficacy and minimize adverse effects. Mycophenolic acid glucuronide is an inactive metabolite and a range of 35.0-100.0 µg/mL indicates normal metabolism. During the first two weeks of transplantation, mycophenolic acid glucuronide concentrations are typically 100 - 250 µg/mL. Adverse effects of toxicity include abdominal pain, peripheral edema, cardiac abnormalities, hypertension and electrolyte disturbances.

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Reference Interval:

Component	Therapeutic Range	Toxic
Mycophenolic Acid	1.0 - 3.5 µg/mL	Greater than 25.0 µg/mL
Mycophenolic Acid Glucuronide	35.0-100.0 µg/mL	Not well established

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80180

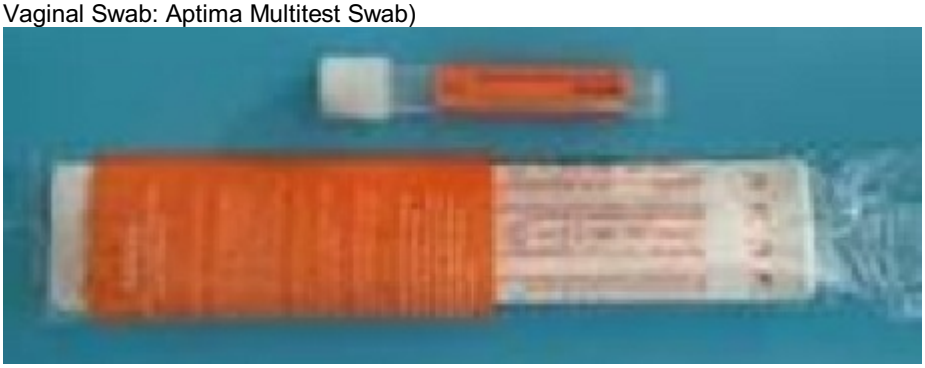
Mycoplasma Genitalium by TMA

LAB6084

ORDERING INFO

Collect:

Vaginal Swab: Aptima Multitest Swab)



Synonyms:

- LAB6084, Mycoplasma genitalium, PCR, Wet Prep, Vaginitis
- LAB6084-VML
- LAB6084VML

Turn Around Time:

72 Hours

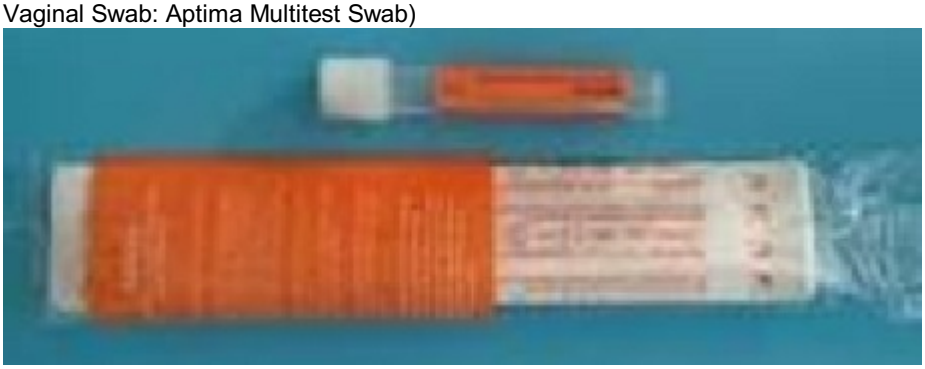
SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Vaginal Swab: Aptima Multitest Swab)



Specimen Preparation:

Swab: Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Urine: Transfer 2 mL urine within 24 hours to Aptima Urine Specimen Transport Tube. Liquid level must be between fill lines on tube. (Min 1mL urine)

Pediatric Collection:

Performance of the assay has not been evaluated in individuals less than 15 years of age.

Storage/Transport Temperature:

Ambient (15-25°C)

Performed:

Monday

Stability:

Ambient (15-25°C): 30 days

Specimen:

ThinPrep, Vaginal/Cervical Swabs, Urethral Swab, Urine

Alternate Specimen:

Male urethral swab: Aptima Unisex Swab Collection Kit (White Tube)

ORDERING

Ordering Indicators:

Therapeutic failure or success cannot be determined with the Aptima Mycoplasma genitalium assay since nucleic acid may persist following appropriate antimicrobial therapy.

Synonyms:

- LAB6084, Mycoplasma genitalium, PCR, Wet Prep, Vaginitis
- LAB6084-VML
- LAB6084VML

Performed:
Monday

Turn Around Time:
72 Hours

Methodology:
Target-Mediated Amplification (TMA)

Components:
None

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Target-Mediated Amplification (TMA)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Male urethral swab: Aptima Unisex Swab Collection Kit (White Tube)

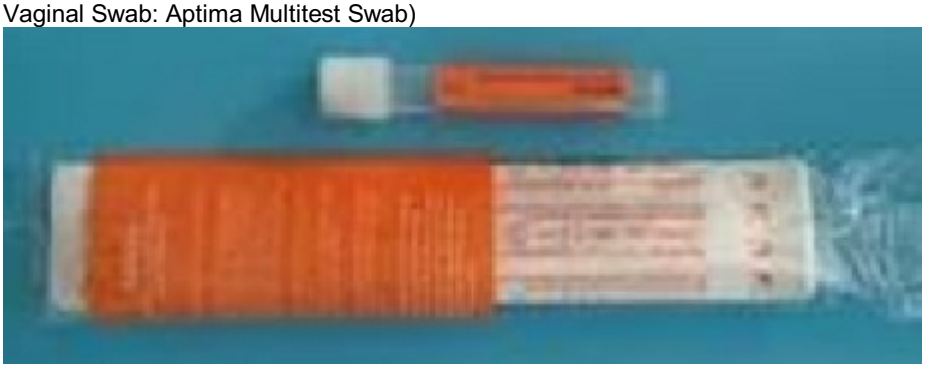
Additional Information:
Please contact MIDL (615-936-6435) for additional information. If a urine specimen has a small number of M. genitalium organisms, uneven distribution of these organisms may occur, which may affect the ability to detect M. genitalium rRNA in the collected material. If negative results from the specimen do not fit with the clinical impression, a new specimen may be necessary.

Components:
None

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Vaginal Swab: Aptima Multitest Swab)



Specimen Preparation:
Swab: Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Urine: Transfer 2 mL urine within 24 hours to Aptima Urine Specimen Transport Tube. Liquid level must be between fill lines on tube. (Min 1mL urine)

Pediatric Collection:
Performance of the assay has not been evaluated in individuals less than 15 years of age.

Preferred Collection Volume:
Swab: Aptima Tube; Urine: 2mL

Alternate Specimen:
Male urethral swab: Aptima Unisex Swab Collection Kit (White Tube)

Patient Preparation:
N/A

Specimen:
ThinPrep, Vaginal/Cervical Swabs, Urethral Swab, Urine

Reasons for Rejection:
Urine not received within 24 hours of collection, Incorrect collection device (i.e. incorrect Aptima swab kit), No swab present, Quantity not sufficient

Components:
None

Stability:
Ambient (15-25°C): 30 days

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB6084, Mycoplasma genitalium, PCR, Wet Prep, Vaginitis
- LAB6084-VML
- LAB6084VML

Performed:
Monday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 Hours

Ordering Indicators:
Therapeutic failure or success cannot be determined with the Aptima Mycoplasma genitalium assay since nucleic acid may persist following appropriate antimicrobial therapy.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Not detected

Additional Information:
Please contact MIDL (615-936-6435) for additional information. If a urine specimen has a small number of M. genitalium organisms, uneven distribution of these organisms may occur, which may affect the ability to detect M. genitalium rRNA in the collected material. If negative results from the specimen do not fit with the clinical impression, a new specimen may be necessary.

Methodology:
Target-Mediated Amplification (TMA)

Section:
Molecular Infectious Disease

MYD88 (L265P) Mutation Analysis, Whole blood, bone marrow

LAB5710

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB5710, M88
- LAB5710-VML
- LAB5710VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing.

Pediatric Collection:

Two Lavender microtainers (EDTA)

Storage/Transport Temperature:

EDTA and ACD-A tubes: Ambient (15-25°C) or Refrigerated (2-8°C); paraffin block: Ambient (15-25°C); purified DNA: Refrigerated (2-8°C) or Frozen (-20°C)

Performed:

Once per week - variable days

Stability:

EDTA and ACD-A tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Paraffin block: indefinitely; Purified DNA: indefinitely at -70°C.

Specimen:

Blood, bone marrow, paraffin embedded tissue, purified DNA

Alternate Specimen:

Yellow tube (ACD-A)

ORDERING

Ordering Indicators:

Clinical suspicion/laboratory evidence of plasma cell neoplasia or Waldenstr&oumlm macroglobulinemia.

Synonyms:

- LAB5710, M88
- LAB5710-VML
- LAB5710VML

Performed:

Once per week - variable days

Turn Around Time:
10 days

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of MYD88 c.794T>C (p.L265P); Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
This assay will detect the presence of the c.794T>C (p.L265P) allele of MYD88 with a sensitivity of approximately 3%.

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of MYD88 c.794T>C (p.L265P); Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing.

Pediatric Collection:
Two Lavender microtainers (EDTA)

Preferred Collection Volume:
Blood or bone marrow: 4mL; Paraffin embedded tissue: block, 5-10 unstained slides, or 5 curls; Purified DNA: 1µg

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Blood, bone marrow, paraffin embedded tissue, purified DNA

Reasons for Rejection:
Insufficient tumor in tissue; Decalcified tissue may or may not yield interpretable results and is dependent on the degree of fixation during processing. An alternate tissue specimen is suggested if available. Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and ACD-A tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Paraffin block: indefinitely; Purified DNA: indefinitely at -70°C.

Storage/Transport Temperature:
EDTA and ACD-A tubes: Ambient (15-25°C) or Refrigerated (2-8°C); paraffin block: Ambient (15-25°C); purified DNA: Refrigerated (2-8°C) or Frozen (-20°C)

Synonyms:

- LAB5710, M88
- LAB5710-VML
- LAB5710VML

Performed:
Once per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Clinical suspicion/laboratory evidence of plasma cell neoplasia or Waldenstr&oumlm macroglobulinemia.

Interpretive Data:
This assay will detect the presence of the c.794T>C (p.L265P) allele of MYD88 with a sensitivity of approximately 3%.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Allele-specific PCR followed by capillary electrophoresis for detection of MYD88 c.794T>C (p.L265P); Laboratory Developed Test

Section:
Molecular Diagnostics

Myelin Associated Glycoprotein (MAG) Antibodies, IgM and Sulfate-3-Glucuronyl Paraglobosside (SGPG) Antibodies, IgM

LAB3784

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- MAG and SGPG Antibodies
- MAG Dual Antigen
- MAG IgM
- Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA
- MAG Antibody Dual ELISA
- SGPG IgM
- SGPG MAG Ab
- LAB3784-VML
- LAB3784VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Urine. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Tue

ORDERING

Synonyms:

- MAG and SGPG Antibodies
- MAG Dual Antigen
- MAG IgM
- Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA
- MAG Antibody Dual ELISA
- SGPG IgM
- SGPG MAG Ab
- LAB3784-VML
- LAB3784VML

Ordering Recommendations:
May be useful in testing for autoimmune neuropathies. Test by itself is not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

Performed:
Tue

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
MAG Antibody, IgM Elisa	Less than 1000 TU
SGPG Antibody, IgM	Less than 1.00 IV

Interpretive Data:

An elevated IgM antibody concentration greater than 999 TU against myelin-associated glycoprotein (MAG) suggests active demyelination in peripheral neuropathy. A normal concentration (less than 999 TU) generally rules out an anti-MAG antibody-associated peripheral neuropathy.

The majority of sulfate-3-glucuronyl paragloboside (SGPG) IgM-positive sera will show reactivity against MAG. Patients who are SGPG IgM positive and MAG IgM negative may have multi-focal motor neuropathy with conduction block.

TU=Titer Units

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

83516 x2

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:

Urine. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- MAG and SGPG Antibodies
- MAG Dual Antigen
- MAG IgM
- Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA
- MAG Antibody Dual ELISA
- SGPG IgM
- SGPG MAG Ab
- LAB3784-VML
- LAB3784VML

Performed:

Tue

Resulting Laboratory:

ARUP Laboratories

Reported:

1-8 days

Ordering Recommendations:

May be useful in testing for autoimmune neuropathies. Test by itself is not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

Interpretive Data:

An elevated IgM antibody concentration greater than 999 TU against myelin-associated glycoprotein (MAG) suggests active demyelination in peripheral neuropathy. A normal concentration (less than 999 TU) generally rules out an anti-MAG antibody-associated peripheral neuropathy.

The majority of sulfate-3-glucuronyl paragloboside (SGPG) IgM-positive sera will show reactivity against MAG. Patients who are SGPG IgM positive and MAG IgM negative may have multi-focal motor neuropathy with conduction block.

TU=Titer Units

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
MAG Antibody, IgM Elisa	Less than 1000 TU
SGPG Antibody, IgM	Less than 1.00 IV

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

83516 x2

Myelin Associated Glycoprotein (MAG) Antibody, IgM

LAB3795

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- MAG Antibody
- MAG Ab
- MAG Antibody by ELISA
- MAG IgM
- LAB3795-VML
- LAB3795VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Urine. Contaminated, heat inactivated, hemolyzed, severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- MAG Antibody
- MAG Ab
- MAG Antibody by ELISA
- MAG IgM
- LAB3795-VML
- LAB3795VML

Ordering Recommendations:
Stand-alone test for autoimmune neuropathies. Test by itself is not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

Performed:
Tue, Thu, Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Less than 1000 TU

Interpretive Data:
An elevated IgM antibody concentration greater than 999 TU against myelin-associated glycoprotein (MAG) suggests active demyelination in peripheral neuropathy. A normal concentration (less than 999 TU) generally rules out an anti-MAG antibody-associated peripheral neuropathy.

TU=Titer Units

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
83516

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Urine. Contaminated, heat inactivated, hemolyzed, severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- MAG Antibody
- MAG Ab
- MAG Antibody by ELISA
- MAG IgM
- LAB3795-VML
- LAB3795VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Stand-alone test for autoimmune neuropathies. Test by itself is not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

Interpretive Data:
An elevated IgM antibody concentration greater than 999 TU against myelin-associated glycoprotein (MAG) suggests active demyelination in peripheral neuropathy. A normal concentration (less than 999 TU) generally rules out an anti-MAG antibody-associated peripheral neuropathy.

TU=Titer Units

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Less than 1000 TU

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
83516

Myelin Basic Protein

LAB190

ORDERING INFO

Collect:
CSF.

Synonyms:

- MBP
- LAB190-VML
- LAB190VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transport 1 mL CSF. (Min: 0.3 mL) Avoid hemolysis. If CSF is bloody, centrifuge the sample and separate supernatant from cells prior to freezing the sample.

Unacceptable Conditions:
Hemolysis.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 3 weeks (Avoid freeze/thaw cycles)

Performed:
Sun-Sat

Remarks:
CSF should be free from contamination with blood. Hemolysis is associated with falsely-elevated levels of MBP.

ORDERING

Synonyms:

- MBP
- LAB190-VML
- LAB190VML

Ordering Recommendations:
Not recommended for the workup of suspected multiple sclerosis. Preferred test is Oligoclonal Band Profile (0080440).

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
0.00-5.50 ng/mL

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
83873

Section:
RF-ARUP

Remarks:
CSF should be free from contamination with blood. Hemolysis is associated with falsely-elevated levels of MBP.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
CSF.

Specimen Preparation:
Transport 1 mL CSF. (Min: 0.3 mL) Avoid hemolysis. If CSF is bloody, centrifuge the sample and separate supernatant from cells prior to freezing the sample.

Unacceptable Conditions:
Hemolysis.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 3 weeks (Avoid freeze/thaw cycles)

Storage/Transport Temperature:
Frozen.

Synonyms:

- MBP
- LAB190-VML
- LAB190VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Not recommended for the workup of suspected multiple sclerosis. Preferred test is Oligoclonal Band Profile (0080440).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0.00-5.50 ng/mL

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
83873

Remarks:
CSF should be free from contamination with blood. Hemolysis is associated with falsely-elevated levels of MBP.

Myeloid NGS Panel, Whole blood, bone marrow

LAB6270

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- MDL Myeloid NGS Panel, Next Generation Sequencing
- LAB6270-VML
- LAB6270VML

Turn Around Time:

14 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:

Variable

Stability:

EDTA: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Specimen:

Blood, bone marrow, purified DNA

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Clinical suspicion/laboratory evidence of a myeloid malignancy

Synonyms:

- MDL Myeloid NGS Panel, Next Generation Sequencing
- LAB6270-VML
- LAB6270VML

Performed:

Variable

Turn Around Time:

14 days

Methodology:
Next Generation Sequencing

Components:
ABL1, ANKRD26, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CEBPA, CSF3R, CUX1, DDX41, DHX15, DNMT3A, ETV6, EZH2, FBXW7, FLT3, GATA1, GATA2, HRAS, IDH1, IDH2, JAK2, KIT, KRAS, LUC7L2, MPL, NF1, NOTCH1, NPM1, NRAS, PHF6, PTEN, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SH2B3, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, XPO1, ZRSR2

RESULTS INTERPRETATION

Reference Interval:
Normal

Interpretive Data:
This assay will detect the presence of sequence variants associated with myeloid malignancies with a sensitivity of 4% for single nucleotide variants, 3% for small insertions, deletions, and/or duplications, and 1% for certain hotspot mutations.

Methodology:
Next Generation Sequencing

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
N/A

Additional Information:
Laboratory Developed Test

Components:
ABL1, ANKRD26, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CEBPA, CSF3R, CUX1, DDX41, DHX15, DNMT3A, ETV6, EZH2, FBXW7, FLT3, GATA1, GATA2, HRAS, IDH1, IDH2, JAK2, KIT, KRAS, LUC7L2, MPL, NF1, NOTCH1, NPM1, NRAS, PHF6, PTEN, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SH2B3, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, XPO1, ZRSR2

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
N/A

Preferred Collection Volume:
Whole blood or bone marrow: 4mL; Purified DNA: 1µg

Alternate Specimen:
N/A

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Blood, bone marrow, purified DNA

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
ABL1, ANKRD26, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CEBPA, CSF3R, CUX1, DDX41, DHX15, DNMT3A, ETV6, EZH2, FBXW7, FLT3, GATA1, GATA2, HRAS, IDH1, IDH2, JAK2, KIT, KRAS, LUC7L2, MPL, NF1, NOTCH1, NPM1, NRAS, PHF6, PTEN, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SH2B3, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, XPO1, ZRSR2

Stability:
EDTA: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- MDL Myeloid NGS Panel, Next Generation Sequencing
- LAB6270-VML
- LAB6270VML

Performed:
Variable

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
14 days

Ordering Indicators:
Clinical suspicion/laboratory evidence of a myeloid malignancy

Interpretive Data:
This assay will detect the presence of sequence variants associated with myeloid malignancies with a sensitivity of 4% for single nucleotide variants, 3% for small insertions, deletions, and/or duplications, and 1% for certain hotspot mutations.

Reference Interval:
Normal

Additional Information:
Laboratory Developed Test

Methodology:
Next Generation Sequencing

Section:
Molecular Diagnostics

Myeloperoxidase (MPO) IgG, serum

LAB3464

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB3464, MPO, Myeloperoxidase Antibody, Anti-MPO
- LAB3464-VML
- LAB3464VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is used to evaluate patients with signs and symptoms of ANCA-associated vasculitis.

Synonyms:

- LAB3464, MPO, Myeloperoxidase Antibody, Anti-MPO
- LAB3464-VML
- LAB3464VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
MPO IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result of MPO has high positive predictive value of microscopic polyangiitis (MPA) in patients with negative test results for systemic lupus erythematosus (antinuclear antibodies) and Goodpasture syndrome (glomerular basement membrane antibody). A negative result significantly diminishes the likelihood that a patient has MPA.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
Anti-MPO is included in the ANCA test panel. It should not be ordered alone unless the patient previously tested positive for anti-MPO.

Components:
MPO IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis

Components:
MPO IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3464, MPO, Myeloperoxidase Antibody, Anti-MPO
- LAB3464-VML
- LAB3464VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to evaluate patients with signs and symptoms of ANCA-associated vasculitis.

Interpretive Data:
A positive result of MPO has high positive predictive value of microscopic polyangiitis (MPA) in patients with negative test results for systemic lupus erythematosus (antinuclear antibodies) and Goodpasture syndrome (glomerular basement membrane antibody). A negative result significantly diminishes the likelihood that a patient has MPA.

Reference Interval:
Negative

Additional Information:
Anti-MPO is included in the ANCA test panel. It should not be ordered alone unless the patient previously tested positive for anti-MPO.

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Myeloperoxidase (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath164

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- MPO

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MPO

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- MPO

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Myogenic Differentiation Antigen 1 (EP212) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath165

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- MyoD1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- MyoD1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- MyoD1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Myogenin (LO26) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath166

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Myoglobin, Serum

LAB105

ORDERING INFO

Collect:
Plain red or serum separator tube. Also acceptable: Green (lithium heparin), lavender (K_3EDTA or K_2EDTA) or pink (K_2EDTA).

Synonyms:

- Serum myoglobin
- LAB105-VML
- LAB105VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube. Also acceptable: Green (lithium heparin), lavender (K_3EDTA or K_2EDTA) or pink (K_2EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 days; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Serum myoglobin
- LAB105-VML
- LAB105VML

Ordering Recommendations:
Not a standalone test. Troponin testing is recommended for diagnosis and management of acute coronary syndrome; refer to Troponin T (cTnT) 5th Generation (3001831).

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
Effective February 22, 2022
Male: less than or equal to 72 ng/mL
Female: less than or equal to 58 ng/mL

Methodology:
Quantitative Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
83874

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube. Also acceptable: Green (lithium heparin), lavender (K_3EDTA or K_2EDTA) or pink (K_2EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 days; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Serum myoglobin
- LAB105-VML
- LAB105VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Not a standalone test. Troponin testing is recommended for diagnosis and management of acute coronary syndrome; refer to Troponin T (cTnT) 5th Generation (3001831).

Reference Interval:
Effective February 22, 2022
Male: less than or equal to 72 ng/mL
Female: less than or equal to 58 ng/mL

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
83874

Myoglobin, Urine

LAB3238

ORDERING INFO

Collect:
Random or 24-hour urine. Refrigerate during collection.

Synonyms:

- Urine myoglobin
- LAB3238-VML
- LAB3238VML

SPECIMEN REQUIREMENTS

Collect:
Random or 24-hour urine. Refrigerate during collection.

Specimen Preparation:
Thoroughly mix entire collection, then, perform one of the two processing options below:
Option 1: Immediately after collection, adjust pH to 8-9 by adding 10 percent Na2CO3. Transfer 1 mL aliquot urine to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Option 2: Immediately after collection, transfer a maximum of 4 mL urine to an ARUP Standard Transport Tube prefilled with Sodium Carbonate (ARUP)supply #48096). (Min: 0.5 mL) Available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
pH 8-9: Ambient: 4 hours; Refrigerated: 72 hours; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Urine myoglobin
- LAB3238-VML
- LAB3238VML

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
0-1 mg/L

Interpretive Data:
Patients with urine myoglobin greater than 15 mg/L are at risk of acute renal failure. Usual results are less than 1 mg/L. Results between 1 and 15 mg/L are associated with vigorous exercise, myocardial infarct, mild muscle injury, and other conditions.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
83874

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random or 24-hour urine. Refrigerate during collection.

Specimen Preparation:
Thoroughly mix entire collection, then, perform one of the two processing options below:
Option 1: Immediately after collection, adjust pH to 8-9 by adding 10 percent Na2CO3. Transfer 1 mL aliquot urine to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Option 2: Immediately after collection, transfer a maximum of 4 mL urine to an ARUP Standard Transport Tube prefilled with Sodium Carbonate (ARUP)supply #48096). (Min: 0.5 mL) Available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787.

Stability (from collection to initiation):
pH 8-9: Ambient: 4 hours; Refrigerated: 72 hours; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Urine myoglobin
- LAB3238-VML
- LAB3238VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Interpretive Data:
Patients with urine myoglobin greater than 15 mg/L are at risk of acute renal failure. Usual results are less than 1 mg/L. Results between 1 and 15 mg/L are associated with vigorous exercise, myocardial infarct, mild muscle injury, and other conditions.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0-1 mg/L

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
83874

Myotonic Dystrophy Type 1 (DMPK) Repeat Expansion-BAYH

LAB3314

ORDERING INFO

Synonyms:

- LAB3314VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3314VML

ADDITIONAL INFORMATION

Section:
RF-BAYH

Resulting Laboratory:
Baylor Genetics

FULL VIEW

Synonyms:

- LAB3314VML

Resulting Laboratory:
Baylor Genetics

Section:
RF-BAYH

Links:
Test Sent to Reference Lab. Click Here for Test Details

N/A

LAB5964

ORDERING INFO

Collect:
N/A

Synonyms:

- N/A
- LAB5964-VML
- LAB5964VML

Turn Around Time:
N/A

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
N/A

Specimen Preparation:
N/A

Pediatric Collection:
N/A

Storage/Transport Temperature:
N/A

Performed:
Monday - Saturday

Stability:
N/A

Specimen:
N/A

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A
- LAB5964-VML
- LAB5964VML

Performed:
Monday - Saturday

Turn Around Time:
N/A

Methodology:
N/A

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
N/A

ADDITIONAL INFORMATION

Section:
Cytogenetics

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
N/A

Specimen Preparation:
N/A

Pediatric Collection:
N/A

Preferred Collection Volume:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
N/A

Reasons for Rejection:
N/A

Components:
N/A

Stability:
N/A

Storage/Transport Temperature:
N/A

Synonyms:

- N/A
- LAB5964-VML
- LAB5964VML

Performed:
Monday - Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
N/A

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
N/A

Methodology:
N/A

Section:
Cytogenetics

NAPA and Procainamide, Plasma

LAB33

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- PRC , LAB33
- LAB33-VML
- LAB33VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 4 weeks

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PRC , LAB33
- LAB33-VML
- LAB33VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
Procainamide and N-acetylprocainamide

RESULTS INTERPRETATION

Reference Interval:
Procainamide: 4 - 10 µg/mL NAPA: 5 - 30 µg/mL

Interpretive Data:
N/A

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Draw immediately before next dose

Components:
Procainamide and N-acetylprocainamide

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
Procainamide and N-acetylprocainamide

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 4 weeks

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PRC , LAB33
- LAB33-VML
- LAB33VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Procainamide: 4 - 10 µg/mL NAPA: 5 - 30 µg/mL

Additional Information:
Draw immediately before next dose

Methodology:
Immunoassay

Section:
Chemistry

Napsin A (IP64) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath167

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Nasal and Sputum Eosinophil Smear

LAB3144

ORDERING INFO

Collect:
Nasal swab or unstained slides made at the bedside preferable, if sputum container verify qualilty specimen is collected in container

Synonyms:

- Wright stain - nasal or sputum smear
- LAB3144-VML
- LAB3144VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
Swab collection must not dry out

Collect:
Nasal swab or unstained slides made at the bedside preferable, if sputum container verify qualilty specimen is collected in container

Specimen Preparation:
Swabs or sputum should be delivered to the lab immediately, slides need to be air dried before transport to lab.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Room Temperature

Performed:
Daily

Stability:
Room Temperature

Specimen:
Nasal swab, slides, or sterile sputum cup

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Allergies

Synonyms:

- Wright stain - nasal or sputum smear
- LAB3144-VML
- LAB3144VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Wright Stain smear

Components:
Drop down choice of Eosinophils present or None Seen

RESULTS INTERPRETATION

Reference Interval:
None seen

Interpretive Data:
Presence or absence of eosinophils in nasal swb, sputum, or skin lesions along with clinical picture can be of significance as a confirmation test

Methodology:
Wright Stain smear

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Drop down choice of Eosinophils present or None Seen

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Nasal swab or unstained slides made at the bedside preferable, if sputum container verify qualilty specimen is collected in container

Specimen Preparation:
Swabs or sputum should be delivered to the lab immediately, slides need to be air dried before transport to lab.

Pediatric Collection:
N/A

Preferred Collection Volume:
N/A

Alternate Specimen:
N/A

Patient Preparation:
Swab collection must not dry out

Specimen:
Nasal swab, slides, or sterile sputum cup

Reasons for Rejection:
Specimen too old for testing

Components:
Drop down choice of Eosinophils present or None Seen

Stability:
Room Temperature

Storage/Transport Temperature:
Room Temperature

Synonyms:

- Wright stain - nasal or sputum smear
- LAB3144-VML
- LAB3144VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Allergies

Interpretive Data:
Presence or absence of eosinophils in nasal swb, sputum, or skin lesions along with clinical picture can be of significance as a confirmation test

Reference Interval:
None seen

Additional Information:
N/A

Methodology:
Wright Stain smear

Section:
Hematology

Nasal Staphylococcus aureus Colonization by PCR

LAB6192

ORDERING INFO

Collect:
Nasal Swab: Eswab

Synonyms:

- LAB6192, Staph Nasal PCR, Staph Nasal Screen, NSA, MRSA
- LAB6192-VML
- LAB6192VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Nasal Swab: Eswab

Specimen Preparation:
Swab: Place swab in eSwab Specimen Transport Tube, break shaft off at scoreline then recap tube. (Min 0.3mL eSwab)

Pediatric Collection:
Nasal Swab: Eswab

Storage/Transport Temperature:
Ambient (15-25°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 24 hours; Refrigerated: 5 days

Specimen:
Nasal Swab (eSwab)

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
The Cepheid Xpert SA Nasal Complete Assay is a qualitative diagnostic test designed for rapid detection of Staphylococcus aureus (SA) and methicillin-resistant Staphylococcus aureus (MRSA) from nasal swabs in patients at risk for nasal colonization. The test utilizes automated real-time polymerase chain reaction (PCR) to detect MRSA/SA DNA. The assay is intended to aid in the prevention and control of MRSA/SA infections.

Synonyms:

- LAB6192, Staph Nasal PCR, Staph Nasal Screen, NSA, MRSA
- LAB6192-VML
- LAB6192VML

Performed:
Daily

Turn Around Time:
24 hours

Methodology:
PCR-Polymerase Chain Reaction

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
The assay is intended to aid in the prevention and control of MRSA/SA infections. The assay is not intended to diagnose, guide or monitor treatment for MRSA/SA infections, or provide results of susceptibility to methicillin. A negative result does not preclude MRSA/SA nasal colonization. Concomitant cultures are necessary to recover organisms for epidemiological typing or for further susceptibility testing.

Methodology:
PCR-Polymerase Chain Reaction

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Nasal Swab: Eswab

Specimen Preparation:
Swab: Place swab in eSwab Specimen Transport Tube, break shaft off at scoreline then recap tube. (Min 0.3mL eSwab)

Pediatric Collection:
Nasal Swab: Eswab

Preferred Collection Volume:
1mL

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Nasal Swab (eSwab)

Reasons for Rejection:
Incorrect collection swab or specimen other than nasal swab

Components:
N/A

Stability:
Ambient (15-25°C): 24 hours; Refrigerated: 5 days

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB6192, Staph Nasal PCR, Staph Nasal Screen, NSA, MRSA
- LAB6192-VML
- LAB6192VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
The Cepheid Xpert SA Nasal Complete Assay is a qualitative diagnostic test designed for rapid detection of Staphylococcus aureus (SA) and methicillin-resistant Staphylococcus aureus (MRSA) from nasal swabs in patients at risk for nasal colonization. The test utilizes automated real-time polymerase chain reaction (PCR) to detect MRSA/SA DNA. The assay is intended to aid in the prevention and control of MRSA/SA infections.

Interpretive Data:
The assay is intended to aid in the prevention and control of MRSA/SA infections. The assay is not intended to diagnose, guide or monitor treatment for MRSA/SA infections, or provide results of susceptibility to methicillin. A negative result does not preclude MRSA/SA nasal colonization. Concomitant cultures are necessary to recover organisms for epidemiological typing or for further susceptibility testing.

Reference Interval:
Not detected

Additional Information:
N/A

Methodology:
PCR-Polymerase Chain Reaction

Section:
Molecular Infectious Disease

Natalizumab Antibodies

LAB3797

ORDERING INFO

Collect:
Plain red. Also acceptable: Serum separator tube (SST).

Synonyms:

- Tysabri Neutralizing Antibody
- Tysabri, Natalizumab Immunogenicity Test
- LAB3797-VML
- LAB3797VML

SPECIMEN REQUIREMENTS

Collect:
Plain red. Also acceptable: Serum separator tube (SST).

Specimen Preparation:
Allow blood to clot at room temperature for 30 minutes. Separate serum from cells within 1 hour. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 2 Weeks; Frozen: 2 Weeks

Performed:
Varies

ORDERING

Synonyms:

- Tysabri Neutralizing Antibody
- Tysabri, Natalizumab Immunogenicity Test
- LAB3797-VML
- LAB3797VML

Ordering Recommendations:
Aids in management of individuals receiving natalizumab therapy.

Performed:
Varies

Methodology:
Qualitative Bridging Enzyme-Linked Immunosorbent Assay

Reported:
5-10 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Qualitative Bridging Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
83516

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Serum separator tube (SST).

Specimen Preparation:
Allow blood to clot at room temperature for 30 minutes. Separate serum from cells within 1 hour. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 2 Weeks; Frozen: 2 Weeks

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated

Synonyms:

- Tysabri Neutralizing Antibody
- Tysabri, Natalizumab Immunogenicity Test
- LAB3797-VML
- LAB3797VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-10 days

Ordering Recommendations:
Aids in management of individuals receiving natalizumab therapy.

Reference Interval:
By report

Methodology:
Qualitative Bridging Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
83516

Neisseria gonorrhoeae Culture

LAB1382

ORDERING INFO

Collect:

Aspirate fluid: transfer to sterile, screwtop container.

Synonyms:

- GC, Neisseria culture, gonorrhea culture, AGC
- LAB1382-VML
- LAB1382VML

Turn Around Time:

1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Aspirate fluid: transfer to sterile, screwtop container.

Specimen Preparation:
When swabs are collected, use flocked swabs in liquid Amies transport media (e.g., Eswab). For cervical specimens, moisten speculum with warm water, not lubricants, which can be antibacterial. Collect aspirates in sterile container. Do not refrigerate. (Min: 1 swab or 0.5 mL fluid)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Submit to laboratory immediately. Ambient: (15-25°C) 6 hours

Specimen:
Vaginal, cervical, male urethral, throat, eye and rectal

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Nucleic acid testing is preferred for testing due to increased sensitivity for the detection of Neisseria gonorrhoeae. Refer to MIDL PCR Chlamydia trachomatis/Neisseria gonorrhoeae (LAB 1364)

Synonyms:

- GC, Neisseria culture, gonorrhea culture, AGC
- LAB1382-VML
- LAB1382VML

Performed:
Daily

Turn Around Time:
1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Methodology:
Aerobic culture

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative for Neisseria gonorrhoeae

Interpretive Data:
Antimicrobial susceptibility testing available on request. A positive culture indicates infection with N. gonorrhoeae. Because of the labile nature of the organism, a negative culture does not rule out infection.

Methodology:
Aerobic culture

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Identification tests are billed separetly from culture.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Aspirate fluid: transfer to sterile, screwtop container.

Specimen Preparation:
When swabs are collected, use flocked swabs in liquid Amies transport media (e.g., Eswab). For cervical specimens, moisten speculum with warm water, not lubricants, which can be antibacterial. Collect aspirates in sterile container. Do not refrigerate. (Min: 1 swab or 0.5 mL fluid)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab or 0.5 mL fluid

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Vaginal, cervical, male urethral, throat, eye and rectal

Reasons for Rejection:
Non-sterile or leaking container. Swab not in transport medium (dry swab). Swab collected in calcium alginate or cotton-tipped swabs or in cobas(R) transport media. Cervical swab in ThinPrep media. Specimen received >24 h after collection. Refrigerated and frozen unacceptable.

Components:
N/A

Stability:
Submit to laboratory immediately. Ambient: (15-25°C) 6 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- GC, Neisseria culture, gonorrhea culture, AGC
- LAB1382-VML
- LAB1382VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Ordering Indicators:
Nucleic acid testing is preferred for testing due to increased sensitivity for the detection of Neisseria gonorrhoeae. Refer to MIDL PCR Chlamydia trachomatis/Neisseria gonorrhoeae (LAB 1364)

Interpretive Data:
Antimicrobial susceptibility testing available on request. A positive culture indicates infection with N. gonorrhoeae. Because of the labile nature of the organism, a negative culture does not rule out infection.

Reference Interval:
Negative for Neisseria gonorrhoeae

Additional Information:
Identification tests are billed separetly from culture.

Methodology:
Aerobic culture

Section:
Microbiology

NeoCerebellar Degeneration Paraneoplastic Profile w/ Recombx-ATH

LAB3977

ORDERING INFO

Synonyms:

- LAB3977-VML
- LAB3977VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3977-VML
- LAB3977VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3977-VML
- LAB3977VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Neuroblastoma (N-MYC)-QSTD

LAB3315

ORDERING INFO

Synonyms:

- LAB3315-VML
- LAB3315VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3315-VML
- LAB3315VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB3315-VML
- LAB3315VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Neurofibromatosis (NF1 and SPRED1) Seq & Del/Dup - UAB

LAB6097

ORDERING INFO

Synonyms:

- LAB6097-VML
- LAB6097VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6097-VML
- LAB6097VML

ADDITIONAL INFORMATION

Section:

RF-UAB

Resulting Laboratory:

UAB Laboratories

FULL VIEW

Synonyms:

- LAB6097-VML
- LAB6097VML

Resulting Laboratory:

UAB Laboratories

Section:

RF-UAB

Links:

Test Sent to Reference Lab. Click Here for Test Details

Neurofibromatosis Type 2 (NF2)-UAB

LAB3063

ORDERING INFO

Synonyms:

- LAB3063-VML
- LAB3063VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3063-VML
- LAB3063VML

ADDITIONAL INFORMATION

Section:

RF-UAB

Resulting Laboratory:

UAB Laboratories

FULL VIEW

Synonyms:

- LAB3063-VML
- LAB3063VML

Resulting Laboratory:

UAB Laboratories

Section:

RF-UAB

Links:

Test Sent to Reference Lab. Click Here for Test Details

Neurofilament (2F11) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath169

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Neurokinin-INSC

LAB3982

ORDERING INFO

Synonyms:

- LAB3982-VML
- LAB3982VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3982-VML
- LAB3982VML

ADDITIONAL INFORMATION

Section:

RF-INSC

Resulting Laboratory:

InterScience Institute

FULL VIEW

Synonyms:

- LAB3982-VML
- LAB3982VML

Resulting Laboratory:

InterScience Institute

Section:

RF-INSC

Links:

Test Sent to Reference Lab. Click Here for Test Details

Neuromuscular NGS Panel, Blood Saliva DNA

ORDERING INFO

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Synonyms:

- Neuromuscular NGS Panel, Next Generation Sequencing

Turn Around Time:
40 Business Days From Financial Clearance

SPECIMEN REQUIREMENTS

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Performed:
Weekly

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Specimen:
N/A

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Preferred test to determine genetic causes for individuals with suspected hereditary neuromuscular conditions or a family history of neuromuscular disease.

Synonyms:

- Neuromuscular NGS Panel, Next Generation Sequencing

Performed:
Weekly

Turn Around Time:
40 Business Days From Financial Clearance

Methodology:
Next Generation Sequencing

Components:
Sequence and del/dup analysis of coding exons for genes associated with neuromuscular disorders

RESULTS INTERPRETATION

Reference Interval:
Not Established for This Test

Interpretive Data:
N/A

Methodology:
Next Generation Sequencing

ADDITIONAL INFORMATION

Section:
Clinical Genomics

Alternate Specimen:
N/A

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Components:
Sequence and del/dup analysis of coding exons for genes associated with neuromuscular disorders

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Preferred Collection Volume:
Blood, Saliva, DNA

Alternate Specimen:
N/A

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Specimen:
N/A

Reasons for Rejection:
Mislabeling, Improper Collection, QNS

Components:
Sequence and del/dup analysis of coding exons for genes associated with neuromuscular disorders

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Synonyms:

- Neuromuscular NGS Panel, Next Generation Sequencing

Performed:
Weekly

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
40 Business Days From Financial Clearance

Ordering Indicators:
Preferred test to determine genetic causes for individuals with suspected hereditary neuromuscular conditions or a family history of neuromuscular disease.

Interpretive Data:
N/A

Reference Interval:
Not Established for This Test

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Methodology:
Next Generation Sequencing

Section:
Clinical Genomics

Neuron Specific Enolase, Serum

LAB6343

ORDERING INFO

Collect:
Serum Separator Tube (SST). Also acceptable: Plain Red.

Synonyms:

- LAB6343-VML
- LAB6343VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST). Also acceptable: Plain Red.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- LAB6343-VML
- LAB6343VML

Ordering Recommendations:
Use to detect neuron specific enolase, which may be a tumor marker for evaluation of neuroendocrine tumors.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Immunoassay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Less than or equal to 12.7 ng/mL

Interpretive Data:
This assay is performed using the BRAHMS NSE Kryptor Immunoassay. Results obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Methodology:
Quantitative Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
86316

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST). Also acceptable: Plain Red.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Hemolyzed specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- LAB6343-VML
- LAB6343VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Use to detect neuron specific enolase, which may be a tumor marker for evaluation of neuroendocrine tumors.

Interpretive Data:
This assay is performed using the BRAHMS NSE Kryptor Immunoassay. Results obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Reference Interval:
Less than or equal to 12.7 ng/mL

Methodology:
Quantitative Immunoassay

Section:
RF-ARUP

CPT Codes:
86316

Neuronal Nuclear Antibodies (Hu, Ri, Yo, Tr/DNER) IgG by Immunoblot, Serum

LAB6160

ORDERING INFO

Collect:
Serum separator tube

Synonyms:

- PCA-3
- Tr
- DNER
- Hu, Ri, Yo, and Tr/DNER Ab
- Hu; Ri; Yo; Tr/DNER
- Neuronal Ab Immunoblot
- Neuronal Nuclear Ab IgG
- Paraneoplastic
- Hu
- Ri
- Yo
- Tr/DNER
- LAB6160-VML
- LAB6160VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.30 mL)

Unacceptable Conditions:
Plasma. Contaminated, heat-inactivated, grossly hemolyzed, or lipemic specimens

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Mon, Thu, Sat

ORDERING

Synonyms:

- PCA-3
- Tr
- DNER
- Hu, Ri, Yo, and Tr/DNER Ab
- Hu; Ri; Yo; Tr/DNER
- Neuronal Ab Immunoblot
- Neuronal Nuclear Ab IgG
- Paraneoplastic
- Hu
- Ri
- Yo
- Tr/DNER
- LAB6160-VML
- LAB6160VML

Ordering Recommendations:
Useful for the evaluation of classic paraneoplastic neurologic syndrome.

Performed:
Mon, Thu, Sat

Methodology:
Qualitative Immunoblot

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Neuronal Nuclear Ab (Yo) IgG, IB, Serum	Negative
Neuronal Nuclear Ab (TR/DNER) IgG, IB	Negative
Neuronal Nuclear Ab (Ri) IgG, IB, Serum	Negative
Neuronal Nuclear Ab (Hu) IgG, IB, Serum	Negative

Interpretive Data:

This test detects IgG antineuronal antibodies to Hu, Ri, Yo and Tr (DNER) antigens.

Antineuronal antibodies serve as markers that aid in discriminating between a true paraneoplastic neurological disorder (PND) and other inflammatory disorders of the nervous system. Anti-Hu (antineuronal nuclear antibody, type I) is associated with small cell lung cancer. Anti-Ri (antineuronal nuclear antibody, type II) is associated with neuroblastoma in children and with fallopian tube and breast cancer in adults. Anti-Yo (anti-Purkinje cell cytoplasmic antibody) is associated with ovarian and breast cancer. Anti-Tr(DNER) is associated with Hodgkin's lymphoma.

The presence of one or more of these antineuronal antibodies supports a clinical diagnosis of PND and should lead to a focused search for the underlying neoplasm

Methodology:

Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:

84182 x4

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.30 mL)

Unacceptable Conditions:

Plasma. Contaminated, heat-inactivated, grossly hemolyzed, or lipemic specimens

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated

Synonyms:

- PCA-3
- Tr
- DNER
- Hu, Ri, Yo, and Tr/DNER Ab
- Hu; Ri; Yo; Tr/DNER
- Neuronal Ab Immunoblot
- Neuronal Nuclear Ab IgG
- Paraneoplastic
- Hu
- Ri
- Yo
- Tr/DNER
- LAB6160-VML
- LAB6160VML

Performed:

Mon, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Useful for the evaluation of classic paraneoplastic neurologic syndrome.

Interpretive Data:
This test detects IgG antineuronal antibodies to Hu, Ri, Yo and Tr (DNER) antigens.

Antineuronal antibodies serve as markers that aid in discriminating between a true paraneoplastic neurological disorder (PND) and other inflammatory disorders of the nervous system. Anti-Hu (antineuronal nuclear antibody, type I) is associated with small cell lung cancer. Anti-Ri (antineuronal nuclear antibody, type II) is associated with neuroblastoma in children and with fallopian tube and breast cancer in adults. Anti-Yo (anti-Purkinje cell cytoplasmic antibody) is associated with ovarian and breast cancer. Anti-Tr(DNER) is associated with Hodgkin's lymphoma.

The presence of one or more of these antineuronal antibodies supports a clinical diagnosis of PND and should lead to a focused search for the underlying neoplasm

Reference Interval:

Components	Reference Interval
Neuronal Nuclear Ab (Yo) IgG, IB, Serum	Negative
Neuronal Nuclear Ab (TR/DNER) IgG, IB	Negative
Neuronal Nuclear Ab (Ri) IgG, IB, Serum	Negative
Neuronal Nuclear Ab (Hu) IgG, IB, Serum	Negative

Methodology:
Qualitative Immunoblot

Section:
RF-ARUP

CPT Codes:
84182 x4

Neuronal Nuclear Antigen (A60) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath168

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Neu-N

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Neu-N

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Neu-N

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Neutrophil Ab Scrn-BCW

LAB3983

ORDERING INFO

Synonyms:

- LAB3983-VML
- LAB3983VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3983-VML
- LAB3983VML

ADDITIONAL INFORMATION

Section:

RF-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB3983-VML
- LAB3983VML

Resulting Laboratory:

Versiti

Section:

RF-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

Neutrophil Oxidative Burst Assay (DHR)

LAB3801

ORDERING INFO

Collect:
Green (Sodium or Lithium Heparin) (patient) AND Green (Sodium or Lithium Heparin) (control). Patient and control specimens must be collected within 48 hours of test performance.

Synonyms:

- CGD Test
- Chronic Granulomatous Disease Test
- DHR test
- Neutrophil Oxidation
- LAB3801-VML
- LAB3801VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect control specimen from a healthy individual unrelated to patient at approximately the same time as and under similar conditions to the patient.

Collect:
Green (Sodium or Lithium Heparin) (patient) AND Green (Sodium or Lithium Heparin) (control). Patient and control specimens must be collected within 48 hours of test performance.

Specimen Preparation:
Transport 3 mL whole blood (patient) AND 3 mL whole blood (control) in original collection tubes. (Min: 1 mL (patient) AND 1 mL (control)) Do not refrigerate or freeze. LIVE NEUTROPHILS REQUIRED.

Storage/Transport Temperature:
CRITICAL ROOM TEMPERATURE.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable
New York State Clients: Ambient 24 hours; Refrigerated: Unacceptable; Frozen Unacceptable

Performed:
Sun-Sat

ORDERING

Synonyms:

- CGD Test
- Chronic Granulomatous Disease Test
- DHR test
- Neutrophil Oxidation
- LAB3801-VML
- LAB3801VML

Ordering Recommendations:
Aid in screening for chronic granulomatous disease.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Flow Cytometry

Reported:
2-3 days

Notes:
If sample shows abnormal results when stimulated, and no control was sent, test should be resubmitted with control sample to validate the conditions of collection, processing and transport. For abnormal results, we encourage consultation with the ARUP Immunology Medical Director.

Interpretation comparing the patient results to the client normal control and the laboratory control will be provided by the medical director.

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:

White blood cells are incubated with dihydrorhodamine 123 (DHR) and catalase, then stimulated with Phorbol 12-Myristate 13-Acetate (PMA). Dihydrorhodamine oxidation to rhodamine by the respiratory burst of the cell is measured by flow cytometry.

Results are reported as the ratio of the mean channel fluorescence of stimulated cells versus unstimulated cells, which yields a stimulation index (SI).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Semi-Quantitative Flow Cytometry

ADDITIONAL INFORMATION

CPT Codes:

86352

Section:

RF-ARUP

Notes:

If sample shows abnormal results when stimulated, and no control was sent, test should be resubmitted with control sample to validate the conditions of collection, processing and transport. For abnormal results, we encourage consultation with the ARUP Immunology Medical Director.

Interpretation comparing the patient results to the client normal control and the laboratory control will be provided by the medical director.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Green (Sodium or Lithium Heparin) (patient) AND Green (Sodium or Lithium Heparin) (control). Patient and control specimens must be collected within 48 hours of test performance.

Specimen Preparation:

Transport 3 mL whole blood (patient) AND 3 mL whole blood (control) in original collection tubes. (Min: 1 mL (patient) AND 1 mL (control)) Do not refrigerate or freeze. LIVE NEUTROPHILS REQUIRED.

Patient Preparation:

Collect control specimen from a healthy individual unrelated to patient at approximately the same time as and under similar conditions to the patient.

Stability (from collection to initiation):

Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable
New York State Clients: Ambient 24 hours; Refrigerated: Unacceptable; Frozen Unacceptable

Storage/Transport Temperature:

CRITICAL ROOM TEMPERATURE.

Synonyms:

- CGD Test
- Chronic Granulomatous Disease Test
- DHR test
- Neutrophil Oxidation
- LAB3801-VML
- LAB3801VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

2-3 days

Ordering Recommendations:

Aid in screening for chronic granulomatous disease.

Interpretive Data:

White blood cells are incubated with dihydrorhodamine 123 (DHR) and catalase, then stimulated with Phorbol 12-Myristate 13-Acetate (PMA). Dihydrorhodamine oxidation to rhodamine by the respiratory burst of the cell is measured by flow cytometry.

Results are reported as the ratio of the mean channel fluorescence of stimulated cells versus unstimulated cells, which yields a stimulation index (SI).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

By report

Methodology:

Semi-Quantitative Flow Cytometry

Section:

RF-ARUP

CPT Codes:

86352

Notes:

If sample shows abnormal results when stimulated, and no control was sent, test should be resubmitted with control sample to validate the conditions of collection, processing and transport. For abnormal results, we encourage consultation with the ARUP Immunology Medical Director.

Interpretation comparing the patient results to the client normal control and the laboratory control will be provided by the medical director.

Neutrophil-Associated Antibodies

LAB3800

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- Anti-Granulocyte Antibodies
- Anti-Leukocyte Ab
- Anti-Neutrophil Antibodies
- Granulocyte Ab
- NAIg
- Neutrophil Antibody
- LAB3800-VML
- LAB3800VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Remove serum from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube and freeze. (Min: 0.5 mL)

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Performed:
Mon, Thu

ORDERING

Synonyms:

- Anti-Granulocyte Antibodies
- Anti-Leukocyte Ab
- Anti-Neutrophil Antibodies
- Granulocyte Ab
- NAIg
- Neutrophil Antibody
- LAB3800-VML
- LAB3800VML

Ordering Recommendations:
Support the diagnosis of immune neutropenia in various autoimmune disorders.

Performed:
Mon, Thu

Methodology:
Qualitative Flow Cytometry

Reported:
1-5 days

Notes:
Circulating antibodies in patient's serum are measured by flow cytometry after incubation with normal neutrophils. Values greater than 2 standard deviations of a normal control population are interpreted as "weakly positive" and greater than 3 standard deviations as "positive".

This test should not be confused with Anti-Neutrophil Cytoplasmic Antibody, IgG (0050811 - ANCA).

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:

Neutrophil-associated antibodies may cause neutropenia in various autoimmune disorders including Felty syndrome, SLE and drug-induced neutropenia. Febrile transfusion reactions and isoimmune neonatal neutropenia may also be caused by antibodies to neutrophil-specific antigens or HLA antigens.

A positive result on this test is not definitive for specific antineutrophil antibodies, since anti-HLA antibodies and immune complexes may also cause a positive result. The results of this test should be correlated to clinical history and other data.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Qualitative Flow Cytometry

ADDITIONAL INFORMATION

CPT Codes:

86021

Section:

RF-ARUP

Notes:

Circulating antibodies in patient's serum are measured by flow cytometry after incubation with normal neutrophils. Values greater than 2 standard deviations of a normal control population are interpreted as "weakly positive" and greater than 3 standard deviations as "positive".

This test should not be confused with Anti-Neutrophil Cytoplasmic Antibody, IgG (0050811 - ANCA).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red or serum separator tube.

Specimen Preparation:

Remove serum from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube and freeze. (Min: 0.5 mL)

Stability (from collection to initiation):

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Storage/Transport Temperature:

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Anti-Granulocyte Antibodies
- Anti-Leukocyte Ab
- Anti-Neutrophil Antibodies
- Granulocyte Ab
- NAIg
- Neutrophil Antibody
- LAB3800-VML
- LAB3800VML

Performed:

Mon, Thu

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Support the diagnosis of immune neutropenia in various autoimmune disorders.

Interpretive Data:

Neutrophil-associated antibodies may cause neutropenia in various autoimmune disorders including Felty syndrome, SLE and drug-induced neutropenia. Febrile transfusion reactions and isoimmune neonatal neutropenia may also be caused by antibodies to neutrophil-specific antigens or HLA antigens.

A positive result on this test is not definitive for specific antineutrophil antibodies, since anti-HLA antibodies and immune complexes may also cause a positive result. The results of this test should be correlated to clinical history and other data.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Negative

Methodology:

Qualitative Flow Cytometry

Section:

RF-ARUP

CPT Codes:

86021

Notes:

Circulating antibodies in patient's serum are measured by flow cytometry after incubation with normal neutrophils. Values greater than 2 standard deviations of a normal control population are interpreted as "weakly positive" and greater than 3 standard deviations as "positive".

This test should not be confused with Anti-Neutrophil Cytoplasmic Antibody, IgG (0050811 - ANCA).

Nicotine and Metabolites, Serum or Plasma, Quantitative

LAB3802

ORDERING INFO

Collect:
Plain red, green (sodium heparin), lavender (EDTA), or pink (K2EDTA).

Synonyms:

- Nicotine
- Nicotine and Cotinine, LC/MS/MS, Serum/Plasma
- Pain Management
- Cotinine
- LAB3802-VML
- LAB3802VML

SPECIMEN REQUIREMENTS

Collect:
Plain red, green (sodium heparin), lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 4 mL serum or plasma to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Plasma or whole blood collected in lt. blue (sodium citrate) or SST. Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years

Performed:
Sun-Sat

ORDERING

Synonyms:

- Nicotine
- Nicotine and Cotinine, LC/MS/MS, Serum/Plasma
- Pain Management
- Cotinine
- LAB3802-VML
- LAB3802VML

Ordering Recommendations:
Use to detect and monitor nicotine and cotinine in serum or plasma. Serum or plasma testing may be useful when a valid urine specimen cannot be obtained (eg, due to anuria or dialysis).

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 15, 2022

Drugs Covered	Cutoff Concentrations
Nicotine	5 ng/mL
Cotinine (metabolite)	5 ng/mL

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 5 ng/mL

For medical purposes only; not valid for forensic use.

This test is designed to evaluate recent use of nicotine-containing products. Passive and active exposure cannot be discriminated definitively, although a cutoff of 10 ng/mL cotinine is frequently used for surgery qualification purposes. For smoking cessation programs or compliance testing, the absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, or limitations of testing. This test cannot distinguish between use of tobacco and purified nicotine products. The concentration value must be greater than or equal to the cutoff to be reported as positive.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80323 (Alt code: G0480)

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red, green (sodium heparin), lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 4 mL serum or plasma to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:

Plasma or whole blood collected in lt. blue (sodium citrate) or SST. Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Nicotine
- Nicotine and Cotinine, LC/MS/MS, Serum/Plasma
- Pain Management
- Cotinine
- LAB3802-VML
- LAB3802VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Use to detect and monitor nicotine and cotinine in serum or plasma. Serum or plasma testing may be useful when a valid urine specimen cannot be obtained (eg, due to anuria or dialysis).

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 5 ng/mL

For medical purposes only; not valid for forensic use.

This test is designed to evaluate recent use of nicotine-containing products. Passive and active exposure cannot be discriminated definitively, although a cutoff of 10 ng/mL cotinine is frequently used for surgery qualification purposes. For smoking cessation programs or compliance testing, the absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, or limitations of testing. This test cannot distinguish between use of tobacco and purified nicotine products. The concentration value must be greater than or equal to the cutoff to be reported as positive.

Reference Interval:

Effective August 15, 2022

Drugs Covered	Cutoff Concentrations
Nicotine	5 ng/mL
Cotinine (metabolite)	5 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80323 (Alt code: G0480)

Nicotine and Metabolites, Urine, Quantitative

LAB414

ORDERING INFO

Collect:
Random urine.

Synonyms:

- 3-Hydroxycotinine
- Pain Management
- Nicotine and Cotinine, LC/MS/MS, Urine
- Cotinine
- Anabasine
- LAB414-VML
- LAB414VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 4 mL with no additives or preservatives urine to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 10 days; Refrigerated: 10 days; Frozen: 8 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- 3-Hydroxycotinine
- Pain Management
- Nicotine and Cotinine, LC/MS/MS, Urine
- Cotinine
- Anabasine
- LAB414-VML
- LAB414VML

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Cotinine Screen, Urine (2007081).

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Nicotine	15 ng/mL
Cotinine (metabolite)	15 ng/mL
3-OH-Cotinine (metabolite)	50 ng/mL
Anabasine (tobacco biomarker)	5 ng/mL

Interpretive Data:
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff:
Nicotine: 15 ng/mL
Cotinine: 15 ng/mL
3-OH-Cotinine: 50 ng/mL
Anabasine: 5 ng/mL

For medical purposes only; not valid for forensic use.

This test is designed to evaluate recent use of nicotine-containing products. Passive and active exposure cannot be discriminated definitively, although a cutoff of 100 ng/mL cotinine is frequently used for surgery qualification purposes. For smoking cessation programs or compliance testing, the absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Anabasine is included as a biomarker of tobacco use, versus nicotine replacement. Interpretive questions should be directed to the laboratory.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80323 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Transfer 4 mL with no additives or preservatives urine to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):
Ambient: 10 days; Refrigerated: 10 days; Frozen: 8 months

Storage/Transport Temperature:
Room temperature.

Synonyms:

- 3-Hydroxycotinine
- Pain Management
- Nicotine and Cotinine, LC/MS/MS, Urine
- Cotinine
- Anabasine
- LAB414-VML
- LAB414VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is Cotinine Screen, Urine (2007081).

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff:
Nicotine: 15 ng/mL
Cotinine: 15 ng/mL
3-OH-Cotinine: 50 ng/mL
Anabasine: 5 ng/mL

For medical purposes only; not valid for forensic use.

This test is designed to evaluate recent use of nicotine-containing products. Passive and active exposure cannot be discriminated definitively, although a cutoff of 100 ng/mL cotinine is frequently used for surgery qualification purposes. For smoking cessation programs or compliance testing, the absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Anabasine is included as a biomarker of tobacco use, versus nicotine replacement. Interpretive questions should be directed to the laboratory.

Reference Interval:

Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Nicotine	15 ng/mL
Cotinine (metabolite)	15 ng/mL
3-OH-Cotinine (metabolite)	50 ng/mL
Anabasine (tobacco biomarker)	5 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80323 (Alt code: G0480)

NK Function-CINN

LAB3985

ORDERING INFO

Synonyms:

- LAB3985-VML
- LAB3985VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3985-VML
- LAB3985VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3985-VML
- LAB3985VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

NKX2.2 (EP336) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath170

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

NKX3.1 (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath171

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

N-methyl-D-Aspartate Receptor (NMDAR) Antibody, IgG by CBA-IFA, CSF With Reflex to Titer

LAB6304

ORDERING INFO

Collect:
CSF.

Synonyms:

- anti-GluN1
- Anti-NMDA CSF
- anti-NR1
- Glutamate Receptor Antibodies
- N-Methyl D-Aspartate Ab CSF
- NMDA R
- NMDA Receptor Ab CSF
- LAB6304-VML
- LAB6304VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 0.5 mL CSF to an ARUP standard transport tube. (Min: 0.15 mL)

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- anti-GluN1
- Anti-NMDA CSF
- anti-NR1
- Glutamate Receptor Antibodies
- N-Methyl D-Aspartate Ab CSF
- NMDA R
- NMDA Receptor Ab CSF
- LAB6304-VML
- LAB6304VML

Ordering Recommendations:
Confirm diagnosis of anti-NMDAR encephalitis. May be used in monitoring treatment response in individuals who are antibody positive.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

Reported:
1-3 days

Notes:
If NMDA CSF antibody IgG is positive, then an NMDA CSF antibody IgG titer is reported. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:
Less than 1:1

Interpretive Data:
NMDA receptor antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response. In addition, positive results have been reported in patients with nonautoimmune phenotypes. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis. Results should be interpreted in correlation with the patients clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell lines for the detection and semiquantification of NMDA receptor IgG antibody.

Methodology:
Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

ADDITIONAL INFORMATION

CPT Codes:
86255; if reflexed, add 86256

Section:
RF-ARUP

Notes:
If NMDA CSF antibody IgG is positive, then an NMDA CSF antibody IgG titer is reported. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
CSF.

Specimen Preparation:
Transfer 0.5 mL CSF to an ARUP standard transport tube. (Min: 0.15 mL)

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- anti-GluN1
- Anti-NMDA CSF
- anti-NR1
- Glutamate Receptor Antibodies
- N-Methyl D-Aspartate Ab CSF
- NMDA R
- NMDA Receptor Ab CSF
- LAB6304-VML
- LAB6304VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Confirm diagnosis of anti-NMDAR encephalitis. May be used in monitoring treatment response in individuals who are antibody positive.

Interpretive Data:
NMDA receptor antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response. In addition, positive results have been reported in patients with nonautoimmune phenotypes. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis. Results should be interpreted in correlation with the patients clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell lines for the detection and semiquantification of NMDA receptor IgG antibody.

Reference Interval:
Less than 1:1

Methodology:
Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

Section:
RF-ARUP

CPT Codes:
86255; if reflexed, add 86256

Notes:
If NMDA CSF antibody IgG is positive, then an NMDA CSF antibody IgG titer is reported. Additional charges apply.

N-methyl-D-Aspartate Receptor (NMDAR) Antibody, IgG by CBA-IFA, Serum With Reflex to Titer

LAB3803

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Anti-NMDA
- Anti-NR1
- N-Methyl D-Aspartate Ab
- NMDA R
- NMDA Titer
- Anti-GluN1
- Glutamate Receptor Antibodies
- NMDA Receptor Ab
- NMDA Reflex
- LAB3803-VML
- LAB3803VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.15 mL)

Unacceptable Conditions:
CSF or plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Anti-NMDA
- Anti-NR1
- N-Methyl D-Aspartate Ab
- NMDA R
- NMDA Titer
- Anti-GluN1
- Glutamate Receptor Antibodies
- NMDA Receptor Ab
- NMDA Reflex
- LAB3803-VML
- LAB3803VML

Ordering Recommendations:
Confirm diagnosis of anti-NMDAR encephalitis. May be used in monitoring treatment response in individuals who are antibody positive.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

Reported:
1-3 days

Notes:
If NMDA antibody IgG is positive, then an NMDA antibody IgG titer is reported. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:
Less than 1:10

Interpretive Data:
NMDA receptor antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response. In addition, positive results have been reported in patients with nonautoimmune phenotypes. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis. Results should be interpreted in correlation with the patients clinical history and other laboratory findings. Serum testing should be paired with CSF testing for improved diagnostic sensitivity.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell lines for the detection and semiquantification of NMDA receptor IgG antibody..

Methodology:
Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

ADDITIONAL INFORMATION

CPT Codes:
86255; if reflexed, add 86256

Section:
RF-ARUP

Notes:
If NMDA antibody IgG is positive, then an NMDA antibody IgG titer is reported. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.15 mL)

Unacceptable Conditions:
CSF or plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Anti-NMDA
- Anti-NR1
- N-Methyl D-Aspartate Ab
- NMDA R
- NMDA Titer
- Anti-GluN1
- Glutamate Receptor Antibodies
- NMDA Receptor Ab
- NMDA Reflex
- LAB3803-VML
- LAB3803VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
Confirm diagnosis of anti-NMDAR encephalitis. May be used in monitoring treatment response in individuals who are antibody positive.

Interpretive Data:

NMDA receptor antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response. In addition, positive results have been reported in patients with nonautoimmune phenotypes. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis. Results should be interpreted in correlation with the patients clinical history and other laboratory findings. Serum testing should be paired with CSF testing for improved diagnostic sensitivity.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell lines for the detection and semiquantification of NMDA receptor IgG antibody..

Reference Interval:

Less than 1:10

Methodology:

Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

Section:

RF-ARUP

CPT Codes:

86255; if reflexed, add 86256

Notes:

If NMDA antibody IgG is positive, then an NMDA antibody IgG titer is reported. Additional charges apply.

NMO/Aquaporin-4 IgG Eval w/Rfx-MAYO

LAB5775

ORDERING INFO

Synonyms:

- LAB5775-VML
- LAB5775VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5775-VML
- LAB5775VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB5775-VML
- LAB5775VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Noonan Syndrome (PTPN11)-ATH

LAB3317

ORDERING INFO

Synonyms:

- LAB3317-VML
- LAB3317VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3317-VML
- LAB3317VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3317-VML
- LAB3317VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Nortriptyline (Test on Referral as of 03/05/24)

LAB807

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Synonyms:

- Nortrilen
- Pamelor
- Noritren
- Norpress
- Sensoval
- TCA
- Tricyclic Antidepressants
- Allegron
- Aventyl
- LAB807-VML
- LAB807VML

SPECIMEN REQUIREMENTS

Patient Preparation:
If amitriptyline is administered, order Amitriptyline and Nortriptyline (ARUP test code 0090158). Timing of specimen collection: Predose (trough) draw at steady-state concentration.

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 6 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Nortrilen
- Pamelor
- Noritren
- Norpress
- Sensoval
- TCA
- Tricyclic Antidepressants
- Allegron
- Aventyl
- LAB807-VML
- LAB807VML

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:
Therapeutic Range:
50-150 ng/mL
Toxic: > 500 ng/mL

Interpretive Data:
Toxic concentrations may cause anticholinergic effects, cardiac abnormalities, and seizures.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80335 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL)

Patient Preparation:
If amitriptyline is administered, order Amitriptyline and Nortriptyline (ARUP test code 0090158). Timing of specimen collection: Predose (trough) draw at steady-state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Nortrilen
- Pamelor
- Noritren
- Norpress
- Sensoval
- TCA
- Tricyclic Antidepressants
- Allegron
- Aventyl
- LAB807-VML
- LAB807VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Use to optimize dosing and monitor patient adherence.

Interpretive Data:
Toxic concentrations may cause anticholinergic effects, cardiac abnormalities, and seizures.

Reference Interval:
Therapeutic Range:
50-150 ng/mL
Toxic: > 500 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80335 (Alt code: G0480)

NPM1 Mutation Analysis, Whole blood, bone marrow

LAB3039

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB3039, NPM, Nucleophosmin
- LAB3039-VML
- LAB3039VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:

Two Lavender microtainers (EDTA)

Storage/Transport Temperature:

Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:

Monday and Thursday

Stability:

EDTA and AC-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Specimen:

Whole blood or bone marrow

Alternate Specimen:

Yellow tube (ACD-A)

ORDERING

Ordering Indicators:

The analysis of NPM1 mutations aids in the diagnosis and management of acute myeloid leukemia (AML).

Synonyms:

- LAB3039, NPM, Nucleophosmin
- LAB3039-VML
- LAB3039VML

Performed:

Monday and Thursday

Turn Around Time:

10 days

Methodology:
Fluorescent PCR designed to detect NPM1 mutations (4 bp insertions or duplications in exon 12) with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
Results must be interpreted in the appropriate clinical context. Refer to report.

Methodology:
Fluorescent PCR designed to detect NPM1 mutations (4 bp insertions or duplications in exon 12) with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Preferred Collection Volume:
4 mL whole blood or bone marrow

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood or bone marrow

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and AC-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- LAB3039, NPM, Nucleophosmin
- LAB3039-VML
- LAB3039VML

Performed:
Monday and Thursday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
The analysis of NPM1 mutations aids in the diagnosis and management of acute myeloid leukemia (AML).

Interpretive Data:
Results must be interpreted in the appropriate clinical context. Refer to report.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Fluorescent PCR designed to detect NPM1 mutations (4 bp insertions or duplications in exon 12) with fragment size analysis by capillary electrophoresis; Laboratory Developed Test

Section:
Molecular Diagnostics

N-Telopeptide, Cross-Linked, Serum

LAB3804

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- N-Telopeptide, Cross-Linked
- NTx
- NTx Serum
- Cross-Linked N-Telopeptide
- LAB3804-VML
- LAB3804VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Severely hemolyzed specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 5 hours; Refrigerated: 24 hours; Frozen: 6 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- N-Telopeptide, Cross-Linked
- NTx
- NTx Serum
- Cross-Linked N-Telopeptide
- LAB3804-VML
- LAB3804VML

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Adult Male: 5.4-24.2 nM BCE
Premenopausal, Adult Female: 6.2-19.0 nM BCE

Interpretive Data:
The target value for treated postmenopausal adult females is the same as the premenopausal reference interval.
BCE = Bone Collagen Equivalent

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
82523

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Severely hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 5 hours; Refrigerated: 24 hours; Frozen: 6 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- N-Telopeptide, Cross-Linked
- NTx
- NTx Serum
- Cross-Linked N-Telopeptide
- LAB3804-VML
- LAB3804VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Interpretive Data:
The target value for treated postmenopausal adult females is the same as the premenopausal reference interval.
BCE = Bone Collagen Equivalent

Reference Interval:
Adult Male: 5.4-24.2 nM BCE
Premenopausal, Adult Female: 6.2-19.0 nM BCE

Methodology:
Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
82523

N-Telopeptide, Cross-Linked, Urine

LAB816

ORDERING INFO

Collect:
Second-morning void or 24-hour urine. Refrigerate during collection. Collect without preservative.

Synonyms:

- Collagen Crosslinks
- Cross-Linked N-Telopeptide
- Crosslinked N-telopeptide of Type I Collagen
- N-Telopeptide, Urine
- NTx
- NTX Creatinine
- NTX Urine
- Osteomark
- Osteoporosis
- LAB816-VML
- LAB816VML

SPECIMEN REQUIREMENTS

Patient Preparation:
For monitoring therapy, a baseline specimen should be collected prior to initiation of therapy. Subsequent specimens for comparison should be collected at the same time of day as the baseline specimen.

Collect:
Second-morning void or 24-hour urine. Refrigerate during collection. Collect without preservative.

Specimen Preparation:
Transfer a 1 mL aliquot of urine from a well-mixed, second-morning void or 24-hour collection to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens contaminated with blood or extensive hemolysis.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 4 weeks

Performed:
Tue-Sat

ORDERING

Synonyms:

- Collagen Crosslinks
- Cross-Linked N-Telopeptide
- Crosslinked N-telopeptide of Type I Collagen
- N-Telopeptide, Urine
- NTx
- NTX Creatinine
- NTX Urine
- Osteomark
- Osteoporosis
- LAB816-VML
- LAB816VML

Performed:
Tue-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay (CLIA)

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Age	Male	Female
7-9 years	167-578 nM BCE/mM creatinine	201-626 nM BCE/mM creatinine
10-12 years	152-505 nM BCE/mM creatinine	173-728 nM BCE/mM creatinine
13-15 years	103-776 nM BCE/mM creatinine	38-515 nM BCE/mM creatinine
16-17 years	34-313 nM BCE/mM creatinine	20-144 nM BCE/mM creatinine
18 years and older	21-83 nM BCE/mM creatinine	
Premenopausal		17-94 nM BCE/mM creatinine
Postmenopausal		26-124 nM BCE/mM creatinine

Interpretive Data:

NTx Units = nM BCE/mM creatinine

A decrease of 30-40% from the NTx baseline after three months of therapy is a typical response to anti-resorptive therapy.

NTx = Cross-linked N-telopeptide of Type I Collagen
BCE = Bone Collagen Equivalent

Methodology:

Quantitative Chemiluminescent Immunoassay (CLIA)

ADDITIONAL INFORMATION

CPT Codes:

82523

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Second-morning void or 24-hour urine. Refrigerate during collection. Collect without preservative.

Specimen Preparation:

Transfer a 1 mL aliquot of urine from a well-mixed, second-morning void or 24-hour collection to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:

For monitoring therapy, a baseline specimen should be collected prior to initiation of therapy. Subsequent specimens for comparison should be collected at the same time of day as the baseline specimen.

Unacceptable Conditions:

Specimens contaminated with blood or extensive hemolysis.

Stability (from collection to initiation):

Ambient: 24 hours; Refrigerated: 1 week; Frozen: 4 weeks

Storage/Transport Temperature:

Frozen.

Synonyms:

- Collagen Crosslinks
- Cross-Linked N-Telopeptide
- Crosslinked N-telopeptide of Type I Collagen
- N-Telopeptide, Urine
- NTx
- NTX Creatinine
- NTX Urine
- Osteomark
- Osteoporosis
- LAB816-VML
- LAB816VML

Performed:

Tue-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-4 days

Interpretive Data:
NTx Units = nM BCE/mM creatinine

A decrease of 30-40% from the NTx baseline after three months of therapy is a typical response to anti-resorptive therapy.

NTx = Cross-linked N-telopeptide of Type I Collagen
BCE = Bone Collagen Equivalent

Reference Interval:

Age	Male	Female
7-9 years	167-578 nM BCE/mM creatinine	201-626 nM BCE/mM creatinine
10-12 years	152-505 nM BCE/mM creatinine	173-728 nM BCE/mM creatinine
13-15 years	103-776 nM BCE/mM creatinine	38-515 nM BCE/mM creatinine
16-17 years	34-313 nM BCE/mM creatinine	20-144 nM BCE/mM creatinine
18 years and older	21-83 nM BCE/mM creatinine	
Premenopausal		17-94 nM BCE/mM creatinine
Postmenopausal		26-124 nM BCE/mM creatinine

Methodology:
Quantitative Chemiluminescent Immunoassay (CLIA)

Section:
RF-ARUP

CPT Codes:
82523

N-Terminal Pro B-Type Natriuretic Peptide, plasma

LAB5778

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB5778, ProBNP, PBN, NT Pro BNP
- LAB5778-VML
- LAB5778VML

Turn Around Time:
2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be centrifuged and plasma aliquoted into secondary container. (Minimum 0.4 mL plasma)

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Room temperature

Performed:
Daily

Stability:
Ambient (15-25°C): 3 days Refrigerated (2-8°C): 6 days

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is used as an aid in the diagnosis of individuals suspected of having congestive heart failure. The test is also indicative for the risk stratification of patients with acute coronary sysndrome and congestive heart failure and aids in the assessment of increased risk of cardiovascular events and mortality in patients at risk for heart failure who have stable coronary artery disease.

Synonyms:

- LAB5778, ProBNP, PBN, NT Pro BNP
- LAB5778-VML
- LAB5778VML

Performed:
Daily

Turn Around Time:
2 hours

Methodology:
Electrochemiluminescence immunoassay (ECLIA)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - 74 years: =/< 124 pg/mL 75 - 150 years: =/< 449 pg/mL Negative cutoff: 300 pg/mL

Interpretive Data:
N/A

Methodology:
Electrochemiluminescence immunoassay (ECLIA)

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
This test is intended only for patients on Entresto (Sacubitril). Patients not on Entresto should order BNP levels to monitor natriuretic peptides.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be centrifuged and plasma aliquoted into secondary container. (Minimum 0.4 mL plasma)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
QNS, grossly hemolyzed, icteric specimen, improper collection

Components:
N/A

Stability:
Ambient (15-25°C): 3 days Refrigerated (2-8°C): 6 days

Storage/Transport Temperature:
Room temperature

Synonyms:

- LAB5778, ProBNP, PBN, NT Pro BNP
- LAB5778-VML
- LAB5778VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours

Ordering Indicators:
This test is used as an aid in the diagnosis of individuals suspected of having congestive heart failure. The test is also indicative for the risk stratification of patients with acute coronary sysndrome and congestive heart failure and aids in the assessment of increased risk of cardiovascular events and mortality in patients at risk for heart failure who have stable coronary artery disease.

Interpretive Data:
N/A

Reference Interval:
0 - 74 years: =/< 124 pg/mL 75 - 150 years: =/< 449 pg/mL Negative cutoff: 300 pg/mL

Additional Information:
This test is intended only for patients on Entresto (Sacubitril). Patients not on Entresto should order BNP levels to monitor natriuretic peptides.

Methodology:
Electrochemiluminescence immunoassay (ECLIA)

Section:
Special Chemistry

NUT (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath172

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Occult Blood Immunoassay, stool

LAB694

ORDERING INFO

Collect:
Special collection kit/mailer (FIT Kit)

Synonyms:

- LAB694, FIT
- LAB694-VML
- LAB694VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Special collection kit/mailer (FIT Kit)

Specimen Preparation:
Follow instructions in the specimen collection kit.

Pediatric Collection:
Follow

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
Ambient (15-25°C): 15 days, Refrigerated (2-8°C): 30 days

Specimen:
Stool

Alternate Specimen:
Stool in clean container

ORDERING

Ordering Indicators:
This test is used to detect hemoglobin (blood) in feces.

Synonyms:

- LAB694, FIT
- LAB694-VML
- LAB694VML

Performed:
Monday - Friday

Turn Around Time:
1 Day

Methodology:
Immunoassay

Components:
FIT

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result indicates the presence of blood in the specimen.

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Stool in clean container

Additional Information:
NA

Components:
FIT

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Special collection kit/mailer (FIT Kit)

Specimen Preparation:
Follow instructions in the specimen collection kit.

Pediatric Collection:
Follow

Preferred Collection Volume:
Pea-sized amount of stool in collection device or clean cup

Alternate Specimen:
Stool in clean container

Patient Preparation:
NA

Specimen:
Stool

Reasons for Rejection:
Specimen in preservative; specimen in diaper

Components:
FIT

Stability:
Ambient (15-25°C): 15 days, Refrigerated (2-8°C): 30 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB694, FIT
- LAB694-VML
- LAB694VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to detect hemoglobin (blood) in feces.

Interpretive Data:
A positive result indicates the presence of blood in the specimen.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Immunoassay

Section:
Immunoserology

Occult Blood, Gastric

LAB696

ORDERING INFO

Collect:
Sterile container

Synonyms:

- GOC, Gastric Fluid Occult Blood, Gastroccult, Occult Blood Gastric Fluid, LAB696
- LAB696-VML
- LAB696VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Collect:
Sterile container

Specimen Preparation:
Gastric aspirate obtained by nasogastric intubation or vomitus are appropriate samples for use with this test. Specimens should be sent to the lab immediately for testing. Testing should occur within 8 hours of collection.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Room Temperature

Performed:
Daily

Stability:
15° to 25°C: 1 day; 2° to 8°C: 5 days; Frozen: N/A

Specimen:
Gastric Asp; Gastric Contents/Vomitus

Alternate Specimen:
N/A

ORDERING

Synonyms:

- GOC, Gastric Fluid Occult Blood, Gastroccult, Occult Blood Gastric Fluid, LAB696
- LAB696-VML
- LAB696VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Guaiac Test (Occult Blood) Dye (pH)

Components:
Occult Blood Gastric Fluid, pH Gastric

RESULTS INTERPRETATION

Reference Interval:
Occult Blood Gastric Fluid = Negative

Methodology:
Guaiac Test (Occult Blood) Dye (pH)

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Components:
Occult Blood Gastric Fluid, pH Gastric

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile container

Specimen Preparation:
Gastric aspirate obtained by nasogastric intubation or vomitus are appropriate samples for use with this test. Specimens should be sent to the lab immediately for testing. Testing should occur within 8 hours of collection.

Pediatric Collection:
N/A

Preferred Collection Volume:
Minimum: 0.5 mL Gastric Aspirate

Alternate Specimen:
N/A

Specimen:
Gastric Asp; Gastric Contents/Vomitus

Reasons for Rejection:
Fecal specimens are not valid for use with this test system

Components:
Occult Blood Gastric Fluid, pH Gastric

Stability:
15° to 25°C: 1 day; 2° to 8°C: 5 days; Frozen: N/A

Storage/Transport Temperature:
Room Temperature

Synonyms:

- GOC, Gastric Fluid Occult Blood, Gastroccult, Occult Blood Gastric Fluid, LAB696
- LAB696-VML
- LAB696VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Reference Interval:
Occult Blood Gastric Fluid = Negative

Methodology:
Guaiac Test (Occult Blood) Dye (pH)

Section:
Misc Chemistry

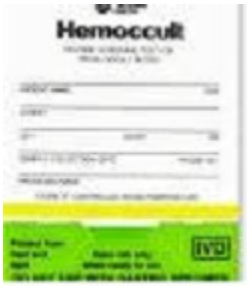
Occult Blood, Stool

LAB6095

ORDERING INFO

Collect:

Stool card



Synonyms:

- Guaiac Stool, Hemoccult, Occult Stool, LAB6095
- LAB6095-VML
- LAB6095VML

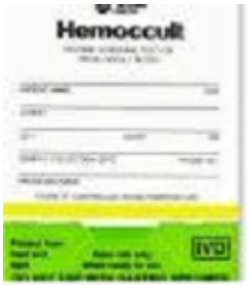
Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Collect:

Stool card



Specimen Preparation:

Collect a small amount of fecal sample in a clean, dry container. Sample should not be collected during periods of active bleeding (e.g., menstruation, active hemorrhoids, and urinary tract infection)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Room Temperature

Performed:

Daily

Stability:

15° to 25°C: 14 days

Specimen:

Stool

Alternate Specimen:

N/A

ORDERING

Synonyms:

- Guaiac Stool, Hemoccult, Occult Stool, LAB6095
- LAB6095-VML
- LAB6095VML

Performed:

Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Guaiac Test (Occult Blood) Dye (pH)

Components:
Occult Blood Stool, pH Stool

RESULTS INTERPRETATION

Reference Interval:
Occult Blood Stool = Negative

Interpretive Data:
The following substances may cause false-positive results: red meat; aspirin >325mg/day; non-steroidal anti-inflammatory drugs (such as ibuprofen, indomethacin, and naproxen); corticosteroids; phenylbutazone; reserpine; anticoagulants; antimetabolites; and cancer chemotherapeutic drugs; alcohol in excess; application of antiseptic preparations containing iodine. Dietary iron supplements will not produce false-positive test results. The following substances may cause false-negative results: ascorbic acid >250mg/day; excessive amounts of vitamin C-enriched foods; iron supplements containing vitamin C >250mg/day.

Methodology:
Guaiac Test (Occult Blood) Dye (pH)

ADDITIONAL INFORMATION

Section:
Misc Chemistry

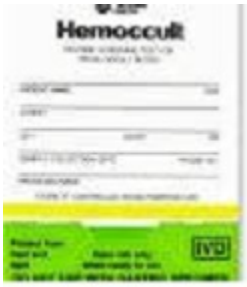
Alternate Specimen:
N/A

Components:
Occult Blood Stool, pH Stool

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Stool card



Specimen Preparation:
Collect a small amount of fecal sample in a clean, dry container. Sample should not be collected during periods of active bleeding (e.g., menstruation, active hemorrhoids, and urinary tract infection)

Pediatric Collection:
N/A

Preferred Collection Volume:
Small amount of fecal sample

Alternate Specimen:
N/A

Specimen:
Stool

Reasons for Rejection:
Improper collection, expired stool card, unlabeled specimen

Components:
Occult Blood Stool, pH Stool

Stability:
15° to 25°C: 14 days

Storage/Transport Temperature:
Room Temperature

Synonyms:

- Guaiac Stool, Hemoccult, Occult Stool, LAB6095
- LAB6095-VML
- LAB6095VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Interpretive Data:
The following substances may cause false-positive results: red meat; aspirin >325mg/day; non-steroidal anti-inflammatory drugs (such as ibuprofen, indomethacin, and naproxen); corticosteroids; phenylbutazone; reserpine; anticoagulants; antimetabolites; and cancer chemotherapeutic drugs; alcohol in excess; application of antiseptic preparations containing iodine. Dietary iron supplements will not produce false-positive test results. The following substances may cause false-negative results: ascorbic acid >250mg/day; excessive amounts of vitamin C-enriched foods; iron supplements containing vitamin C >250mg/day.

Reference Interval:
Occult Blood Stool = Negative

Methodology:
Guaiac Test (Occult Blood) Dye (pH)

Section:
Misc Chemistry

Octamer Binding Transcription Factor 3/4 (N1NK) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath173

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- 12693

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- 12693

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- 12693

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Oligodendroglial Lineage Marker 2 (EP112) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath174

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Olig2

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Olig2

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Olig2

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Opiates Screen, Urine

LAB416

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- UOP, Opiates screen, LAB416
- LAB416-VML
- LAB416VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UOP, Opiates screen, LAB416
- LAB416-VML
- LAB416VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- UOP, Opiates screen, LAB416
- LAB416-VML
- LAB416VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Opiates, Urine, Quantitative

LAB6104

ORDERING INFO

Collect:

Random urine.

Synonyms:

- Kolikodol
- Laudicon
- Parzone
- Loracet
- Lortab
- Mercodinone
- Methylmorphine
- Morphine
- MS Contin
- MS-Contin
- Palladone
- Histinex
- Norco
- Novahistex
- Numorphan
- Numorphone
- Opana
- Opium
- Oramorph
- Orthoxycol
- Oxycodone
- Oxymorphone
- Pain Management
- Pain Management, Opiates Expanded, Quantitative, with medMATCH, Urine
- Pain Management, Oxycodone, Quantitative, with medMATCH, Urine
- Paracodeine
- Paragoric
- Percocet
- Percodan
- Roxicodone
- Roxiprin
- Symtan
- Synkonin
- Targin
- Tussionex
- Tylox
- Vicoprofen
- Zydone
- 6-Acetylmorphine
- 6-AM
- 6-MAM
- Anexsia
- Avinza
- Codeine
- Combunox
- Depalgos
- DepoDur
- Diacetylmorphine
- Diamorphine
- Dicodid
- Dihydromorphinone
- Dilaudid
- Dimorphone
- Drocode
- Duodin
- Duramorph
- Endocet
- Exalgo
- Heroin
- Hycet
- Hydromet
- Hycodan
- Hycomine

- Hycotuss
- Hydrococet
- Hydrocodone
- Hydrovo
- Hydromorphone
- Kadian
- Roxanol
- Roxicet
- Vicodin
- LAB6104-VML
- LAB6104VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 0.5 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Performed:
Sun-Sat

ORDERING

Synonyms:

- Kolikodol
- Laudicon
- Parzone
- Loracet
- Lortab
- Mercodinone
- Methylmorphine
- Morphine
- MS Contin
- MS-Contin
- Palladone
- Histinex
- Norco
- Novahistex
- Numorphan
- Numorphone
- Opana
- Opium
- Oramorph
- Orthoxycol
- Oxycodone
- Oxymorphone
- Pain Management
- Pain Management, Opiates Expanded, Quantitative, with medMATCH, Urine
- Pain Management, Oxycodone, Quantitative, with medMATCH, Urine
- Paracodeine
- Paragoric
- Percocet
- Percodan
- Roxicodone
- Roxiprin
- Symtan
- Synkonin
- Targin
- Tussionex
- Tylox
- Vicoprofen
- Zydone
- 6-Acetylmorphine
- 6-AM

- 6-MAM
- Anexsia
- Avinza
- Codeine
- Combunox
- Depalgos
- DepoDur
- Diacetylmorphine
- Diamorphine
- Dicodid
- Dihydromorphinone
- Dilaudid
- Dimorphone
- Drocode
- Duodin
- Duramorph
- Endocet
- Exalgo
- Heroin
- Hycet
- Hydromet
- Hycodan
- Hycomine
- Hycotuss
- Hydrococet
- Hydrocodone
- Hydrovo
- Hydromorphone
- Kadian
- Roxanol
- Roxicet
- Vicodin
- LAB6104-VML
- LAB6104VML

Ordering Recommendations:

Preferred test to follow-up presumptive results. For general screening, Opiates, Urine Screen with Reflex to Quantitation (2005093) is preferred.

Performed:

Sun-Sat

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:

1-4 days

RESULTS INTERPRETATION

Reference Interval:

Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Codeine	20 ng/mL
Morphine	20 ng/mL
6-acetylmorphine	10 ng/mL
Hydrocodone	20 ng/mL
Norhydrocodone	20 ng/mL
Hydromorphone	20 ng/mL
Oxycodone	20 ng/mL
Noroxycodone	20 ng/mL
Oxymorphone	20 ng/mL
Noroxymorphone	20 ng/mL

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 20 ng/mL except as specified below:
6-acetylmorphine10 ng/mL

For medical purposes only; not valid for forensic use.

Identification of specific drug(s) taken by specimen donor is problematic due to common metabolites, some of which are prescription drugs themselves. The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. All drug analytes covered are in the non-glucuronidated (free) forms. The concentration value must be greater than or equal to the cutoff to be reported as positive. A very small amount of an unexpected drug analyte in the presence of a large amount of an expected drug analyte may reflect pharmaceutical impurity. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80361; 80365 (Alt code: G0480)

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Random urine.

Specimen Preparation:

Transfer 0.5 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:

Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Storage/Transport Temperature:

Room temperature.

Synonyms:

- Kolikodol
- Laudicon
- Parzone
- Loracet
- Lortab
- Mercodinone
- Methylmorphine
- Morphine
- MS Contin
- MS-Contin
- Palladone
- Histinex
- Norco
- Novahistex
- Numorphan
- Numorphone
- Opana
- Opium
- Oramorph
- Orthoxycol
- Oxycodone
- Oxymorphone
- Pain Management
- Pain Management, Opiates Expanded, Quantitative, with medMATCH, Urine

- Pain Management, Oxycodone, Quantitative, with medMATCH, Urine
- Paracodeine
- Paragoric
- Percocet
- Percodan
- Roxicodone
- Roxiprin
- Symtan
- Synkonin
- Targin
- Tussionex
- Tylox
- Vicoprofen
- Zydone
- 6-Acetylmorphine
- 6-AM
- 6-MAM
- Anexsia
- Avinza
- Codeine
- Combunox
- Depalgos
- DepoDur
- Diacetylmorphine
- Diamorphine
- Dicodid
- Dihydromorphinone
- Dilaudid
- Dimorphone
- Drocode
- Duodin
- Duramorph
- Endocet
- Exalgo
- Heroin
- Hycet
- Hydromet
- Hycodan
- Hycomine
- Hycotuss
- Hydrococet
- Hydrocodone
- Hydrovo
- Hydromorphone
- Kadian
- Roxanol
- Roxicet
- Vicodin
- LAB6104-VML
- LAB6104VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Preferred test to follow-up presumptive results. For general screening, Opiates, Urine Screen with Reflex to Quantitation (2005093) is preferred.

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 20 ng/mL except as specified below:
6-acetylmorphine10 ng/mL

For medical purposes only; not valid for forensic use.

Identification of specific drug(s) taken by specimen donor is problematic due to common metabolites, some of which are prescription drugs themselves. The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. All drug analytes covered are in the non-glucuronidated (free) forms. The concentration value must be greater than or equal to the cutoff to be reported as positive. A very small amount of an unexpected drug analyte in the presence of a large amount of an expected drug analyte may reflect pharmaceutical impurity. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Codeine	20 ng/mL
Morphine	20 ng/mL
6-acetylmorphine	10 ng/mL
Hydrocodone	20 ng/mL
Norhydrocodone	20 ng/mL
Hydromorphone	20 ng/mL
Oxycodone	20 ng/mL
Noroxycodone	20 ng/mL
Oxymorphone	20 ng/mL
Noroxymorphone	20 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80361; 80365 (Alt code: G0480)

Orthopoxvirus (includes MPOX virus) by PCR

LAB6422

ORDERING INFO

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Synonyms:

- LAB6422, MPX, Pox, Non-variola, Monkeypox, MPOX, Poxvirus, Orthopox, Orthopoxvirus
- LAB6422-VML
- LAB6422VML

Turn Around Time:
72 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Vesicles contain the highest amount of monkeypox virus. Lesion swabs are the preferred specimen type. Swab multiple sites with individual swabs. Ensure appropriate PPE is worn when collecting specimens.

PLEASE NOTE: Currently this test is limited to VUMC Provider orders only.
For more information, please contact the lab at 615-875-5227.

Click here for information from the CDC web site.

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Specimen Preparation:
Swab: Place swab in Viral/Universal Transport Tube, break shaft off at scoreline then recap tube. Vesicles contain the highest amount of monkeypox virus. Lesion swabs are the preferred specimen type. Swab multiple sites with individual swabs. Ensure appropriate PPE is worn when collecting specimens. (Min 1.0mL VTM/UTM)

Pediatric Collection:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Storage/Transport Temperature:
Ambient (15-25°C)

Performed:
Monday, Friday

Stability:
Ambient (15-25°C): 24 hours; Refrigerated (2-8°C): 1 week; Frozen (-20°C) : 30 Days

Specimen:
Vesicle lesion swab, Oral swab, Genital swab, Rectal Swab

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
The clinical syndrome of Mpox (Monkeypox virus infection) can begin with a nonspecific viral prodrome, then progress to development of cutaneous lesions. These lesions can be mistaken for conditions caused by pathogens such as Herpes Simplex Virus type-1 and 2, Varicella Zoster Virus, Treponema pallidum, Rickettsia rickettsii, as well as various bacteria and fungi. Accordingly, a diagnostic test detecting Monkeypox virus is needed to differentiate the early stages of disease from more common but similarly appearing conditions.

Synonyms:

- LAB6422, MPX, Pox, Non-variola, Monkeypox, MPOX, Poxvirus, Orthopox, Orthopoxvirus
- LAB6422-VML
- LAB6422VML

Performed:
Monday, Friday

Turn Around Time:
72 hours

Methodology:
Polymerase Chain Reaction (PCR)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not Detected

Interpretive Data:
This assay does not differentiate members of the orthopoxviruses. In the United States, a detected result is most likely due to monkeypox virus or vaccinia virus. Other orthopoxviruses may be considered if appropriate. Refer to the US Centers for Disease Control and Prevention if additional confirmatory testing is needed. This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Polymerase Chain Reaction (PCR)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Specimen Preparation:
Swab: Place swab in Viral/Universal Transport Tube, break shaft off at scoreline then recap tube. Vesicles contain the highest amount of monkeypox virus. Lesion swabs are the preferred specimen type. Swab multiple sites with individual swabs. Ensure appropriate PPE is worn when collecting specimens. (Min 1.0mL VTM/UTM)

Pediatric Collection:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Preferred Collection Volume:
1mL VTM/UTM

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
Vesicles contain the highest amount of monkeypox virus. Lesion swabs are the preferred specimen type. Swab multiple sites with individual swabs. Ensure appropriate PPE is worn when collecting specimens.

PLEASE NOTE: Currently this test is limited to VUMC Provider orders only.
For more information, please contact the lab at 615-875-5227.

Click here for information from the CDC web site.

Specimen:
Vesicle lesion swab, Oral swab, Genital swab, Rectal Swab

Reasons for Rejection:
Specimen not received within 72 hours, Incorrect collection device (i.e. collected in an eSwab instead of a VTM/UTM Tube), No swab present, Quantity not sufficient

Components:
N/A

Stability:
Ambient (15-25°C): 24 hours; Refrigerated (2-8°C): 1 week; Frozen (-20°C) : 30 Days

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB6422, MPX, Pox, Non-variola, Monkeypox, MPOX, Poxvirus, Orthopox, Orthopoxvirus
- LAB6422-VML
- LAB6422VML

Performed:
Monday, Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 hours

Ordering Indicators:
The clinical syndrome of Mpox (Monkeypox virus infection) can begin with a nonspecific viral prodrome, then progress to development of cutaneous lesions. These lesions can be mistaken for conditions caused by pathogens such as Herpes Simplex Virus type-1 and 2, Varicella Zoster Virus, Treponema pallidum, Rickettsia rickettsii, as well as various bacteria and fungi. Accordingly, a diagnostic test detecting Monkeypox virus is needed to differentiate the early stages of disease from more common but similarly appearing conditions.

Interpretive Data:
This assay does not differentiate members of the orthopoxviruses. In the United States, a detected result is most likely due to monkeypox virus or vaccinia virus. Other orthopoxviruses may be considered if appropriate. Refer to the US Centers for Disease Control and Prevention if additional confirmatory testing is needed. This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Not Detected

Additional Information:
N/A

Methodology:
Polymerase Chain Reaction (PCR)

Section:
Molecular Infectious Disease

Osmolality, 24-hr urine

LAB3083

ORDERING INFO

Collect:

24 HR urine container with 1 mL HCL

Synonyms:

- TOU, Osmolality Urine Timed, U24TOU, Urine 24Hr Osmolality, LAB3083
- LAB3083-VML
- LAB3083VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

24 HR urine container with 1 mL HCL

Specimen Preparation:

Refrigerate during collection -- label with beginning and ending collection times and dates. It is crucial to collect every void during the 24-hr period of time with only one first-morning urine. Indicate total volume if an aliquot is sent. Mix specimen well before aliquoting.

Pediatric Collection:

24 Hour Urine Container with 1 mL HCL

Storage/Transport Temperature:

Transport: room temp; Storage: refrigeration

Performed:

Daily

Stability:

Room temp: 30 min; Refrigerated: 24 hrs; Frozen: indefinite

Specimen:

24-hr urine - toal 24 hour collection

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Osmolality is a test that measures the concentration of all chemical particles found in the fluid. It is usually ordered in the assessment of hyponatremia, poisoning such as alcohols and ethylene glycol. excessive thrist or urination.

Synonyms:

- TOU, Osmolality Urine Timed, U24TOU, Urine 24Hr Osmolality, LAB3083
- LAB3083-VML
- LAB3083VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Freeze Point

RESULTS INTERPRETATION

Reference Interval:
300 - 1100 MOSM/KG H20

Interpretive Data:
Higher than normal osmolality may indicate adrenal insufficiancy, heart failure, hypernatremia, dehydration or SIADH. Lower than normal osmolality may indicate kidney damage, diabetes insipidus, hyponatremia.

Methodology:
Freeze Point

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Additional Information:
Things that can affect the test results include any anesthesia agent for an operation and the contrast medium for CT scan or MRI.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
24 HR urine container with 1 mL HCL

Specimen Preparation:
Refrigerate during collection -- label with beginning and ending collection times and dates. It is crucial to collect every void during the 24-hr period of time with only one first-morning urine. Indicate total volume if an aliquot is sent. Mix specimen well before aliquoting.

Pediatric Collection:
24 Hour Urine Container with 1 mL HCL

Preferred Collection Volume:
24-hr urine collection (Minimum: 50 mL)

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
24-hr urine - toal 24 hour collection

Reasons for Rejection:
Not a complete 24-hr collection

Stability:
Room temp: 30 min; Refrigerated: 24 hrs; Frozen: indefinite

Storage/Transport Temperature:
Transport: room temp; Storage: refrigeration

Synonyms:

- TOU, Osmolality Urine Timed, U24TOU, Urine 24Hr Osmolality, LAB3083
- LAB3083-VML
- LAB3083VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Osmolality is a test that measures the concentration of all chemical particles found in the fluid. It is usually ordered in the assessment of hyponatremia, poisoning such as alcohols and ethylene glycol. excessive thrist or urination.

Interpretive Data:
Higher than normal osmolality may indicate adrenal insufficiancy, heart failure, hypernatremia, dehydration or SIADH. Lower than normal osmolality may indicate kidney damage, diabetes insipidus, hyponatremia.

Reference Interval:
300 - 1100 MOSM/KG H20

Additional Information:
Things that can affect the test results include any anesthesia agent for an operation and the contrast medium for CT scan or MRI.

Methodology:
Freeze Point

Section:
Misc Chemistry

Osmolality, Fecal

LAB201

ORDERING INFO

Collect:
Liquid stool.

Synonyms:

- osmolality, feces
- Osmolal gap
- Osmotic gap
- stool osmotic gap
- Fecal Osmolality
- LAB201-VML
- LAB201VML

SPECIMEN REQUIREMENTS

Collect:
Liquid stool.

Specimen Preparation:
Do not add saline or water to liquefy sample. Transfer 5 mL liquid stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Unacceptable Conditions:
Formed stool. Specimens in media or preservatives.

Storage/Transport Temperature:
Frozen

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- osmolality, feces
- Osmolal gap
- Osmotic gap
- stool osmotic gap
- Fecal Osmolality
- LAB201-VML
- LAB201VML

Performed:
Sun-Sat

Methodology:
Quantitative Freezing Point

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
0-16 years: 271-296 mOsm/kg
17 years and older: 280-303 mOsm/kg

Methodology:
Quantitative Freezing Point

ADDITIONAL INFORMATION

CPT Codes:
84999

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Liquid stool.

Specimen Preparation:
Do not add saline or water to liquefy sample. Transfer 5 mL liquid stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Unacceptable Conditions:
Formed stool. Specimens in media or preservatives.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Frozen

Synonyms:

- osmolality, feces
- Osmolal gap
- Osmotic gap
- stool osmotic gap
- Fecal Osmolality
- LAB201-VML
- LAB201VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Reference Interval:
0-16 years: 271-296 mOsm/kg
17 years and older: 280-303 mOsm/kg

Methodology:
Quantitative Freezing Point

Section:
RF-ARUP

CPT Codes:
84999

Osmolality, Random Urine

LAB420

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- OSU, UOSM, Urine Osmolality
- LAB420-VML
- LAB420VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Collect a random urine specimen in a urine clear top. Transpot to lab at room temperature.

Pediatric Collection:
Urine clear top

Storage/Transport Temperature:
Transport: room temp; Storage: refrigeration

Performed:
Daily

Stability:
Room temp: 30 min; Refrigerated: 24 hrs; Frozen: indefinite

Specimen:
Random urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Osmolality is a test that measures the concentration of all chemical particles found in the fluid. It is usually ordered in the assessment of hyponatremia, poisoning such as alcohols and ethylene glycol. excessive thrist or urination.

Synonyms:

- OSU, UOSM, Urine Osmolality
- LAB420-VML
- LAB420VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Freeze Point

RESULTS INTERPRETATION

Reference Interval:
300 - 1100 MOSM/KG H20

Interpretive Data:
Higher than normal osmolality may indicate adrenal insufficiancy, heart failure, hypernatremia, dehydration or SIADH. Lower than normal osmolality may indicate kidney damage, diabetes insipidus, hyponatremia.

Methodology:
Freeze Point

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Additional Information:
Things that can affect the test results include any anesthesia agent for an operation and the contrast medium for CT scan or MRI.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Collect a random urine specimen in a urine clear top. Transpot to lab at room temperature.

Pediatric Collection:
Urine clear top

Preferred Collection Volume:
Minimum: 5 mL Urine

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Random urine

Reasons for Rejection:
Do not use specimens with the following conditions: Obvious microbial contamination; Samples containing particulate matter

Stability:
Room temp: 30 min; Refrigerated: 24 hrs; Frozen: indefinite

Storage/Transport Temperature:
Transport: room temp; Storage: refrigeration

Synonyms:

- OSU, UOSM, Urine Osmolality
- LAB420-VML
- LAB420VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Osmolality is a test that measures the concentration of all chemical particles found in the fluid. It is usually ordered in the assessment of hyponatremia, poisoning such as alcohols and ethylene glycol. excessive thrist or urination.

Interpretive Data:

Higher than normal osmolality may indicate adrenal insufficiancy, heart failure, hypernatremia, dehydration or SIADH.
Lower than normal osmolality may indicate kidney damage, diabetes insipidus, hyponatremia.

Reference Interval:

300 - 1100 MOSM/KG H20

Additional Information:

Things that can affect the test results include any anesthesia agent for an operation and the contrast medium for CT scan or MRI.

Methodology:

Freeze Point

Section:

Misc Chemistry

Osmolality, Serum

LAB107

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- OSM, Osmolality Blood
- LAB107-VML
- LAB107VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Collect whole blood in a plain red top (no gel), and transport to the lab at room temperature

Pediatric Collection:
Red tube microntainer

Storage/Transport Temperature:
Transport: room temp; Storage: refrigeration

Performed:
Daily

Stability:
Room temp: 30 min; Refrigerated: 24 hrs; Frozen: indefinite

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Osmolality is a test that measures the concentration of all chemical particles found in the fluid. It is usually ordered in the assessment of hyponatremia, poisoning such as alcohols and ethylene glycol. excessive thrist or urination.

Synonyms:

- OSM, Osmolality Blood
- LAB107-VML
- LAB107VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Freeze Point

RESULTS INTERPRETATION

Reference Interval:
285-295 mOsm/Kg H2O

Interpretive Data:
Higher than normal osmolality may indicate hyperglycemia, uremia, hypernatremia, decreased ADH secretion or dehydration. Lower than normal osmolality may indicate increased ADH secreation, SIADH or hyponatremia.

Methodology:
Freeze Point

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Additional Information:
Things that can affect the test results include any anesthesia agent for an operation and the contrast medium for CT scan or MRI.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Collect whole blood in a plain red top (no gel), and transport to the lab at room temperature

Pediatric Collection:
Red tube microntainer

Preferred Collection Volume:
Minimal: 3 mL of blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Gross Hemolysis, Improper Container

Stability:
Room temp: 30 min; Refrigerated: 24 hrs; Frozen: indefinite

Storage/Transport Temperature:
Transport: room temp; Storage: refrigeration

Synonyms:

- OSM, Osmolality Blood
- LAB107-VML
- LAB107VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Osmolality is a test that measures the concentration of all chemical particles found in the fluid. It is usually ordered in the assessment of hyponatremia, poisoning such as alcohols and ethylene glycol. excessive thrist or urination.

Interpretive Data:
Higher than normal osmolality may indicate hyperglycemia, uremia, hypernatremia, decreased ADH secretion or dehydration. Lower than normal osmolality may indicate increased ADH secreation, SIADH or hyponatremia.

Reference Interval:
285-295 mOsm/Kg H2O

Additional Information:
Things that can affect the test results include any anesthesia agent for an operation and the contrast medium for CT scan or MRI.

Methodology:
Freeze Point

Section:
Misc Chemistry

Osmotic Fragility, Erythrocyte

LAB1134

ORDERING INFO

Collect:
Green (sodium or lithium heparin) or lavender (EDTA).

Synonyms:

- FRAGILITY, OSMOTIC (RBC)
- Osmotic Fragility
- RBC Fragility, Erythrocytes
- Red Cell Fragility
- Spherocytic Hemolytic Disease
- LAB1134-VML
- LAB1134VML

SPECIMEN REQUIREMENTS

Collect:
Green (sodium or lithium heparin) or lavender (EDTA).

Specimen Preparation:
Transport 5mL whole blood. (Min: 1mL) Specimens should be refrigerated within 30 minutes after collection.

Unacceptable Conditions:
Grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: Unacceptable

Performed:
Mon-Fri

ORDERING

Synonyms:

- FRAGILITY, OSMOTIC (RBC)
- Osmotic Fragility
- RBC Fragility, Erythrocytes
- Red Cell Fragility
- Spherocytic Hemolytic Disease
- LAB1134-VML
- LAB1134VML

Ordering Recommendations:
Functional testing of red blood cell sensitivity to osmotic stress. Do not use to distinguish between spherocytes in hereditary spherocytosis and acquired autoimmune hemolytic anemia.

Performed:
Mon-Fri

Methodology:
Spectrophotometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Within normal curve limits.

Interpretive Data:
For patients with acute hemolysis, a normal red cell osmotic fragility test result cannot exclude an osmotic fragility abnormality since the osmotically labile cells may be hemolyzed and not present. Recommend testing during a state of prolonged homeostasis with stable hematocrit.

Methodology:
Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
85555

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (sodium or lithium heparin) or lavender (EDTA).

Specimen Preparation:
Transport 5mL whole blood. (Min: 1mL) Specimens should be refrigerated within 30 minutes after collection.

Unacceptable Conditions:
Grossly hemolyzed specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- FRAGILITY, OSMOTIC (RBC)
- Osmotic Fragility
- RBC Fragility, Erythrocytes
- Red Cell Fragility
- Spherocytic Hemolytic Disease
- LAB1134-VML
- LAB1134VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Functional testing of red blood cell sensitivity to osmotic stress. Do not use to distinguish between spherocytes in hereditary spherocytosis and acquired autoimmune hemolytic anemia.

Interpretive Data:
For patients with acute hemolysis, a normal red cell osmotic fragility test result cannot exclude an osmotic fragility abnormality since the osmotically labile cells may be hemolyzed and not present. Recommend testing during a state of prolonged homeostasis with stable hematocrit.

Reference Interval:
Within normal curve limits.

Methodology:
Spectrophotometry

Section:
RF-ARUP

CPT Codes:
85555

Osteocalcin by Electrochemiluminescent Immunoassay

LAB1060

ORDERING INFO

Collect:
Serum separator tube. Also acceptable: Lavender (K_2 EDTA or K_3 EDTA), pink (K_2EDTA), or green (lithium heparin).

Synonyms:

- BGLAP
- bone gamma-carboxyglutamic acid-containing protein
- N-MID osteocalcin
- Osteocalcin
- Osteocalcin (OCN)
- LAB1060-VML
- LAB1060VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Also acceptable: Lavender (K_2 EDTA or K_3 EDTA), pink (K_2EDTA), or green (lithium heparin).

Specimen Preparation:
Allow serum tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Hemolyzed specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 3 months

Performed:
Tue-Sat

ORDERING

Synonyms:

- BGLAP
- bone gamma-carboxyglutamic acid-containing protein
- N-MID osteocalcin
- Osteocalcin
- Osteocalcin (OCN)
- LAB1060-VML
- LAB1060VML

Performed:
Tue-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Age	Male	Female
6 months-6 years	39-121 ng/mL	44-130 ng/mL
7-9 years	66-182 ng/mL	73-206 ng/mL
10-12 years	85-232 ng/mL	77-262 ng/mL
13-15 years	70-336 ng/mL	33-222 ng/mL
16-17 years	43-237 ng/mL	24-99 ng/mL
18 years and older	8-36 ng/mL	8-36 ng/mL

Interpretive Data:
In patients with renal failure, the osteocalcin result may be directly elevated, due to impaired clearance, and/or indirectly elevated due to renal osteodystrophy.

Methodology:
Quantitative Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
83937

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Also acceptable: Lavender (K_2 EDTA or K_3 EDTA), pink (K_2EDTA), or green (lithium heparin).

Specimen Preparation:
Allow serum tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 3 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- BGLAP
- bone gamma-carboxyglutamic acid-containing protein
- N-MID osteocalcin
- Osteocalcin
- Osteocalcin (OCN)
- LAB1060-VML
- LAB1060VML

Performed:
Tue-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Interpretive Data:
In patients with renal failure, the osteocalcin result may be directly elevated, due to impaired clearance, and/or indirectly elevated due to renal osteodystrophy.

Reference Interval:

Age	Male	Female
6 months-6 years	39-121 ng/mL	44-130 ng/mL
7-9 years	66-182 ng/mL	73-206 ng/mL
10-12 years	85-232 ng/mL	77-262 ng/mL
13-15 years	70-336 ng/mL	33-222 ng/mL
16-17 years	43-237 ng/mL	24-99 ng/mL
18 years and older	8-36 ng/mL	8-36 ng/mL

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
83937

Osteogenesis Imperfects Pnl Seq - COLL

LAB6087

ORDERING INFO

Synonyms:

- LAB6087-VML
- LAB6087VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6087-VML
- LAB6087VML

ADDITIONAL INFORMATION

Section:

RF-COLL

Resulting Laboratory:

Univ of Washington Labortory for Precision Diagnostics

FULL VIEW

Synonyms:

- LAB6087-VML
- LAB6087VML

Resulting Laboratory:

Univ of Washington Labortory for Precision Diagnostics

Section:

RF-COLL

Links:

Test Sent to Reference Lab. Click Here for Test Details

OtoSCOPE - UIWA

LAB6081

ORDERING INFO

Synonyms:

- LAB6081-VML
- LAB6081VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6081-VML
- LAB6081VML

ADDITIONAL INFORMATION

Section:

RF-UIWA

Resulting Laboratory:

Iowa Molecular Otolaryngology and Renal Research Laboratories

FULL VIEW

Synonyms:

- LAB6081-VML
- LAB6081VML

Resulting Laboratory:

Iowa Molecular Otolaryngology and Renal Research Laboratories

Section:

RF-UIWA

Links:

Test Sent to Reference Lab. Click Here for Test Details

Ova and Parasite Exam, Body Fluid or Urine

LAB6092

ORDERING INFO

Collect:
Body fluid, CSF, or urine.

Synonyms:

- URINE O&P exam
- Amoeba
- echinococcus, hydatid cyst, hydatid sand, amoebiasis
- O&P body fluids
- parasitic worms
- S. haematobium
- S. japonicum.
- Schistosoma mansoni
- Strongyloides
- LAB6092-VML
- LAB6092VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Urine: If S. haematobium is suspected, collect at midday or 24-hour collection in a container without preservative. Peak egg excretion occurs between noon and 3 p.m.

Collect:
Body fluid, CSF, or urine.

Specimen Preparation:
Transfer 4 mL body fluid, CSF, or urine to an ARUP standard transport tube. (Min: 1 mL)

Storage/Transport Temperature:
Body Fluid or Urine: Refrigerated.
CSF: Room temperature.

Stability (from collection to initiation):
Body Fluid: Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
Urine: Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
CSF: Ambient: 72 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Specimen source required.

ORDERING

Synonyms:

- URINE O&P exam
- Amoeba
- echinococcus, hydatid cyst, hydatid sand, amoebiasis
- O&P body fluids
- parasitic worms
- S. haematobium
- S. japonicum.
- Schistosoma mansoni
- Strongyloides
- LAB6092-VML
- LAB6092VML

Ordering Recommendations:
Use to detect extraintestinal parasites from other body fluids. To rule out Naegleria and other free living amoeba, consider ordering Acanthamoeba and Naegleria Culture (0060245) or Amoeba Calcofluor Stain (0060250). For CSF specimens, consider Acanthamoeba and Naegleria Culture and Stain, CSF (3000878).

Performed:
Sun-Sat

Methodology:
Qualitative Concentration/Microscopy

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
Negative

Methodology:
Qualitative Concentration/Microscopy

ADDITIONAL INFORMATION

CPT Codes:
87177; 87209

Section:
RF-ARUP

Remarks:
Specimen source required.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Body fluid, CSF, or urine.

Specimen Preparation:
Transfer 4 mL body fluid, CSF, or urine to an ARUP standard transport tube. (Min: 1 mL)

Patient Preparation:
Urine: If S. haematobium is suspected, collect at midday or 24-hour collection in a container without preservative. Peak egg excretion occurs between noon and 3 p.m.

Stability (from collection to initiation):
Body Fluid: Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
Urine: Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
CSF: Ambient: 72 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Storage/Transport Temperature:
Body Fluid or Urine: Refrigerated.
CSF: Room temperature.

Synonyms:

- URINE O&P exam
- Amoeba
- echinococcus, hydatid cyst, hydatid sand, amoebiasis
- O&P body fluids
- parasitic worms
- S. haematobium
- S. japonicum.
- Schistosoma mansoni
- Strongyloides
- LAB6092-VML
- LAB6092VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Use to detect extraintestinal parasites from other body fluids. To rule out Naegleria and other free living amoeba, consider ordering Acanthamoeba and Naegleria Culture (0060245) or Amoeba Calcofluor Stain (0060250). For CSF specimens, consider Acanthamoeba and Naegleria Culture and Stain, CSF (3000878).

Reference Interval:
Negative

Methodology:
Qualitative Concentration/Microscopy

Section:
RF-ARUP

CPT Codes:
87177; 87209

Remarks:
Specimen source required.

Ova and Parasite Exam, Fecal (Immunocompromised or Travel History)

LAB6093

ORDERING INFO

Collect:
Stool. Recommended collection: 3 separate stool specimens within a 5-7-day period (an individual order must be submitted for each specimen).

Synonyms:

- Strongyloides
- Ascaris
- Chlonorchis sinensis
- Eggs or Cysts
- Fasciola
- Giardia Exam
- Helminths
- Isospora, Isospora belli, Cystoisospora
- O and P
- Opisthorchis sinensis
- Parasites
- Parasitic Exam
- Parasitic examination, stool
- parasitic worms
- Parasitology Examination
- Protozoa
- S. haematobium
- S. japonicum
- Sarcocystis
- Schistosoma mansoni
- LAB6093-VML
- LAB6093VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimens analyzed to determine the efficacy of treatment should be collected three to four weeks after completion of therapy. Antibiotics may affect results of exam.

Collect:
Stool. Recommended collection: 3 separate stool specimens within a 5-7-day period (an individual order must be submitted for each specimen).

Specimen Preparation:
Transfer 2 g of stool within one hour of collection into AlcorFix (ARUP Supply #52059) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 1 g)
Also acceptable: Transfer 5 g of stool within one hour of collection into both 10 percent formalin and modified PVA (10 g total). (Min: 10 g total)
Additional specimen collection instructions can be found at https://www.aruplab.com/parasep.

Unacceptable Conditions:
Rectal swabs. Multiple specimens (more than one in 24 hours). Unpreserved specimens. Specimens preserved in SAF (sodium acetate formalin). Specimens containing barium, bismuth, or urine.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 9 months; Refrigerated: 9 months; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Indicate suspected parasites.

ORDERING

Synonyms:

- Strongyloides
- Ascaris
- Chlonorchis sinensis
- Eggs or Cysts
- Fasciola
- Giardia Exam
- Helminths
- Isospora, Isospora belli, Cystoisospora
- O and P
- Opisthorchis sinensis
- Parasites
- Parasitic Exam
- Parasitic examination, stool
- parasitic worms
- Parasitology Examination
- Protozoa
- S. haematobium
- S. japonicum
- Sarcocystis
- Schistosoma mansoni
- LAB6093-VML
- LAB6093VML

Ordering Recommendations:
If parasite infection is suspected as cause of persistent diarrhea (>14 days), specific pathogen testing is recommended (refer to Gastrointestinal Parasite Panel by PCR (2011150); Giardia Antigen by EIA (0060048); Entamoeba histolytica Antigen, EIA (0058001); or Cryptosporidium Antigen by EIA (0060045)). Do not order for patients who develop diarrhea during a prolonged hospitalization.

Performed:
Sun-Sat

Methodology:
Qualitative Concentration/Trichrome Stain/Microscopy

Reported:
3-7 days

Notes:
For ova and parasite exams from nonstool sources, refer to Ova and Parasite Exam, Body Fluid or Urine (ARUP test code 3001663). For Cryptosporidium, Cyclospora, and Cystoisospora stains, refer to Parasitology Stain by Modified Acid-Fast (ARUP test code 0060046). For macroscopic parasite identification (worms or proglottids), refer to Parasite Examination, Macroscopic (ARUP test code 2007361). For additional test information refer to ARUP Consult, https://arupconsult.com/content/diarrhea

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Method for identification of ova and parasites includes wet mount and trichrome stain.

Due to the various shedding cycles of many parasites, three separate stool specimens collected over a 5-7-day period are recommended for ova and parasite examination. A single negative result does not rule out the possibility of a parasitic infection. The ova and parasite exam does not specifically detect Cryptosporidium, Cyclospora, Cystoisospora, and Microsporidia. For additional test information refer to ARUP Consult, https://arupconsult.com/content/diarrhea

Methodology:
Qualitative Concentration/Trichrome Stain/Microscopy

ADDITIONAL INFORMATION

CPT Codes:
87177; 87209

Section:
RF-ARUP

Remarks:
Indicate suspected parasites.

Notes:

For ova and parasite exams from nonstool sources, refer to Ova and Parasite Exam, Body Fluid or Urine (ARUP test code 3001663). For Cryptosporidium, Cyclospora, and Cystoisospora stains, refer to Parasitology Stain by Modified Acid-Fast (ARUP test code 0060046). For macroscopic parasite identification (worms or proglottids), refer to Parasite Examination, Macroscopic (ARUP test code 2007361). For additional test information refer to ARUP Consult, https://arupconsult.com/content/diarrhea

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Stool. Recommended collection: 3 separate stool specimens within a 5-7-day period (an individual order must be submitted for each specimen).

Specimen Preparation:

Transfer 2 g of stool within one hour of collection into AlcorFix (ARUP Supply #52059) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. (Min: 1 g)
Also acceptable: Transfer 5 g of stool within one hour of collection into both 10 percent formalin and modified PVA (10 g total). (Min: 10 g total)
Additional specimen collection instructions can be found at https://www.aruplab.com/parasep.

Patient Preparation:

Specimens analyzed to determine the efficacy of treatment should be collected three to four weeks after completion of therapy. Antibiotics may affect results of exam.

Unacceptable Conditions:

Rectal swabs. Multiple specimens (more than one in 24 hours). Unpreserved specimens. Specimens preserved in SAF (sodium acetate formalin). Specimens containing barium, bismuth, or urine.

Stability (from collection to initiation):

Ambient: 9 months; Refrigerated: 9 months; Frozen: Unacceptable

Storage/Transport Temperature:

Room temperature.

Synonyms:

- Strongyloides
- Ascaris
- Chlonorchis sinensis
- Eggs or Cysts
- Fasciola
- Giardia Exam
- Helminths
- Isospora, Isospora belli, Cystoisospora
- O and P
- Opisthorchis sinensis
- Parasites
- Parasitic Exam
- Parasitic examination, stool
- parasitic worms
- Parasitology Examination
- Protozoa
- S. haematobium
- S. japonicum
- Sarcocystis
- Schistosoma mansoni
- LAB6093-VML
- LAB6093VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

3-7 days

Ordering Recommendations:

If parasite infection is suspected as cause of persistent diarrhea (>14 days), specific pathogen testing is recommended (refer to Gastrointestinal Parasite Panel by PCR (2011150); Giardia Antigen by EIA (0060048); Entamoeba histolytica Antigen, EIA (0058001); or Cryptosporidium Antigen by EIA (0060045)). Do not order for patients who develop diarrhea during a prolonged hospitalization.

Interpretive Data:

Method for identification of ova and parasites includes wet mount and trichrome stain.

Due to the various shedding cycles of many parasites, three separate stool specimens collected over a 5-7-day period are recommended for ova and parasite examination. A single negative result does not rule out the possibility of a parasitic infection. The ova and parasite exam does not specifically detect Cryptosporidium, Cyclospora, Cystoisospora, and Microsporidia. For additional test information refer to ARUP Consult, https://arupconsult.com/content/diarrhea

Reference Interval:

Negative

Methodology:

Qualitative Concentration/Trichrome Stain/Microscopy

Section:

RF-ARUP

CPT Codes:

87177; 87209

Remarks:

Indicate suspected parasites.

Notes:

For ova and parasite exams from nonstool sources, refer to Ova and Parasite Exam, Body Fluid or Urine (ARUP test code 3001663). For Cryptosporidium, Cyclospora, and Cystoisospora stains, refer to Parasitology Stain by Modified Acid-Fast (ARUP test code 0060046). For macroscopic parasite identification (worms or proglottids), refer to Parasite Examination, Macroscopic (ARUP test code 2007361). For additional test information refer to ARUP Consult, https://arupconsult.com/content/diarrhea

Oxalate, Plasma

LAB3805

ORDERING INFO

Collect:
Green (lithium or sodium heparin) or Lavender (EDTA) or pink (K_2EDTA).

Synonyms:

- LAB3805-VML
- LAB3805VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should avoid ingestion of vitamin C for 24 hours prior to sample collection.

Collect:
Green (lithium or sodium heparin) or Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Place tube on wet ice immediately after collection. Separate plasma from cells ASAP or within 1 hour of collection. Transfer 2 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1.5 mL)

Unacceptable Conditions:
Samples that are not plasma. Samples not received frozen.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 week

Performed:
Mon, Fri

ORDERING

Synonyms:

- LAB3805-VML
- LAB3805VML

Ordering Recommendations:
Assess the body pool size of oxalate.

Performed:
Mon, Fri

Methodology:
Quantitative Spectrophotometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Less than or equal to 2.0 µmol/L

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
83945

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (lithium or sodium heparin) or Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Place tube on wet ice immediately after collection. Separate plasma from cells ASAP or within 1 hour of collection. Transfer 2 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1.5 mL)

Patient Preparation:
Patient should avoid ingestion of vitamin C for 24 hours prior to sample collection.

Unacceptable Conditions:
Samples that are not plasma. Samples not received frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 week

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- LAB3805-VML
- LAB3805VML

Performed:
Mon, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Assess the body pool size of oxalate.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Less than or equal to 2.0 µmol/L

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
83945

Oxalate, Urine

LAB421

ORDERING INFO

Collect:
24-hour urine. Refrigerate during collection.

Synonyms:

- Hyperoxaluria
- Oxalate
- LAB421-VML
- LAB421VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should avoid ingestion of vitamin C prior to collection.

Collect:
24-hour urine. Refrigerate during collection.

Specimen Preparation:
Thoroughly mix entire collection (24-hour) in one container. Do not exceed 4 mL in Tubes.
Preserved: Transfer 4 mL aliquot to an ARUP Transport Tube with Sulfamic Acid (ARUP supply #48098). Available online through eSupply using ARUP Connect or contact ARUP client services at (800) 522-2787. (Min: 1.5 mL) Mix well. Freeze immediately.
Unpreserved: Transport a 4 mL unadjusted aliquot of urine to an ARUP Standard Transport Tube. (Min: 1.5 mL) Freeze immediately.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered

Stability (from collection to initiation):
After collection complete: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Performed:
Mon-Fri

Remarks:
Record total volume and collection time interval on transport tube and test request form.

ORDERING

Synonyms:

- Hyperoxaluria
- Oxalate
- LAB421-VML
- LAB421VML

Ordering Recommendations:
Evaluate individuals with calcium oxalate renal calculi.

Performed:
Mon-Fri

Methodology:
Quantitative Spectrophotometry

Reported:
1-4 days

Notes:
Vitamin C (ascorbic acid) quickly degrades to oxalate in non-acidified urine. Patients should discontinue use of vitamin C supplements at least 48 hours prior to the start of urine collection and abstain until collection is complete.

Preservation with Sulfamic Acid before transporting is highly recommended.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval

Creatinine, Urine - per 24h

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Oxalate, Urine - per 24h

Age	Male (mg/d)	Female (mg/d)
0-12 years	7-31	7-31
13 years and older	16-49	13-40

Interpretive Data:

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:

83945

Section:

RF-ARUP

Remarks:

Record total volume and collection time interval on transport tube and test request form.

Notes:

Vitamin C (ascorbic acid) quickly degrades to oxalate in non-acidified urine. Patients should discontinue use of vitamin C supplements at least 48 hours prior to the start of urine collection and abstain until collection is complete.

Preservation with Sulfamic Acid before transporting is highly recommended.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour urine. Refrigerate during collection.

Specimen Preparation:

Thoroughly mix entire collection (24-hour) in one container. Do not exceed 4 mL in Tubes.
Preserved: Transfer 4 mL aliquot to an ARUP Transport Tube with Sulfamic Acid (ARUP supply #48098). Available online through eSupply using ARUP Connect or contact ARUP client services at (800) 522-2787. (Min: 1.5 mL) Mix well. Freeze immediately.
Unpreserved: Transport a 4 mL unadjusted aliquot of urine to an ARUP Standard Transport Tube. (Min: 1.5 mL) Freeze immediately.

Patient Preparation:

Patient should avoid ingestion of vitamin C prior to collection.

Stability (from collection to initiation):

After collection complete: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Storage/Transport Temperature:

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered

Synonyms:

- Hyperoxaluria
- Oxalate
- LAB421-VML
- LAB421VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Evaluate individuals with calcium oxalate renal calculi.

Interpretive Data:
Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Creatinine, Urine - per 24h	

Age	Male (mg/d)	Female (mg/d)
3-8 years	140-700	140-700
9-12 years	300-1300	300-1300
13-17 years	500-2300	400-1600
18-50 years	1000-2500	700-1600
51-80 years	800-2100	500-1400
81 years and older	600-2000	400-1300

Oxalate, Urine - per 24h

Age	Male (mg/d)	Female (mg/d)
0-12 years	7-31	7-31
13 years and older	16-49	13-40

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
83945

Remarks:
Record total volume and collection time interval on transport tube and test request form.

Notes:
Vitamin C (ascorbic acid) quickly degrades to oxalate in non-acidified urine. Patients should discontinue use of vitamin C supplements at least 48 hours prior to the start of urine collection and abstain until collection is complete.

Preservation with Sulfamic Acid before transporting is highly recommended.

Oxcarbazepine or Eslicarbazepine Metabolite (MHD)

LAB6064

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2 EDTA).

Synonyms:

- 10-Hydroxycarbazepine
- 10-OH-Carbazepine (MHD)
- 11-Dihydrocarbamazepine
- Eslicarbazepine
- GP 47680
- Metabolite of Oxcarbazepine
- MHC
- MHD
- Monohydroxy Carbamazepine
- Oxcarbazepine
- Monohydroxy Carbamazepine (MHD)
- Oxcarbazepine Metabolite, 10-Hydroxy-10
- Trileptal (Parent Pro-Drug)
- Oxcarbazepine Metabolite
- 10-Hydroxy-10,11-Dihydrocarbamazepine
- LAB6064-VML
- LAB6064VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2 EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 6 weeks; Refrigerated: 6 weeks; Frozen: 3 months (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- 10-Hydroxycarbazepine
- 10-OH-Carbazepine (MHD)
- 11-Dihydrocarbamazepine
- Eslicarbazepine
- GP 47680
- Metabolite of Oxcarbazepine
- MHC
- MHD
- Monohydroxy Carbamazepine
- Oxcarbazepine
- Monohydroxy Carbamazepine (MHD)
- Oxcarbazepine Metabolite, 10-Hydroxy-10
- Trileptal (Parent Pro-Drug)
- Oxcarbazepine Metabolite
- 10-Hydroxy-10,11-Dihydrocarbamazepine
- LAB6064-VML
- LAB6064VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
Effective November 18, 2013

Therapeutic Range:	3-35 µg/mL
Toxic:	Greater than 40 µg/mL

Interpretive Data:
This test measures monohydroxyoxcarbazepine (MHD). Adverse effects may include dizziness, fatigue, nausea, headache, somnolence, ataxia and tremor.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80183

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2 EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 6 weeks; Refrigerated: 6 weeks; Frozen: 3 months (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- 10-Hydroxycarbazepine
- 10-OH-Carbazepine (MHD)
- 11-Dihydrocarbamazepine
- Eslicarbazepine
- GP 47680
- Metabolite of Oxcarbazepine
- MHC
- MHD
- Monohydroxy Carbamazepine
- Oxcarbazepine
- Monohydroxy Carbamazepine (MHD)
- Oxcarbazepine Metabolite, 10-Hydroxy-10
- Trileptal (Parent Pro-Drug)
- Oxcarbazepine Metabolite
- 10-Hydroxy-10,11-Dihydrocarbamazepine
- LAB6064-VML
- LAB6064VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
This test measures monohydroxyoxcarbazepine (MHD). Adverse effects may include dizziness, fatigue, nausea, headache, somnolence, ataxia and tremor.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective November 18, 2013

Therapeutic Range:	3-35 µg/mL
Toxic:	Greater than 40 µg/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80183

Oxycodone and Oxymorphone Screen, Urine

LAB422

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- UOX, Oxycodone Screen, Oxymorphone Screen, LAB422
- LAB422-VML
- LAB422VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2-8 °C 5 Days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UOX, Oxycodone Screen, Oxymorphone Screen, LAB422
- LAB422-VML
- LAB422VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2-8 °C 5 Days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- UOX, Oxycodone Screen, Oxymorphone Screen, LAB422
- LAB422-VML
- LAB422VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Oxygen Saturation Arterial

LAB718

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- O2S, O2 Saturation Arterial, sO2 Art, LAB718
- LAB718-VML
- LAB718VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Arterial blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- O2S, O2 Saturation Arterial, sO2 Art, LAB718
- LAB718-VML
- LAB718VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
95 - 98 % capacity

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Arterial blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- O2S, O2 Saturation Arterial, sO2 Art, LAB718
- LAB718-VML
- LAB718VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
95 - 98 % capacity

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Oxygen Saturation Venous

LAB717

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- O2V, O2 Saturation Venous, sO2 Ven, LAB717
- LAB717-VML
- LAB717VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Venous blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- O2V, O2 Saturation Venous, sO2 Ven, LAB717
- LAB717-VML
- LAB717VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
95 - 98 % capacity

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must have no air spaces and must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Venous blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- O2V, O2 Saturation Venous, sO2 Ven, LAB717
- LAB717-VML
- LAB717VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
95 - 98 % capacity

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

P/Q-Type Voltage-Gated Calcium Channel (VGCC) Antibody

LAB4153

ORDERING INFO

Collect:
Plain Red or Serum Separator Tube (SST).

Synonyms:

- VGCC Ab
- Lambert Eaton
- Lambert-Eaton
- P/Q calcium channel
- LAB4153-VML
- LAB4153VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red or Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma. CSF. Hemolyzed or grossly lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Tue

ORDERING

Synonyms:

- VGCC Ab
- Lambert Eaton
- Lambert-Eaton
- P/Q calcium channel
- LAB4153-VML
- LAB4153VML

Ordering Recommendations:
Detect antibodies for P/Q type voltage-gated calcium channels. Aid in the evaluation of muscle weakness in the context neuromuscular junction disorder with or without cancer, or the diagnosis of paraneoplastic neurological syndromes.

Performed:
Tue

Methodology:
Quantitative Radioimmunoassay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
P/Q-Type Calcium Channel Antibody	24.5 pmol/L or less

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
P/Q-Type Calcium Channel Antibody	0.0 to 24.5 pmol/L: Negative 24.6 to 45.6 pmol/L: Indeterminate 45.7 pmol/L or greater: Positive

Methodology:
Quantitative Radioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:
86596

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red or Serum Separator Tube (SST).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma. CSF. Hemolyzed or grossly lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- VGCC Ab
- Lambert Eaton
- Lambert-Eaton
- P/Q calcium channel
- LAB4153-VML
- LAB4153VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Detect antibodies for P/Q type voltage-gated calcium channels. Aid in the evaluation of muscle weakness in the context neuromuscular junction disorder with or without cancer, or the diagnosis of paraneoplastic neurological syndromes.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
P/Q-Type Calcium Channel Antibody	0.0 to 24.5 pmol/L: Negative 24.6 to 45.6 pmol/L: Indeterminate 45.7 pmol/L or greater: Positive

Reference Interval:

Components	Reference Interval
P/Q-Type Calcium Channel Antibody	24.5 pmol/L or less

Methodology:
Quantitative Radioimmunoassay

Section:
RF-ARUP

CPT Codes:
86596

p16 (E6H4) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath175

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

p40 (BC28) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath176

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

p504s (13H4) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath178

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- AMACR, Racemase

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- AMACR, Racemase

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- AMACR, Racemase

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

p53 (DO-7) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath179

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Pancreastatin-INSC

LAB3987

ORDERING INFO

Synonyms:

- LAB3987-VML
- LAB3987VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3987-VML
- LAB3987VML

ADDITIONAL INFORMATION

Section:

RF-INSC

Resulting Laboratory:

InterScience Institute

FULL VIEW

Synonyms:

- LAB3987-VML
- LAB3987VML

Resulting Laboratory:

InterScience Institute

Section:

RF-INSC

Links:

Test Sent to Reference Lab. Click Here for Test Details

Pancreatic Elastase, Fecal

LAB6505

ORDERING INFO

Collect:

Stool in clean container

Synonyms:

- Fecal Elastase
- Pancreatic Elastase, Stool
- LAB6505-VML
- LAB6505VML

Turn Around Time:

1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:

NA

Collect:

Stool in clean container

Specimen Preparation:

Collect stool sample in clean container, store refrigerated.

Pediatric Collection:

Stool in clean container

Storage/Transport Temperature:

Refrigerated (2-8°C)

Performed:

Monday - Friday

Stability:

Refrigerated (2-8°C): 72 hours

Specimen:

Stool

Alternate Specimen:

NA

ORDERING

Ordering Indicators:

This test is used to detect exocrine pancreatic insufficiency.

Synonyms:

- Fecal Elastase
- Pancreatic Elastase, Stool
- LAB6505-VML
- LAB6505VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Chemiluminescent Immunoassay

Components:
Pancreatic Elastase

RESULTS INTERPRETATION

Reference Interval:
>/= 200 ug/g

Interpretive Data:
Results <200 ug/g are indicative of exocrine pancreatic insufficiency.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
NA

Additional Information:
NA

Components:
Pancreatic Elastase

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Stool in clean container

Specimen Preparation:
Collect stool sample in clean container, store refrigerated.

Pediatric Collection:
Stool in clean container

Preferred Collection Volume:
Stool: 2 grams (thumbnail-size portion)

Alternate Specimen:
NA

Patient Preparation:
NA

Specimen:
Stool

Reasons for Rejection:
Specimens other than stool; gastric specimens; swabs; diapers; specimens in preservative

Components:
Pancreatic Elastase

Stability:
Refrigerated (2-8°C): 72 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- Fecal Elastase
- Pancreatic Elastase, Stool
- LAB6505-VML
- LAB6505VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used to detect exocrine pancreatic insufficiency.

Interpretive Data:
Results <200 ug/g are indicative of exocrine pancreatic insufficiency.

Reference Interval:
>/= 200 ug/g

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Pancreatic Polypeptide

LAB3806

ORDERING INFO

Collect:
Serum separator tube or plain red.

Synonyms:

- PP
- HPP
- Human Pancreatic Polypeptide
- Pancreatic Polypeptide
- LAB3806-VML
- LAB3806VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should be fasting for 10 hours prior to collection of specimen.

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Allow specimen to sit in collection tube for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Severely hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 24 hours; Frozen: 2 months

Performed:
Wed

ORDERING

Synonyms:

- PP
- HPP
- Human Pancreatic Polypeptide
- Pancreatic Polypeptide
- LAB3806-VML
- LAB3806VML

Ordering Recommendations:
Aids in the diagnosis and monitoring of pancreatic neuroendocrine tumors.

Performed:
Wed

Methodology:
Quantitative Radioimmunoassay

Reported:
3-11 days

RESULTS INTERPRETATION

Reference Interval:
0-435 pg/mL

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Radioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:
83519

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plain red.

Specimen Preparation:
Allow specimen to sit in collection tube for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Patient should be fasting for 10 hours prior to collection of specimen.

Unacceptable Conditions:
Plasma. Severely hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 24 hours; Frozen: 2 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- PP
- HPP
- Human Pancreatic Polypeptide
- Pancreatic Polypeptide
- LAB3806-VML
- LAB3806VML

Performed:
Wed

Resulting Laboratory:
ARUP Laboratories

Reported:
3-11 days

Ordering Recommendations:
Aids in the diagnosis and monitoring of pancreatic neuroendocrine tumors.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0-435 pg/mL

Methodology:
Quantitative Radioimmunoassay

Section:
RF-ARUP

CPT Codes:
83519

Pancreatitis Panel (*CFTR*, *CTRC*, *PRSS1*, *SPINK1*), Sequencing

LAB6410

ORDERING INFO

Collect:
Lavender or pink (EDTA) or yellow (ACD solution A or B).
New York State Clients: Lavender or pink (EDTA)

Synonyms:

- recurrent acute pancreatitis
- chronic pancreatitis
- Hereditary pancreatitis
- LAB6410-VML
- LAB6410VML

SPECIMEN REQUIREMENTS

Collect:
Lavender or pink (EDTA) or yellow (ACD solution A or B).
New York State Clients: Lavender or pink (EDTA)

Specimen Preparation:
Transport 3 mL whole blood. (Min: 2 mL)
New York State Clients: 5 mL (Min: 2 mL)

Unacceptable Conditions:
Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: Unacceptable
New York State Clients: Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Performed:
Varies

ORDERING

Synonyms:

- recurrent acute pancreatitis
- chronic pancreatitis
- Hereditary pancreatitis
- LAB6410-VML
- LAB6410VML

Ordering Recommendations:
Use for individuals with a personal history of idiopathic pancreatitis. Detects sequence variants in the CFTR, CTRC, PRSS1, and SPINK1 genes.

Performed:
Varies

Methodology:
Massively Parallel Sequencing/Sequencing

Reported:
10-15 days

Notes:
Genes Tested: CFTR, CTRC, PRSS1, SPINK1

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Methodology:
Massively Parallel Sequencing/Sequencing

ADDITIONAL INFORMATION

CPT Codes:
81223; 81404; 81405

Section:
RF-ARUP

Notes:
Genes Tested: CFTR, CTRC, PRSS1, SPINK1

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender or pink (EDTA) or yellow (ACD solution A or B).
New York State Clients: Lavender or pink (EDTA)

Specimen Preparation:
Transport 3 mL whole blood. (Min: 2 mL)
New York State Clients: 5 mL (Min: 2 mL)

Unacceptable Conditions:
Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: Unacceptable
New York State Clients: Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- recurrent acute pancreatitis
- chronic pancreatitis
- Hereditary pancreatitis
- LAB6410-VML
- LAB6410VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
10-15 days

Ordering Recommendations:
Use for individuals with a personal history of idiopathic pancreatitis. Detects sequence variants in the CFTR, CTRC, PRSS1, and SPINK1 genes.

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Reference Interval:
By report

Methodology:
Massively Parallel Sequencing/Sequencing

Section:
RF-ARUP

CPT Codes:
81223; 81404; 81405

Notes:
Genes Tested: CFTR, CTRC, PRSS1, SPINK1

Pan-Trk (EPR17341) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath180

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Paraneoplastic AutoAb Eval-MAYO

LAB3890

ORDERING INFO

Synonyms:

- LAB3890-VML
- LAB3890VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3890-VML
- LAB3890VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3890-VML
- LAB3890VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Parathyroid Hormone, Intact, Serum

LAB4081

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- PTI, Parathyroid Hormone Level, PTH, LAB4081
- LAB4081-VML
- LAB4081VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Red Microtainers (No Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 2 days; Frozen: 6 months

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PTI, Parathyroid Hormone Level, PTH, LAB4081
- LAB4081-VML
- LAB4081VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
6 days - < 1year: 6-89 pg/mL 1 - < 9 years: 16-63 pg/mL 9- < 17 years: 22-88 pg/mL 17- < 19 years: 16-60 pg/mL >=19 years: 16-77 pg/mL

Interpretive Data:
N/A

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Red Microtainers (No Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 2 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PTI, Parathyroid Hormone Level, PTH, LAB4081
- LAB4081-VML
- LAB4081VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
6 days - < 1year: 6-89 pg/mL 1 - < 9 years: 16-63 pg/mL 9- < 17 years: 22-88 pg/mL 17- < 19 years: 16-60 pg/mL >=19 years: 16-77 pg/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Parathyroid Hormone-Related Peptide (PTHrP) by LC-MS/MS, Plasma

LAB3808

ORDERING INFO

Collect:

Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

Synonyms:

- Parathyroid Hormone Related Peptide
- PTH-RP
- Parathyroid Hormone Related Protein
- Parathyroid Related Polypeptide
- Parathyroid Related Protein
- PRP
- PTH Related Peptide
- PTH Related Protein
- PTHrP secretion
- HHM
- PTHRP, Plasma
- Humoral Hypercalcemia of Malignancy Factor
- LAB3808-VML
- LAB3808VML

SPECIMEN REQUIREMENTS

Collect:

Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

Specimen Preparation:

Mix well. Separate from cells within 1 hour of collection. Transfer 1.5 mL plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL)

Unacceptable Conditions:

Grossly hemolyzed specimens.

Storage/Transport Temperature:

Frozen. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):

After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months

Performed:

Sun, Mon, Wed, Fri

ORDERING

Synonyms:

- Parathyroid Hormone Related Peptide
- PTH-RP
- Parathyroid Hormone Related Protein
- Parathyroid Related Polypeptide
- Parathyroid Related Protein
- PRP
- PTH Related Peptide
- PTH Related Protein
- PTHrP secretion
- HHM
- PTHRP, Plasma
- Humoral Hypercalcemia of Malignancy Factor
- LAB3808-VML
- LAB3808VML

Ordering Recommendations:

Aid in the evaluation of unexplained hypercalcemia, particularly in suspected hypercalcemia of malignancy. Amino (N)- and carboxy (C)-terminus PTHrP fragments, such as those produced by some patients with renal insufficiency, do not interfere with this assay.

Performed:
Sun, Mon, Wed, Fri

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
2-6 days

Notes:
Amino (N)- and carboxy (C)-terminus PTHrP fragments, such as those produced by some patients with renal insufficiency, do not interfere with this assay.

RESULTS INTERPRETATION

Reference Interval:
Effective August 17, 2015

Age	Male	Female
Under 18 years	Not established	Not established
18 years and older	0.0-2.3 pmol/L	0.0-3.4 pmol/L

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
82542

Section:
RF-ARUP

Notes:
Amino (N)- and carboxy (C)-terminus PTHrP fragments, such as those produced by some patients with renal insufficiency, do not interfere with this assay.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

Specimen Preparation:
Mix well. Separate from cells within 1 hour of collection. Transfer 1.5 mL plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Parathyroid Hormone Related Peptide
- PTH-RP
- Parathyroid Hormone Related Protein
- Parathyroid Related Polypeptide
- Parathyroid Related Protein
- PRP
- PTH Related Peptide
- PTH Related Protein
- PTHrP secretion
- HHM
- PTHRP, Plasma
- Humoral Hypercalcemia of Malignancy Factor
- LAB3808-VML
- LAB3808VML

Performed:
Sun, Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
2-6 days

Ordering Recommendations:
Aid in the evaluation of unexplained hypercalcemia, particularly in suspected hypercalcemia of malignancy. Amino (N)- and carboxy (C)-terminus PTHrP fragments, such as those produced by some patients with renal insufficiency, do not interfere with this assay.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective August 17, 2015

Age	Male	Female
Under 18 years	Not established	Not established
18 years and older	0.0-2.3 pmol/L	0.0-3.4 pmol/L

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82542

Notes:
Amino (N)- and carboxy (C)-terminus PTHrP fragments, such as those produced by some patients with renal insufficiency, do not interfere with this assay.

Partial Thromboplastin Time

LAB325

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB325, aPTT, Activated Partial Thromboplastin Time, PTT
- LAB325-VML
- LAB325VML

Turn Around Time:

2 hours, once received into the lab

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. Process the sample carefully to avoid platelet activation during centrifugation. PF-4 released from the platelet granules is a potent heparin inhibitor, and release of PF-4 may affect the PTT result if the test is being used to monitor UFH. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB325, aPTT, Activated Partial Thromboplastin Time, PTT
- LAB325-VML
- LAB325VML

Performed:
Daily

Turn Around Time:
2 hours, once received into the lab

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
23.5-33.5 seconds

Interpretive Data:
Anti-IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfere with these assays. Therapeutic levels of coumadin may cause a prolongation of the PTT. The presence of Hemlibra (emicizumab) in the sample may considerably shortened PTT to within , or shorter than, the normal reference range.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
PTT cannot be used for monitorming LMWH or direct Xa inhibitor therapy.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. Process the sample carefully to avoid platelet activation during centrifugation. PF-4 released from the platelet granules is a potent heparin inhibitor, and release of PF-4 may affect the PTT result if the test is being used to monitor UFH. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB325, aPTT, Activated Partial Thromboplastin Time, PTT
- LAB325-VML
- LAB325VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours, once received into the lab

Ordering Indicators:
N/A

Interpretive Data:
Anti-IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfere with these assays. Therapeutic levels of coumadin may cause a prolongation of the PTT. The presence of Hemlibra (emicizumab) in the sample may considerably shortened PTT to within , or shorter than, the normal reference range.

Reference Interval:
23.5-33.5 seconds

Additional Information:
PTT cannot be used for monitorming LMWH or direct Xa inhibitor therapy.

Methodology:
Clotting

Section:
Coagulation

Partial Thromboplastin Time Mixing Study

LAB326

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB326, Mixing Study for Circulating Anticoagulants and Inhibitors, APM
- LAB326-VML
- LAB326VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Monday - Friday

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB326, Mixing Study for Circulating Anticoagulants and Inhibitors, APM
- LAB326-VML
- LAB326VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
PTT, PTT 1:1 Mix at zero hour, one hour and two hour post incubation, thrombin time and LMWH

RESULTS INTERPRETATION

Reference Interval:
23.5-33.5 seconds

Interpretive Data:
Anti-IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfere with these assays. Therapeutic levels of coumadin may cause a prolongation of the PTT. The presence of Hemlibra (emicizumab) in the sample may considerably shortened PTT to within , or shorter than, the normal reference range.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
PTT must be > 5 seconds above the normal reference range for the PTT mixing study to be performed.

Components:
PTT, PTT 1:1 Mix at zero hour, one hour and two hour post incubation, thrombin time and LMWH

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
PTT, PTT 1:1 Mix at zero hour, one hour and two hour post incubation, thrombin time and LMWH

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB326, Mixing Study for Circulating Anticoagulants and Inhibitors, APM
- LAB326-VML
- LAB326VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Anti-IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfere with these assays. Therapeutic levels of coumadin may cause a prolongation of the PTT. The presence of Hemlibra (emicizumab) in the sample may considerably shortened PTT to within , or shorter than, the normal reference range.

Reference Interval:
23.5-33.5 seconds

Additional Information:
PTT must be > 5 seconds above the normal reference range for the PTT mixing study to be performed.

Methodology:
Clotting

Section:
Coagulation

Parvovirus B19 by Quantitative PCR

LAB6381

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA), or serum separator tube (SST).

Synonyms:

- Parvovirus B19
- Viral load monitoring
- LAB6381-VML
- LAB6381VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA), or serum separator tube (SST).

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma to a sterile container. (Min: 0.5 mL)

Unacceptable Conditions:
Heparinized specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 5 days; Frozen: 6 months

Performed:
Mon, Wed, Fri

Remarks:
Specimen source required.

ORDERING

Synonyms:

- Parvovirus B19
- Viral load monitoring
- LAB6381-VML
- LAB6381VML

Ordering Recommendations:
Diagnose and monitor human parvovirus infection in patient with suppressed or delayed immune response.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Polymerase Chain Reaction

Reported:
1-4 days

Notes:
The limit of quantification for this DNA test is 2.0 log IU/mL (100 IU/mL). If the test DID NOT DETECT the virus, the test result will be reported as "< 2.0 log IU/mL (< 100 IU/mL)." If the test DETECTED the presence of the virus but was not able to accurately quantify the number of international units, the test result will be reported as "Not Quantified."

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
The quantitative range of this test is 2.0- 8.0 log IU/mL (100 - 100,000,000 IU/mL).

A negative result (less than 2.0 log IU/mL or less than 100 IU/mL) does not rule out the presence of PCR inhibitors in the patient specimen or Parvovirus DNA concentrations below the level of detection of the test. Inhibition may also lead to underestimation of viral quantitation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
87799

Section:
RF-ARUP

Remarks:
Specimen source required.

Notes:
The limit of quantification for this DNA test is 2.0 log IU/mL (100 IU/mL). If the test DID NOT DETECT the virus, the test result will be reported as "< 2.0 log IU/mL (< 100 IU/mL)." If the test DETECTED the presence of the virus but was not able to accurately quantify the number of international units, the test result will be reported as "Not Quantified."

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), pink (K_2EDTA), or serum separator tube (SST).

Specimen Preparation:
Separate serum or plasma from cells. Transfer 1 mL serum, plasma to a sterile container. (Min: 0.5 mL)

Unacceptable Conditions:
Heparinized specimens.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 5 days; Frozen: 6 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- Parvovirus B19
- Viral load monitoring
- LAB6381-VML
- LAB6381VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Diagnose and monitor human parvovirus infection in patient with suppressed or delayed immune response.

Interpretive Data:
The quantitative range of this test is 2.0- 8.0 log IU/mL (100 - 100,000,000 IU/mL).

A negative result (less than 2.0 log IU/mL or less than 100 IU/mL) does not rule out the presence of PCR inhibitors in the patient specimen or Parvovirus DNA concentrations below the level of detection of the test. Inhibition may also lead to underestimation of viral quantitation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Not detected

Methodology:
Quantitative Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
87799

Remarks:
Specimen source required.

Notes:
The limit of quantification for this DNA test is 2.0 log IU/mL (100 IU/mL). If the test DID NOT DETECT the virus, the test result will be reported as "< 2.0 log IU/mL (< 100 IU/mL)." If the test DETECTED the presence of the virus but was not able to accurately quantify the number of international units, the test result will be reported as "Not Quantified."

Parvovirus B19 IgG and IgM, serum

LAB800

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB800, B19, Parvovirus Antibody
- LAB800-VML
- LAB800VML

Turn Around Time:
1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday-Friday

Stability:
Ambient (15-25°C): 8 hours, 2° - 8°C: 48 hours

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is used to aid in the diagnosis of parvovirus infection.

Synonyms:

- LAB800, B19, Parvovirus Antibody
- LAB800-VML
- LAB800VML

Performed:
Monday-Friday

Turn Around Time:
1 - 3 Days

Methodology:
Enzyme-Linked Immunoassay

Components:
Parvovirus B19 IgG, Parvovirus B19 IgM

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
See Table 3

Methodology:
Enzyme-Linked Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
NA

Components:
Parvovirus B19 IgG, Parvovirus B19 IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Parvovirus B19 IgG, Parvovirus B19 IgM

Stability:
Ambient (15-25°C): 8 hours, 2° - 8°C: 48 hours

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB800, B19, Parvovirus Antibody
- LAB800-VML
- LAB800VML

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used to aid in the diagnosis of parvovirus infection.

Interpretive Data:
See Table 3

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Enzyme-Linked Immunoassay

Section:
Immunoserology

Pathology Consult, Prepared Slides

CoPath6

ORDERING INFO

Collect:
N/A

Synonyms:

- Second opinion, Referral

Turn Around Time:
4 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
N/A

Specimen Preparation:
Complete Test Requisition. Package slides in durable slide holder and padded envelope to protect from breaking. Include requisition and copy of report, as well as pertinent clinical data and billing information.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday-Friday

Stability:
Slides - Ambient: (15-25°C) - indefinitely.

Specimen:
Prepared slides

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Second opinion, Referral

Performed:
Monday-Friday

Turn Around Time:
4 days

Methodology:
Microscopic Interpretation

Components:
Material received and diagnosis

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Microscopic Interpretation

ADDITIONAL INFORMATION

Section:
Surgical Pathology

Alternate Specimen:
N/A

Additional Information:
Turn around time for complex cases may be longer. Significant or unusual findings are communicated.

Components:
Material received and diagnosis

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
N/A

Specimen Preparation:
Complete Test Requisition. Package slides in durable slide holder and padded envelope to protect from breaking. Include requisition and copy of report, as well as pertinent clinical data and billing information.

Pediatric Collection:
N/A

Preferred Collection Volume:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Prepared slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Material received and diagnosis

Stability:
Slides - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Second opinion, Referral

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Turn around time for complex cases may be longer. Significant or unusual findings are communicated.

Methodology:
Microscopic Interpretation

Section:
Surgical Pathology

Pathology Consult, Prepared Slides with Tissue Block or Unstained Slides.

CoPath5

ORDERING INFO

Collect:
Unstained Slides-Positively Charged Glass Microscope Slides. Do Not Use Adhesive. Tissue Block-Formalin Fixed Paraffin Embedded

Synonyms:

- Second opinion, Referral

Turn Around Time:
4 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Unstained Slides-Positively Charged Glass Microscope Slides. Do Not Use Adhesive. Tissue Block-Formalin Fixed Paraffin Embedded

Specimen Preparation:
Complete Test Requisition. Package slides in durable slide holder and padded envelope to protect from breaking. Include requisition and copy of report, as well as pertinent clinical data and billing information.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Prepared slides and formalin fixed paraffin embedded tissue block or unstained slides

Alternate Specimen:
Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Second opinion, Referral

Performed:
Monday-Friday

Turn Around Time:
4 days

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains may be required at the request of the pathologist.

Components:
Material received and diagnosis

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains may be required at the request of the pathologist.

ADDITIONAL INFORMATION

Section:
Surgical Pathology

Alternate Specimen:
Tissue Block

Additional Information:
Turn around time for complex cases may be longer. Significant or unusual findings are communicated.

Components:
Material received and diagnosis

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Unstained Slides-Positively Charged Glass Microscope Slides. Do Not Use Adhesive. Tissue Block-Formalin Fixed Paraffin Embedded

Specimen Preparation:
Complete Test Requisition. Package slides in durable slide holder and padded envelope to protect from breaking. Include requisition and copy of report, as well as pertinent clinical data and billing information.

Pediatric Collection:
N/A

Preferred Collection Volume:
N/A

Alternate Specimen:
Tissue Block

Patient Preparation:
N/A

Specimen:
Prepared slides and formalin fixed paraffin embedded tissue block or unstained slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Material received and diagnosis

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Second opinion, Referral

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Turn around time for complex cases may be longer. Significant or unusual findings are communicated.

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains may be required at the request of the pathologist.

Section:
Surgical Pathology

PAX-5 (MRQ-50) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath181

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

PCCA/ANNA by IFA with Reflex to Titer and Immunoblot

LAB3807

ORDERING INFO

Collect:
Serum separator tube

Synonyms:

- ANNA
- ANNA-2
- PCA-Tr
- ANNA-1
- Anti Ri
- Anti-Hu
- Anti-Yo
- Antinuclear neuronal Ab
- Neuronal Nuclear Antibody
- Paraneoplastic Ab screen
- Paraneoplastic Autoantibody Immunoblot Confirmation, Paraneoplastic Neurological Autoimmunity
- PCA-1
- PCA-3
- Purkinje Cell Cytoplasmic Antibodies
- Tr(DNER)
- LAB3807-VML
- LAB3807VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.75 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun, Wed, Fri

ORDERING

Synonyms:

- ANNA
- ANNA-2
- PCA-Tr
- ANNA-1
- Anti Ri
- Anti-Hu
- Anti-Yo
- Antinuclear neuronal Ab
- Neuronal Nuclear Antibody
- Paraneoplastic Ab screen
- Paraneoplastic Autoantibody Immunoblot Confirmation, Paraneoplastic Neurological Autoimmunity
- PCA-1
- PCA-3
- Purkinje Cell Cytoplasmic Antibodies
- Tr(DNER)
- LAB3807-VML
- LAB3807VML

Ordering Recommendations:
Aid in the diagnosis of paraneoplastic neurologic syndromes associated with malignancy. Order based on clinical presentation.

Performed:
Sun, Wed, Fri

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody/Qualitative Immunoblot

Reported:
1-6 days

Notes:
Purkinje Cell (PCCA) antibody and Neuronal Nuclear (ANNA) antibody IgG are screened by IFA. If the IFA screen is indeterminate, then a Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot will be added. If the IFA screen is positive at 1:10 or greater, then a PCCA/ANNA antibodies titer and Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detected

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody/Qualitative Immunoblot

ADDITIONAL INFORMATION

CPT Codes:
86255; if reflexed add 84182 x4 and/or 86256

Section:
RF-ARUP

Notes:
Purkinje Cell (PCCA) antibody and Neuronal Nuclear (ANNA) antibody IgG are screened by IFA. If the IFA screen is indeterminate, then a Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot will be added. If the IFA screen is positive at 1:10 or greater, then a PCCA/ANNA antibodies titer and Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot will be added. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.75 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated

Synonyms:

- ANNA
- ANNA-2
- PCA-Tr
- ANNA-1
- Anti Ri
- Anti-Hu
- Anti-Yo
- Antinuclear neuronal Ab
- Neuronal Nuclear Antibody
- Paraneoplastic Ab screen
- Paraneoplastic Autoantibody Immunoblot Confirmation, Paraneoplastic Neurological Autoimmunity
- PCA-1
- PCA-3
- Purkinje Cell Cytoplasmic Antibodies
- Tr(DNER)
- LAB3807-VML
- LAB3807VML

Performed:
Sun, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Aid in the diagnosis of paraneoplastic neurologic syndromes associated with malignancy. Order based on clinical presentation.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detected

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody/Qualitative Immunoblot

Section:
RF-ARUP

CPT Codes:
86255; if reflexed add 84182 x4 and/or 86256

Notes:
Purkinje Cell (PCCA) antibody and Neuronal Nuclear (ANNA) antibody IgG are screened by IFA. If the IFA screen is indeterminate, then a Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot will be added. If the IFA screen is positive at 1:10 or greater, then a PCCA/ANNA antibodies titer and Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot will be added. Additional charges apply.

PD-1 (NAT105) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath182

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

PD-L1 (SP263) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath183

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Pentobarbital Lvl-MTOX

LAB6338

ORDERING INFO

Synonyms:

- LAB6338-VML
- LAB6338VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6338-VML
- LAB6338VML

ADDITIONAL INFORMATION

Section:

RF-MTOX

Resulting Laboratory:

MedTox Labs

FULL VIEW

Synonyms:

- LAB6338-VML
- LAB6338VML

Resulting Laboratory:

MedTox Labs

Section:

RF-MTOX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Perforin (5B10) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath184

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Perforin/Granzyme B-CINN

LAB3988

ORDERING INFO

Synonyms:

- LAB3988-VML
- LAB3988VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3988-VML
- LAB3988VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3988-VML
- LAB3988VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

PERICARDIAL FLUID CYTOLOGY

ORDERING INFO

Collect:
Clean specimen container.

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100 mL is optimal)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Fresh specimen in a clean specimen container.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100 mL is optimal)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Fresh specimen in a clean specimen container.

Reasons for Rejection:
Mislabeled specimen, specimen received in glass container, specimen received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
ThinPrep procedure

Section:
Cytology

Periodic Acid Schiff Special Stain for Fungus with Digestion, Formalin Fixed Paraffin Embedded Tissue

CoPath24

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- PAS fungus with Diastase, pasdf, fungus stain with digestion

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PAS fungus with Diastase, pasdf, fungus stain with digestion

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- PAS fungus with Diastase, pasdf, fungus stain with digestion

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Periodic Acid Schiff Special Stain for Fungus, Formalin Fixed Paraffin Embedded Tissue

CoPath23

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- PASf, fungus stain

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PASf, fungus stain

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- PASf, fungus stain

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Periodic Acid Schiff Special Stain with Digestion, Formalin Fixed Paraffin Embedded Tissue

CoPath22

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- PAS with Diastase

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PAS with Diastase

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- PAS with Diastase

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Periodic Acid Schiff Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath21

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- PAS

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PAS

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- PAS

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Periodic Fever Syndromes Pnl (7 genes)-GNDX

LAB3321

ORDERING INFO

Synonyms:

- LAB3321-VML
- LAB3321VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3321-VML
- LAB3321VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3321-VML
- LAB3321VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Peripheral Blood Smear Review

LAB5709

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- PBS, Blood smear review
- LAB5709-VML
- LAB5709VML

Turn Around Time:
1 day

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
N/A

Pediatric Collection:
Pediatric: 0.25mL EDTA 2K whole blood minimum

Storage/Transport Temperature:
Room temperature or refrigerated

Performed:
Daily

Stability:
Room temperature or refrigerated

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Must indicate reason for smear review, do not use acronyms

Synonyms:

- PBS, Blood smear review
- LAB5709-VML
- LAB5709VML

Performed:
Daily

Turn Around Time:
1 day

Methodology:
Wright Stain smear

Components:
Yes or no with a free text comment attached

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Wright Stain smear

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
Must indicate reason for smear review, do not use acronyms

Components:
Yes or no with a free text comment attached

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
N/A

Pediatric Collection:
Pediatric: 0.25mL EDTA 2K whole blood minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Whole blood

Reasons for Rejection:
QNS, clotted, specimen age

Components:
Yes or no with a free text comment attached

Stability:
Room temperature or refrigerated

Storage/Transport Temperature:
Room temperature or refrigerated

Synonyms:

- PBS, Blood smear review
- LAB5709-VML
- LAB5709VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 day

Ordering Indicators:
Must indicate reason for smear review, do not use acronyms

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Must indicate reason for smear review, do not use acronyms

Methodology:
Wright Stain smear

Section:
Hematology

PERITONEAL WASH CYTOLOGY

ORDERING INFO

Collect:
Clean specimen container.

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100 mL is optimal)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Fresh specimen in a clean specimen container.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100 mL is optimal)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Fresh specimen in a clean specimen container.

Reasons for Rejection:
Mislabeled specimen, specimen received in glass container, specimen received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
ThinPrep procedure

Section:
Cytology

pH Arterial

LAB4534

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- APH, pH Art, LAB4534
- LAB4534-VML
- LAB4534VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Arterial blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- APH, pH Art, LAB4534
- LAB4534-VML
- LAB4534VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
7.35 - 7.45

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Arterial blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- APH, pH Art, LAB4534
- LAB4534-VML
- LAB4534VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
7.35 - 7.45

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

pH Venous

LAB75

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- VPH, pH Ven, LAB75
- LAB75-VML
- LAB75VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Venous blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- VPH, pH Ven, LAB75
- LAB75-VML
- LAB75VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
7.35 - 7.45

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Venous blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- VPH, pH Ven, LAB75
- LAB75-VML
- LAB75VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
7.35 - 7.45

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

pH, Fecal

LAB109

ORDERING INFO

Collect:
Stool.

Synonyms:

- fecal pH
- Stool pH
- LAB109-VML
- LAB109VML

SPECIMEN REQUIREMENTS

Collect:
Stool.

Specimen Preparation:
Transfer 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910) and freeze immediately. Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g)

Unacceptable Conditions:
Diapers. Specimens containing barium. Specimens in media or preservatives. Grossly bloody specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated:2 weeks; Frozen: 2 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- fecal pH
- Stool pH
- LAB109-VML
- LAB109VML

Performed:
Sun-Sat

Methodology:
Colorimetric Indicator paper

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
5.0-8.5

Methodology:
Colorimetric Indicator paper

ADDITIONAL INFORMATION

CPT Codes:
83986

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Stool.

Specimen Preparation:
Transfer 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910) and freeze immediately. Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g)

Unacceptable Conditions:
Diapers. Specimens containing barium. Specimens in media or preservatives. Grossly bloody specimens.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated:2 weeks; Frozen: 2 weeks

Storage/Transport Temperature:
Frozen.

Synonyms:

- fecal pH
- Stool pH
- LAB109-VML
- LAB109VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Reference Interval:
5.0-8.5

Methodology:
Colorimetric Indicator paper

Section:
RF-ARUP

CPT Codes:
83986

Pharmacogenomics, Whole Blood or Tissue

LAB6342

ORDERING INFO

Collect:

Blood: Lavender tube (EDTA); Buccal: 4 swabs

Synonyms:

- LAB6342, PREDICT
- LAB6342-VML
- LAB6342VML

Turn Around Time:

STAT: 6 - 8 days; Routine: 10 - 14 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Blood: Lavender tube (EDTA); Buccal: 4 swabs

Specimen Preparation:

Specimen should be a dedicated tube (no tube sharing with other labs or add-on testing). Test sample must be collected at Vanderbilt. Outside samples will not be accepted. (Min 0.5mL whole blood)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Blood: Ambient (15-25°C) or Refrigerated (2-8°C); Buccal: Ambient (15-25°C)

Performed:

Variable

Stability:

Blood: Ambient (15-25°C): 2 days; Refrigerated (2-8°C)C: 7 days; Buccal: Ambient (15-25°C)

Specimen:

Whole blood or tissue

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Used to assess genetic risk of abnormal drug absorption, distribution, metabolism or excretion for drugs by genotyping for common variants in CYP2C19, CYP2C9, VKORC1, CYP3A5, CYP4F2, CYP2D6, TPMT, SLCO1B1, NUDT15 and DPYD as well CYP2D6 copy number determination. May aid in drug selection and dose planning for many drugs and in avoiding an adverse drug response

Synonyms:

- LAB6342, PREDICT
- LAB6342-VML
- LAB6342VML

Performed:

Variable

Turn Around Time:
STAT: 6 - 8 days; Routine: 10 - 14 days

Methodology:
Variant analysis using Taqman® SNP genotyping assay

Components:
CYP2C19, CYP2C9, VKORC1, CYP3A5, CYP4F2, CYP2D6, TPMT, SLCO1B1, NUDT15, DPYD, CYP2D6
Click here for PREDICT Drug Class Information.

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
Results from this assay may indicate dosage adjustments or medication alternatives that should be considered. Additional information regarding the implications of results is available at www.mydruggenome.org.

Methodology:
Variant analysis using Taqman® SNP genotyping assay

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
N/A

Additional Information:
Laboratory Developed Test

Components:
CYP2C19, CYP2C9, VKORC1, CYP3A5, CYP4F2, CYP2D6, TPMT, SLCO1B1, NUDT15, DPYD, CYP2D6
Click here for PREDICT Drug Class Information.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender tube (EDTA); Buccal: 4 swabs

Specimen Preparation:
Specimen should be a dedicated tube (no tube sharing with other labs or add-on testing). Test sample must be collected at Vanderbilt. Outside samples will not be accepted. (Min 0.5mL whole blood)

Pediatric Collection:
N/A

Preferred Collection Volume:
4mL whole blood

Alternate Specimen:
N/A

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood or tissue

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected

Components:
CYP2C19, CYP2C9, VKORC1, CYP3A5, CYP4F2, CYP2D6, TPMT, SLCO1B1, NUDT15, DPYD, CYP2D6
Click here for PREDICT Drug Class Information.

Stability:
Blood: Ambient (15-25°C): 2 days; Refrigerated (2-8°C)C: 7 days; Buccal: Ambient (15-25°C)

Storage/Transport Temperature:
Blood: Ambient (15-25°C) or Refrigerated (2-8°C); Buccal: Ambient (15-25°C)

Synonyms:

- LAB6342, PREDICT
- LAB6342-VML
- LAB6342VML

Performed:
Variable

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 6 - 8 days; Routine: 10 - 14 days

Ordering Indicators:
Used to assess genetic risk of abnormal drug absorption, distribution, metabolism or excretion for drugs by genotyping for common variants in CYP2C19, CYP2C9, VKORC1, CYP3A5, CYP4F2, CYP2D6, TPMT, SLCO1B1, NUDT15 and DPYD as well CYP2D6 copy number determination. May aid in drug selection and dose planning for many drugs and in avoiding an adverse drug response

Interpretive Data:
Results from this assay may indicate dosage adjustments or medication alternatives that should be considered. Additional information regarding the implications of results is available at www.mydruggenome.org.

Reference Interval:
Not established for this test

Additional Information:
Laboratory Developed Test

Methodology:
Variant analysis using Taqman® SNP genotyping assay

Section:
Molecular Diagnostics

Phencyclidine (PCP), Urine, Quantitative

LAB6108

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Phenylcyclohexylpeperidine
- PCP
- Phencyclidine
- LAB6108-VML
- LAB6108VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transport 1 mL urine. (Min: 0.5 mL)

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

Performed:
Mon

ORDERING

Synonyms:

- Phenylcyclohexylpeperidine
- PCP
- Phencyclidine
- LAB6108-VML
- LAB6108VML

Ordering Recommendations:
Preferred test to follow-up presumptive results. For general screening, Phencyclidine, Urine Screen with Reflex to Quantitation (2012265) is preferred.

Performed:
Mon

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-8 days

Notes:
Compare to Pain Management, Phencyclidine, Quantitative, with medMATCH, Urine; Pain Management, Phencyclidine, with Confirmation with medMATCH, Urine.

RESULTS INTERPRETATION

Reference Interval:
Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Phencyclidine	10 ng/mL

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 10 ng/mL.

For medical purposes only; not valid for forensic use.

The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

83992 (Alt code: G0480)

Section:

RF-ARUP

Notes:

Compare to Pain Management, Phencyclidine, Quantitative, with medMATCH, Urine; Pain Management, Phencyclidine, with Confirmation with medMATCH, Urine.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Random urine.

Specimen Preparation:

Transport 1 mL urine. (Min: 0.5 mL)

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Room temperature.

Synonyms:

- Phenylcyclohexylpeperidine
- PCP
- Phencyclidine
- LAB6108-VML
- LAB6108VML

Performed:

Mon

Resulting Laboratory:

ARUP Laboratories

Reported:

1-8 days

Ordering Recommendations:

Preferred test to follow-up presumptive results. For general screening, Phencyclidine, Urine Screen with Reflex to Quantitation (2012265) is preferred.

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

Positive cutoff: 10 ng/mL.

For medical purposes only; not valid for forensic use.

The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective August 17, 2015

Drugs Covered	Cutoff Concentrations
Phencyclidine	10 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

83992 (Alt code: G0480)

Notes:

Compare to Pain Management, Phencyclidine, Quantitative, with medMATCH, Urine; Pain Management, Phencyclidine, with Confirmation with medMATCH, Urine.

Phenobarbital, Plasma or Serum

LAB30

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- PNB , LAB30
- LAB30-VML
- LAB30VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 6 months; Frozen: 6 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PNB , LAB30
- LAB30-VML
- LAB30VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
10 - 40 µg/mL

Interpretive Data:
N/A

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Draw immediately before next dose

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 6 months; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PNB , LAB30
- LAB30-VML
- LAB30VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
10 - 40 µg/mL

Additional Information:
Draw immediately before next dose

Methodology:
Immunoassay

Section:
Chemistry

Phenylketonuria Monitoring, plasma

LAB3472

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB3472, PKP, PKU, Phenylketonuria, Amino Acid PKU
- LAB3472-VML
- LAB3472VML

Turn Around Time:

3 days Not available STAT. Call the lab for expedited request.

SPECIMEN REQUIREMENTS

Patient Preparation:

Patient should be fasting for 2 - 3 hours prior to collection. Newborn infants are preferrable to be collected 24 hr after birth.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Preferred: Samples should be delivered to the laboratory on ice within 4 hours of collection. Samples from outside facilities should be sent as spun, separated, and frozen aliquot. (Minimum: 150 uL plasma) Alternative: Samples are viable up to 7 days from collection for testing. In the event a home collection kit is utilized, mial-in kits should be mailed to 445 Great Circle Road, Nashville, TN 37228.

Pediatric Collection:

Lavender microtainer (EDTA)

Storage/Transport Temperature:

Frozen (-20°C)

Performed:

Monday - Friday

Stability:

After separation from cells: Frozen (-20°C): 6 months

Specimen:

Plasma

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

This test is intended for monitoring treatment in patients with a known diagnosis of phenylketonuria or hyperphenylalaninemia.

Synonyms:

- LAB3472, PKP, PKU, Phenylketonuria, Amino Acid PKU
- LAB3472-VML
- LAB3472VML

Performed:

Monday - Friday

Turn Around Time:
3 days Not available STAT. Call the lab for expedited request.

Methodology:
Liquid chromatography/tandem mass spectrometry

Components:
Phenylalanine, Tyrosine, Valine, Leucine, Isoleucine, Tryptophan, PKU Target

RESULTS INTERPRETATION

Reference Interval:
Supplied with results

Interpretive Data:
For newborn infants, phenyalanine greater than 200 mcmol/L is considered diagnostic of phenylketonuria. In diagnosed patients, appropriate phenylalanine levels vary with age and pregnancy.

Methodology:
Liquid chromatography/tandem mass spectrometry

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Phenylalanine, Tyrosine, Valine, Leucine, Isoleucine, Tryptophan, PKU Target

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Preferred: Samples should be delivered to the laboratory on ice within 4 hours of collection. Samples from outside facilities should be sent as spun, separated, and frozen aliquot. (Minimum: 150 uL plasma) Alternative: Samples are viable up to 7 days from collection for testing. In the event a home collection kit is utilized, mial-in kits should be mailed to 445 Great Circle Road, Nashville, TN 37228.

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
Patient should be fasting for 2 - 3 hours prior to collection. Newborn infants are preferrable to be collected 24 hr after birth.

Specimen:
Plasma

Reasons for Rejection:
Clotted sample, improper collection, mislabeled, QNS, not sent on ice, not processed within 7 days of collection

Components:
Phenylalanine, Tyrosine, Valine, Leucine, Isoleucine, Tryptophan, PKU Target

Stability:
After separation from cells: Frozen (-20°C): 6 months

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB3472, PKP, PKU, Phenylketonuria, Amino Acid PKU
- LAB3472-VML
- LAB3472VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days Not available STAT. Call the lab for expedited request.

Ordering Indicators:
This test is intended for monitoring treatment in patients with a known diagnosis of phenylketonuria or hyperphenylalaninemia.

Interpretive Data:
For newborn infants, phenyalanine greater than 200 mcmol/L is considered diagnostic of phenylketonuria. In diagnosed patients, appropriate phenylalanine levels vary with age and pregnancy.

Reference Interval:
Supplied with results

Additional Information:
N/A

Methodology:
Liquid chromatography/tandem mass spectrometry

Section:
Special Chemistry

Phenytoin, Free and Total

LAB6148

ORDERING INFO

Collect:
Plain Red.

Synonyms:

- Protein Free Phenytoin
- Dilantin, Free
- Diphenylhydantoin
- pheyntoin blood concentration
- Dilantin, Total and Free
- Diphenylan
- Fosphenytoin
- Free Dilantin
- Free Phenytoin
- Phenytek
- LAB6148-VML
- LAB6148VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Whole blood. Citrated plasma. Serum separator tubes (SST). Tubes that contain liquid anticoagulant.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 4 days; Refrigerated: 4 days; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Protein Free Phenytoin
- Dilantin, Free
- Diphenylhydantoin
- pheyntoin blood concentration
- Dilantin, Total and Free
- Diphenylan
- Fosphenytoin
- Free Dilantin
- Free Phenytoin
- Phenytek
- LAB6148-VML
- LAB6148VML

Ordering Recommendations:
Preferred test for therapeutic drug management in patients with renal failure or conditions that may alter albumin concentrations.

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Effective May 16, 2016

Components	Therapeutic Range
Phenytoin - Total	Therapeutic: 10.0-20.0 µg/mL Toxic: > 30.0 µg/mL
Phenytoin - Free Level	Therapeutic: 1.0-2.5 µg/mL Toxic: > 2.5 µg/mL
Phenytoin - Percent Free	8.0-14.0%

Interpretive Data:

The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Free phenytoin may be important to monitor in patients with altered or unpredictable protein binding capacity because phenytoin is highly bound (greater than 90 percent) at therapeutic concentrations. Phenytoin is also subject to drug-drug interactions due to displacement of protein binding and extensive metabolism. Cross-reactivity with metabolites may account for differences in phenytoin concentrations among analytical methods. Calculating percent free attempts to minimize differences in assay cross-reactivity and may be useful in dose optimization.

Methodology:

Quantitative Enzyme Multiplied Immunoassay Technique

ADDITIONAL INFORMATION

CPT Codes:

80185; 80186

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain Red.

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Patient Preparation:

Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:

Whole blood. Citrated plasma. Serum separator tubes (SST). Tubes that contain liquid anticoagulant.

Stability (from collection to initiation):

After separation from cells: Ambient: 4 days; Refrigerated: 4 days; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Protein Free Phenytoin
- Dilantin, Free
- Diphenylhydantoin
- pheyntoin blood concentration
- Dilantin, Total and Free
- Diphenylan
- Fosphenytoin
- Free Dilantin
- Free Phenytoin
- Phenytek
- LAB6148-VML
- LAB6148VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Preferred test for therapeutic drug management in patients with renal failure or conditions that may alter albumin concentrations.

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Free phenytoin may be important to monitor in patients with altered or unpredictable protein binding capacity because phenytoin is highly bound (greater than 90 percent) at therapeutic concentrations. Phenytoin is also subject to drug-drug interactions due to displacement of protein binding and extensive metabolism. Cross-reactivity with metabolites may account for differences in phenytoin concentrations among analytical methods. Calculating percent free attempts to minimize differences in assay cross-reactivity and may be useful in dose optimization.

Reference Interval:
Effective May 16, 2016

Components	Therapeutic Range
Phenytoin - Total	Therapeutic: 10.0-20.0 µg/mL Toxic: > 30.0 µg/mL
Phenytoin - Free Level	Therapeutic: 1.0-2.5 µg/mL Toxic: > 2.5 µg/mL
Phenytoin - Percent Free	8.0-14.0%

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

Section:
RF-ARUP

CPT Codes:
80185; 80186

Phenytoin, Plasma or Serum

LAB31

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- Dilantin, PYT, LAB31
- LAB31-VML
- LAB31VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 1 month; Frozen: 5 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Dilantin, PYT, LAB31
- LAB31-VML
- LAB31VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzyme Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
10 - 20 µg/mL

Interpretive Data:
The compound fosphenytoin, at a level of 60 g/mL, caused a 41.1% change in drug concentration when tested in the presence of 15 g/mL phenytoin.

Methodology:
Enzyme Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 1 month; Frozen: 5 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Dilantin, PYT, LAB31
- LAB31-VML
- LAB31VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
The compound fosphenytoin, at a level of 60 g/mL, caused a 41.1% change in drug concentration when tested in the presence of 15 g/mL phenytoin.

Reference Interval:
10 - 20 µg/mL

Additional Information:
N/A

Methodology:
Enzyme Immunoassay

Section:
Chemistry

Phosphatidylethanol (PEth), Whole Blood, Quantitative

LAB6121

ORDERING INFO

Collect:
Lavender (K2 or K3EDTA), pink (K2EDTA), dark green (lithium heparin), or gray (potassium oxalate).

Synonyms:

- 1-palmitoyl-2-oleoyl-sn-glycero-3-phosphoethanol
- 1,2-dioleoyl-sn-glycero-3-phosphoethanol
- LAB6121-VML
- LAB6121VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (K2 or K3EDTA), pink (K2EDTA), dark green (lithium heparin), or gray (potassium oxalate).

Specimen Preparation:
Transport 1 mL whole blood. (Min: 0.5 mL)

Unacceptable Conditions:
Gel separator tubes, plain red, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Stability (from collection to initiation):
Ambient: 2 hours; Refrigerated: 2 weeks; Frozen: 1 month (-20°C)

Performed:
Sun-Sat

ORDERING

Synonyms:

- 1-palmitoyl-2-oleoyl-sn-glycero-3-phosphoethanol
- 1,2-dioleoyl-sn-glycero-3-phosphoethanol
- LAB6121-VML
- LAB6121VML

Ordering Recommendations:
Biomarker associated with ethanol consumption; may be helpful in monitoring alcohol abstinence.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Effective September 8, 2020

By Report

Interpretive Data:
Phosphatidylethanol (PEth) is a group of phospholipids formed in the presence of ethanol, phospholipase D, and phosphatidylcholine. PEth is known to be a direct alcohol biomarker. The predominant PEth homologues are PEth 16:0/18:1 (POPEth) and PEth 16:0/18:2 (PLPEth), which account for 37-46% and 26-28% of the total PEth homologues, respectively. PEth is incorporated into the phospholipid membrane of red blood cells and has a general half-life of 4-10 days and a window of detection of 2-4 weeks. However, the window of detection is longer in individuals who chronically or excessively consume alcohol. Serial monitoring of PEth may be helpful in monitoring alcohol abstinence over time. PEth results should be interpreted in the context of the patient's clinical and behavioral history. Patients with advanced liver disease may have falsely elevated PEth concentrations (Nguyen VL, et al, Alcoholism: Clinical and Experimental Research, 2018).

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80321 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (K2 or K3EDTA), pink (K2EDTA), dark green (lithium heparin), or gray (potassium oxalate).

Specimen Preparation:
Transport 1 mL whole blood. (Min: 0.5 mL)

Unacceptable Conditions:
Gel separator tubes, plain red, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
Ambient: 2 hours; Refrigerated: 2 weeks; Frozen: 1 month (-20°C)

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Synonyms:

- 1-palmitoyl-2-oleoyl-sn-glycero-3-phosphoethanol
- 1,2-dioleoyl-sn-glycero-3-phosphoethanol
- LAB6121-VML
- LAB6121VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Biomarker associated with ethanol consumption; may be helpful in monitoring alcohol abstinence.

Interpretive Data:
Phosphatidylethanol (PEth) is a group of phospholipids formed in the presence of ethanol, phospholipase D, and phosphatidylcholine. PEth is known to be a direct alcohol biomarker. The predominant PEth homologues are PEth 16:0/18:1 (POPEth) and PEth 16:0/18:2 (PLPEth), which account for 37-46% and 26-28% of the total PEth homologues, respectively. PEth is incorporated into the phospholipid membrane of red blood cells and has a general half-life of 4-10 days and a window of detection of 2-4 weeks. However, the window of detection is longer in individuals who chronically or excessively consume alcohol. Serial monitoring of PEth may be helpful in monitoring alcohol abstinence over time. PEth results should be interpreted in the context of the patient's clinical and behavioral history. Patients with advanced liver disease may have falsely elevated PEth concentrations (Nguyen VL, et al, Alcoholism: Clinical and Experimental Research, 2018).

Reference Interval:
Effective September 8, 2020

By Report

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80321 (Alt code: G0480)

Phosphatidylserine Antibodies, IgG, IgM, and IgA

LAB1180

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- aPS Antibodies
- aPS Antibodies IgG, IgM, IgA
- Anti-Phosphatidylserine
- Antiphosphatidylserine
- LAB1180-VML
- LAB1180VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Sun, Tue, Wed, Fri, Sat

ORDERING

Synonyms:

- aPS Antibodies
- aPS Antibodies IgG, IgM, IgA
- Anti-Phosphatidylserine
- Antiphosphatidylserine
- LAB1180-VML
- LAB1180VML

Ordering Recommendations:
Not a recommended panel for the diagnosis of antiphospholipid syndrome (APS). The combined IgG and IgM Phosphatidylserine test is the preferred second-line testing in seronegative APS.

Performed:
Sun, Tue, Wed, Fri, Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Phosphatidylserine Antibody IgG	Less than 16 GPS
Phosphatidylserine Antibody IgM	Less than 22 MPS
Phosphatidylserine Antibody IgA	Less than 20 APS

Interpretive Data:
IgG and/or IgM antibodies to phosphatidylserine (aPS) may be associated with a positive test for anti-cardiolipin autoantibodies (aCL) and risk for obstetric antiphospholipid syndrome (APS). Strong clinical correlation is recommended in the absence of lupus anticoagulant, IgG and/or IgM cardiolipin and/or beta2 glycoprotein antibodies.

Isolated presence of IgM or IgG antibodies to aPS may have questionable clinical significance for APS and/or SLE.

If results are positive, repeat testing with two or more specimens drawn at least 12 weeks apart to demonstrate persistence of antibodies.

Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86148 x3

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- aPS Antibodies
- aPS Antibodies IgG, IgM, IgA
- Anti-Phosphatidylserine
- Antiphosphatidylserine
- LAB1180-VML
- LAB1180VML

Performed:
Sun, Tue, Wed, Fri, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Not a recommended panel for the diagnosis of antiphospholipid syndrome (APS). The combined IgG and IgM Phosphatidylserine test is the preferred second-line testing in seronegative APS.

Interpretive Data:
IgG and/or IgM antibodies to phosphatidylserine (aPS) may be associated with a positive test for anti-cardiolipin autoantibodies (aCL) and risk for obstetric antiphospholipid syndrome (APS). Strong clinical correlation is recommended in the absence of lupus anticoagulant, IgG and/or IgM cardiolipin and/or beta2 glycoprotein antibodies.

Isolated presence of IgM or IgG antibodies to aPS may have questionable clinical significance for APS and/or SLE.

If results are positive, repeat testing with two or more specimens drawn at least 12 weeks apart to demonstrate persistence of antibodies.

Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

Reference Interval:

Components	Reference Interval
Phosphatidylserine Antibody IgG	Less than 16 GPS
Phosphatidylserine Antibody IgM	Less than 22 MPS
Phosphatidylserine Antibody IgA	Less than 20 APS

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86148 x3

Phospho Tau (AT8) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath212

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Tau

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Tau

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Tau

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Phosphohistone H3 (EP233) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath185

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- PHH3

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PHH3

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- PHH3

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Phospholipase A2 Receptor (PLA2R) Antibody, IgG with Reflex to Titer

LAB6496

ORDERING INFO

Collect:
Serum Separator Tube

Synonyms:

- Anti-PLA2R
- LAB6496-VML
- LAB6496VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Hemolyzed, hyperlipemic,icteric, heat-treated or contaminated

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1year

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Anti-PLA2R
- LAB6496-VML
- LAB6496VML

Ordering Recommendations:
Aids in the differential diagnosis of membranous glomerulonephritis (MGN) or nephrotic syndrome of unknown etiology.

Performed:
Mon, Wed, Fri

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Reported:
1-6 days

Notes:
If Phospholipase A2 Receptor Antibody, IgG is positive, then a Phospholipase Receptor A2 Antibody, IgG titer will be added. Additional charges apply.

RESULTS INTERPRETATION

Reference Interval:
Less than 1:10

Interpretive Data:
A positive result (1:10 or greater) for phospholipase A2 receptor antibody, IgG in conjunction with other laboratory and clinical findings, supports a diagnosis of primary membranous glomerulonephritis (pMGN).

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

ADDITIONAL INFORMATION

CPT Codes:
86255; if reflexed, add 86256

Section:
RF-ARUP

Notes:
If Phospholipase A2 Receptor Antibody, IgG is positive, then a Phospholipase Receptor A2 Antibody, IgG titer will be added. Additional charges apply.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Hemolyzed, hyperlipemic,icteric, heat-treated or contaminated

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1year

Storage/Transport Temperature:
Refrigerated

Synonyms:

- Anti-PLA2R
- LAB6496-VML
- LAB6496VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Aids in the differential diagnosis of membranous glomerulonephritis (MGN) or nephrotic syndrome of unknown etiology.

Interpretive Data:
A positive result (1:10 or greater) for phospholipase A2 receptor antibody, IgG in conjunction with other laboratory and clinical findings, supports a diagnosis of primary membranous glomerulonephritis (pMGN).

Reference Interval:
Less than 1:10

Methodology:
Semi-Quantitative Indirect Fluorescent Antibody

Section:
RF-ARUP

CPT Codes:
86255; if reflexed, add 86256

Notes:
If Phospholipase A2 Receptor Antibody, IgG is positive, then a Phospholipase Receptor A2 Antibody, IgG titer will be added. Additional charges apply.

Phosphorous, Inorganic, Plasma or Serum

LAB113

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- PO4, Phosphorus Inorganic Blood, Phosphorus Level, LAB113
- LAB113-VML
- LAB113VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 1 day; 2° to 8°C: 4 days; Frozen: 1 year

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PO4, Phosphorus Inorganic Blood, Phosphorus Level, LAB113
- LAB113-VML
- LAB113VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Molybdate

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Molybdate

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 1 day; 2° to 8°C: 4 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PO4, Phosphorus Inorganic Blood, Phosphorus Level, LAB113
- LAB113-VML
- LAB113VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Molybdate

Section:
Chemistry

Phosphorous, Random, Urine

LAB427

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- UPO4, Urine Phosphorus Level, LAB427
- LAB427-VML
- LAB427VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 2 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UPO4, Urine Phosphorus Level, LAB427
- LAB427-VML
- LAB427VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Phosphomolybdate

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
20 - 150 mg/dL

Interpretive Data:
N/A

Methodology:
Phosphomolybdate

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Acidify pH <5

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- UPO4, Urine Phosphorus Level, LAB427
- LAB427-VML
- LAB427VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
20 - 150 mg/dL

Additional Information:
Acidify pH <5

Methodology:
Phosphomolybdate

Section:
Chemistry

PHOX2B (EP312) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath186

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

PHOX2B Gene Seq Anly-AMB

LAB3322

ORDERING INFO

Synonyms:

- LAB3322-VML
- LAB3322VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3322-VML
- LAB3322VML

ADDITIONAL INFORMATION

Section:

RF-AMB

Resulting Laboratory:

Ambry Genetics

FULL VIEW

Synonyms:

- LAB3322-VML
- LAB3322VML

Resulting Laboratory:

Ambry Genetics

Section:

RF-AMB

Links:

Test Sent to Reference Lab. Click Here for Test Details

Pipecolic Acid, Plsm or UR-KNKR

LAB4042

ORDERING INFO

Synonyms:

- LAB4042-VML
- LAB4042VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4042-VML
- LAB4042VML

ADDITIONAL INFORMATION

Section:

RF-KNKR

Resulting Laboratory:

Kennedy Krieger Institute

FULL VIEW

Synonyms:

- LAB4042-VML
- LAB4042VML

Resulting Laboratory:

Kennedy Krieger Institute

Section:

RF-KNKR

Links:

Test Sent to Reference Lab. Click Here for Test Details

PIT-1 (D-7) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath187

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Placental Alkaline Phosphatase (8A9) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath188

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- PLAP

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PLAP

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- PLAP

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Plasma Low Hemoglobin, plasma

LAB3428

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- LAB3428, VAD Low Hgb
- LAB3428-VML
- LAB3428VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells immediately. Do not freeze sample. (Minimum 0.5 mL plasma)

Pediatric Collection:
Light green microtainer (Lithium heparin with gel)

Storage/Transport Temperature:
Room temperature

Performed:
Monday - Friday

Stability:
After separation from cells: Ambient (15-25°C): 4 days Refrigerated (2-8°C): 24 hours

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test should only be ordered on patients who have a ventricular assist device and used as a quality indicator for hemolysis.

Synonyms:

- LAB3428, VAD Low Hgb
- LAB3428-VML
- LAB3428VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
HemoCue

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
=/< 30 mg/dL

Interpretive Data:
N/A

Methodology:
HemoCue

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Testing is only performed during 1st shift.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells immediately. Do not freeze sample. (Minimum 0.5 mL plasma)

Pediatric Collection:
Light green microtainer (Lithium heparin with gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Frozen sample, grossly lipemic

Components:
N/A

Stability:
After separation from cells: Ambient (15-25°C): 4 days Refrigerated (2-8°C): 24 hours

Storage/Transport Temperature:
Room temperature

Synonyms:

- LAB3428, VAD Low Hgb
- LAB3428-VML
- LAB3428VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test should only be ordered on patients who have a ventricular assist device and used as a quality indicator for hemolysis.

Interpretive Data:
N/A

Reference Interval:
=/< 30 mg/dL

Additional Information:
Testing is only performed during 1st shift.

Methodology:
HemoCue

Section:
Special Chemistry

Plasmalogen, RBC-KNKR

LAB3992

ORDERING INFO

Synonyms:

- LAB3992-VML
- LAB3992VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3992-VML
- LAB3992VML

ADDITIONAL INFORMATION

Section:

RF-KNKR

Resulting Laboratory:

Kennedy Krieger Institute

FULL VIEW

Synonyms:

- LAB3992-VML
- LAB3992VML

Resulting Laboratory:

Kennedy Krieger Institute

Section:

RF-KNKR

Links:

Test Sent to Reference Lab. Click Here for Test Details

Plasminogen Activator Inhibitor 1, Activity

LAB1124

ORDERING INFO

Collect:
Lt. blue (sodium citrate). Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.

Synonyms:

- PAI-1
- Plasminogen Activator Inhibitor 1
- LAB1124-VML
- LAB1124VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect specimen between 8 a.m. and 12 p.m.

Collect:
Lt. blue (sodium citrate). Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.

Specimen Preparation:
Centrifuge plasma. Within 1 hour of draw, transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube and freeze. (Min: 1 mL)

Unacceptable Conditions:
Serum, EDTA plasma, clotted or hemolyzed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: Unacceptable; Frozen: 2 months

Performed:
Tue, Wed, Thu

ORDERING

Synonyms:

- PAI-1
- Plasminogen Activator Inhibitor 1
- LAB1124-VML
- LAB1124VML

Ordering Recommendations:
Detect elevated concentrations of plasminogen activator inhibitor 1 (PAI-1). Low concentrations of PAI-1 may not be accurately quantified. Not a first-line test for diagnosing inherited thrombotic or bleeding disorders.

Performed:
Tue, Wed, Thu

Methodology:
Bioimmunoassay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
By report

Interpretive Data:
Refer to report

Methodology:
Bioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:
85415

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lt. blue (sodium citrate). Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.

Specimen Preparation:
Centrifuge plasma. Within 1 hour of draw, transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube and freeze. (Min: 1 mL)

Patient Preparation:
Collect specimen between 8 a.m. and 12 p.m.

Unacceptable Conditions:
Serum, EDTA plasma, clotted or hemolyzed specimens.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: Unacceptable; Frozen: 2 months

Storage/Transport Temperature:
CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered.

Synonyms:

- PAI-1
- Plasminogen Activator Inhibitor 1
- LAB1124-VML
- LAB1124VML

Performed:
Tue, Wed, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Detect elevated concentrations of plasminogen activator inhibitor 1 (PAI-1). Low concentrations of PAI-1 may not be accurately quantified. Not a first-line test for diagnosing inherited thrombotic or bleeding disorders.

Interpretive Data:
Refer to report

Reference Interval:
By report

Methodology:
Bioimmunoassay

Section:
RF-ARUP

CPT Codes:
85415

Plasminogen Activator Inhibitor-1 4G/5G Genotyping - MAYO

LAB6035

ORDERING INFO

Synonyms:

- LAB6035-VML
- LAB6035VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6035-VML
- LAB6035VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6035-VML
- LAB6035VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Plasminogen Activity

LAB847

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB847, PLS
- LAB847-VML
- LAB847VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Monday - Friday

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB847, PLS
- LAB847-VML
- LAB847VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
70 - 115%

Interpretive Data:
Presence of Aprotinin in the sample will result in an under estimation of the plasminogen level.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB847, PLS
- LAB847-VML
- LAB847VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Presence of Aprotinin in the sample will result in an under estimation of the plasminogen level.

Reference Interval:
70 - 115%

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

Platelet Ab ID Pnl-BCW

LAB3995

ORDERING INFO

Synonyms:

- LAB3995-VML
- LAB3995VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3995-VML
- LAB3995VML

ADDITIONAL INFORMATION

Section:

RF-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB3995-VML
- LAB3995VML

Resulting Laboratory:

Versiti

Section:

RF-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

Platelet Ab Scrn (Aka Anti-Platelet Abs)-BCW

LAB3996

ORDERING INFO

Synonyms:

- LAB3996-VML
- LAB3996VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3996-VML
- LAB3996VML

ADDITIONAL INFORMATION

Section:

RF-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB3996-VML
- LAB3996VML

Resulting Laboratory:

Versiti

Section:

RF-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

Platelet Ag Genotyping Pnl (HPA-1, 2, 3, 4, 5, 6, 9 and 15)-BCW

LAB3997

ORDERING INFO

Synonyms:

- LAB3997-VML
- LAB3997VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3997-VML
- LAB3997VML

ADDITIONAL INFORMATION

Section:

RF-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB3997-VML
- LAB3997VML

Resulting Laboratory:

Versiti

Section:

RF-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

Platelet Aggregation

LAB1177

ORDERING INFO

Collect:
The sample must be collected at TVC by clinic staff or laboratory phlebotomy staff.

Synonyms:

- LAB1177, PAG
- LAB1177-VML
- LAB1177VML

Turn Around Time:
2-10 days for interpretive report

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should not take over the counter medications for 10 days prior to testing. Patient should be fasting from midnight and they must arrive at Vanderbilt between 8:00 and 8:30 a.m. on the day of testing.

Collect:
The sample must be collected at TVC by clinic staff or laboratory phlebotomy staff.

Specimen Preparation:
Must be scheduled with the Vanderbilt Medical Esoteric Coagulation Laboratory, 615-875-5633.

Pediatric Collection:
Ten to twelve 2.7 mL light blue tubes (3.2% Sodium Citrate). One 2.7 mL lavender (EDTA).

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Friday by appointment.

Stability:
Ambient (15-25°C): 1 hour

Specimen:
Citrated platelet poor plasma.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Testing must be scheduled with Vanderbilt Medical Esoteric Coagulation Laboratory 615 875-5633 This assay provides information on the functional aspects of platelets.

Synonyms:

- LAB1177, PAG
- LAB1177-VML
- LAB1177VML

Performed:
Monday - Friday by appointment.

Turn Around Time:
2-10 days for interpretive report

Methodology:
PRP Lumi Aggregation

Components:
Aggregation and release reaction with ADP, Epinephrine, Arachadonic Acid, Collagen, and Ristocetin. Interpretaion.

RESULTS INTERPRETATION

Reference Interval:
Norml response to all agonists.

Interpretive Data:
Interpretation preformed by the Coagulation Laboratoray Medical Director.

Methodology:
PRP Lumi Aggregation

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed by appointment only.

Components:
Aggregation and release reaction with ADP, Epinephrine, Arachadonic Acid, Collagen, and Ristocetin. Interpretaion.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
The sample must be collected at TVC by clinic staff or laboratory phlebotomy staff.

Specimen Preparation:
Must be scheduled with the Vanderbilt Medical Esoteric Coagulation Laboratory, 615-875-5633.

Pediatric Collection:
Ten to twelve 2.7 mL light blue tubes (3.2% Sodium Citrate). One 2.7 mL lavender (EDTA).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Patient should not take over the counter medications for 10 days prior to testing. Patient should be fasting from midnight and they must arrive at Vanderbilt between 8:00 and 8:30 a.m. on the day of testing.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
Aggregation and release reaction with ADP, Epinephrine, Arachadonic Acid, Collagen, and Ristocetin. Interpretaion.

Stability:
Ambient (15-25°C): 1 hour

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- LAB1177, PAG
- LAB1177-VML
- LAB1177VML

Performed:
Monday - Friday by appointment.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2-10 days for interpretive report

Ordering Indicators:
Testing must be scheduled with Vanderbilt Medical Esoteric Coagulation Laboratory 615 875-5633 This assay provides information on the functional aspects of platelets.

Interpretive Data:
Interpretation preformed by the Coagulation Laboratoray Medical Director.

Reference Interval:
Norml response to all agonists.

Additional Information:
Performed by appointment only.

Methodology:
PRP Lumi Aggregation

Section:
Coagulation

Platelet Associated Antibodies, Direct Assay

LAB3811

ORDERING INFO

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Synonyms:

- Anti-Platelet Antibodies
- Cell-Bound Platelet Antibody Test
- Platelet Associated Immunoglobulins (IgG & IgM)
- Direct Platelet Antibody
- LAB3811-VML
- LAB3811VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Transport 4 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:
Clotted, hemolyzed, frozen, or refrigerated specimens. Specimens older than 48 hours.

Storage/Transport Temperature:
CRITICAL ROOM TEMPERATURE.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Performed:
Sun-Sat

Remarks:
Specimens must be analyzed within 48 hours of collection. Required amount of blood may be dependent on platelet count.

ORDERING

Synonyms:

- Anti-Platelet Antibodies
- Cell-Bound Platelet Antibody Test
- Platelet Associated Immunoglobulins (IgG & IgM)
- Direct Platelet Antibody
- LAB3811-VML
- LAB3811VML

Ordering Recommendations:
Support the diagnosis of autoimmune thrombocytopenia (AITP).

Performed:
Sun-Sat

Methodology:
Qualitative Flow Cytometry

Reported:
2-3 days

Notes:
Detection of platelet-associated IgG and/or IgM may be used to separate thrombocytopenia of immune origin from nonimmune origin. Most patients 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 autoantibodies and alloantibodies, nor does it identify specific types of antiplatelet antibodies, such as those against HPA-1a. Refer to Platelet Antibodies, Indirect (ARUP test code 0051050).

RESULTS INTERPRETATION

Reference Interval:
IgG: Negative
IgM: Negative

Interpretive Data:

Negative (IgG & IgM): No excess antibodies were associated with the patient's platelets. An immune cause of thrombocytopenia is unlikely.
Positive (IgG and/or IgM): An increase in platelet associated immunoglobulin is noted. An immune cause of thrombocytopenia should be considered. However, many conditions can result in an increase in platelet associated antibodies; for example, IgM rheumatoid factor antibodies.
Strong Positive (IgG and/or IgM): A definite increase in platelet associated immunoglobulin is noted and an immune cause of thrombocytopenia should be considered. However, many conditions can result in an increase in platelet associated antibodies; for example, IgM rheumatoid factor antibodies.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Qualitative Flow Cytometry

ADDITIONAL INFORMATION

CPT Codes:

86023 x2

Section:

RF-ARUP

Remarks:

Specimens must be analyzed within 48 hours of collection. Required amount of blood may be dependent on platelet count.

Notes:

Detection of platelet-associated IgG and/or IgM may be used to separate thrombocytopenia of immune origin from nonimmune origin. Most patients 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 autoantibodies and alloantibodies, nor does it identify specific types of antiplatelet antibodies, such as those against HPA-1a. Refer to Platelet Antibodies, Indirect (ARUP test code 0051050).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:

Transport 4 mL whole blood. (Min: 1 mL)

Unacceptable Conditions:

Clotted, hemolyzed, frozen, or refrigerated specimens. Specimens older than 48 hours.

Stability (from collection to initiation):

Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Storage/Transport Temperature:

CRITICAL ROOM TEMPERATURE.

Synonyms:

- Anti-Platelet Antibodies
- Cell-Bound Platelet Antibody Test
- Platelet Associated Immunoglobulins (IgG & IgM)
- Direct Platelet Antibody
- LAB3811-VML
- LAB3811VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

2-3 days

Ordering Recommendations:

Support the diagnosis of autoimmune thrombocytopenia (AITP).

Interpretive Data:

Negative (IgG & IgM): No excess antibodies were associated with the patient's platelets. An immune cause of thrombocytopenia is unlikely.
Positive (IgG and/or IgM): An increase in platelet associated immunoglobulin is noted. An immune cause of thrombocytopenia should be considered. However, many conditions can result in an increase in platelet associated antibodies; for example, IgM rheumatoid factor antibodies.
Strong Positive (IgG and/or IgM): A definite increase in platelet associated immunoglobulin is noted and an immune cause of thrombocytopenia should be considered. However, many conditions can result in an increase in platelet associated antibodies; for example, IgM rheumatoid factor antibodies.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

IgG: Negative
IgM: Negative

Methodology:

Qualitative Flow Cytometry

Section:

RF-ARUP

CPT Codes:

86023 x2

Remarks:

Specimens must be analyzed within 48 hours of collection. Required amount of blood may be dependent on platelet count.

Notes:

Detection of platelet-associated IgG and/or IgM may be used to separate thrombocytopenia of immune origin from nonimmune origin. Most patients 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 autoantibodies and alloantibodies, nor does it identify specific types of antiplatelet antibodies, such as those against HPA-1a. Refer to Platelet Antibodies, Indirect (ARUP test code 0051050).

Platelet Associated IgG/IgM/IgA-QSTD

LAB3998

ORDERING INFO

Synonyms:

- LAB3998-VML
- LAB3998VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3998-VML
- LAB3998VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB3998-VML
- LAB3998VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Platelet Circulating IgG/IgM/IgA-QSTD

LAB3999

ORDERING INFO

Synonyms:

- LAB3999-VML
- LAB3999VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3999-VML
- LAB3999VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB3999-VML
- LAB3999VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Platelet Count

LAB301

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- PLT, Platelet count
- LAB301-VML
- LAB301VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Performed:
Daily

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Specimen:
Whole Blood

Alternate Specimen:
Yellow tube (ACD-A) with lab approval, must be collected to fill line and mixed immediatley with antocoagulant

ORDERING

Ordering Indicators:
ITP, Trauma

Synonyms:

- PLT, Platelet count
- LAB301-VML
- LAB301VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Electronic resistance detection (Impedence PLT-I) ; Flow cytometry with a semiconductor laser using flourescent stain (PLT-F) Sysmex

Components:
PLT

RESULTS INTERPRETATION

Reference Interval:
0-7 days: 140-300 x10(3)/mcL; 7-30 days: 200-470 x10(3)/mcL; 30 days-17 yrs: 150-400 x10(3)/mcL; 17-150 yrs: 135-371 x10(3)/mcL

Interpretive Data:
N/A

Methodology:
Electronic resistance detection (Impedence PLT-I) ; Flow cytometry with a semiconductor laser using flourescent stain (PLT-F) Sysmex

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
Yellow tube (ACD-A) with lab approval, must be collected to fill line and mixed immediatley with antocoagulant

Additional Information:
N/A

Components:
PLT

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Alternate Specimen:
Yellow tube (ACD-A) with lab approval, must be collected to fill line and mixed immediatley with antocoagulant

Patient Preparation:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
QNS, clotted, specimen age

Components:
PLT

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Synonyms:

- PLT, Platelet count
- LAB301-VML
- LAB301VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
ITP, Trauma

Interpretive Data:
N/A

Reference Interval:
0-7 days: 140-300 x10(3)/mcL; 7-30 days: 200-470 x10(3)/mcL; 30 days-17 yrs: 150-400 x10(3)/mcL; 17-150 yrs: 135-371 x10(3)/mcL

Additional Information:
N/A

Methodology:
Electronic resistance detection (Impedence PLT-I) ; Flow cytometry with a semiconductor laser using flourescent stain (PLT-F) Sysmex

Section:
Hematology

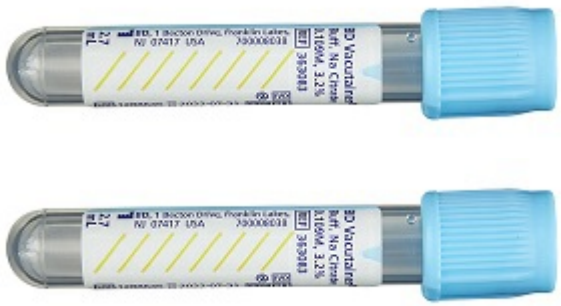
Platelet Function Screen

LAB318

ORDERING INFO

Collect:

Two Light blue tubes (3.2% Sodium Citrate)



Synonyms:

- LAB318, PFS, PFA-100
- LAB318-VML
- LAB318VML

Turn Around Time:

4 hours

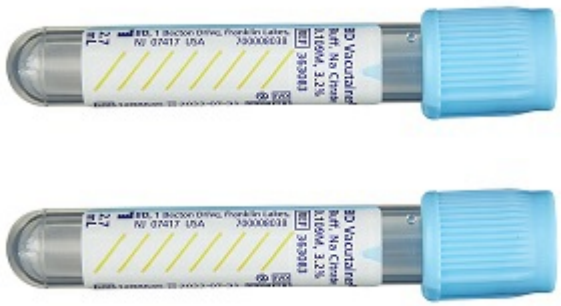
SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Two Light blue tubes (3.2% Sodium Citrate)



Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. Samples must be hand carried to the lab. The samples cannot be sent via the pneumatic tube

Pediatric Collection:

One 2.7 mL light blue tube (3.2% Sodium Citrate)

Storage/Transport Temperature:

Ambient: (15-25°C)

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours

Specimen:

Citrated whole blood

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB318, PFS, PFA-100
- LAB318-VML
- LAB318VML

Performed:
Daily

Turn Around Time:
4 hours

Methodology:
Aperture closure

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Collagen/ADP: 60-100 seconds Collagen/Epinephrine: 80 - 150 seconds

Interpretive Data:
Hematocrit < 25% and/or platelet counts < 100,000/mmc will result in prolongations of the ADP and EPI closure times. Platelet inhibiting agents such as aspirin, NISADS, P2Y12 inhibitors, and anti-glycoprotein IIb/IIIa direct affect platelet function.

Methodology:
Aperture closure

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Free hemoglobin from the lysis of red cells may affect the assay due to decrease hematocrit and the release of ADP from the lysed red cells.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Two Light blue tubes (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. Samples must be hand carried to the lab. The samples cannot be sent via the pneumatic tube

Pediatric Collection:
One 2.7 mL light blue tube (3.2% Sodium Citrate)

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated whole blood

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, gross hemolysis, samples received on ice or sent through the pneumatic tube. Whole blood > 4 hours after collection. Plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- LAB318, PFS, PFA-100
- LAB318-VML
- LAB318VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 hours

Ordering Indicators:
N/A

Interpretive Data:
Hematocrit < 25% and/or platelet counts < 100,000/mmc will result in prolongations of the ADP and EPI closure times. Platelet inhibiting agents such as aspirin, NISADS, P2Y12 inhibitors, and anti-glycoprotein IIb/IIIa direct affect platelet function.

Reference Interval:
Collagen/ADP: 60-100 seconds Collagen/Epinephrine: 80 - 150 seconds

Additional Information:
Free hemoglobin from the lysis of red cells may affect the assay due to decrease hematocrit and the release of ADP from the lysed red cells.

Methodology:
Aperture closure

Section:
Coagulation

PLEURAL FLUID, THORACENTESIS FLUID, MISC. FLUID CYTOLOGY

plfl, thor, flu

ORDERING INFO

Collect:
Clean specimen container.

Synonyms:

- Pleural fluid, Thoracentesis fluid, Miscellaneous site fluid

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2.Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100ml is optimal)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours. Some specimens may have fixative added if specimen cannot be delivered within 2 hours and cannot be Refrigerated: (2-8°C) during transport. Call lab for assistance at 615-322-2721.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Fresh body cavity fluid specimen in a clean sample container.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Body cavities in the absence of disease contain only a small amount of fluid. The presence of larger amounts in quantities for aspiration indicates a pathologic condition. Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc. 1U/mL of Heparin may be added if bloody.

Synonyms:

- Pleural fluid, Thoracentesis fluid, Miscellaneous site fluid

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container.

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2.Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: 100ml is optimal)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Fresh body cavity fluid specimen in a clean sample container.

Reasons for Rejection:
Mislabeled specimen, specimen received in glass container, specimen received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing

Components:
N/A

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours. Some specimens may have fixative added if specimen cannot be delivered within 2 hours and cannot be Refrigerated: (2-8°C) during transport. Call lab for assistance at 615-322-2721.

Synonyms:

- Pleural fluid, Thoracentesis fluid, Miscellaneous site fluid

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Body cavities in the absence of disease contain only a small amount of fluid. The presence of larger amounts in quantities for aspiration indicates a pathologic condition. Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc. 1U/mL of Heparin may be added if bloody.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
ThinPrep procedure

Section:
Cytology

PMS2 (EP51) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath189

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Podoplanin (D2-40) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath190

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- D2-40

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- D2-40

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- D2-40

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Podoplanin (D2-40) Red Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath191

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- D2-40 Red

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- D2-40 Red

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- D2-40 Red

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Polarized Light

LAB940

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- Polarized Light Synovial , POL, Crystal analysis
- LAB940-VML
- LAB940VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Deliver to the lab immediately. Cell counts not included.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Room temperature or refrigerated

Performed:
Daily

Stability:
Room temperature or refrigerated

Specimen:
Synovial fluid

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Gout, Pseudogout

Synonyms:

- Polarized Light Synovial , POL, Crystal analysis
- LAB940-VML
- LAB940VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Polarized light visual

Components:
POL

RESULTS INTERPRETATION

Reference Interval:
Negative for crystals

Interpretive Data:
Specimen age

Methodology:
Polarized light visual

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
POL

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Deliver to the lab immediately. Cell counts not included.

Pediatric Collection:
N/A

Preferred Collection Volume:
No minimum amount specified

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Synovial fluid

Reasons for Rejection:
Clotted, specimen age

Components:
POL

Stability:
Room temperature or refrigerated

Storage/Transport Temperature:
Room temperature or refrigerated

Synonyms:

- Polarized Light Synovial , POL, Crystal analysis
- LAB940-VML
- LAB940VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
Gout, Pseudogout

Interpretive Data:
Specimen age

Reference Interval:
Negative for crystals

Additional Information:
N/A

Methodology:
Polarized light visual

Section:
Hematology

Poliovirus (Types 1, 3) Antibodies

LAB5852

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- Enterovirus; Poliovirus (1,3) Abs
- Poliovirus (Types 1,3) Abs
- Poliovirus (Types 1,3) Antibodies
- Poliovirus 1, 3 Antibody (Immune Status)
- Poliovirus Antibody, Neutralization
- Poliovirus Antibodies
- Enterovirus
- Poliovirus (1,3) Abs
- LAB5852-VML
- LAB5852VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon-Fri

ORDERING

Synonyms:

- Enterovirus; Poliovirus (1,3) Abs
- Poliovirus (Types 1,3) Abs
- Poliovirus (Types 1,3) Antibodies
- Poliovirus 1, 3 Antibody (Immune Status)
- Poliovirus Antibody, Neutralization
- Poliovirus Antibodies
- Enterovirus
- Poliovirus (1,3) Abs
- LAB5852-VML
- LAB5852VML

Ordering Recommendations:
Detect neutralizing antibodies to poliovirus (types 1 and 3).

Performed:
Mon-Fri

Methodology:
Semi-Quantitative Serum Neutralization

Reported:
6-12 days

RESULTS INTERPRETATION

Reference Interval:

Less than 1:10	No detectable poliovirus antibodies.
1:10 or greater	Antibody to poliovirus detected, which may represent prior immunization or current or past infection.

Interpretive Data:
The presence of neutralizing antibodies against poliovirus implies immunity. The serum neutralization test is serotype specific. Antibodies against one type does not indicate immunity against the other type.

Reference interval applies to Poliovirus Antibodies Types 1 and 3.

Methodology:
Semi-Quantitative Serum Neutralization

ADDITIONAL INFORMATION

CPT Codes:
86658 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Enterovirus; Poliovirus (1,3) Abs
- Poliovirus (Types 1,3) Abs
- Poliovirus (Types 1,3) Antibodies
- Poliovirus 1, 3 Antibody (Immune Status)
- Poliovirus Antibody, Neutralization
- Poliovirus Antibodies
- Enterovirus
- Poliovirus (1,3) Abs
- LAB5852-VML
- LAB5852VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
6-12 days

Ordering Recommendations:
Detect neutralizing antibodies to poliovirus (types 1 and 3).

Interpretive Data:
The presence of neutralizing antibodies against poliovirus implies immunity. The serum neutralization test is serotype specific. Antibodies against one type does not indicate immunity against the other type.

Reference interval applies to Poliovirus Antibodies Types 1 and 3.

Reference Interval:

Less than 1:10	No detectable poliovirus antibodies.
1:10 or greater	Antibody to poliovirus detected, which may represent prior immunization or current or past infection.

Methodology:
Semi-Quantitative Serum Neutralization

Section:
RF-ARUP

CPT Codes:
86658 x2

Porphobilinogen (PBG), Urine

LAB1071

ORDERING INFO

Collect:
Random or 24-hour urine. Refrigerate 24-hour specimens during collection.

Synonyms:

- PBG, Quantitative
- Porphobilinogen
- Watson-Schwartz Test
- LAB1071-VML
- LAB1071VML

SPECIMEN REQUIREMENTS

Collect:
Random or 24-hour urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:
Protect from light. Transfer 8 mL aliquot from a random or well-mixed 24-hour collection to ARUP Amber Transport Tubes. (Min: 3.5 mL) Record total volume and collection time interval on transport tube and test request form.

Unacceptable Conditions:
Body fluids other than urine.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month

Performed:
Mon-Fri

ORDERING

Synonyms:

- PBG, Quantitative
- Porphobilinogen
- Watson-Schwartz Test
- LAB1071-VML
- LAB1071VML

Ordering Recommendations:
Essential first-line test for suspected acute porphyria in adults. Use in determining metabolic response to IV hematin.

Performed:
Mon-Fri

Methodology:
Quantitative Ion Exchange Chromatography/Spectrophotometry

Reported:
1-4 days

Notes:
Appropriate test to rule out acute intermittent porphyria (AIP) and other acute attack types of porphyrias associated with neurologic and/or psychiatric symptoms.

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
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<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Porphobilinogen, Urine - per 24h</td><td>0.0-11.0 µmol/d</td></tr>
<tr><td>Porphobilinogen (PBG), Urine -per volume</td><td>0.0-8.8 µmol/L</td></tr>
</table>

Interpretive Data:

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Ion Exchange Chromatography/Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:

84110

Section:

RF-ARUP

Notes:

Appropriate test to rule out acute intermittent porphyria (AIP) and other acute attack types of porphyrias associated with neurologic and/or psychiatric symptoms.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Random or 24-hour urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:

Protect from light. Transfer 8 mL aliquot from a random or well-mixed 24-hour collection to ARUP Amber Transport Tubes. (Min: 3.5 mL) Record total volume and collection time interval on transport tube and test request form.

Unacceptable Conditions:

Body fluids other than urine.

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month

Storage/Transport Temperature:

Frozen.

Synonyms:

- PBG, Quantitative
- Porphobilinogen
- Watson-Schwartz Test
- LAB1071-VML
- LAB1071VML

Performed:

Mon-Fri

Resulting Laboratory:

ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Essential first-line test for suspected acute porphyria in adults. Use in determining metabolic response to IV hematin.

Interpretive Data:
Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
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<tr><td>Porphobilinogen, Urine - per 24h</td><td>0.0-11.0 µmol/d</td></tr>
<tr><td>Porphobilinogen (PBG), Urine -per volume</td><td>0.0-8.8 µmol/L</td></tr>
</table>

Methodology:
Quantitative Ion Exchange Chromatography/Spectrophotometry

Section:
RF-ARUP

CPT Codes:
84110

Notes:
Appropriate test to rule out acute intermittent porphyria (AIP) and other acute attack types of porphyrias associated with neurologic and/or psychiatric symptoms.

Porphyrins Eval, WB-MAYO

LAB3892

ORDERING INFO

Synonyms:

- LAB3892-VML
- LAB3892VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3892-VML
- LAB3892VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3892-VML
- LAB3892VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Porphyrins, Fecal

LAB3176

ORDERING INFO

Collect:
Random stool.

Synonyms:

- Coproporphyrinl
- Coproporphyrins
- Isocoproporphyrins
- Protoporphyrin
- LAB3176-VML
- LAB3176VML

SPECIMEN REQUIREMENTS

Collect:
Random stool.

Specimen Preparation:
Protect from light during collection, storage, and shipment. Freeze specimen and wrap in foil immediately after collection. Transport 5 g stool. (Min: 1 g)

Unacceptable Conditions:
Complete timed collections (24-72 hour). Specimens stored in one gallon cans or other large containers. Liquid stool.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 weeks

Performed:
Mon

ORDERING

Synonyms:

- Coproporphyrinl
- Coproporphyrins
- Isocoproporphyrins
- Protoporphyrin
- LAB3176-VML
- LAB3176VML

Ordering Recommendations:
Distinguish among acute intermittent porphyria (AIP), variegate porphyria (VP), and hereditary coproporphyria (HCP).

Performed:
Mon

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Reported:
2-8 days

Notes:
Bacterial modification of fecal porphyrins is extensive. The recommended specimen for uroporphyrin and coproporphyrin is urine (random or 24-hour). Refer to Porphyrins, Fractionation & Quantitation, Urine (ARUP test code 2002058). The recommended specimen for protoporphyrin is serum. Refer to Porphyrins, Serum Total (ARUP test code 0080429).

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Coproporphyrin, Feces	0-45 nmol/g dry weight
Protoporphyrin, Feces	0-100 nmol/g dry weight

Interpretive Data:

This test is useful for differentiation of acute porphyrias following a positive porphobilinogen (PBG), or diagnosis or strong suspicion of acute porphyria. Fecal porphyrin excretion usually is not elevated in acute intermittent porphyria (AIP), but massive increases of fecal coproporphyrin are seen in hereditary coproporphyria (HCP). Fecal protoporphyrin and coproporphyrin excretion is increased in variegate porphyria (VP).
This fecal porphyrins assay is not a screening test. Total porphyrins are not measured.
For additional information, access the Porphyrias topic in ARUP Consult (arupconsult.com).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative High Performance Liquid Chromatography (HPLC)

ADDITIONAL INFORMATION

CPT Codes:

84126

Section:

RF-ARUP

Notes:

Bacterial modification of fecal porphyrins is extensive. The recommended specimen for uroporphyrin and coproporphyrin is urine (random or 24-hour). Refer to Porphyrins, Fractionation & Quantitation, Urine (ARUP test code 2002058). The recommended specimen for protoporphyrin is serum. Refer to Porphyrins, Serum Total (ARUP test code 0080429).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Random stool.

Specimen Preparation:

Protect from light during collection, storage, and shipment. Freeze specimen and wrap in foil immediately after collection. Transport 5 g stool. (Min: 1 g)

Unacceptable Conditions:

Complete timed collections (24-72 hour). Specimens stored in one gallon cans or other large containers. Liquid stool.

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 weeks

Storage/Transport Temperature:

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Coproporphyrinl
- Coproporphyrins
- Isocoproporphyrins
- Protoporphyrin
- LAB3176-VML
- LAB3176VML

Performed:

Mon

Resulting Laboratory:

ARUP Laboratories

Reported:

2-8 days

Ordering Recommendations:

Distinguish among acute intermittent porphyria (AIP), variegate porphyria (VP), and hereditary coproporphyria (HCP).

Interpretive Data:

This test is useful for differentiation of acute porphyrias following a positive porphobilinogen (PBG), or diagnosis or strong suspicion of acute porphyria. Fecal porphyrin excretion usually is not elevated in acute intermittent porphyria (AIP), but massive increases of fecal coproporphyrin are seen in hereditary coproporphyria (HCP). Fecal protoporphyrin and coproporphyrin excretion is increased in variegate porphyria (VP).
This fecal porphyrins assay is not a screening test. Total porphyrins are not measured.
For additional information, access the Porphyrias topic in ARUP Consult (arupconsult.com).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Coproporphyrin, Feces	0-45 nmol/g dry weight
Protoporphyrin, Feces	0-100 nmol/g dry weight

Methodology:

Quantitative High Performance Liquid Chromatography (HPLC)

Section:

RF-ARUP

CPT Codes:

84126

Notes:

Bacterial modification of fecal porphyrins is extensive. The recommended specimen for uroporphyrin and coproporphyrin is urine (random or 24-hour). Refer to Porphyrins, Fractionation & Quantitation, Urine (ARUP test code 2002058). The recommended specimen for protoporphyrin is serum. Refer to Porphyrins, Serum Total (ARUP test code 0080429).

Porphyrins, Fractionation and Quantitation, Urine

LAB3239

ORDERING INFO

Collect:
24-hour or random urine. Refrigerate 24-hour specimens during collection.

Synonyms:

- Porphyria Cutanea Tarda (PCT)
- Coproporphyrin
- Heptacarboxyl Porphyrin
- Hexacarboxyl Porphyrin
- Uroporphyrin
- Pentacarboxyl Porphyrin
- Porphyrins, Fractionated, Quantitative, 24-Hour
- LAB3239-VML
- LAB3239VML

SPECIMEN REQUIREMENTS

Collect:
24-hour or random urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:
Protect from light. Transfer 4 mL aliquot of urine to an ARUP Amber Transport Tube. (Min: 2 mL) Record total volume and collection time interval on transport tube and test request form.

Unacceptable Conditions:
Body fluids other than urine.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month

Performed:
Mon-Fri

ORDERING

Synonyms:

- Porphyria Cutanea Tarda (PCT)
- Coproporphyrin
- Heptacarboxyl Porphyrin
- Hexacarboxyl Porphyrin
- Uroporphyrin
- Pentacarboxyl Porphyrin
- Porphyrins, Fractionated, Quantitative, 24-Hour
- LAB3239-VML
- LAB3239VML

Ordering Recommendations:
Evaluate cutaneous photosensitivity to exclude or include porphyria cutanea tarda (PCT).

Performed:
Mon-Fri

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Reported:
1-5 days

Notes:
Urine porphyrins are useful for the evaluation of cutaneous photosensitivity to exclude porphyria cutanea tarda (PCT). Evaluation of neurologic and/or psychiatric symptoms associated with acute porphyrias such as acute intermittent porphyria (AIP) requires urine porphobilinogen (PBG) testing. Refer to Porphobilinogen (PBG), Urine (ARUP test code 0080260).

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval		
Creatinine, Urine - per 24h	**Age**	**Male (mg/d)**	**Female (mg/d)**
	3-8 years	140-700	140-700
	9-12 years	300-1300	300-1300
	13-17 years	500-2300	400-1600
	18-50 years	1000-2500	700-1600
	51-80 years	800-2100	500-1400
	81 years and older	600-2000	400-1300
Uroporphyrin - ratio to CRT	0-4 µmol/mol CRT		
Heptacarboxylate - ratio to CRT	0-2 µmol/mol CRT		
Coproporphyrin I - ratio to CRT	0-6 µmol/mol CRT		
Coproporphyrin III - ratio to CRT	0-14 µmol/mol CRT		

Interpretive Data:

Results are normalized to creatinine concentration and reported as a ratio of amounts (micromoles of porphyrin/moles of creatinine).

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative High Performance Liquid Chromatography (HPLC)

ADDITIONAL INFORMATION

CPT Codes:

84120

Section:

RF-ARUP

Notes:

Urine porphyrins are useful for the evaluation of cutaneous photosensitivity to exclude porphyria cutanea tarda (PCT). Evaluation of neurologic and/or psychiatric symptoms associated with acute porphyrias such as acute intermittent porphyria (AIP) requires urine porphobilinogen (PBG) testing. Refer to Porphobilinogen (PBG), Urine (ARUP test code 0080260).

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour or random urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:

Protect from light. Transfer 4 mL aliquot of urine to an ARUP Amber Transport Tube. (Min: 2 mL) Record total volume and collection time interval on transport tube and test request form.

Unacceptable Conditions:

Body fluids other than urine.

Stability (from collection to initiation):

Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month

Storage/Transport Temperature:

Frozen.

Synonyms:

- Porphyria Cutanea Tarda (PCT)
- Coproporphyrin
- Heptacarboxyl Porphyrin
- Hexacarboxyl Porphyrin
- Uroporphyrin
- Pentacarboxyl Porphyrin
- Porphyrins, Fractionated, Quantitative, 24-Hour
- LAB3239-VML
- LAB3239VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Evaluate cutaneous photosensitivity to exclude or include porphyria cutanea tarda (PCT).

Interpretive Data:
Results are normalized to creatinine concentration and reported as a ratio of amounts (micromoles of porphyrin/moles of creatinine).

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
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<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Uroporphyrin - ratio to CRT</td><td>0-4 µmol/mol CRT</td></tr>
<tr><td>Heptacarboxylate - ratio to CRT</td><td>0-2 µmol/mol CRT</td></tr>
<tr><td>Coproporphyrin I - ratio to CRT</td><td>0-6 µmol/mol CRT</td></tr>
<tr><td>Coproporphyrin III - ratio to CRT</td><td>0-14 µmol/mol CRT</td></tr>
</table>

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Section:
RF-ARUP

CPT Codes:
84120

Notes:
Urine porphyrins are useful for the evaluation of cutaneous photosensitivity to exclude porphyria cutanea tarda (PCT). Evaluation of neurologic and/or psychiatric symptoms associated with acute porphyrias such as acute intermittent porphyria (AIP) requires urine porphobilinogen (PBG) testing. Refer to Porphobilinogen (PBG), Urine (ARUP test code 0080260).

Porphyrins, Total, Plasma or Serum

LAB123

ORDERING INFO

Collect:
Green (heparin), lavender (EDTA), or plain red

Synonyms:

- Coproporphyrin
- Protoporphyrin
- Variegate Porphyria Porphyrin
- VP Porphyrin
- LAB123-VML
- LAB123VML

SPECIMEN REQUIREMENTS

Collect:
Green (heparin), lavender (EDTA), or plain red

Specimen Preparation:
CRITICAL: Protect from light during collection, storage, and shipment. Separate plasma or serum from cells within 1 hour of collection. Transfer 2 mL plasma or serum to an ARUP Amber Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Body fluids other than plasma or serum. Frozen whole blood. Hemolyzed specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 3 month

Performed:
Sun, Tue, Thu

ORDERING

Synonyms:

- Coproporphyrin
- Protoporphyrin
- Variegate Porphyria Porphyrin
- VP Porphyrin
- LAB123-VML
- LAB123VML

Ordering Recommendations:
Monitor porphyria cutanea tarda (PCT). Confirm diagnosis of suspected variegate porphyria (VP) and erythropoietic protoporphyria (EPP).

Performed:
Sun, Tue, Thu

Methodology:
Quantitative Fluorometry

Reported:
1-4 days

Notes:
Useful for evaluation of cutaneous photosensitivity to rule out porphyrin disorders, particularly erythropoietic protoporphyria. Urine is the best specimen for evaluation of suspected porphyria cutanea tarda (PCT), but monitoring of PCT with plasma or serum is an acceptable practice. Evaluation of neurologic and/or psychiatric symptoms associated with suspected acute porphyria (such as acute intermittent porphyria) requires Porphobilinogen (PBG), Urine (ARUP test code 0080260).

Specimens from patients with suspected erythropoietic protoporphyria should be carefully protected from exposure to light. Protoporphyrin is extremely light sensitive, whereas uroporphyrin and coproporphyrin are much less sensitive.

RESULTS INTERPRETATION

Reference Interval:
0-15 nmol/L

Methodology:
Quantitative Fluorometry

ADDITIONAL INFORMATION

CPT Codes:
84311

Section:
RF-ARUP

Notes:
Useful for evaluation of cutaneous photosensitivity to rule out porphyrin disorders, particularly erythropoietic protoporphyria. Urine is the best specimen for evaluation of suspected porphyria cutanea tarda (PCT), but monitoring of PCT with plasma or serum is an acceptable practice. Evaluation of neurologic and/or psychiatric symptoms associated with suspected acute porphyria (such as acute intermittent porphyria) requires Porphobilinogen (PBG), Urine (ARUP test code 0080260).

Specimens from patients with suspected erythropoietic protoporphyria should be carefully protected from exposure to light. Protoporphyrin is extremely light sensitive, whereas uroporphyrin and coproporphyrin are much less sensitive.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (heparin), lavender (EDTA), or plain red

Specimen Preparation:
CRITICAL: Protect from light during collection, storage, and shipment. Separate plasma or serum from cells within 1 hour of collection. Transfer 2 mL plasma or serum to an ARUP Amber Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Body fluids other than plasma or serum. Frozen whole blood. Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 14 days; Frozen: 3 month

Storage/Transport Temperature:
Frozen.

Synonyms:

- Coproporphyrin
- Protoporphyrin
- Variegate Porphyria Porphyrin
- VP Porphyrin
- LAB123-VML
- LAB123VML

Performed:
Sun, Tue, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Monitor porphyria cutanea tarda (PCT). Confirm diagnosis of suspected variegate porphyria (VP) and erythropoietic protoporphyria (EPP).

Reference Interval:
0-15 nmol/L

Methodology:
Quantitative Fluorometry

Section:
RF-ARUP

CPT Codes:
84311

Notes:

Useful for evaluation of cutaneous photosensitivity to rule out porphyrin disorders, particularly erythropoietic protoporphyria. Urine is the best specimen for evaluation of suspected porphyria cutanea tarda (PCT), but monitoring of PCT with plasma or serum is an acceptable practice. Evaluation of neurologic and/or psychiatric symptoms associated with suspected acute porphyria (such as acute intermittent porphyria) requires Porphobilinogen (PBG), Urine (ARUP test code 0080260).

Specimens from patients with suspected erythropoietic protoporphyria should be carefully protected from exposure to light. Protoporphyrin is extremely light sensitive, whereas uroporphyrin and coproporphyrin are much less sensitive.

Posaconazole, Quantitative by LC-MS/MS

LAB3813

ORDERING INFO

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Synonyms:

- posaconazole blood level
- Posanconazole
- Noxafil
- noxafil blood level
- LAB3813-VML
- LAB3813VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration. Blood levels may be affected by other concurrent medications, patient conditions, fat intake at dosing, and other factors.

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube and freeze. (Min: 0.6 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, Light Blue (citrate), or Yellow (SPS or ACD solution).

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: 6 months

Performed:
Tue, Thu, Sat

ORDERING

Synonyms:

- posaconazole blood level
- Posanconazole
- Noxafil
- noxafil blood level
- LAB3813-VML
- LAB3813VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Tue, Thu, Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:
Effective August 15, 2011

Therapeutic Range (trough): Greater than 0.7 µg/mL

Interpretive Data:
Posaconazole is a triazole antifungal drug indicated to treat invasive aspergillus and candidiasis infections. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. The pharmacokinetics of posaconazole are influenced by drug-drug interactions when coadministered with drugs metabolized by UDP-glucuronosyltransferase. Posaconazole is also an inhibitor of cytochrome P450 3A4 enzyme. Adverse effects may include fever, nausea, vomiting, diarrhea, cardiovascular disorders, and liver toxicity.

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80187

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube and freeze. (Min: 0.6 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration. Blood levels may be affected by other concurrent medications, patient conditions, fat intake at dosing, and other factors.

Unacceptable Conditions:
Whole blood. Gel separator tubes, Light Blue (citrate), or Yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: 6 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- posaconazole blood level
- Posanconazole
- Noxafil
- noxafil blood level
- LAB3813-VML
- LAB3813VML

Performed:
Tue, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Posaconazole is a triazole antifungal drug indicated to treat invasive aspergillus and candidiasis infections. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. The pharmacokinetics of posaconazole are influenced by drug-drug interactions when coadministered with drugs metabolized by UDP-glucuronosyltransferase. Posaconazole is also an inhibitor of cytochrome P450 3A4 enzyme. Adverse effects may include fever, nausea, vomiting, diarrhea, cardiovascular disorders, and liver toxicity.

Reference Interval:
Effective August 15, 2011

Therapeutic Range (trough): Greater than 0.7 µg/mL

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80187

Potassium, Fecal

LAB577

ORDERING INFO

Collect:
24-hour or random stool.

Synonyms:

- Electrolytes, Feces
- LAB577-VML
- LAB577VML

SPECIMEN REQUIREMENTS

Collect:
24-hour or random stool.

Specimen Preparation:
Transfer a 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 g) Mix 24-hour collection well. Do not add saline or water to liquefy specimen.

Unacceptable Conditions:
Formed or viscous stool.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 2 weeks; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Electrolytes, Feces
- LAB577-VML
- LAB577VML

Performed:
Sun-Sat

Methodology:
Quantitative Ion-Selective Electrode

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
A reference interval has not been established for fecal specimens.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Ion-Selective Electrode

ADDITIONAL INFORMATION

CPT Codes:
84999

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24-hour or random stool.

Specimen Preparation:
Transfer a 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 g) Mix 24-hour collection well. Do not add saline or water to liquefy specimen.

Unacceptable Conditions:
Formed or viscous stool.

Stability (from collection to initiation):
Ambient: 1 hour; Refrigerated: 2 weeks; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Electrolytes, Feces
- LAB577-VML
- LAB577VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
A reference interval has not been established for fecal specimens.

Methodology:
Quantitative Ion-Selective Electrode

Section:
RF-ARUP

CPT Codes:
84999

Potassium, Plasma or Serum

LAB114

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- K, Potassium Blood, Potassium Level, LAB114
- LAB114-VML
- LAB114VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should avoid exercise of arm or hand before and during collection.

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 1 year

Specimen:
Plasma or Serum

Alternate Specimen:
Gold (Clot Activator with Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- K, Potassium Blood, Potassium Level, LAB114
- LAB114-VML
- LAB114VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Ion-Selective Electrode (Indirect)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Ion-Selective Electrode (Indirect)

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Gold (Clot Activator with Gel)

Additional Information:
Serum reference values are higher than plasma.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Gold (Clot Activator with Gel)

Patient Preparation:
Patient should avoid exercise of arm or hand before and during collection.

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 1 year

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- K, Potassium Blood, Potassium Level, LAB114
- LAB114-VML
- LAB114VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
Serum reference values are higher than plasma.

Methodology:
Ion-Selective Electrode (Indirect)

Section:
Chemistry

Potassium, Random, Urine

LAB434

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- KU, Potassium Urine Spot, UPO4, Urine Potassium Level, LAB434
- LAB434-VML
- LAB434VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 45 days; 2° to 8°C: 2 months; Frozen: 1 year

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- KU, Potassium Urine Spot, UPO4, Urine Potassium Level, LAB434
- LAB434-VML
- LAB434VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Ion-selective electrode diluted (Indirect)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Reference intervals not established.

Interpretive Data:
N/A

Methodology:
Ion-selective electrode diluted (Indirect)

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 45 days; 2° to 8°C: 2 months; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- KU, Potassium Urine Spot, UPO4, Urine Potassium Level, LAB434
- LAB434-VML
- LAB434VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Reference intervals not established.

Additional Information:
N/A

Methodology:
Ion-selective electrode diluted (Indirect)

Section:
Chemistry

Potassium, Whole Blood

LAB4539

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- KWB, Potassium Whole Blood, LAB4539
- LAB4539-VML
- LAB4539VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Venous blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- KWB, Potassium Whole Blood, LAB4539
- LAB4539-VML
- LAB4539VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
3.3-4.8 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Venous blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- KWB, Potassium Whole Blood, LAB4539
- LAB4539-VML
- LAB4539VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
3.3-4.8 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Prader-Willi Syndrome/Angelman Syndrome Methyl - BAYH

LAB3055

ORDERING INFO

Synonyms:

- LAB3055VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3055VML

ADDITIONAL INFORMATION

Section:
RF-BAYH

Resulting Laboratory:
Baylor Genetics

FULL VIEW

Synonyms:

- LAB3055VML

Resulting Laboratory:
Baylor Genetics

Section:
RF-BAYH

Links:
Test Sent to Reference Lab. Click Here for Test Details

PRAME (EPR20330) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath192

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

PRAME Red (EPR20330) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath193

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Prealbumin, Serum

LAB6062

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Transthyretin
- LAB6062-VML
- LAB6062VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting specimen preferred.

Collect:
Serum separator tube.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 3 days; Refrigerated: 6 months; Frozen: 12 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Transthyretin
- LAB6062-VML
- LAB6062VML

Performed:
Sun-Sat

Methodology:
Immunoturbidimetry

Reported:
Within 24 hours

Notes:
This protein is also known as transthyretin.

RESULTS INTERPRETATION

Reference Interval:
0-30 days 7.0-39.0 mg/dL
1 month-5 months 8.3-34.0 mg/dL
6 months-6 years 11.0-23.0 mg/dL
7-9 years 14.3-34.5 mg/dL
10-11 years 15.8-40.2 mg/dL
12-13 years 17.8-36.8 mg/dL
14-15 years 19.1-37.6 mg/dL
16-17 years 19.6-42.8 mg/dL
18 years and older 20.0-40.0 mg/dL

Methodology:
Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
84134

Section:
RF-ARUP

Notes:
This protein is also known as transthyretin.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Fasting specimen preferred.

Unacceptable Conditions:
Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 3 days; Refrigerated: 6 months; Frozen: 12 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Transthyretin
- LAB6062-VML
- LAB6062VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Reference Interval:
0-30 days 7.0-39.0 mg/dL
1 month-5 months 8.3-34.0 mg/dL
6 months-6 years 11.0-23.0 mg/dL
7-9 years 14.3-34.5 mg/dL
10-11 years 15.8-40.2 mg/dL
12-13 years 17.8-36.8 mg/dL
14-15 years 19.1-37.6 mg/dL
16-17 years 19.6-42.8 mg/dL
18 years and older 20.0-40.0 mg/dL

Methodology:
Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
84134

Notes:
This protein is also known as transthyretin.

Pregabalin, Serum or Plasma

LAB3814

ORDERING INFO

Collect:
Serum Pre-dose (Trough) Draw - At a Steady State Concentration or Plasma Pre-dose (Trough) Draw - At a Steady State Concentration in Plain Red, Lavender (K_2EDTA), Lavender (K_3EDTA), or Pink (K_2EDTA).

Synonyms:

- Lyrica
- LAB3814-VML
- LAB3814VML

SPECIMEN REQUIREMENTS

Collect:
Serum Pre-dose (Trough) Draw - At a Steady State Concentration or Plasma Pre-dose (Trough) Draw - At a Steady State Concentration in Plain Red, Lavender (K_2EDTA), Lavender (K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Citrated Plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 months

Performed:
Wed, Sat

ORDERING

Synonyms:

- Lyrica
- LAB3814-VML
- LAB3814VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Wed, Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Therapeutic Range	Not well established
Toxic	Not well established

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Therapeutic and toxic ranges are not well established. Proposed Dose-Related Range: 2 - 10 ug/mL. Adverse effects may include peripheral edema, allergic reactions, dizziness and somnolence.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80366 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Pre-dose (Trough) Draw - At a Steady State Concentration or Plasma Pre-dose (Trough) Draw - At a Steady State Concentration in Plain Red, Lavender (K_2EDTA), Lavender (K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Citrated Plasma.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Lyrica
- LAB3814-VML
- LAB3814VML

Performed:
Wed, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Therapeutic and toxic ranges are not well established. Proposed Dose-Related Range: 2 - 10 ug/mL. Adverse effects may include peripheral edema, allergic reactions, dizziness and somnolence.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Therapeutic Range	Not well established
Toxic	Not well established

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80366 (Alt code: G0480)

Pregnenolone by LC-MS/MS, Serum or Plasma

LAB1073

ORDERING INFO

Collect:
Serum separator tube. Also acceptable: Plain red, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Synonyms:

- LAB1073-VML
- LAB1073VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Also acceptable: Plain red, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Specimen Preparation: Separate serum or plasma cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma in two ARUP Standard Transport Tubes and freeze immediately. (Min: 0.25 mL/container)

Unacceptable Conditions:
Refrigerated or room temperature specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

Performed:
Mon-Fri

ORDERING

Synonyms:

- LAB1073-VML
- LAB1073VML

Performed:
Mon-Fri

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Age	Female	Male
6-12 months	13-327 ng/dL	13-327 ng/dL
13-23 months	12-171 ng/dL	12-171 ng/dL
2-4 years	15-125 ng/dL	10-125 ng/dL
5-6 years	13-191 ng/dL	10-156 ng/dL
7-9 years	14-150 ng/dL	13-205 ng/dL
10-12 years	19-220 ng/dL	15-151 ng/dL
13-15 years	22-210 ng/dL	18-197 ng/dL
16-17 years	22-229 ng/dL	17-228 ng/dL
18 years and older	15-132 ng/dL	23-173 ng/dL
Tanner Stage I	15-171 ng/dL	13-156 ng/dL
Tanner Stage II	22-229 ng/dL	12-143 ng/dL
Tanner Stage III	34-215 ng/dL	16-214 ng/dL
Tanner Stage IV-V	26-235 ng/dL	19-201 ng/dL

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
84140

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Also acceptable: Plain red, lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Specimen Preparation: Separate serum or plasma cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma in two ARUP Standard Transport Tubes and freeze immediately. (Min: 0.25 mL/container)

Unacceptable Conditions:
Refrigerated or room temperature specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

Storage/Transport Temperature:
CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered.

Synonyms:

- LAB1073-VML
- LAB1073VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Age	Female	Male
6-12 months	13-327 ng/dL	13-327 ng/dL
13-23 months	12-171 ng/dL	12-171 ng/dL
2-4 years	15-125 ng/dL	10-125 ng/dL
5-6 years	13-191 ng/dL	10-156 ng/dL
7-9 years	14-150 ng/dL	13-205 ng/dL
10-12 years	19-220 ng/dL	15-151 ng/dL
13-15 years	22-210 ng/dL	18-197 ng/dL
16-17 years	22-229 ng/dL	17-228 ng/dL
18 years and older	15-132 ng/dL	23-173 ng/dL
Tanner Stage I	15-171 ng/dL	13-156 ng/dL
Tanner Stage II	22-229 ng/dL	12-143 ng/dL
Tanner Stage III	34-215 ng/dL	16-214 ng/dL
Tanner Stage IV-V	26-235 ng/dL	19-201 ng/dL

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
84140

Prekallikrein Screen

LAB1114

ORDERING INFO

Collect:

Two Light blue tubes (3.2% Sodium Citrate)

Synonyms:

- LAB1114, Pre, Fletcher Factor, PRE SCR
- LAB1114-VML
- LAB1114VML

Turn Around Time:

1 - 3 days

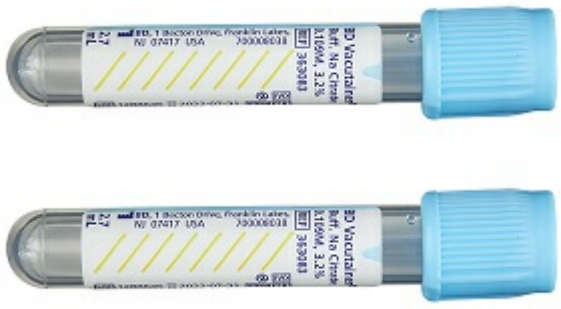
SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Two Light blue tubes (3.2% Sodium Citrate)



Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:
The prekallikreinin screen provides insight into the etiology of a prolonged partial thromboplastin time (PTT) when other factors have been reported as normal. Note: decreased prekallikrein is not associated with a bleeding phenotype.

Synonyms:

- LAB1114, Pre, Fletcher Factor, PRE SCR
- LAB1114-VML
- LAB1114VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
The result of the prekallirein screening assay indicates the patient does not have a prekallirein deficiency.

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. The presence of Hemlibra (emicizumab-kxwh) may cause a the initial PTT result to be normal.. (DOI: 10.1111/hae.13903)

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Two Light blue tubes (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB1114, Pre, Fletcher Factor, PRE SCR
- LAB1114-VML
- LAB1114VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
The prekallikreinin screen provides insight into the etiology of a prolonged partial thromboplastin time (PTT) when other factors have been reported as normal. Note: decreased prekallikrein is not associated with a bleeding phenotype.

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay. The presence of Hemlibra (emicizumab-kxwh) may cause a the initial PTT result to be normal.. (DOI: 10.1111/hae.13903)

Reference Interval:
The result of the prekallirein screening assay indicates the patient does not have a prekallirein deficiency.

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 2:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

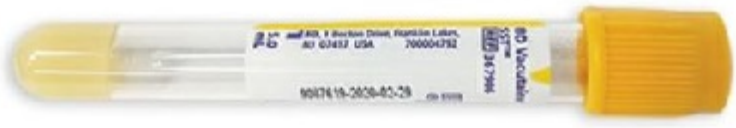
Section:
Coagulation

Procalcitonin, serum

LAB6117

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

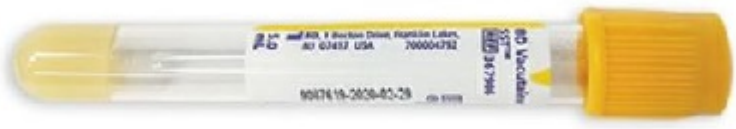
- LAB6117, PCT, Procal, PROCT
- LAB6117-VML
- LAB6117VML

Turn Around Time:
STAT: 90 minutes after receiving in lab Routine: 3 hours after receiving in lab

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Separate within 2 hours and store/ship at room temperature until delivery. (Minimum: 0.5 mL serum)

Pediatric Collection:
Gold microtainer (with gel)

Storage/Transport Temperature:
Room temperature

Performed:
Daily

Stability:
Ambient (15-25°C): 24 hours Refrigerated (2-8°C): 2 days

Specimen:
Serum

Alternate Specimen:
Red tube (no gel)

ORDERING

Ordering Indicators:
This test is used as an aid in assessing the cumulative 28-day risk of all-cause mortality for patients diagnosed with severe sepsis or septic shock in the Intensive Care Unit (ICU) or when obtained in the emergency department or other medical wards prior to ICU admission. This test is FDA-approved for the use of antibiotics stewardship.

Synonyms:

- LAB6117, PCT, Procal, PROCT
- LAB6117-VML
- LAB6117VML

Performed:
Daily

Turn Around Time:
STAT: 90 minutes after receiving in lab Routine: 3 hours after receiving in lab

Methodology:
Electrochemiluminescence immunoassay (ECLIA)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
=/< 0.25 ng/mL

Interpretive Data:
A PCT level that declines to less than 80% from the day that severe sepsis or septic shock was clinically diagnosed (Day 0) to four days after clinical diagnosis (Day 4) is associated with higher cumulative 28-day risk of all-cause mortality than a decline of > 80%. Depending on the clinical background, a PCT concentration above 0.1 µg/L can indicate clinically relevant bacterial infection, requiring antibiotic treatment.

Methodology:
Electrochemiluminescence immunoassay (ECLIA)

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Red tube (no gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Separate within 2 hours and store/ship at room temperature until delivery. (Minimum: 0.5 mL serum)

Pediatric Collection:
Gold microtainer (with gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Red tube (no gel)

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis, icteric specimen, QNS

Components:
N/A

Stability:
Ambient (15-25°C): 24 hours Refrigerated (2-8°C): 2 days

Storage/Transport Temperature:
Room temperature

Synonyms:

- LAB6117, PCT, Procal, PROCT
- LAB6117-VML
- LAB6117VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 90 minutes after receiving in lab Routine: 3 hours after receiving in lab

Ordering Indicators:
This test is used as an aid in assessing the cumulative 28-day risk of all-cause mortality for patients diagnosed with severe sepsis or septic shock in the Intensive Care Unit (ICU) or when obtained in the emergency department or other medical wards prior to ICU admission. This test is FDA-approved for the use of antibiotics stewardship.

Interpretive Data:
A PCT level that declines to less than 80% from the day that severe sepsis or septic shock was clinically diagnosed (Day 0) to four days after clinical diagnosis (Day 4) is associated with higher cumulative 28-day risk of all-cause mortality than a decline of > 80%. Depending on the clinical background, a PCT concentration above 0.1 µg/L can indicate clinically relevant bacterial infection, requiring antibiotic treatment.

Reference Interval:
=/< 0.25 ng/mL

Additional Information:
N/A

Methodology:
Electrochemiluminescence immunoassay (ECLIA)

Section:
Special Chemistry

Procollagen Type I Intact N-Terminal Propeptide

LAB3815

ORDERING INFO

Collect:
Serum separator tube or plain red. Collect all specimens at the same time of day; there is a diurnal variation of PINP and values are higher at night.

Synonyms:

- Procollagen Propeptide
- Procollagen Type 1 Intact N-Terminal Propeptide
- FPINT
- P1NP
- PINP
- Procollagen
- Procollagen Type I Intact N-Terminal Propeptide
- LAB3815-VML
- LAB3815VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plain red. Collect all specimens at the same time of day; there is a diurnal variation of PINP and values are higher at night.

Specimen Preparation:
Allow serum tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma. Hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 2 months

Performed:
Thu

ORDERING

Synonyms:

- Procollagen Propeptide
- Procollagen Type 1 Intact N-Terminal Propeptide
- FPINT
- P1NP
- PINP
- Procollagen
- Procollagen Type I Intact N-Terminal Propeptide
- LAB3815-VML
- LAB3815VML

Performed:
Thu

Methodology:
Quantitative Radioimmunoassay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Males: 22-105 µg/L
Females:
Premenopausal: 20-101 µg/L
Postmenopausal: 16-96 µg/L

Methodology:
Quantitative Radioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:
83519

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plain red. Collect all specimens at the same time of day; there is a diurnal variation of PINP and values are higher at night.

Specimen Preparation:
Allow serum tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma. Hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 2 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Procollagen Propeptide
- Procollagen Type 1 Intact N-Terminal Propeptide
- FPINT
- P1NP
- PINP
- Procollagen
- Procollagen Type I Intact N-Terminal Propeptide
- LAB3815-VML
- LAB3815VML

Performed:
Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Reference Interval:
Males: 22-105 µg/L
Females:
Premenopausal: 20-101 µg/L
Postmenopausal: 16-96 µg/L

Methodology:
Quantitative Radioimmunoassay

Section:
RF-ARUP

CPT Codes:
83519

Progesterone Receptor (1E2) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath194

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- PR

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PR

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- PR

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

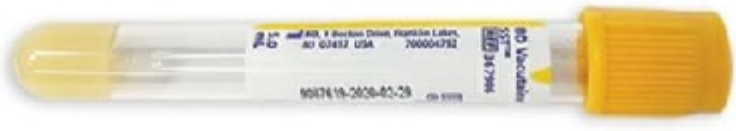
Section:
Histology

Progesterone, Serum

LAB529

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

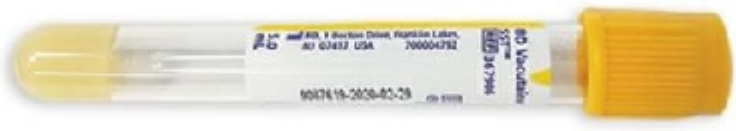
- P4, Progesterone Level, Progesterone Blood, LAB529
- LAB529-VML
- LAB529VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 1 day; 2° to 8°C: 5 days; Frozen: 6 months

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- P4, Progesterone Level, Progesterone Blood, LAB529
- LAB529-VML
- LAB529VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: 0 - < 1 month: 0.3 - 242 ng/mL 1 month - < 18 years: 0.3 - 0.9 ng/mL >= 18 years: 0 - 0.2 ng/mL Female: 0 - < 1 month: 0.3 - 242 ng/mL 1 month - < 12 years: 0.3 - 0.9 ng/mL 12 years - < 19 years: 0.3 - 12 ng/mL

Interpretive Data:
Follicular: 0.05 - 0.193 ng/mL Ovulation: 0.055 - 4.14 ng/mL Luteal: 4.11 - 14.5 ng/mL Postmenopause: 0.05 - 0.126 ng/mL

Methodology:
Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, icterus, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 1 day; 2° to 8°C: 5 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- P4, Progesterone Level, Progesterone Blood, LAB529
- LAB529-VML
- LAB529VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Follicular: 0.05 - 0.193 ng/mL Ovulation: 0.055 - 4.14 ng/mL Luteal: 4.11 - 14.5 ng/mL Postmenopause: 0.05 - 0.126 ng/mL

Reference Interval:
Male: 0 - < 1 month: 0.3 - 242 ng/mL 1 month - < 18 years: 0.3 - 0.9 ng/mL >= 18 years: 0 - 0.2 ng/mL Female: 0 - < 1 month: 0.3 - 242 ng/mL 1 month - < 12 years: 0.3 - 0.9 ng/mL 12 years - < 19 years: 0.3 - 12 ng/mL

Additional Information:
N/A

Methodology:
Electrochemiluminescent Immunoassay

Section:
Chemistry

Proinsulin, Intact

LAB1086

ORDERING INFO

Collect:
Serum separator tube (SST) or plain red. Also acceptable: Lavender (K2EDTA) or pink (K2EDTA).

Synonyms:

- Intact proinsulin
- Proinsulin, Plasma
- Proinsulin, Intact
- LAB1086-VML
- LAB1086VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient must fast for 12-15 hours prior to collection.

Collect:
Serum separator tube (SST) or plain red. Also acceptable: Lavender (K2EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 2 months

Performed:
Tue, Thu

ORDERING

Synonyms:

- Intact proinsulin
- Proinsulin, Plasma
- Proinsulin, Intact
- LAB1086-VML
- LAB1086VML

Ordering Recommendations:
Aids in the detection of insulinoma. Do not use to diagnose diabetes mellitus.

Performed:
Tue, Thu

Methodology:
Quantitative Chemiluminescent Immunoassay (CLIA)

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:

Age	Reference Interval
0-17 years	Not established
18 years and older	Less than or equal to 7.2 pmol/L

Methodology:
Quantitative Chemiluminescent Immunoassay (CLIA)

ADDITIONAL INFORMATION

CPT Codes:
84206

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube (SST) or plain red. Also acceptable: Lavender (K2EDTA) or pink (K2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL)

Patient Preparation:
Patient must fast for 12-15 hours prior to collection.

Unacceptable Conditions:
Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 2 months

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Intact proinsulin
- Proinsulin, Plasma
- Proinsulin, Intact
- LAB1086-VML
- LAB1086VML

Performed:
Tue, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Aids in the detection of insulinoma. Do not use to diagnose diabetes mellitus.

Reference Interval:

Age	Reference Interval
0-17 years	Not established
18 years and older	Less than or equal to 7.2 pmol/L

Methodology:
Quantitative Chemiluminescent Immunoassay (CLIA)

Section:
RF-ARUP

CPT Codes:
84206

Prolactin (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath195

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

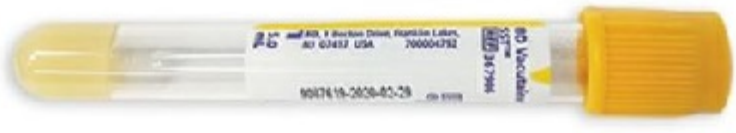
Section:
Histology

Prolactin, Serum

LAB531

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

- PRL, Prolactin Blood, Prolactin Level, LAB531
- LAB531-VML
- LAB531VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 5 days; 2° to 8°C: 14 days; Frozen: 6 months

Specimen:
Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PRL, Prolactin Blood, Prolactin Level, LAB531
- LAB531-VML
- LAB531VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: 0 - < 1 month: 1.1 - 470 ng/mL 1 month - < 1 year: 5.2 - 60 ng/mL 1 year - < 18 years: 3 - 25 ng/mL >= 18 years: 4.0 - 15.2 ng/mL Female: 0 - < 1 month: 1.1 - 470 ng/mL 1 month - < 1 year: 5.2 - 60 ng/mL 1 year - < 18 years: 3 - 25 ng/mL >= 18 years: 4.8 - 23.3 ng/mL

Interpretive Data:
N/A

Methodology:
Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, icterus, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 5 days; 2° to 8°C: 14 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PRL, Prolactin Blood, Prolactin Level, LAB531
- LAB531-VML
- LAB531VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male: 0 - < 1 month: 1.1 - 470 ng/mL 1 month - < 1 year: 5.2 - 60 ng/mL 1 year - < 18 years: 3 - 25 ng/mL >= 18 years: 4.0 - 15.2 ng/mL Female: 0 - < 1 month: 1.1 - 470 ng/mL 1 month - < 1 year: 5.2 - 60 ng/mL 1 year - < 18 years: 3 - 25 ng/mL >= 18 years: 4.8 - 23.3 ng/mL

Additional Information:
N/A

Methodology:
Electrochemiluminescent Immunoassay

Section:
Chemistry

Propafenone Quantitation, Serum or Plasma

LAB3816

ORDERING INFO

Collect:
Plain Red, Lavender (K_2 EDTA), Lavender (K_3 EDTA), or Pink (K_2 EDTA).

Synonyms:

- Rythmol
- LAB3816-VML
- LAB3816VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red, Lavender (K_2 EDTA), Lavender (K_3 EDTA), or Pink (K_2 EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 15 months

Performed:
Varies

ORDERING

Synonyms:

- Rythmol
- LAB3816-VML
- LAB3816VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Varies

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
8-11 days

Notes:
Use of peak serum level is recommended for patient monitoring. Blood drug level drops rapidly, leading to many negative results at the trough. Peak serum concentration occurs 3 to 4 hours post dose.

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80375 (Alt code: G0480)

Section:
RF-ARUP

Notes:
Use of peak serum level is recommended for patient monitoring. Blood drug level drops rapidly, leading to many negative results at the trough. Peak serum concentration occurs 3 to 4 hours post dose.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (K_2 EDTA), Lavender (K_3 EDTA), or Pink (K_2 EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 15 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Rythmol
- LAB3816-VML
- LAB3816VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Reference Interval:
By report

Methodology:
Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80375 (Alt code: G0480)

Notes:
Use of peak serum level is recommended for patient monitoring. Blood drug level drops rapidly, leading to many negative results at the trough. Peak serum concentration occurs 3 to 4 hours post dose.

Propoxyphene and Metabolite, Urine

LAB6281

ORDERING INFO

Collect:
Urine

Synonyms:

- LAB6281-VML
- LAB6281VML

SPECIMEN REQUIREMENTS

Collect:
Urine

Specimen Preparation:
Transfer 2 mL urine to an ARUP Standard Transport Tube. (Min: 0.7 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: 3 months

Performed:
Varies

ORDERING

Synonyms:

- LAB6281-VML
- LAB6281VML

Ordering Recommendations:
Use to monitor patient adherence.

Performed:
Varies

Methodology:
Quantitative Gas Chromatography-Mass Spectrometry

Reported:
8-11 days

Notes:
Amitriptyline is a known interference.

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Gas Chromatography-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80367 (Alt code: G0480)

Section:
RF-ARUP

Notes:
Amitriptyline is a known interference.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Urine

Specimen Preparation:
Transfer 2 mL urine to an ARUP Standard Transport Tube. (Min: 0.7 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen

Synonyms:

- LAB6281-VML
- LAB6281VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Ordering Recommendations:
Use to monitor patient adherence.

Reference Interval:
By report

Methodology:
Quantitative Gas Chromatography-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80367 (Alt code: G0480)

Notes:
Amitriptyline is a known interference.

Prostate Specific Antigen (35H9) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath196

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- PSA

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PSA

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- PSA

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Prostate Specific Antigen, Ultrasensitive

LAB3818

ORDERING INFO

Collect:
Serum Separator Tube (SST). Also acceptable: Green (lithium heparin), Lavender (K_2EDTA, or Pink (K_2EDTA).

Synonyms:

- Post Prostatectomy
- PSA, Third Generation
- Ultrasensitve PSA
- LAB3818-VML
- LAB3818VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST). Also acceptable: Green (lithium heparin), Lavender (K_2EDTA, or Pink (K_2EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens. Vaginal washings.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Post Prostatectomy
- PSA, Third Generation
- Ultrasensitve PSA
- LAB3818-VML
- LAB3818VML

Ordering Recommendations:
Use to monitor prostate cancer after radical prostatectomy. Do not use for initial prostate cancer screening; preferred test is Prostate Specific Antigen, Total (0070121) in conjunction with digital rectal exam.

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
0.00-4.00 ng/mL

Interpretive Data:

After radical prostatectomy, the reference interval is less than 0.05 ng/mL if there is no residual disease. In healthy individuals without prostatectomy, the reference interval is 4.00 ng/mL or less. Lower limit of detection is 0.01 ng/mL.

The Roche PSA electrochemiluminescent immunoassay is used. Results obtained with different test methods or kits cannot be used interchangeably. The Roche PSA method is approved for use as an aid in the detection of prostate cancer when used in conjunction with a digital rectal exam in individuals with a prostate 50 years and older. The Roche PSA is also indicated for the serial measurement of PSA to aid in the prognosis and management of prostate cancer patients. Elevated PSA concentrations can only suggest the presence of prostate cancer until biopsy is performed. PSA concentrations can also be elevated in benign prostatic hyperplasia or inflammatory conditions of the prostate. PSA is generally not elevated in healthy individuals or individuals with nonprostatic carcinoma.

Methodology:

Quantitative Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

84153

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum Separator Tube (SST). Also acceptable: Green (lithium heparin), Lavender (K_2EDTA, or Pink (K_2EDTA).

Specimen Preparation:

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:

Grossly hemolyzed specimens. Vaginal washings.

Stability (from collection to initiation):

After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 6 months

Storage/Transport Temperature:

Frozen.

Synonyms:

- Post Prostatectomy
- PSA, Third Generation
- Ultrasensitve PSA
- LAB3818-VML
- LAB3818VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

Within 24 hours

Ordering Recommendations:

Use to monitor prostate cancer after radical prostatectomy. Do not use for initial prostate cancer screening; preferred test is Prostate Specific Antigen, Total (0070121) in conjunction with digital rectal exam.

Interpretive Data:

After radical prostatectomy, the reference interval is less than 0.05 ng/mL if there is no residual disease. In healthy individuals without prostatectomy, the reference interval is 4.00 ng/mL or less. Lower limit of detection is 0.01 ng/mL.

The Roche PSA electrochemiluminescent immunoassay is used. Results obtained with different test methods or kits cannot be used interchangeably. The Roche PSA method is approved for use as an aid in the detection of prostate cancer when used in conjunction with a digital rectal exam in individuals with a prostate 50 years and older. The Roche PSA is also indicated for the serial measurement of PSA to aid in the prognosis and management of prostate cancer patients. Elevated PSA concentrations can only suggest the presence of prostate cancer until biopsy is performed. PSA concentrations can also be elevated in benign prostatic hyperplasia or inflammatory conditions of the prostate. PSA is generally not elevated in healthy individuals or individuals with nonprostatic carcinoma.

Reference Interval:
0.00-4.00 ng/mL

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
84153

Prostein (10E3) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded TIssue

CoPath177

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- p501s

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- p501s

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- p501s

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Protein C Activity

LAB489

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB489, CAC, PC Act
- LAB489-VML
- LAB489VML

Turn Around Time:

1 - 6 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Twice per week - variable days

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB489, CAC, PC Act
- LAB489-VML
- LAB489VML

Performed:
Twice per week - variable days

Turn Around Time:
1 - 6 days

Methodology:
Chromogenic

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50 - 120%

Interpretive Data:
Therapeutic warfarin results in a decreased level of Protein C. Presence of Aprotinin in the sample will result in an under estimation of the Protein C level.

Methodology:
Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB489, CAC, PC Act
- LAB489-VML
- LAB489VML

Performed:
Twice per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 6 days

Ordering Indicators:
N/A

Interpretive Data:
Therapeutic warfarin results in a decreased level of Protein C. Presence of Aprotinin in the sample will result in an under estimation of the Protein C level.

Reference Interval:
50 - 120%

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Methodology:
Chromogenic

Section:
Coagulation

Protein C Antigen

LAB490

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB490, PCA, Protein C Antigen Total, PC Antigen
- LAB490-VML
- LAB490VML

Turn Around Time:

7 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 8 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Performed:

Once per week - variable days

Stability:

Refrigerated (2-8°C): 8 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB490, PCA, Protein C Antigen Total, PC Antigen
- LAB490-VML
- LAB490VML

Performed:
Once per week - variable days

Turn Around Time:
7 days

Methodology:
ELISA

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
70 - 140%

Interpretive Data:
Therapeutic warfarin results in a decreased level of Protein C. Presence of Aprotinin in the sample will result in an under estimation of the Protein C level.

Methodology:
ELISA

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 8 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Refrigerated (2-8°C): 8 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 8 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 8 hours of collection.

Synonyms:

- LAB490, PCA, Protein C Antigen Total, PC Antigen
- LAB490-VML
- LAB490VML

Performed:
Once per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
N/A

Interpretive Data:
Therapeutic warfarin results in a decreased level of Protein C. Presence of Aprotinin in the sample will result in an under estimation of the Protein C level.

Reference Interval:
70 - 140%

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Methodology:
ELISA

Section:
Coagulation

Protein S Activity

LAB491

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB491, PS, PS Act
- LAB491-VML
- LAB491VML

Turn Around Time:

1 - 6 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Twice per week - variable days

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB491, PS, PS Act
- LAB491-VML
- LAB491VML

Performed:
Twice per week - variable days

Turn Around Time:
1 - 6 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
55 - 123%

Interpretive Data:
Protein S Activity is naturally reduced during pregnancy, inflammation, and in patients receiving warfarin. Direct IIa (thrombin) and both direct and iIndirect anti-Xa inhibitors interfere with the assay resulting in an overestimation of protein S activity. Factor VIII levels > 150% may affect the assay and results should be interpreted with caution. The presence of a strong Lupus Anticoagulant may affect the assay and clinical correlation is advised. The presence of Hemlibra (emicizumab) will affect the test and result in an overestimation of protein S activity.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB491, PS, PS Act
- LAB491-VML
- LAB491VML

Performed:
Twice per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 6 days

Ordering Indicators:
N/A

Interpretive Data:
Protein S Activity is naturally reduced during pregnancy, inflammation, and in patients receiving warfarin. Direct IIa (thrombin) and both direct and iIndirect anti-Xa inhibitors interfere with the assay resulting in an overestimation of protein S activity. Factor VIII levels > 150% may affect the assay and results should be interpreted with caution. The presence of a strong Lupus Anticoagulant may affect the assay and clinical correlation is advised. The presence of Hemlibra (emicizumab) will affect the test and result in an overestimation of protein S activity.

Reference Interval:
55 - 123%

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Methodology:
Clotting

Section:
Coagulation

Protein S Antigen, Free

LAB492

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB492, SAF, PS Ag Free, Protein S Ag Free
- LAB492-VML
- LAB492VML

Turn Around Time:

1 - 6 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Twice per week - variable days

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB492, SAF, PS Ag Free, Protein S Ag Free
- LAB492-VML
- LAB492VML

Performed:
Twice per week - variable days

Turn Around Time:
1 - 6 days

Methodology:
Immunoturbidimetric

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
60 - 130%

Interpretive Data:
Patients on warfarin may have decreased free protein S values. Decreased levels of free protein S are also associated with DIC, liver disease, pregnancy, and inflammatory syndromes. Cloudy or lipemic plasma as well as rheumatoid factor levels > 70 IU/mL may lead to an underestimation of the free protein S antigen.

Methodology:
Immunoturbidimetric

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB492, SAF, PS Ag Free, Protein S Ag Free
- LAB492-VML
- LAB492VML

Performed:
Twice per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 6 days

Ordering Indicators:
N/A

Interpretive Data:
Patients on warfarin may have decreased free protein S values. Decreased levels of free protein S are also associated with DIC, liver disease, pregnancy, and inflammatory syndromes. Cloudy or lipemic plasma as well as rheumatoid factor levels > 70 IU/mL may lead to an underestimation of the free protein S antigen.

Reference Interval:
60 - 130%

Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Methodology:
Immunoturbidimetric

Section:
Coagulation

Protein, Body Fluid

LAB196

ORDERING INFO

Collect:
Sterile Container

Synonyms:

- BFP, Protein Body Fluid, Body Fluid Protein Level, LAB196
- LAB196-VML
- LAB196VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.3 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 3 days; 2° to 8°C: 3 days; Frozen: unacceptable

Specimen:
Body Fluid

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BFP, Protein Body Fluid, Body Fluid Protein Level, LAB196
- LAB196-VML
- LAB196VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Interpretive Data:
N/A

Methodology:
Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.3 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Preferred Collection Volume:
1 mL

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Body Fluid

Reasons for Rejection:
Hemolysis, icterus, QNS, Fluid type not listed as acceptable specimen type, turbid samples unable to be cleared by centrifugation, and specimens that are too viscous to be aspirated, sample outside of stability limits

Components:
N/A

Stability:
15° to 25°C: 3 days; 2° to 8°C: 3 days; Frozen: unacceptable

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- BFP, Protein Body Fluid, Body Fluid Protein Level, LAB196
- LAB196-VML
- LAB196VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Additional Information:
N/A

Methodology:
Spectrophotometry

Section:
Chemistry

Protein, CSF

LAB195

ORDERING INFO

Collect:
Sterile Container

Synonyms:

- SFP, Protein CSF, CSF Protein Level, LAB195
- LAB195-VML
- LAB195VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile Container

Specimen Preparation:
Deliver to lab immediately. Centrifuge to remove cellular material (Min 0.3 mL).

Pediatric Collection:
1 Sterile Container

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 7 days; 2° to 8°C: 30 days; Frozen 60 days

Specimen:
CSF

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SFP, Protein CSF, CSF Protein Level, LAB195
- LAB195-VML
- LAB195VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
CSF may be contaminated with bacteria and often containsother cellular constituents. CSF samples should therefore be analyzed for protein ASAP.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile Container

Specimen Preparation:
Deliver to lab immediately. Centrifuge to remove cellular material (Min 0.3 mL).

Pediatric Collection:
1 Sterile Container

Preferred Collection Volume:
1 mL

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
CSF

Reasons for Rejection:
Hemolysis, icterus, improper collection, QNS, sample outside of stability limit

Components:
N/A

Stability:
15° to 25°C: 7 days; 2° to 8°C: 30 days; Frozen 60 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- SFP, Protein CSF, CSF Protein Level, LAB195
- LAB195-VML
- LAB195VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
CSF may be contaminated with bacteria and often containsother cellular constituents. CSF samples should therefore be analyzed for protein ASAP.

Methodology:
Quantitative Spectrophotometry

Section:
Chemistry

Protein, Total, Plasma or Serum

LAB118

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- PRO, Protein Total Blood, Protein Level, LAB118
- LAB118-VML
- LAB118VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 6 days; 2° to 8°C: 1 month; Frozen: 60 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- PRO, Protein Total Blood, Protein Level, LAB118
- LAB118-VML
- LAB118VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Quantitative Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, icterus, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 6 days; 2° to 8°C: 1 month; Frozen: 60 days

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- PRO, Protein Total Blood, Protein Level, LAB118
- LAB118-VML
- LAB118VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Quantitative Spectrophotometry

Section:
Chemistry

Protein/Creatinine Ratio, Random Urine

LAB6257

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- Urine Protein to Creatinine Ratio, Urine Protein/Creatinine Ratio, LAB6257
- LAB6257-VML
- LAB6257VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Collect:
Urine Clear

Specimen Preparation:
Collect a random urine specimen in a urine clear top. Transpot to lab at room temperature.

Pediatric Collection:
Urine clear top

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 48 hours; 2° to 8°C: 6 days; Frozen (-20C): 6 months

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Synonyms:

- Urine Protein to Creatinine Ratio, Urine Protein/Creatinine Ratio, LAB6257
- LAB6257-VML
- LAB6257VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Kinetic Alkaline Picrate and Benzethonium Chloride

RESULTS INTERPRETATION

Reference Interval:
< = 0.20 mg/mg

Methodology:
Kinetic Alkaline Picrate and Benzethonium Chloride

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Collect a random urine specimen in a urine clear top. Transpot to lab at room temperature.

Pediatric Collection:
Urine clear top

Preferred Collection Volume:
Minimum: 0.5 mL Urine

Alternate Specimen:
N/A

Specimen:
Urine

Reasons for Rejection:
Improper collection, exceeds stability

Stability:
15° to 25°C: 48 hours; 2° to 8°C: 6 days; Frozen (-20C): 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Urine Protein to Creatinine Ratio, Urine Protein/Creatinine Ratio, LAB6257
- LAB6257-VML
- LAB6257VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Reference Interval:
< = 0.20 mg/mg

Methodology:
Kinetic Alkaline Picrate and Benzethonium Chloride

Section:
Misc Chemistry

Proteinase 3 (PR3) IgG, serum

LAB3465

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB3465, PR3, Anti-PR3
- LAB3465-VML
- LAB3465VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is used to evaluate patients with signs and symptoms of ANCA-associated vasculitis.

Synonyms:

- LAB3465, PR3, Anti-PR3
- LAB3465-VML
- LAB3465VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
PR3 IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A Positive results of PR3 is indicative for granumatosis with polyangiitis (GPA, formerly known as Wegener granulomatosis). A negative result significantly diminishes the likelihood that a patient has GPA.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
Anti-PR3 is included in the ANCA test panel. It should not be ordered alone unless the patient has previously tested positive for anti-PR3.

Components:
PR3 IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis

Components:
PR3 IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3465, PR3, Anti-PR3
- LAB3465-VML
- LAB3465VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to evaluate patients with signs and symptoms of ANCA-associated vasculitis.

Interpretive Data:
A Positive results of PR3 is indicative for granumatosis with polyangiitis (GPA, formerly known as Wegener granulomatosis). A negative result significantly diminishes the likelihood that a patient has GPA.

Reference Interval:
Negative

Additional Information:
Anti-PR3 is included in the ANCA test panel. It should not be ordered alone unless the patient has previously tested positive for anti-PR3.

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Prothrombin (F2) c.*97G>A (G20210A) Mutation Analysis, Whole blood

LAB3041

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB3041, Factor II, PT2
- LAB3041-VML
- LAB3041VML

Turn Around Time:
10 days

SPECIMEN REQUIREMENTS

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Storage/Transport Temperature:
Ambient (15-25°C) or Refrigerated (2-8°C)

Performed:
Tuesday

Stability:
EDTA or Sodium Citrate: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days

Specimen:
Whole blood

Alternate Specimen:
Light blue tube (Sodium Citrate)

ORDERING

Ordering Indicators:
Used to assess individuals at risk of or presenting with venous thromboembolism (VTE).

Synonyms:

- LAB3041, Factor II, PT2
- LAB3041-VML
- LAB3041VML

Performed:
Tuesday

Turn Around Time:
10 days

Methodology:
Direct detection of F2 variant c.*97G>A (G20210A) by Taqman® SNP genotyping assay; Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
The F2 variant is thought to increase the stability of F2 mRNA, increasing levels of prothrombin 30% above normal in heterozygotes and to 70% above normal in homozygotes and consequently increasing levels of thrombin.

Methodology:
Direct detection of F2 variant c.*97G>A (G20210A) by Taqman® SNP genotyping assay; Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Light blue tube (Sodium Citrate)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood)

Pediatric Collection:
Two Lavender microtainers (EDTA)

Preferred Collection Volume:
4 mL whole blood

Alternate Specimen:
Light blue tube (Sodium Citrate)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected.

Components:
N/A

Stability:
EDTA or Sodium Citrate: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days

Storage/Transport Temperature:
Ambient (15-25°C) or Refrigerated (2-8°C)

Synonyms:

- LAB3041, Factor II, PT2
- LAB3041-VML
- LAB3041VML

Performed:
Tuesday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Used to assess individuals at risk of or presenting with venous thromboembolism (VTE).

Interpretive Data:
The F2 variant is thought to increase the stability of F2 mRNA, increasing levels of prothrombin 30% above normal in heterozygotes and to 70% above normal in homozygotes and consequently increasing levels of thrombin.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Direct detection of F2 variant c.*97G>A (G20210A) by Taqman® SNP genotyping assay; Laboratory Developed Test

Section:
Molecular Diagnostics

Prothrombin Antibody, IgG

LAB3817

ORDERING INFO

Collect:
Serum separator tube or lt. blue (sodium citrate).

Synonyms:

- Prothrombin IgG
- LAB3817-VML
- LAB3817VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or lt. blue (sodium citrate).

Specimen Preparation:
Transport 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Mon

ORDERING

Synonyms:

- Prothrombin IgG
- LAB3817-VML
- LAB3817VML

Ordering Recommendations:
Preferred second-line test when seronegative antiphospholipid syndrome (APS) is strongly suspected. Order incrementally or concurrently with other noncriteria antiphospholipid antibody tests.

Performed:
Mon

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Effective 5/21/2018
Less than 20 Units

Interpretive Data:
IgG antibodies to prothrombin may be a risk factor for either venous or arterial thrombosis in antiphospholipid syndrome (APS). Strong clinical correlation is recommended in the absence of lupus anticoagulant, IgG and/or IgM cardiolipin and/or beta2 glycoprotein antibodies.

If results are positive, repeat testing with two or more specimens drawn at least 12 weeks apart to demonstrate persistence of antibodies.

Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86849

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or lt. blue (sodium citrate).

Specimen Preparation:
Transport 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Prothrombin IgG
- LAB3817-VML
- LAB3817VML

Performed:
Mon

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Preferred second-line test when seronegative antiphospholipid syndrome (APS) is strongly suspected. Order incrementally or concurrently with other noncriteria antiphospholipid antibody tests.

Interpretive Data:
IgG antibodies to prothrombin may be a risk factor for either venous or arterial thrombosis in antiphospholipid syndrome (APS). Strong clinical correlation is recommended in the absence of lupus anticoagulant, IgG and/or IgM cardiolipin and/or beta2 glycoprotein antibodies.

If results are positive, repeat testing with two or more specimens drawn at least 12 weeks apart to demonstrate persistence of antibodies.

Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

Reference Interval:
Effective 5/21/2018
Less than 20 Units

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86849

Prothrombin Time

LAB320

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB320, PT / INR, PT
- LAB320-VML
- LAB320VML

Turn Around Time:

2 hours once received into lab

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 24 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within two hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 24 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 24 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB320, PT / INR, PT
- LAB320-VML
- LAB320VML

Performed:
Daily

Turn Around Time:
2 hours once received into lab

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
11.9 - 14.5 seconds

Interpretive Data:
Direct anti-IIa (thrombin) inhibitors, indirect Xa inhibitors (UFH > 1.0 IU/ml and LMWH > 1.5 IU/mL) and indirect Xa inhibitors may interfer with the assay and prolong the clotting time.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Do not refrigerate plasmas (2 - 8C) because in this temperature range the factor VII may be activated by the kalliifrein system.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 24 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 24 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 24 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within two hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 24 hours of collection.

Synonyms:

- LAB320, PT / INR, PT
- LAB320-VML
- LAB320VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours once received into lab

Ordering Indicators:
N/A

Interpretive Data:
Direct anti-IIa (thrombin) inhibitors, indirect Xa inhibitors (UFH > 1.0 IU/ml and LMWH > 1.5 IU/mL) and indirect Xa inhibitors may interfer with the assay and prolong the clotting time.

Reference Interval:
11.9 - 14.5 seconds

Additional Information:
Do not refrigerate plasmas (2 - 8C) because in this temperature range the factor VII may be activated by the kalliifrein system.

Methodology:
Clotting

Section:
Coagulation

Prothrombin Time Mixing Study

LAB321

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB321, Mixing Study for Circulating Anticoagulants and Inhibitors, PTM, PT Mix
- LAB321-VML
- LAB321VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 24 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within two hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 24 hours of collection.

Performed:

Monday - Friday

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB321, Mixing Study for Circulating Anticoagulants and Inhibitors, PTM, PT Mix
- LAB321-VML
- LAB321VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
PT, PT 1:1 Mix at zero hour, one hour and two hour post incubation, thrombin time, and LMWH

RESULTS INTERPRETATION

Reference Interval:
11.9 - 14.5 seconds

Interpretive Data:
Direct anti-IIa (thrombin) inhibitors, indirect Xa inhibitors (UFH > 1.0 IU/ml and LMWH > 1.5 IU/mL) and indirect Xa inhibitors may interfer with the assay and prolong the clotting time.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
PT must be > 3 seconds above the normal reference range before a mixing study is performed.

Components:
PT, PT 1:1 Mix at zero hour, one hour and two hour post incubation, thrombin time, and LMWH

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 24 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 24 hours after collection. Thawed plasma aliquots.

Components:
PT, PT 1:1 Mix at zero hour, one hour and two hour post incubation, thrombin time, and LMWH

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within two hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 24 hours of collection.

Synonyms:

- LAB321, Mixing Study for Circulating Anticoagulants and Inhibitors, PTM, PT Mix
- LAB321-VML
- LAB321VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Direct anti-IIa (thrombin) inhibitors, indirect Xa inhibitors (UFH > 1.0 IU/ml and LMWH > 1.5 IU/mL) and indirect Xa inhibitors may interfer with the assay and prolong the clotting time.

Reference Interval:
11.9 - 14.5 seconds

Additional Information:
PT must be > 3 seconds above the normal reference range before a mixing study is performed.

Methodology:
Clotting

Section:
Coagulation

Protoporphyrins Fract-MAYO

LAB3893

ORDERING INFO

Synonyms:

- LAB3893-VML
- LAB3893VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3893-VML
- LAB3893VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3893-VML
- LAB3893VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

PROX1 Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath197

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Prussian Blue Special Stain for Iron, Formalin Fixed Paraffin Embedded Tissue

CoPath25

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Iron, Fe, Prussian Blue stain

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Iron, Fe, Prussian Blue stain

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Iron, Fe, Prussian Blue stain

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

PSA Diagnostic

LAB116

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)

Synonyms:

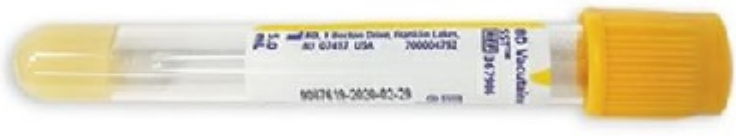
- PSA, Prostate Specific Antigen, LAB116
- LAB116-VML
- LAB116VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Gold Microtainers (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 1 day

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
PSA is used to assist in diagnosis and monitoring of prostate cancer. When used as an initial screening test, there is no universally accepted normal range for PSA.

Synonyms:

- PSA, Prostate Specific Antigen, LAB116
- LAB116-VML
- LAB116VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Abbott Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
None: Please refer to comment in "Interpretive Data"

Interpretive Data:
PSA is used to assist in diagnosis and monitoring of prostate cancer. While there is no universally accepted normal range for PSA when used as an initial screening test, a PSA higher than 3 ng/mL is typically considered elevated, based on clinical studies and national guidelines (J Urol. 2023;210(1):45-53; J Natl Compr Canc Netw. Early Detection of Prostate Cancer Version 2.2023. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf). However, the PSA value should be interpreted in light of factors such as age, race, family history of prostate cancer, digital rectal examination result, prostate volume and result of prior prostate biopsy. Nomograms, such as the PBCG calculator, may be helpful in calculating the risk of clinically significant prostate cancer based on these factors (https://riskcalc.org/ExtendedPBCG/) (BMC Med Res Methodol 2022;22(1):200).

Methodology:
Abbott Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

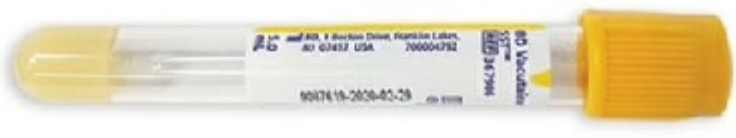
Additional Information:
Specimens which may be tested for Free PSA should be removed from the clot w/in 3 hours. If testing will be delayed more than 24 hours, specimens should be removed from the clot, serum separator and stored frozen.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Gold Microtainers (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 1 day

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PSA, Prostate Specific Antigen, LAB116
- LAB116-VML
- LAB116VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
PSA is used to assist in diagnosis and monitoring of prostate cancer. When used as an initial screening test, there is no universally accepted normal range for PSA.

Interpretive Data:
PSA is used to assist in diagnosis and monitoring of prostate cancer. While there is no universally accepted normal range for PSA when used as an initial screening test, a PSA higher than 3 ng/mL is typically considered elevated, based on clinical studies and national guidelines (J Urol. 2023;210(1):45-53; J Natl Compr Canc Netw. Early Detection of Prostate Cancer Version 2.2023. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf). However, the PSA value should be interpreted in light of factors such as age, race, family history of prostate cancer, digital rectal examination result, prostate volume and result of prior prostate biopsy. Nomograms, such as the PBCG calculator, may be helpful in calculating the risk of clinically significant prostate cancer based on these factors (https://riskcalc.org/ExtendedPBCG/) (BMC Med Res Methodol 2022;22(1):200).

Reference Interval:
None: Please refer to comment in "Interpretive Data"

Additional Information:
Specimens which may be tested for Free PSA should be removed from the clot w/in 3 hours. If testing will be delayed more than 24 hours, specimens should be removed from the clot, serum separator and stored frozen.

Methodology:
Abbott Chemiluminescent Immunoassay

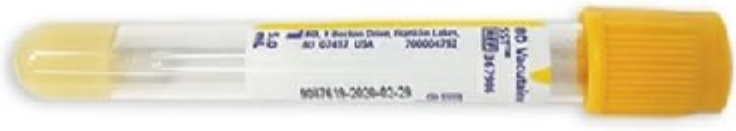
Section:
Chemistry

PSA Diagnostic Total w/Rfx Free PSA

LAB4157

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

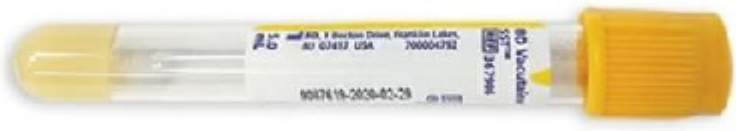
- PSR, PSA, Total w/Reflex Free PSA, TPSAR, Prostate Specific Antigen, LAB4157
- LAB4157-VML
- LAB4157VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Gold Microtainers (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 1 day

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
PSA is used to assist in diagnosis and monitoring of prostate cancer. When used as an initial screening test, there is no universally accepted normal range for PSA.

Synonyms:

- PSR, PSA, Total w/Reflex Free PSA, TPSAR, Prostate Specific Antigen, LAB4157
- LAB4157-VML
- LAB4157VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Abbott Chemiluminescent Immunoassay

Components:
PSA, Reflex; PSA, Free Rfx (if indicated); PSA, PCT Free, Rfx (if indicated)

RESULTS INTERPRETATION

Reference Interval:
None: Please refer to comment in "Interpretive Data"

Interpretive Data:
PSA is used to assist in diagnosis and monitoring of prostate cancer. While there is no universally accepted normal range for PSA when used as an initial screening test, a PSA higher than 3 ng/mL is typically considered elevated, based on clinical studies and national guidelines (J Urol. 2023;210(1):45-53; J Natl Compr Canc Netw. Early Detection of Prostate Cancer Version 2.2023. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf). However, the PSA value should be interpreted in light of factors such as age, race, family history of prostate cancer, digital rectal examination result, prostate volume and result of prior prostate biopsy. Nomograms, such as the PBCG calculator, may be helpful in calculating the risk of clinically significant prostate cancer based on these factors (https://riskcalc.org/ExtendedPBCG/) (BMC Med Res Methodol 2022;22(1):200).

Methodology:
Abbott Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

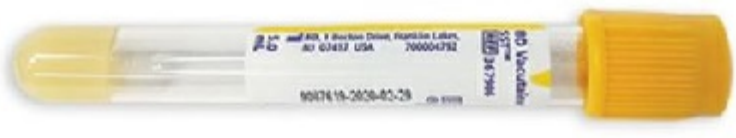
Additional Information:
Specimens which may be tested for Free PSA should be removed from the clot w/in 3 hours. If testing will be delayed more than 24 hours, specimens should be removed from the clot, serum separator and stored frozen.

Components:
PSA, Reflex; PSA, Free Rfx (if indicated); PSA, PCT Free, Rfx (if indicated)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Gold Microtainers (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
PSA, Reflex; PSA, Free Rfx (if indicated); PSA, PCT Free, Rfx (if indicated)

Stability:
After separation from cells: 2° to 8°C: 1 day

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PSR, PSA, Total w/Reflex Free PSA, TPSAR, Prostate Specific Antigen, LAB4157
- LAB4157-VML
- LAB4157VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
PSA is used to assist in diagnosis and monitoring of prostate cancer. When used as an initial screening test, there is no universally accepted normal range for PSA.

Interpretive Data:
PSA is used to assist in diagnosis and monitoring of prostate cancer. While there is no universally accepted normal range for PSA when used as an initial screening test, a PSA higher than 3 ng/mL is typically considered elevated, based on clinical studies and national guidelines (J Urol. 2023;210(1):45-53; J Natl Compr Canc Netw. Early Detection of Prostate Cancer Version 2.2023. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf). However, the PSA value should be interpreted in light of factors such as age, race, family history of prostate cancer, digital rectal examination result, prostate volume and result of prior prostate biopsy. Nomograms, such as the PBCG calculator, may be helpful in calculating the risk of clinically significant prostate cancer based on these factors (https://riskcalc.org/ExtendedPBCG/) (BMC Med Res Methodol 2022;22(1):200).

Reference Interval:
None: Please refer to comment in "Interpretive Data"

Additional Information:
Specimens which may be tested for Free PSA should be removed from the clot w/in 3 hours. If testing will be delayed more than 24 hours, specimens should be removed from the clot, serum separator and stored frozen.

Methodology:
Abbott Chemiluminescent Immunoassay

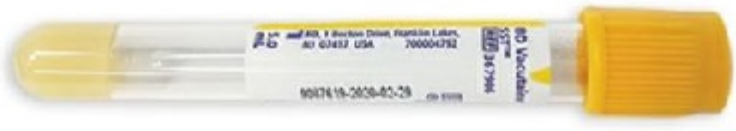
Section:
Chemistry

PSA Screening

LAB6271

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

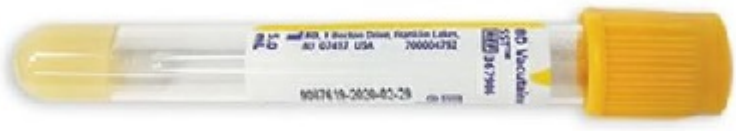
- PSA, Prostate Specific Antigen, LAB6271
- LAB6271-VML
- LAB6271VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Gold Microtainers (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 1 day

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
PSA is used to assist in diagnosis and monitoring of prostate cancer. When used as an initial screening test, there is no universally accepted normal range for PSA.

Synonyms:

- PSA, Prostate Specific Antigen, LAB6271
- LAB6271-VML
- LAB6271VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Abbott Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
None: Please refer to comment in "Interpretive Data"

Interpretive Data:
PSA is used to assist in diagnosis and monitoring of prostate cancer. While there is no universally accepted normal range for PSA when used as an initial screening test, a PSA higher than 3 ng/mL is typically considered elevated, based on clinical studies and national guidelines (J Urol. 2023;210(1):45-53; J Natl Compr Canc Netw. Early Detection of Prostate Cancer Version 2.2023. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf). However, the PSA value should be interpreted in light of factors such as age, race, family history of prostate cancer, digital rectal examination result, prostate volume and result of prior prostate biopsy. Nomograms, such as the PBCG calculator, may be helpful in calculating the risk of clinically significant prostate cancer based on these factors (https://riskcalc.org/ExtendedPBCG/) (BMC Med Res Methodol 2022;22(1):200).

Methodology:
Abbott Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Specimens which may be tested for Free PSA should be removed from the clot w/in 3 hours. If testing will be delayed more than 24 hours, specimens should be removed from the clot, serum separator and stored frozen.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Gold Microtainers (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 1 day

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PSA, Prostate Specific Antigen, LAB6271
- LAB6271-VML
- LAB6271VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
PSA is used to assist in diagnosis and monitoring of prostate cancer. When used as an initial screening test, there is no universally accepted normal range for PSA.

Interpretive Data:
PSA is used to assist in diagnosis and monitoring of prostate cancer. While there is no universally accepted normal range for PSA when used as an initial screening test, a PSA higher than 3 ng/mL is typically considered elevated, based on clinical studies and national guidelines (J Urol. 2023;210(1):45-53; J Natl Compr Canc Netw. Early Detection of Prostate Cancer Version 2.2023. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf). However, the PSA value should be interpreted in light of factors such as age, race, family history of prostate cancer, digital rectal examination result, prostate volume and result of prior prostate biopsy. Nomograms, such as the PBCG calculator, may be helpful in calculating the risk of clinically significant prostate cancer based on these factors (https://riskcalc.org/ExtendedPBCG/) (BMC Med Res Methodol 2022;22(1):200).

Reference Interval:
None: Please refer to comment in "Interpretive Data"

Additional Information:
Specimens which may be tested for Free PSA should be removed from the clot w/in 3 hours. If testing will be delayed more than 24 hours, specimens should be removed from the clot, serum separator and stored frozen.

Methodology:
Abbott Chemiluminescent Immunoassay

Section:
Chemistry

PSA Screening Total w/Rfx Free PSA

LAB6272

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)

Synonyms:

- PSR, PSA, Total w/Reflex Free PSA, TPSAR, Prostate Specific Antigen, LAB6272
- LAB6272-VML
- LAB6272VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Gold Microtainers (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 1 day

Specimen:
Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
PSA is used to assist in diagnosis and monitoring of prostate cancer. When used as an initial screening test, there is no universally accepted normal range for PSA.

Synonyms:

- PSR, PSA, Total w/Reflex Free PSA, TPSAR, Prostate Specific Antigen, LAB6272
- LAB6272-VML
- LAB6272VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Abbott Chemiluminescent Immunoassay

Components:
PSA, Reflex; PSA, Free Rfx (if indicated); PSA, PCT Free, Rfx (if indicated)

RESULTS INTERPRETATION

Reference Interval:
None: Please refer to comment in "Interpretive Data"

Interpretive Data:
PSA is used to assist in diagnosis and monitoring of prostate cancer. While there is no universally accepted normal range for PSA when used as an initial screening test, a PSA higher than 3 ng/mL is typically considered elevated, based on clinical studies and national guidelines (J Urol. 2023;210(1):45-53; J Natl Compr Canc Netw. Early Detection of Prostate Cancer Version 2.2023. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf). However, the PSA value should be interpreted in light of factors such as age, race, family history of prostate cancer, digital rectal examination result, prostate volume and result of prior prostate biopsy. Nomograms, such as the PBCG calculator, may be helpful in calculating the risk of clinically significant prostate cancer based on these factors (https://riskcalc.org/ExtendedPBCG/) (BMC Med Res Methodol 2022;22(1):200).

Methodology:
Abbott Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Specimens which may be tested for Free PSA should be removed from the clot w/in 3 hours. If testing will be delayed more than 24 hours, specimens should be removed from the clot, serum separator and stored frozen.

Components:
PSA, Reflex; PSA, Free Rfx (if indicated); PSA, PCT Free, Rfx (if indicated)

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Gold Microtainers (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
Patient results determined by assays using different manufacturers for methods may not be comparable.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
PSA, Reflex; PSA, Free Rfx (if indicated); PSA, PCT Free, Rfx (if indicated)

Stability:
After separation from cells: 2° to 8°C: 1 day

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- PSR, PSA, Total w/Reflex Free PSA, TPSAR, Prostate Specific Antigen, LAB6272
- LAB6272-VML
- LAB6272VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
PSA is used to assist in diagnosis and monitoring of prostate cancer. When used as an initial screening test, there is no universally accepted normal range for PSA.

Interpretive Data:
PSA is used to assist in diagnosis and monitoring of prostate cancer. While there is no universally accepted normal range for PSA when used as an initial screening test, a PSA higher than 3 ng/mL is typically considered elevated, based on clinical studies and national guidelines (J Urol. 2023;210(1):45-53; J Natl Compr Canc Netw. Early Detection of Prostate Cancer Version 2.2023. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf). However, the PSA value should be interpreted in light of factors such as age, race, family history of prostate cancer, digital rectal examination result, prostate volume and result of prior prostate biopsy. Nomograms, such as the PBCG calculator, may be helpful in calculating the risk of clinically significant prostate cancer based on these factors (https://riskcalc.org/ExtendedPBCG/) (BMC Med Res Methodol 2022;22(1):200).

Reference Interval:
None: Please refer to comment in "Interpretive Data"

Additional Information:
Specimens which may be tested for Free PSA should be removed from the clot w/in 3 hours. If testing will be delayed more than 24 hours, specimens should be removed from the clot, serum separator and stored frozen.

Methodology:
Abbott Chemiluminescent Immunoassay

Section:
Chemistry

Pseudocholinesterase, Dibucaine Inhibition

LAB3819

ORDERING INFO

Collect:
Serum separator tube, green (sodium or lithium heparin), lavender (EDTA), or pink (K_2EDTA).

Synonyms:

- Dibucaine Number
- Serum Cholinesterase
- Butyrylcholinesterase
- Cholinesterase
- Cholinesterase, Serum
- Dibucaine
- Dibucaine Inhibition
- Serum Pseudocholinesterase
- LAB3819-VML
- LAB3819VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimen must be drawn prior to surgery or more than two days following surgery. Do not draw in recovery room.

Collect:
Serum separator tube, green (sodium or lithium heparin), lavender (EDTA), or pink (K_2EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 1 mL serum or plasma. (Min: 0.25 mL)

Unacceptable Conditions:
Lt. blue (sodium citrate) or gray (oxalate/fluoride). Whole blood.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 1 week; Frozen: 3 months

Performed:
Mon-Fri

ORDERING

Synonyms:

- Dibucaine Number
- Serum Cholinesterase
- Butyrylcholinesterase
- Cholinesterase
- Cholinesterase, Serum
- Dibucaine
- Dibucaine Inhibition
- Serum Pseudocholinesterase
- LAB3819-VML
- LAB3819VML

Ordering Recommendations:
Order to detect increased sensitivity in individuals who experience prolonged paralysis following succinylcholine or mivacurium administration.

Performed:
Mon-Fri

Methodology:
Quantitative Enzymatic Assay

Reported:
1-5 days

Notes:
Patients with acute or chronic liver disease, organophosphate poisoning, chronic renal disease, in late stages of pregnancy, or on estrogen therapy may have markedly decreased PChE activities.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Pseudocholinesterase, Total	2,900-7,100 U/L
Dibucaine Number	Greater than or equal to 80

Interpretive Data:

The dibucaine number (DN) is the percent of pseudocholinesterase (PChE) enzyme activity that is inhibited by dibucaine. Together, the DN and the PChE enzyme activity results can help to identify individuals at risk for prolonged paralysis following the administration of succinylcholine. Decreased PChE enzyme activity in conjunction with a DN less than 30 suggests high risk for prolonged paralysis. Normal to decreased PChE enzyme activity in conjunction with a DN 30-79 suggests variable risk. Although decreased PChE activity in conjunction with DN greater than or equal to 80 suggests variable risk, these results may be caused by exposure to organophosphates, the presence of liver disease, pregnancy, or circulating succinylcholine. Specimens should be collected 48 hours after the administration of succinylcholine.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:

82638; 82480

Section:

RF-ARUP

Notes:

Patients with acute or chronic liver disease, organophosphate poisoning, chronic renal disease, in late stages of pregnancy, or on estrogen therapy may have markedly decreased PChE activities.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube, green (sodium or lithium heparin), lavender (EDTA), or pink (K_2EDTA).

Specimen Preparation:

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 1 mL serum or plasma. (Min: 0.25 mL)

Patient Preparation:

Specimen must be drawn prior to surgery or more than two days following surgery. Do not draw in recovery room.

Unacceptable Conditions:

Lt. blue (sodium citrate) or gray (oxalate/fluoride). Whole blood.

Stability (from collection to initiation):

Ambient: 4 hours; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Dibucaine Number
- Serum Cholinesterase
- Butyrylcholinesterase
- Cholinesterase
- Cholinesterase, Serum
- Dibucaine
- Dibucaine Inhibition
- Serum Pseudocholinesterase
- LAB3819-VML
- LAB3819VML

Performed:

Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Order to detect increased sensitivity in individuals who experience prolonged paralysis following succinylcholine or mivacurium administration.

Interpretive Data:
The dibucaine number (DN) is the percent of pseudocholinesterase (PChE) enzyme activity that is inhibited by dibucaine. Together, the DN and the PChE enzyme activity results can help to identify individuals at risk for prolonged paralysis following the administration of succinylcholine. Decreased PChE enzyme activity in conjunction with a DN less than 30 suggests high risk for prolonged paralysis. Normal to decreased PChE enzyme activity in conjunction with a DN 30-79 suggests variable risk. Although decreased PChE activity in conjunction with DN greater than or equal to 80 suggests variable risk, these results may be caused by exposure to organophosphates, the presence of liver disease, pregnancy, or circulating succinylcholine. Specimens should be collected 48 hours after the administration of succinylcholine.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Pseudocholinesterase, Total	2,900-7,100 U/L
Dibucaine Number	Greater than or equal to 80

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
82638; 82480

Notes:
Patients with acute or chronic liver disease, organophosphate poisoning, chronic renal disease, in late stages of pregnancy, or on estrogen therapy may have markedly decreased PChE activities.

Pseudocholinesterase, Total

LAB965

ORDERING INFO

Collect:
Serum separator tube, lavender (EDTA), or pink (K2EDTA).

Synonyms:

- Cholinesterase (Pseudo), Total
- Cholinesterase, Serum or Plasma
- Serum Cholinesterase (Pseudochol)
- LAB965-VML
- LAB965VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimen must be drawn prior to surgery or more than two days following surgery. Do not draw in recovery room.

Collect:
Serum separator tube, lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:
Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 0.5 mL serum or plasma. (Min: 0.1 mL)

Unacceptable Conditions:
Whole blood on clot. Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 1 week; Frozen: 3 months

Performed:
Mon-Fri

Remarks:
Plasma values are slightly lower than serum.

ORDERING

Synonyms:

- Cholinesterase (Pseudo), Total
- Cholinesterase, Serum or Plasma
- Serum Cholinesterase (Pseudochol)
- LAB965-VML
- LAB965VML

Ordering Recommendations:
Acceptable test for determining acute exposure to organophosphate insecticides. Preferred test is Insecticide Exposure Panel (0020175).

Performed:
Mon-Fri

Methodology:
Quantitative Enzymatic Assay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
2,900-7,100 U/L

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
82480

Section:
RF-ARUP

Remarks:
Plasma values are slightly lower than serum.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube, lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:
Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 0.5 mL serum or plasma. (Min: 0.1 mL)

Patient Preparation:
Specimen must be drawn prior to surgery or more than two days following surgery. Do not draw in recovery room.

Unacceptable Conditions:
Whole blood on clot. Hemolyzed specimens.

Stability (from collection to initiation):
Ambient: 4 hours; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Cholinesterase (Pseudo), Total
- Cholinesterase, Serum or Plasma
- Serum Cholinesterase (Pseudochol)
- LAB965-VML
- LAB965VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Acceptable test for determining acute exposure to organophosphate insecticides. Preferred test is Insecticide Exposure Panel (0020175).

Reference Interval:
2,900-7,100 U/L

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
82480

Remarks:
Plasma values are slightly lower than serum.

PTEN Seq & Del/Dup-INVT

LAB6199

ORDERING INFO

Synonyms:

- LAB6199-VML
- LAB6199VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6199-VML
- LAB6199VML

ADDITIONAL INFORMATION

Section:

RF-INVT

Resulting Laboratory:

Invitae

FULL VIEW

Synonyms:

- LAB6199-VML
- LAB6199VML

Resulting Laboratory:

Invitae

Section:

RF-INVT

Links:

Test Sent to Reference Lab. Click Here for Test Details

Pyruvate Kinase

LAB1087

ORDERING INFO

Collect:
Lavender (EDTA) or Pink (K_2EDTA). Also acceptable: Green (Sodium or Lithium Heparin) or Yellow (ACD Solution A or B).

Synonyms:

- PK
- Pyruvate Kinase (RBC)
- LAB1087-VML
- LAB1087VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or Pink (K_2EDTA). Also acceptable: Green (Sodium or Lithium Heparin) or Yellow (ACD Solution A or B).

Specimen Preparation:
Do not freeze. Transport 1 mL whole blood. (Min: 0.5 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 20 days; Frozen: Unacceptable

Performed:
Sun-Sat

ORDERING

Synonyms:

- PK
- Pyruvate Kinase (RBC)
- LAB1087-VML
- LAB1087VML

Ordering Recommendations:
Preferred initial screening test for pyruvate kinase deficiency.

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
1-2 days

Notes:
Patients who have recently received transfusions have normal donor cells that may mask PK deficient erythrocytes.

RESULTS INTERPRETATION

Reference Interval:
4.6-11.2 U/g Hb

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
84220

Section:
RF-ARUP

Notes:
Patients who have recently received transfusions have normal donor cells that may mask PK deficient erythrocytes.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA) or Pink (K_2EDTA). Also acceptable: Green (Sodium or Lithium Heparin) or Yellow (ACD Solution A or B).

Specimen Preparation:
Do not freeze. Transport 1 mL whole blood. (Min: 0.5 mL)

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 20 days; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- PK
- Pyruvate Kinase (RBC)
- LAB1087-VML
- LAB1087VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Preferred initial screening test for pyruvate kinase deficiency.

Reference Interval:
4.6-11.2 U/g Hb

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
84220

Notes:
Patients who have recently received transfusions have normal donor cells that may mask PK deficient erythrocytes.

Pyruvic Acid

LAB744

ORDERING INFO

Collect:
Green (Sodium or Lithium Heparin).

Synonyms:

- Pyruvate
- Pyruvic Acid
- LAB744-VML
- LAB744VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should be fasting and at complete rest. Patient should avoid any exercise of the arm or hand before or during collection. Draw the specimen without the use of a tourniquet or within three minutes of applying the tourniquet, but before releasing the tourniquet.

Collect:
Green (Sodium or Lithium Heparin).

Specimen Preparation:
If whole blood is collected in a syringe, transfer immediately to green (sodium or lithium heparin) tube before preparing specimen.
1) Immediately after blood is drawn, add exactly 1 mL whole blood to a chilled pyruvate collection tube containing 2 mL 8 percent (w/v) perchloric acid (ARUP supply #16567) available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787.
2) Mix well for 30 seconds then place in an ice bath for 10 minutes.
3) Centrifuge for 10 minutes at 1500 x g.
4) Decant 2 mL supernatant to an ARUP Standard Transport Tube and freeze. (Min: 1 mL)

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 2 days; Frozen: 4 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- Pyruvate
- Pyruvic Acid
- LAB744-VML
- LAB744VML

Ordering Recommendations:
An isolated pyruvic acid concentration has little clinical value. Preferred test is Lactate to Pyruvate Ratio, Whole Blood (2007935), which reports concentrations for lactate, pyruvate, and L:P ratio on the same specimen.

Performed:
Sun-Sat

Methodology:
Quantitative Enzymatic Assay

Reported:
1-2 days

Notes:
If less than 1 mL of blood is added to collection tube, pH of the supernatant will be too low for testing.

RESULTS INTERPRETATION

Reference Interval:
0.030-0.107 mmol/L (venous blood)

Methodology:
Quantitative Enzymatic Assay

ADDITIONAL INFORMATION

CPT Codes:
84210

Section:
RF-ARUP

Notes:
If less than 1 mL of blood is added to collection tube, pH of the supernatant will be too low for testing.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (Sodium or Lithium Heparin).

Specimen Preparation:
If whole blood is collected in a syringe, transfer immediately to green (sodium or lithium heparin) tube before preparing specimen.
1) Immediately after blood is drawn, add exactly 1 mL whole blood to a chilled pyruvate collection tube containing 2 mL 8 percent (w/v) perchloric acid (ARUP supply #16567) available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787.
2) Mix well for 30 seconds then place in an ice bath for 10 minutes.
3) Centrifuge for 10 minutes at 1500 x g.
4) Decant 2 mL supernatant to an ARUP Standard Transport Tube and freeze. (Min: 1 mL)

Patient Preparation:
Patient should be fasting and at complete rest. Patient should avoid any exercise of the arm or hand before or during collection. Draw the specimen without the use of a tourniquet or within three minutes of applying the tourniquet, but before releasing the tourniquet.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 2 days; Frozen: 4 weeks

Storage/Transport Temperature:
Frozen.

Synonyms:

- Pyruvate
- Pyruvic Acid
- LAB744-VML
- LAB744VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
An isolated pyruvic acid concentration has little clinical value. Preferred test is Lactate to Pyruvate Ratio, Whole Blood (2007935), which reports concentrations for lactate, pyruvate, and L:P ratio on the same specimen.

Reference Interval:
0.030-0.107 mmol/L (venous blood)

Methodology:
Quantitative Enzymatic Assay

Section:
RF-ARUP

CPT Codes:
84210

Notes:
If less than 1 mL of blood is added to collection tube, pH of the supernatant will be too low for testing.

Quantiferon-TB (Interferon-Gamma Detection), plasma

LAB6356

ORDERING INFO

Collect:
QFT Collection tubes (4)

Synonyms:

- LAB6356, QFT-TB, Quant Gold Plus
- LAB6356-VML
- LAB6356VML

Turn Around Time:
2 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
QFT Collection tubes (4)

Specimen Preparation:
Send to Virology Laboratory. DO NOT Refrigerate.

Pediatric Collection:
QFT Collection tubes (4)

Storage/Transport Temperature:
Ambient (15-25°C)

Performed:
Daily

Stability:
Ambient (15-25°C): 16 hours

Specimen:
Plasma

Alternate Specimen:
NA

ORDERING

Ordering Indicators:
This is an indirect test for the evaluation of Mycobacterium tuberculosis infection. The test is not recommended for diagnosing active tuberculosis infection.

Synonyms:

- LAB6356, QFT-TB, Quant Gold Plus
- LAB6356-VML
- LAB6356VML

Performed:
Daily

Turn Around Time:
2 - 3 Days

Methodology:
Chemiluminescent Immunoassay

Components:
TB1 Minus NIL, TB2 Minus Nil, Mitogen Minus Nil, Nil

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result indicates interferon-gamma (IFN-gamma) response to Mycobacterium tuberculosis antigens was detected, suggesting infection with M tuberculosis. Positive results in patients at low-risk for TB should be interpreted with caution and repeat testing on a new sample should be considered. False-positive results may occur in patients with prior infection with Mycobacterium marinum, Mycobacterium szulgai, or Mycobacterium kansasii. A negative result indicates IFN-gamma response to M. tuberculosis antigens was not detected. Latent infection with M tuberculosis is unlikely. A single negative result does not exclude infection with M tuberculosis.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
NA

Additional Information:
NA

Components:
TB1 Minus NIL, TB2 Minus Nil, Mitogen Minus Nil, Nil

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
QFT Collection tubes (4)

Specimen Preparation:
Send to Virology Laboratory. DO NOT Refrigerate.

Pediatric Collection:
QFT Collection tubes (4)

Preferred Collection Volume:
Whole blood: 1.0 mL in each of 4 QFT collection tubes

Alternate Specimen:
NA

Patient Preparation:
NA

Specimen:
Plasma

Reasons for Rejection:
Refrigerated specimen; specimen collected in improper tube; tubes improperly filled; tubes not received within 16 hours of collection

Components:
TB1 Minus NIL, TB2 Minus Nil, Mitogen Minus Nil, Nil

Stability:
Ambient (15-25°C): 16 hours

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB6356, QFT-TB, Quant Gold Plus
- LAB6356-VML
- LAB6356VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 - 3 Days

Ordering Indicators:
This is an indirect test for the evaluation of Mycobacterium tuberculosis infection. The test is not recommended for diagnosing active tuberculosis infection.

Interpretive Data:

A positive result indicates interferon-gamma (IFN-gamma) response to Mycobacterium tuberculosis antigens was detected, suggesting infection with M tuberculosis. Positive results in patients at low-risk for TB should be interpreted with caution and repeat testing on a new sample should be considered. False-positive results may occur in patients with prior infection with Mycobacterium marinum, Mycobacterium szulgai, or Mycobacterium kansasii. A negative result indicates IFN-gamma response to M. tuberculosis antigens was not detected. Latent infection with M tuberculosis is unlikely. A single negative result does not exclude infection with M tuberculosis.

Reference Interval:

Negative

Additional Information:

NA

Methodology:

Chemiluminescent Immunoassay

Section:

Immunoserology

Quantitative Detection of BCR-ABL1, Major (p210), Whole Blood or Bone Marrow

LAB3025

ORDERING INFO

Collect:

PAXgene tube

Synonyms:

- LAB3025, B2A, BCRABL mRNA Detection, BCR/ABL1 p210
- LAB3025-VML
- LAB3025VML

Turn Around Time:

7 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

PAXgene tube

Specimen Preparation:

Call Molecular Diagnostics Laboratory at 615-343-8121 or VPLS at 1-800-551-5227 or 615-936-0510 for Paxgene tube and instructions. Fill completely to red indicator line and store at room temperature. (Min 0.5mL blood or bone marrow)

Pediatric Collection:

N/A

Storage/Transport Temperature:

PAXgene tube: Ambient (15-25°C), Lavender tube (EDTA): Refrigerated (2-8°C)

Performed:

1 - 2 days per week (variable days Monday - Friday)

Stability:

PAXgene: Ambient (15-25°C): 7 days; Lavender (EDTA): Refrigerated (2-8°C)C: 36 hours

Specimen:

Whole blood or bone marrow

Alternate Specimen:

Lavender tube (EDTA)

ORDERING

Ordering Indicators:

Intended for therapeutic monitoring and detection of minimal residual disease (MRD) in BCR::ABL1 major (p210) positive chronic myeloid leukemia (CML) or acute lymphoblastic leukemia/lymphoma (ALL).

Synonyms:

- LAB3025, B2A, BCRABL mRNA Detection, BCR/ABL1 p210
- LAB3025-VML
- LAB3025VML

Performed:

1 - 2 days per week (variable days Monday - Friday)

Turn Around Time:

7 days

Methodology:
Quantification of of BCR::ABL1 (p210) fusion transcripts is performed via reverse transcription-PCR (RT-PCR) in combination with real-time probe hydrolysis technology (TaqMan); Laboratory Developed Test.

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Undetected

Interpretive Data:
Quantitative assay for BCR::ABL1 (major transcript; p210); reported using % International Scale (% IS) and Major Response (MR) values.

Methodology:
Quantification of of BCR::ABL1 (p210) fusion transcripts is performed via reverse transcription-PCR (RT-PCR) in combination with real-time probe hydrolysis technology (TaqMan); Laboratory Developed Test.

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Lavender tube (EDTA)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
PAXgene tube

Specimen Preparation:
Call Molecular Diagnostics Laboratory at 615-343-8121 or VPLS at 1-800-551-5227 or 615-936-0510 for Paxgene tube and instructions. Fill completely to red indicator line and store at room temperature. (Min 0.5mL blood or bone marrow)

Pediatric Collection:
N/A

Preferred Collection Volume:
PAXgene: 2.5 mL whole blood or bone marrow, Lavender tube (EDTA): 4 mL

Alternate Specimen:
Lavender tube (EDTA)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood or bone marrow

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected.

Components:
N/A

Stability:
PAXgene: Ambient (15-25°C): 7 days; Lavender (EDTA): Refrigerated (2-8°C)C: 36 hours

Storage/Transport Temperature:
PAXgene tube: Ambient (15-25°C), Lavender tube (EDTA): Refrigerated (2-8°C)

Synonyms:

- LAB3025, B2A, BCRABL mRNA Detection, BCR/ABL1 p210
- LAB3025-VML
- LAB3025VML

Performed:
1 - 2 days per week (variable days Monday - Friday)

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
Intended for therapeutic monitoring and detection of minimal residual disease (MRD) in BCR::ABL1 major (p210) positive chronic myeloid leukemia (CML) or acute lymphoblastic leukemia/lymphoma (ALL).

Interpretive Data:
Quantitative assay for BCR::ABL1 (major transcript; p210); reported using % International Scale (% IS) and Major Response (MR) values.

Reference Interval:
Undetected

Additional Information:
N/A

Methodology:
Quantification of of BCR::ABL1 (p210) fusion transcripts is performed via reverse transcription-PCR (RT-PCR) in combination with real-time probe hydrolysis technology (TaqMan); Laboratory Developed Test.

Section:
Molecular Diagnostics

Quantitative Detection of BCR-ABL1, Minor (p190), Whole Blood or Bone Marrow

LAB3024

ORDERING INFO

Collect:

PAXgene tube

Synonyms:

- LAB3024, 190, MDLp190, BCR/ABL1 p190, BCRABL mRNA Detection (p190)
- LAB3024-VML
- LAB3024VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

PAXgene tube

Specimen Preparation:

Call Molecular Diagnostics Laboratory at 615-343-8121 or VPLS at 1-800-551-5227 or 615-936-0510 for Paxgene tube and instructions. Fill completely to red indicator line and store at room temperature. (Min 0.5mL blood or bone marrow)

Pediatric Collection:

N/A

Storage/Transport Temperature:

PAXgene tube: Ambient (15-25°C), Lavender tube (EDTA): Refrigerated (2-8°C)

Performed:

Once per week - variable days

Stability:

PAXgene: Ambient (15-25°C): 7 days; Lavender (EDTA): Refrigerated (2-8°C)C: 36 hours

Specimen:

Whole blood or bone marrow

Alternate Specimen:

Lavender tube (EDTA)

ORDERING

Ordering Indicators:

Intended for therapeutic monitoring and detection of minimal residual disease (MRD) in BCR-ABL1 minor (p190) cases of Philadelphia chromosome positive (Ph+) lymphoblastic leukemia and rare chronic myeloid leukemia (CML).

Synonyms:

- LAB3024, 190, MDLp190, BCR/ABL1 p190, BCRABL mRNA Detection (p190)
- LAB3024-VML
- LAB3024VML

Performed:

Once per week - variable days

Turn Around Time:

10 days

Methodology:
Quantification of of BCR::ABL1 (p190) fusion transcripts is performed via reverse transcription-PCR (RT-PCR) in combination with real-time probe hydrolysis technology (TaqMan); Laboratory Developed Test.

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Undetected

Interpretive Data:
Quantitative assay for BCR::ABL1 (minor transcript; p190); reported as copy number and % ratio of BCR::ABL1 (p190) to ABL1 transcripts

Methodology:
Quantification of of BCR::ABL1 (p190) fusion transcripts is performed via reverse transcription-PCR (RT-PCR) in combination with real-time probe hydrolysis technology (TaqMan); Laboratory Developed Test.

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Lavender tube (EDTA)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
PAXgene tube

Specimen Preparation:
Call Molecular Diagnostics Laboratory at 615-343-8121 or VPLS at 1-800-551-5227 or 615-936-0510 for Paxgene tube and instructions. Fill completely to red indicator line and store at room temperature. (Min 0.5mL blood or bone marrow)

Pediatric Collection:
N/A

Preferred Collection Volume:
PAXgene: 2.5 mL whole blood or bone marrow, Lavender tube (EDTA): 4 mL

Alternate Specimen:
Lavender tube (EDTA)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood or bone marrow

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected.

Components:
N/A

Stability:
PAXgene: Ambient (15-25°C): 7 days; Lavender (EDTA): Refrigerated (2-8°C)C: 36 hours

Storage/Transport Temperature:
PAXgene tube: Ambient (15-25°C), Lavender tube (EDTA): Refrigerated (2-8°C)

Synonyms:

- LAB3024, 190, MDLp190, BCR/ABL1 p190, BCRABL mRNA Detection (p190)
- LAB3024-VML
- LAB3024VML

Performed:
Once per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Intended for therapeutic monitoring and detection of minimal residual disease (MRD) in BCR-ABL1 minor (p190) cases of Philadelphia chromosome positive (Ph+) lymphoblastic leukemia and rare chronic myeloid leukemia (CML).

Interpretive Data:
Quantitative assay for BCR::ABL1 (minor transcript; p190); reported as copy number and % ratio of BCR::ABL1 (p190) to ABL1 transcripts

Reference Interval:
Undetected

Additional Information:
N/A

Methodology:
Quantification of of BCR::ABL1 (p190) fusion transcripts is performed via reverse transcription-PCR (RT-PCR) in combination with real-time probe hydrolysis technology (TaqMan); Laboratory Developed Test.

Section:
Molecular Diagnostics

Rapid HIV BBF Exposure, serum or plasma

LAB473

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB473, HRV, Rapid HRV, BBF Exposure
- LAB473-VML
- LAB473VML

Turn Around Time:
1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily, on a continuous basis

Stability:
Ambient (15-25°C): 2 days, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

ORDERING

Ordering Indicators:
This test is used to determine the HIV status of a source patient for an employee blood or body fluid exposure.

Synonyms:

- LAB473, HRV, Rapid HRV, BBF Exposure
- LAB473-VML
- LAB473VML

Performed:
Daily, on a continuous basis

Turn Around Time:
1 hour

Methodology:
Immunochromatography

Components:
HIV Ag/Ab

RESULTS INTERPRETATION

Reference Interval:
Nonreactive

Interpretive Data:
A reactive result for antigen and/or antibody is suggestive of HIV infection. Specimens reactive to antibodies will be confirmed by HIV-1/2 differentiation assay. A nonreactive result does not rule out infection with HIV.

Methodology:
Immunochromatography

ADDITIONAL INFORMATION

Section:
TVC Core Lab

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

Additional Information:
A recommendation to order HIV-1 nucleic-acid testing on a separate specimen will be made for certain results. Antibody-reactive specimens are confirmed by HIV-1/HIV-2 differentiation assay. A negative result does not rule out infection with HIV.

Components:
HIV Ag/Ab

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Specimens other than serum or plasma. Specimens that have incurred more than 3 freeze-thaw cycles

Components:
HIV Ag/Ab

Stability:
Ambient (15-25°C): 2 days, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB473, HRV, Rapid HRV, BBF Exposure
- LAB473-VML
- LAB473VML

Performed:
Daily, on a continuous basis

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 hour

Ordering Indicators:
This test is used to determine the HIV status of a source patient for an employee blood or body fluid exposure.

Interpretive Data:
A reactive result for antigen and/or antibody is suggestive of HIV infection. Specimens reactive to antibodies will be confirmed by HIV-1/2 differentiation assay. A nonreactive result does not rule out infection with HIV.

Reference Interval:
Nonreactive

Additional Information:
A recommendation to order HIV-1 nucleic-acid testing on a separate specimen will be made for certain results. Antibody-reactive specimens are confirmed by HIV-1/HIV-2 differentiation assay. A negative result does not rule out infection with HIV.

Methodology:
Immunochromatography

Section:
TVC Core Lab

Rapid HIV Labor and Delivery, serum or plasma

LAB3071

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB3071, HLV, Rapid HLV
- LAB3071-VML
- LAB3071VML

Turn Around Time:
1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
NA

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily, on a continuous basis

Stability:
Ambient (15-25°C): 2 days, Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

ORDERING

Ordering Indicators:
This is a rapid assay for use in a woman presenting in labor with unknown HIV status.

Synonyms:

- LAB3071, HLV, Rapid HLV
- LAB3071-VML
- LAB3071VML

Performed:
Daily, on a continuous basis

Turn Around Time:
1 hour

Methodology:
Immunochromatography

Components:
HIV Ag/Ab

RESULTS INTERPRETATION

Reference Interval:
Nonreactive

Interpretive Data:
A reactive result for antigen and/or antibody is suggestive of HIV infection. Specimens reactive to antibodies will be confirmed by HIV-1/2 differentiation assay. A nonreactive result does not rule out infection with HIV.

Methodology:
Immunochromatography

ADDITIONAL INFORMATION

Section:
TVC Core Lab

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

Additional Information:
A recommendation to order HIV-1 nucleic-acid testing on a separate specimen will be made for certain results. Antibody-reactive specimens are confirmed by HIV-1/HIV-2 differentiation assay. A negative result does not rule out infection with HIV.

Components:
HIV Ag/Ab

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
NA

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Specimens other than serum or plasma. Specimens that have incurred more than 3 freeze-thaw cycles

Components:
HIV Ag/Ab

Stability:
Ambient (15-25°C): 2 days, Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3071, HLV, Rapid HLV
- LAB3071-VML
- LAB3071VML

Performed:
Daily, on a continuous basis

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 hour

Ordering Indicators:
This is a rapid assay for use in a woman presenting in labor with unknown HIV status.

Interpretive Data:
A reactive result for antigen and/or antibody is suggestive of HIV infection. Specimens reactive to antibodies will be confirmed by HIV-1/2 differentiation assay. A nonreactive result does not rule out infection with HIV.

Reference Interval:
Nonreactive

Additional Information:
A recommendation to order HIV-1 nucleic-acid testing on a separate specimen will be made for certain results. Antibody-reactive specimens are confirmed by HIV-1/HIV-2 differentiation assay. A negative result does not rule out infection with HIV.

Methodology:
Immunochromatography

Section:
TVC Core Lab

RBC Plasmalogen Content (scrn test for rhizomelic chondrodysplasia punctata)-KNKR

LAB40001

ORDERING INFO

Synonyms:

- LAB40001-VML
- LAB40001VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB40001-VML
- LAB40001VML

ADDITIONAL INFORMATION

Section:
RF-KNKR

Resulting Laboratory:
Kennedy Krieger Institute

FULL VIEW

Synonyms:

- LAB40001-VML
- LAB40001VML

Resulting Laboratory:
Kennedy Krieger Institute

Section:
RF-KNKR

Links:
Test Sent to Reference Lab. Click Here for Test Details

RBC Total Lipid Fatty Acid Profile: Includes C8 to C26 saturated, monounsaturated, polyun-KNKR

LAB4002

ORDERING INFO

Synonyms:

- LAB4002-VML
- LAB4002VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4002-VML
- LAB4002VML

ADDITIONAL INFORMATION

Section:
RF-KNKR

Resulting Laboratory:
Kennedy Krieger Institute

FULL VIEW

Synonyms:

- LAB4002-VML
- LAB4002VML

Resulting Laboratory:
Kennedy Krieger Institute

Section:
RF-KNKR

Links:
Test Sent to Reference Lab. Click Here for Test Details

Recombx CAR (Anti-Recoverin) AutoAb - ATH

LAB5968

ORDERING INFO

Synonyms:

- LAB5968-VML
- LAB5968VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5968-VML
- LAB5968VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB5968-VML
- LAB5968VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Recombx MaTa AutoAb - ATH

LAB5966

ORDERING INFO

Synonyms:

- LAB5966-VML
- LAB5966VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5966-VML
- LAB5966VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB5966-VML
- LAB5966VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Recombx Zic4 AutoAb - ATH

LAB5967

ORDERING INFO

Synonyms:

- LAB5967-VML
- LAB5967VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5967-VML
- LAB5967VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB5967-VML
- LAB5967VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Red Cell Antibody Identification, blood

NA

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- ABID

Turn Around Time:
4 hours up to 2-3 days for complex testing

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA), 2 tubes

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C):24 hours Refrigerated: (2-8°C) : 3 days

Specimen:
Blood, Plasma

Alternate Specimen:
Red tube (no gel)

ORDERING

Ordering Indicators:
Determine specificity of red blood cell antibodies prior to transfusion and in prenatal testing.

Synonyms:

- ABID

Performed:
Daily

Turn Around Time:
4 hours up to 2-3 days for complex testing

Methodology:
indirect antigobulin test

Components:
Antbody Idenfication

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
indirect antigobulin test

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
Red tube (no gel)

Additional Information:
NA

Components:
Antbody Idenfication

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA), 2 tubes

Preferred Collection Volume:
Adult: 5 ml Pediatric: 2 ml <4 month: 0.5 ml

Alternate Specimen:
Red tube (no gel)

Patient Preparation:
NA

Specimen:
Blood, Plasma

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
Antbody Idenfication

Stability:
Ambient: (15-25°C):24 hours Refrigerated: (2-8°C) : 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- ABID

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 hours up to 2-3 days for complex testing

Ordering Indicators:
Determine specificity of red blood cell antibodies prior to transfusion and in prenatal testing.

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
indirect antigobulin test

Section:
Blood Bank

Red Cell Antibody Screen, blood

NA

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- ABSC

Turn Around Time:
STAT: 2 hours Routine: 4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA)

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C):24 hours Refrigerated: (2-8°C) : 3 days

Specimen:
Blood, Plasma

Alternate Specimen:
Red tube (no gel)

ORDERING

Ordering Indicators:
Determine absence or presence of red blood cell antibodies prior to transfusion and in prenatal testing.

Synonyms:

- ABSC

Performed:
Daily

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Methodology:
indirect antigobulin test

Components:
Antibody screen

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
indirect antigobulin test

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
Red tube (no gel)

Additional Information:
NA

Components:
Antibody screen

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA)

Preferred Collection Volume:
Adult: 5 ml Pediatric: 2 ml <4 month: 0.5 ml

Alternate Specimen:
Red tube (no gel)

Patient Preparation:
NA

Specimen:
Blood, Plasma

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
Antibody screen

Stability:
Ambient: (15-25°C):24 hours Refrigerated: (2-8°C) : 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- ABSC

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Ordering Indicators:
Determine absence or presence of red blood cell antibodies prior to transfusion and in prenatal testing.

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
indirect antigobulin test

Section:
Blood Bank

Reducing Substances - Fecal

LAB6122

ORDERING INFO

Collect:
Stool.

Synonyms:

- Stool reducing substances
- LAB6122-VML
- LAB6122VML

SPECIMEN REQUIREMENTS

Collect:
Stool.

Specimen Preparation:
Transfer 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910) available online through eSupply using ARUP ConnectTM or contact ARUP Client Services at 800-522-2787. (Min: 1 g)

Unacceptable Conditions:
Diapers. Stool containing barium. Specimens in media or preservatives.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 week

Performed:
Sun-Sat

ORDERING

Synonyms:

- Stool reducing substances
- LAB6122-VML
- LAB6122VML

Ordering Recommendations:
May suggest that a reducing substance is present in stool.

Performed:
Sun-Sat

Methodology:
Qualitative Colorimetry

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
Normal

Methodology:
Qualitative Colorimetry

ADDITIONAL INFORMATION

CPT Codes:
84376

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Stool.

Specimen Preparation:
Transfer 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910) available online through eSupply using ARUP ConnectTM or contact ARUP Client Services at 800-522-2787. (Min: 1 g)

Unacceptable Conditions:
Diapers. Stool containing barium. Specimens in media or preservatives.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 week

Storage/Transport Temperature:
Frozen.

Synonyms:

- Stool reducing substances
- LAB6122-VML
- LAB6122VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
May suggest that a reducing substance is present in stool.

Reference Interval:
Normal

Methodology:
Qualitative Colorimetry

Section:
RF-ARUP

CPT Codes:
84376

REMOVE: No longer a single-order test

Discard

ORDERING INFO

Collect:
Discard

Synonyms:

- Discard

Turn Around Time:
Discard

SPECIMEN REQUIREMENTS

Patient Preparation:
Discard

Collect:
Discard

Specimen Preparation:
Discard

Pediatric Collection:
Discard

Storage/Transport Temperature:
Discard

Performed:
Discard

Stability:
Discard

Specimen:
Discard

Alternate Specimen:
Discard

ORDERING

Ordering Indicators:
Discard

Synonyms:

- Discard

Performed:
Discard

Turn Around Time:
Discard

Methodology:
Discard

Components:
Discard

RESULTS INTERPRETATION

Reference Interval:
Discard

Interpretive Data:
Discard

Methodology:
Discard

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Discard

Additional Information:
Discard

Components:
Discard

Resulting Laboratory:
Discard

FULL VIEW

Collect:
Discard

Specimen Preparation:
Discard

Pediatric Collection:
Discard

Preferred Collection Volume:
Discard

Alternate Specimen:
Discard

Patient Preparation:
Discard

Specimen:
Discard

Reasons for Rejection:
Discard

Components:
Discard

Stability:
Discard

Storage/Transport Temperature:
Discard

Synonyms:

- Discard

Performed:
Discard

Resulting Laboratory:
Discard

Turn Around Time:
Discard

Ordering Indicators:
Discard

Interpretive Data:
Discard

Reference Interval:
Discard

Additional Information:
Discard

Methodology:
Discard

Section:
Molecular Infectious Disease

Renal Function Panel, Plasma

LAB19

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- RFP, RNL, Renal Function Panel, Renal Panel, LAB19
- LAB19-VML
- LAB19VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 30 mins of collection. (Min 0.4 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Specimen:
Plasma

Alternate Specimen:
N/A (Serum for Roche Not approved for CA)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- RFP, RNL, Renal Function Panel, Renal Panel, LAB19
- LAB19-VML
- LAB19VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
See individual components

Components:
Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, Blood Urea Nitrogen, Calcium, Creatinine, Albumin, Phosphorus

RESULTS INTERPRETATION

Reference Interval:
See individual components for reference values

Interpretive Data:
N/A

Methodology:
See individual components

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A (Serum for Roche Not approved for CA)

Additional Information:
N/A

Components:
Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, Blood Urea Nitrogen, Calcium, Creatinine, Albumin, Phosphorus

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 30 mins of collection. (Min 0.4 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A (Serum for Roche Not approved for CA)

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, Blood Urea Nitrogen, Calcium, Creatinine, Albumin, Phosphorus

Stability:
After separation from cells: 15° to 25°C: 4 hours; 2° to 8°C: 72 hours; Frozen: 3 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- RFP, RNL, Renal Function Panel, Renal Panel, LAB19
- LAB19-VML
- LAB19VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
See individual components for reference values

Additional Information:
N/A

Methodology:
See individual components

Section:
Chemistry

Reptilase Time

LAB1136

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB1136, REP
- LAB1136-VML
- LAB1136VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Reptilase time can be useful in two clinical circumstances: (1) When there is concern for a functional defect in fibrinogen, (2) identifying heparin contamination as the cause or contributor to a prolonged PT, PTT and TT.

Synonyms:

- LAB1136, REP
- LAB1136-VML
- LAB1136VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
15 - 25 seconds

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 3:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB1136, REP
- LAB1136-VML
- LAB1136VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
Reptilase time can be useful in two clinical circumstances: (1) When there is concern for a functional defect in fibrinogen, (2) identifying heparin contamination as the cause or contributor to a prolonged PT, PTT and TT.

Interpretive Data:
Direct thrombin (IIa) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of a strong lupus anticoagulant may interfer with the assay.

Reference Interval:
15 - 25 seconds

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 3:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Clotting

Section:
Coagulation

Respiratory Pathogen Panel and SARS-CoV-2

LAB6339

ORDERING INFO

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Synonyms:

- LAB6339, RPP, Respiratory Pathogen Panel and SARS-CoV-2, SARS CoV 2
- LAB6339-VML
- LAB6339VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Specimen Preparation:
Swab: Place swab in Viral/Universal Transport Tube, break shaft off at scoreline then recap tube. (Min 0.5mL VTM/UTM)

Pediatric Collection:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Storage/Transport Temperature:
Ambient (15-25°C): 24 hours; Refrigerated: 3 days

Performed:
Daily

Stability:
Ambient (15-25°C): 24 hours; Refrigerated (2-8°C): 3 days

Specimen:
Nasopharyngeal swab, Bronchoalveolar lavage (BAL)

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB6339, RPP, Respiratory Pathogen Panel and SARS-CoV-2, SARS CoV 2
- LAB6339-VML
- LAB6339VML

Performed:
Daily

Turn Around Time:
24 hours

Methodology:
Multiplex PCR (Melt-curve Analysis)

Components:
None

RESULTS INTERPRETATION

Reference Interval:
Not Detected

Interpretive Data:
The FilmArray Respiratory Panel 2.1 (RP2.1) is a multiplexed nucleic acid test intended for use with FilmArray systems for the simultaneous qualitative detection and identification of multiple respiratory viral and bacterial nucleic acids in nasopharyngeal swabs (NPS) obtained from individuals suspected of respiratory tract infections. The following organism types and subtypes are identified using the FilmArray RP2.1: Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, SARS-CoV-2, Human Metapneumovirus, Human Rhinovirus/Enterovirus, Influenza A, including subtypes H1, H1-2009 and H3, Influenza B, Parainfluenza 1 - 4, Respiratory Syncytial Virus, Bordetella pertussis (ptxP), Bordetella parapertussis, Chlamydia pneumoniae and Mycoplasma pneumoniae

Methodology:
Multiplex PCR (Melt-curve Analysis)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
None

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Specimen Preparation:
Swab: Place swab in Viral/Universal Transport Tube, break shaft off at scoreline then recap tube. (Min 0.5mL VTM/UTM)

Pediatric Collection:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Preferred Collection Volume:
1mL

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Nasopharyngeal swab, Bronchoalveolar lavage (BAL)

Reasons for Rejection:
Specimen not received within 72 hours, Incorrect collection device (i.e. collected in an eSwab instead of a VTM/UTM Tube), No swab present, Quantity not sufficient

Components:
None

Stability:
Ambient (15-25°C): 24 hours; Refrigerated (2-8°C): 3 days

Storage/Transport Temperature:
Ambient (15-25°C): 24 hours; Refrigerated: 3 days

Synonyms:

- LAB6339, RPP, Respiratory Pathogen Panel and SARS-CoV-2, SARS CoV 2
- LAB6339-VML
- LAB6339VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
N/A

Interpretive Data:

The FilmArray Respiratory Panel 2.1 (RP2.1) is a multiplexed nucleic acid test intended for use with FilmArray systems for the simultaneous qualitative detection and identification of multiple respiratory viral and bacterial nucleic acids in nasopharyngeal swabs (NPS) obtained from individuals suspected of respiratory tract infections. The following organism types and subtypes are identified using the FilmArray RP2.1: Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, SARS-CoV-2, Human Metapneumovirus, Human Rhinovirus/Enterovirus, Influenza A, including subtypes H1, H1-2009 and H3, Influenza B, Parainfluenza 1 - 4, Respiratory Syncytial Virus, Bordetella pertussis (ptxP), Bordetella parapertussis, Chlamydia pneumoniae and Mycoplasma pneumoniae

Reference Interval:

Not Detected

Additional Information:

N/A

Methodology:

Multiplex PCR (Melt-curve Analysis)

Section:

Molecular Infectious Disease

Reticulin-Nuclear Fast Red Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath26

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Retic

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Retic

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Retic

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Reticulocyte Count

LAB296

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- Reticulocyte count, Retic, Ret, Polychromatic red cell count
- LAB296-VML
- LAB296VML

Turn Around Time:
STAT 1 hour; Routine 2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Performed:
Daily

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Specimen:
Whole Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Anemia

Synonyms:

- Reticulocyte count, Retic, Ret, Polychromatic red cell count
- LAB296-VML
- LAB296VML

Performed:
Daily

Turn Around Time:
STAT 1 hour; Routine 2 hours

Methodology:
Flow cytometry with a semiconductor laser using flourescent stain

Components:
Retic Count Automated, Retic Auto Absolute, Immature Retic fraction, Retic Hemoglobin concentration

RESULTS INTERPRETATION

Reference Interval:
0.5 - 1.8 %, Absolute: Peds:0-30day (0.063-0.271); 30days-2yrs (0.018-0.108); Peds 2-17yrs (0.018-0.072); Adult:(0.02-0.10)x10(6)/mcL; IRF M 2.6-20.4%, F 2.1-25.5%; RETHE M 29.8-40.4 pg, F 30.1-39.8 pg

Interpretive Data:
Results may be affected by the presence of interfering red cell inclusions such as Howell-Jolly bodies, Pappenheimer bodies or basophilic stippling.

Methodology:
Flow cytometry with a semiconductor laser using flourescent stain

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Retic Count Automated, Retic Auto Absolute, Immature Retic fraction, Retic Hemoglobin concentration

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
Gross hemolysis, clotted, improper collection, QNS, specimen age

Components:
Retic Count Automated, Retic Auto Absolute, Immature Retic fraction, Retic Hemoglobin concentration

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Synonyms:

- Reticulocyte count, Retic, Ret, Polychromatic red cell count
- LAB296-VML
- LAB296VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT 1 hour; Routine 2 hours

Ordering Indicators:
Anemia

Interpretive Data:
Results may be affected by the presence of interfering red cell inclusions such as Howell-Jolly bodies, Pappenheimer bodies or basophilic stippling.

Reference Interval:
0.5 - 1.8 %, Absolute: Peds:0-30day (0.063-0.271); 30days-2yrs (0.018-0.108); Peds 2-17yrs (0.018-0.072); Adult:(0.02-0.10)x10(6)/mcL; IRF M 2.6-20.4%, F 2.1-25.5%; RETHE M 29.8-40.4 pg, F 30.1-39.8 pg

Additional Information:
N/A

Methodology:
Flow cytometry with a semiconductor laser using flourescent stain

Section:
Hematology

Retinoblastoma Protein (G3-245) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath198

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Rb1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Rb1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Rb1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Retinol Binding Protein

LAB3821

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- RBP
- Retinol Binding Protein
- LAB3821-VML
- LAB3821VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 4 hours; Refrigerated: 1 week; Frozen: 3 months

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- RBP
- Retinol Binding Protein
- LAB3821-VML
- LAB3821VML

Ordering Recommendations:
May be helpful as an indicator of malnutrition, acute and chronic hepatic disease, advanced chronic renal insufficiency, or cystic fibrosis. Assess nephrotic syndrome and protein-losing enteropathy.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Nephelometry

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
3.0-6.0 mg/dL

Methodology:
Quantitative Nephelometry

ADDITIONAL INFORMATION

CPT Codes:
83883

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 4 hours; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- RBP
- Retinol Binding Protein
- LAB3821-VML
- LAB3821VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
May be helpful as an indicator of malnutrition, acute and chronic hepatic disease, advanced chronic renal insufficiency, or cystic fibrosis. Assess nephrotic syndrome and protein-losing enteropathy.

Reference Interval:
3.0-6.0 mg/dL

Methodology:
Quantitative Nephelometry

Section:
RF-ARUP

CPT Codes:
83883

Rheumatoid Factor

LAB6059

ORDERING INFO

Collect:
Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin), lavender or pink (K_2EDTA).

Synonyms:

- RA
- RF
- Rheumatoid Arthritis Factor
- LAB6059-VML
- LAB6059VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting specimen preferred.

Collect:
Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin), lavender or pink (K_2EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Body Fluid (refer to Rheumatoid Factor, Body Fluid, ARUP test code 2003347). Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 8 days; Frozen: 3 months (should not be thawed more than once)

Performed:
Sun-Sat

ORDERING

Synonyms:

- RA
- RF
- Rheumatoid Arthritis Factor
- LAB6059-VML
- LAB6059VML

Ordering Recommendations:
Aids in the workup of suspected rheumatoid arthritis or undifferentiated inflammatory arthritides. Consider ordering this test in conjunction with Cyclic Citrullinated Peptide Antibody, IgG and IgA (3016632) to increase specificity and sensitivity. The preferred test is Rheumatoid Arthritis Panel (3016634).

Performed:
Sun-Sat

Methodology:
Quantitative Immunoturbidimetry

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
0-14 IU/mL

Methodology:
Quantitative Immunoturbidimetry

ADDITIONAL INFORMATION

CPT Codes:
86431

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plasma separator tube. Also acceptable: Green (lithium heparin), lavender or pink (K_2EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Fasting specimen preferred.

Unacceptable Conditions:
Body Fluid (refer to Rheumatoid Factor, Body Fluid, ARUP test code 2003347). Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 8 days; Frozen: 3 months (should not be thawed more than once)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- RA
- RF
- Rheumatoid Arthritis Factor
- LAB6059-VML
- LAB6059VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Aids in the workup of suspected rheumatoid arthritis or undifferentiated inflammatory arthritides. Consider ordering this test in conjunction with Cyclic Citrullinated Peptide Antibody, IgG and IgA (3016632) to increase specificity and sensitivity. The preferred test is Rheumatoid Arthritis Panel (3016634).

Reference Interval:
0-14 IU/mL

Methodology:
Quantitative Immunoturbidimetry

Section:
RF-ARUP

CPT Codes:
86431

Ribosomal P Protein Antibody

LAB1399

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Anti-Ribosome P Antibodies
- Ribosomal P Antibodies
- Ribosome Antibody
- rRNP
- LAB1399-VML
- LAB1399VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma or other body fluids. Bacterially contaminated or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Anti-Ribosome P Antibodies
- Ribosomal P Antibodies
- Ribosome Antibody
- rRNP
- LAB1399-VML
- LAB1399VML

Ordering Recommendations:
May be useful to detect central nervous system systemic lupus erythematosus (SLE), which is somewhat rare, or renal involvement in SLE.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Multiplex Bead Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Ribosome P Antibody, IgG	0-40 AU/mL

Interpretive Data:
Autoantibodies reacting with cytoplasmic ribosomes are highly specific for systemic lupus erythematosus. Ribosomal-P antibodies are found in approximately 12% of patients with systemic lupus erythematosus (SLE) and in 90% of patients with lupus psychosis; titers often increase more than fivefold during and before active phases of psychosis.

Component	Interpretation
Ribosomal P Protein Antibody	29 AU/mL or less Negative 30-40 AU/mL Equivocal 41 AU/mL or greater Positive

Methodology:
Semi-Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:
83516

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma or other body fluids. Bacterially contaminated or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Anti-Ribosome P Antibodies
- Ribosomal P Antibodies
- Ribosome Antibody
- rRNP
- LAB1399-VML
- LAB1399VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-3 days

Ordering Recommendations:
May be useful to detect central nervous system systemic lupus erythematosus (SLE), which is somewhat rare, or renal involvement in SLE.

Interpretive Data:
Autoantibodies reacting with cytoplasmic ribosomes are highly specific for systemic lupus erythematosus. Ribosomal-P antibodies are found in approximately 12% of patients with systemic lupus erythematosus (SLE) and in 90% of patients with lupus psychosis; titers often increase more than fivefold during and before active phases of psychosis.

Component	Interpretation
Ribosomal P Protein Antibody	29 AU/mL or less Negative 30-40 AU/mL Equivocal 41 AU/mL or greater Positive

Reference Interval:

Components	Reference Interval
Ribosome P Antibody, IgG	0-40 AU/mL

Methodology:
Semi-Quantitative Multiplex Bead Assay

Section:
RF-ARUP

CPT Codes:
83516

Rickettsia rickettsii (Rocky Mountain Spotted Fever) IgG and IgM, serum

LAB6398

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB6398, RMSF, Rocky Mountain Spotted Fever
- LAB6398-VML
- LAB6398VML

Turn Around Time:
1 - 3 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Monday - Friday

Stability:
Refrigerated (2-8°C): 5 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is used as an aid in the diagnosis of spotted fever group rickettsial infection.

Synonyms:

- LAB6398, RMSF, Rocky Mountain Spotted Fever
- LAB6398-VML
- LAB6398VML

Performed:
Monday - Friday

Turn Around Time:
1 - 3 Days

Methodology:
Indirect Immunofluorescence

Components:
R.rickettsii IgG R.ricketsii IgM

RESULTS INTERPRETATION

Reference Interval:
<1:64

Interpretive Data:
See Table 2

Methodology:
Indirect Immunofluorescence

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
NA

Components:
R.rickettsii IgG R.ricketsii IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
R.rickettsii IgG R.ricketsii IgM

Stability:
Refrigerated (2-8°C): 5 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB6398, RMSF, Rocky Mountain Spotted Fever
- LAB6398-VML
- LAB6398VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 Days

Ordering Indicators:
This test is used as an aid in the diagnosis of spotted fever group rickettsial infection.

Interpretive Data:
See Table 2

Reference Interval:
<1:64

Additional Information:
NA

Methodology:
Indirect Immunofluorescence

Section:
Immunoserology

Risperidone and Metabolite, Serum or Plasma

LAB3822

ORDERING INFO

Collect:
Plain Red. Also acceptable: Lavender (EDTA) or Pink (K_2EDTA).

Synonyms:

- 9-Hydroxyrisperidone
- risperdal blood level
- Risperdal{R}
- risperidone blood level
- LAB3822-VML
- LAB3822VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain Red. Also acceptable: Lavender (EDTA) or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 months

Performed:
Mon, Wed, Sat

Remarks:
N/A

ORDERING

Synonyms:

- 9-Hydroxyrisperidone
- risperdal blood level
- Risperdal{R}
- risperidone blood level
- LAB3822-VML
- LAB3822VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence. This test detects risperidone (parent) AND paliperidone (9-hydroxyrisperidone, metabolite). For paliperidone (9-hydroxyrisperidone) only, order Paliperidone, Serum or Plasma (2007949).

Performed:
Mon, Wed, Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:

Effective June 7, 2021

Therapeutic range (Risperidone)	20-60 ng/mL
Therapeutic range (9-hydroxyrisperidone (Paliperidone))	20-60 ng/mL
Toxic range (Risperidone and Metabolite)	Greater than 120 ng/mL

Interpretive Data:

The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Adverse effects to risperidone therapy may include headache, nausea, dizziness, tachycardia, orthostatic hypotension and dyskinesia.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80342 (Alt code: G0480)

Section:

RF-ARUP

Remarks:

N/A

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain Red. Also acceptable: Lavender (EDTA) or Pink (K_2EDTA).

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:

Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:

Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):

Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- 9-Hydroxyrisperidone
- risperdal blood level
- Risperdal{R}
- risperidone blood level
- LAB3822-VML
- LAB3822VML

Performed:

Mon, Wed, Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-7 days

Ordering Recommendations:

Optimize drug therapy and monitor patient adherence. This test detects risperidone (parent) AND paliperidone (9-hydroxyrisperidone, metabolite). For paliperidone (9-hydroxyrisperidone) only, order Paliperidone, Serum or Plasma (2007949).

Interpretive Data:

The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Adverse effects to risperidone therapy may include headache, nausea, dizziness, tachycardia, orthostatic hypotension and dyskinesia.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Effective June 7, 2021

Therapeutic range (Risperidone)	20-60 ng/mL
Therapeutic range (9-hydroxyrisperidone (Paliperidone))	20-60 ng/mL
Toxic range (Risperidone and Metabolite)	Greater than 120 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80342 (Alt code: G0480)

Remarks:

N/A

Ristocetin Induced Platelet Aggregation (RIPA)

LAB3076

ORDERING INFO

Collect:

Four to six 2.7 mL light blue tubes (3.2% Sodium Citrate) and one Lavender tube (EDTA)

Synonyms:

- LAB3076, RIPA, RAG
- LAB3076-VML
- LAB3076VML

Turn Around Time:

2 - 10 days for interpretation.

SPECIMEN REQUIREMENTS

Patient Preparation:

Patient should not take over the counter medications for 10 days prior to testing. Patient should be fasting from midnight and they must arrive at Vanderbilt between 8:00 and 8:30 a.m. on the day of testing.

Collect:
Four to six 2.7 mL light blue tubes (3.2% Sodium Citrate) and one Lavender tube (EDTA)

Specimen Preparation:
Test must be scheduled with Vanderbilt Medical Esoteric Coagulation Laboratory 615-875-5631.

Pediatric Collection:
Four 2.7 mL light blue tubes (3.2% Sodium Citrate) and one Lavender tube (EDTA)

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday - Friday by appointment.

Stability:
Ambient (15-25°C): 4 hours

Specimen:
Citrated platelet poor plasma.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Testing must be scheduled with Vanderbilt Medical Esoteric Coagulation Laboratory 615 875-5633

Synonyms:

- LAB3076, RIPA, RAG
- LAB3076-VML
- LAB3076VML

Performed:
Monday - Friday by appointment.

Turn Around Time:
2 - 10 days for interpretation.

Methodology:
PRP LUMI Aggregation

Components:
Aggregation with Ristocetin, Coagulation Interpretation.

RESULTS INTERPRETATION

Reference Interval:
Normal aggregation response to ristocetin.

Interpretive Data:
Interpretation preformed by the Coagulation Laboratoray Medical Director.

Methodology:
PRP LUMI Aggregation

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed by appointment only.

Components:
Aggregation with Ristocetin, Coagulation Interpretation.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Four to six 2.7 mL light blue tubes (3.2% Sodium Citrate) and one Lavender tube (EDTA)

Specimen Preparation:
Test must be scheduled with Vanderbilt Medical Esoteric Coagulation Laboratory 615-875-5631.

Pediatric Collection:
Four 2.7 mL light blue tubes (3.2% Sodium Citrate) and one Lavender tube (EDTA)

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Patient should not take over the counter medications for 10 days prior to testing. Patient should be fasting from midnight and they must arrive at Vanderbilt between 8:00 and 8:30 a.m. on the day of testing.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Plasma aliquots.

Components:
Aggregation with Ristocetin, Coagulation Interpretation.

Stability:
Ambient (15-25°C): 4 hours

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- LAB3076, RIPA, RAG
- LAB3076-VML
- LAB3076VML

Performed:
Monday - Friday by appointment.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 - 10 days for interpretation.

Ordering Indicators:
Testing must be scheduled with Vanderbilt Medical Esoteric Coagulation Laboratory 615 875-5633

Interpretive Data:
Interpretation preformed by the Coagulation Laboratoray Medical Director.

Reference Interval:
Normal aggregation response to ristocetin.

Additional Information:
Performed by appointment only.

Methodology:
PRP LUMI Aggregation

Section:
Coagulation

RNA Polymerase III Antibody, IgG

LAB3823

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- RNA pol 3
- RNA Pol III IgG
- RNA Polymerase III Ab
- LAB3823-VML
- LAB3823VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Sun, Tue, Thu

ORDERING

Synonyms:

- RNA pol 3
- RNA Pol III IgG
- RNA Polymerase III Ab
- LAB3823-VML
- LAB3823VML

Ordering Recommendations:
First-line test for the evaluation of systemic sclerosis, or connective tissue disease with renal or cutaneous involvement. Preferred test is Comprehensive Systemic Sclerosis Panel (3000480).

Performed:
Sun, Tue, Thu

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
RNA Polymerase III Antibody, IgG	19 Units or less

Interpretive Data:

The presence of RNA polymerase III IgG antibody, when considered in conjunction with other laboratory and clinical findings, is an aid in the diagnosis of systemic sclerosis (SSc) with increased incidence of skin involvement and renal crisis with the diffuse cutaneous form of SSc. RNA polymerase III IgG antibody occur in about 11-23 percent of SSc patients, and typically in the absence of anti-centromere and anti-Scl-70 antibodies.
A negative result indicates no detectable IgG antibodies to the dominant antigen of RNA polymerase III and does not rule out the possibility of SSc. False-positive results may also occur due to non-specific binding of immune complexes. Strong clinical correlation is recommended.

If clinical suspicion remains, consider additional testing for other antibodies associated with SSc, including centromere, Scl-70, U3-RNP, PM/Scl, or Th/To.

Component	Interpretation
RNA Polymerase III Antibody, IgG	19 Units or less Negative 20-39 Units Weak Positive 40-80 Units Moderate Positive 81 Units or greater Strong Positive

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

83516

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- RNA pol 3
- RNA Pol III IgG
- RNA Polymerase III Ab
- LAB3823-VML
- LAB3823VML

Performed:

Sun, Tue, Thu

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

First-line test for the evaluation of systemic sclerosis, or connective tissue disease with renal or cutaneous involvement. Preferred test is Comprehensive Systemic Sclerosis Panel (3000480).

Interpretive Data:

The presence of RNA polymerase III IgG antibody, when considered in conjunction with other laboratory and clinical findings, is an aid in the diagnosis of systemic sclerosis (SSc) with increased incidence of skin involvement and renal crisis with the diffuse cutaneous form of SSc. RNA polymerase III IgG antibody occur in about 11-23 percent of SSc patients, and typically in the absence of anti-centromere and anti-Scl-70 antibodies.
A negative result indicates no detectable IgG antibodies to the dominant antigen of RNA polymerase III and does not rule out the possibility of SSc. False-positive results may also occur due to non-specific binding of immune complexes. Strong clinical correlation is recommended.

If clinical suspicion remains, consider additional testing for other antibodies associated with SSc, including centromere, Scl-70, U3-RNP, PM/Scl, or Th/To.

Component	Interpretation
RNA Polymerase III Antibody, IgG	19 Units or less Negative 20-39 Units Weak Positive 40-80 Units Moderate Positive 81 Units or greater Strong Positive

Reference Interval:

Components	Reference Interval
RNA Polymerase III Antibody, IgG	19 Units or less

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

83516

RNP IgG, serum or plasma

LAB3466

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB3466, Anti-RNP
- LAB3466-VML
- LAB3466VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of systemic lupus erythematosus and other connective tissue diseases

Synonyms:

- LAB3466, Anti-RNP
- LAB3466-VML
- LAB3466VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
Anti-RNP

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Positive result of RNP antibodies is indicative of mixed connective tissue disease (MCTD) and other systemic autoimmune rheumatic diseases, such as systemic lupus erythematosus (SLE), systemic sclerosis, and myositis. Antibodies targeting the RNP antigenic complex also recognize Smith antigens, therefore, the Smith antibody response must be considered when interpreting these results.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
Anti-RNP

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
Anti-RNP

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3466, Anti-RNP
- LAB3466-VML
- LAB3466VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of systemic lupus erythematosus and other connective tissue diseases

Interpretive Data:
Positive result of RNP antibodies is indicative of mixed connective tissue disease (MCTD) and other systemic autoimmune rheumatic diseases, such as systemic lupus erythematosus (SLE), systemic sclerosis, and myositis. Antibodies targeting the RNP antigenic complex also recognize Smith antigens, therefore, the Smith antibody response must be considered when interpreting these results.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Rubella Antibodies, IgG and IgM

LAB865

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Rubella Antibodies, IgG and IgM
- rubella panel
- Rubella serology
- Rubella Ab, IgG IgM
- LAB865-VML
- LAB865VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Plasma or urine. Contaminated, heat-inactivated, or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Rubella Antibodies, IgG and IgM
- rubella panel
- Rubella serology
- Rubella Ab, IgG IgM
- LAB865-VML
- LAB865VML

Ordering Recommendations:
Aid in the diagnosis of suspected rubella infection.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Chemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Rubella Antibody IgM	19.9 AU/mL or less

Interpretive Data:

Testing immediately post-exposure is of no value without a later convalescent specimen. While the presence of IgM antibodies suggests current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

The magnitude of the measured result is not indicative of the amount of antibody present.

Component	Reference Interval
Rubella Antibody, IgG	Less than 9 IU/mL: Not Detected. 9-9.9 IU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 10 IU/mL or greater: Detected.
Rubella Antibody, IgM	19.9 AU/mL or less: Not Detected. 20.0 - 24.9 AU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 25.0 AU/mL or greater: Detected - IgM antibody to rubella detected, which may indicate a current or recent infection or immunization.

Methodology:

Semi-Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

86762 x2

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:

Plasma or urine. Contaminated, heat-inactivated, or hemolyzed specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Rubella Antibodies, IgG and IgM
- rubella panel
- Rubella serology
- Rubella Ab, IgG IgM
- LAB865-VML
- LAB865VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

Within 24 hours

Ordering Recommendations:

Aid in the diagnosis of suspected rubella infection.

Interpretive Data:

Testing immediately post-exposure is of no value without a later convalescent specimen. While the presence of IgM antibodies suggests current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

The magnitude of the measured result is not indicative of the amount of antibody present.

Component	Reference Interval
Rubella Antibody, IgG	Less than 9 IU/mL: Not Detected. 9-9.9 IU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 10 IU/mL or greater: Detected.
Rubella Antibody, IgM	19.9 AU/mL or less: Not Detected. 20.0 - 24.9 AU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 25.0 AU/mL or greater: Detected - IgM antibody to rubella detected, which may indicate a current or recent infection or immunization.

Reference Interval:

Components	Reference Interval
Rubella Antibody IgM	19.9 AU/mL or less

Methodology:

Semi-Quantitative Chemiluminescent Immunoassay

Section:

RF-ARUP

CPT Codes:

86762 x2

Rubella IgG, serum

LAB496

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB496, RUB
- LAB496-VML
- LAB496VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is intended to be used as an aid in the determination of serological status to rubella virus or rubella vaccination.

Synonyms:

- LAB496, RUB
- LAB496-VML
- LAB496VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Rubella IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A negative result indicates that the patient has not been infected/immunized to rubella virus. A positive result indicates past exposure to rubella or previous vaccination.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
NA

Components:
Rubella IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
Rubella IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB496, RUB
- LAB496-VML
- LAB496VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is intended to be used as an aid in the determination of serological status to rubella virus or rubella vaccination.

Interpretive Data:
A negative result indicates that the patient has not been infected/immunized to rubella virus. A positive result indicates past exposure to rubella or previous vaccination.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Rufinamide, Serum or Plasma

LAB3824

ORDERING INFO

Collect:
Plain Red. Also acceptable: Lavender (K_2 or K_3EDTA), or Pink (K_2EDTA).

Synonyms:

- banzel blood level
- rufinamide blood level
- Banzel
- LAB3824-VML
- LAB3824VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain Red. Also acceptable: Lavender (K_2 or K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Performed:
Mon-Fri

ORDERING

Synonyms:

- banzel blood level
- rufinamide blood level
- Banzel
- LAB3824-VML
- LAB3824VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Mon-Fri

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-7 days

RESULTS INTERPRETATION

Reference Interval:

Therapeutic Range	5-30 µg/mL
Dose-related range (values at dosages of 800-7200 mg/day)	3-30 µg/mL
Toxic	Not well established

Interpretive Data:
Adverse effects may include somnolence, vomiting, headache and fatigue.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80210

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red. Also acceptable: Lavender (K_2 or K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- banzel blood level
- rufinamide blood level
- Banzel
- LAB3824-VML
- LAB3824VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-7 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Adverse effects may include somnolence, vomiting, headache and fatigue.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Therapeutic Range	5-30 µg/mL
Dose-related range (values at dosages of 800-7200 mg/day)	3-30 µg/mL
Toxic	Not well established

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80210

S100 (EP32) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath199

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

S100 Red (EP32) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath200

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Salicylate Screen, Urine

ORDERING INFO

Collect:
Urine Clear

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
10 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Salicylate, Plasma

LAB34

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- SAL, Aspirin, LAB34
- LAB34-VML
- LAB34VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 14 days; Frozen: 6 months

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SAL, Aspirin, LAB34
- LAB34-VML
- LAB34VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Spectrophotometry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
15-30 mg/dL

Interpretive Data:
Potentially toxic is >30 mg/dL

Methodology:
Spectrophotometry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
Draw immediately before next dose

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 14 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- SAL, Aspirin, LAB34
- LAB34-VML
- LAB34VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Potentially toxic is >30 mg/dL

Reference Interval:
15-30 mg/dL

Additional Information:
Draw immediately before next dose

Methodology:
Spectrophotometry

Section:
Chemistry

SALL4 (6E3) Immohistochemical Stain, Formalin Fixed Paraffin Embedded TIssue

CoPath201

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

SAP (XLP-1) and XIAP (XLP-2)-CINN

LAB6352

ORDERING INFO

Synonyms:

- LAB6352-VML
- LAB6352VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6352-VML
- LAB6352VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB6352-VML
- LAB6352VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

SARS-CoV-2 and Influenza A/B RSV by Multiplex PCR

LAB6330

ORDERING INFO

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Synonyms:

- LAB6330, PCR SARS-CoV-2/Influenza A and B, PCR SARS-CoV-2/Flu, PCR COVID-19/Flu
- LAB6330-VML
- LAB6330VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Specimen Preparation:
Swab: Place swab in Viral/Universal Transport Tube, break shaft off at scoreline then recap tube. (Min 0.5mL VTM/UTM)

Pediatric Collection:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Storage/Transport Temperature:
Ambient (15-25°C): 24 hours; Refrigerated: 3 days

Performed:
Daily

Stability:
Ambient (15-25°C): 24 hours; Refrigerated: 3 (2-8°C)days

Specimen:
Nasopharyngeal swab, Nares swab

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB6330, PCR SARS-CoV-2/Influenza A and B, PCR SARS-CoV-2/Flu, PCR COVID-19/Flu
- LAB6330-VML
- LAB6330VML

Performed:
Daily

Turn Around Time:
24 hours

Methodology:
PCR

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
All Targets: Not Detected

Interpretive Data:
cobas® SARS-CoV-2 & Influenza A/B assay for use on the cobas® 6800/8800 Systems (cobas® SARS-CoV-2 & Influenza A/B) is an automated multiplex real-time RT-PCR assay intended for simultaneous qualitative detection and differentiation of SARS-CoV-2, influenza A virus, and/or influenza B virus RNA in healthcare provider-collected nasal and nasopharyngeal swab specimens, and self-collected nasal swab specimens (collected in a healthcare setting with instruction by a healthcare provider) from individuals suspected of respiratory viral infection consistent with COVID-19 by their healthcare provider. cobas® SARS-CoV-2 & Influenza A/B is intended for use as an aid in the differential diagnosis of SARS-CoV-2 , influenza A, and influenza B in humans and is not intended to detect influenza C.

Methodology:
PCR

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Specimen Preparation:
Swab: Place swab in Viral/Universal Transport Tube, break shaft off at scoreline then recap tube. (Min 0.5mL VTM/UTM)

Pediatric Collection:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Preferred Collection Volume:
1mL

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Nasopharyngeal swab, Nares swab

Reasons for Rejection:
Specimen not received within 72 hours, Incorrect collection device (i.e. collected in an eSwab instead of a VTM/UTM Tube), No swab present, Quantity not sufficient

Components:
N/A

Stability:
Ambient (15-25°C): 24 hours; Refrigerated: 3 (2-8°C)days

Storage/Transport Temperature:
Ambient (15-25°C): 24 hours; Refrigerated: 3 days

Synonyms:

- LAB6330, PCR SARS-CoV-2/Influenza A and B, PCR SARS-CoV-2/Flu, PCR COVID-19/Flu
- LAB6330-VML
- LAB6330VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
N/A

Interpretive Data:

cobas® SARS-CoV-2 & Influenza A/B assay for use on the cobas® 6800/8800 Systems (cobas® SARS-CoV-2 & Influenza A/B) is an automated multiplex real-time RT-PCR assay intended for simultaneous qualitative detection and differentiation of SARS-CoV-2, influenza A virus, and/or influenza B virus RNA in healthcare provider-collected nasal and nasopharyngeal swab specimens, and self-collected nasal swab specimens (collected in a healthcare setting with instruction by a healthcare provider) from individuals suspected of respiratory viral infection consistent with COVID-19 by their healthcare provider. cobas® SARS-CoV-2 & Influenza A/B is intended for use as an aid in the differential diagnosis of SARS-CoV-2 , influenza A, and influenza B in humans and is not intended to detect influenza C.

Reference Interval:

All Targets: Not Detected

Additional Information:

N/A

Methodology:

PCR

Section:

Molecular Infectious Disease

SARS-CoV-2, Influenza A/B, and RSV by Multiplex PCR

LAB6331

ORDERING INFO

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Synonyms:

- LAB6331, PCR SARS-CoV-2/Influenza A and B, PCR SARS-CoV-2/Flu, PCR COVID-19/Flu
- LAB6331-VML
- LAB6331VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Specimen Preparation:
Swab: Place swab in Viral/Universal Transport Tube, break shaft off at scoreline then recap tube. (Min 0.5mL VTM/UTM)

Pediatric Collection:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Storage/Transport Temperature:
Ambient (15-25°C): 24 hours; Refrigerated: 3 days

Performed:
Daily

Stability:
Ambient (15-25°C): 24 hours; Refrigerated (2-8°C): 3 days

Specimen:
Nasopharyngeal swab, Nares swab

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB6331, PCR SARS-CoV-2/Influenza A and B, PCR SARS-CoV-2/Flu, PCR COVID-19/Flu
- LAB6331-VML
- LAB6331VML

Performed:
Daily

Turn Around Time:
24 hours

Methodology:
PCR

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
All Targets: Not Detected

Interpretive Data:
The Cephied Xpert Xpress SARS-CoV-2/Flu/RSV test is an automated in vitro diagnostic test for qualitative detection and differentiation of RNA from Flu A, Flu B, RSV and SARS-CoV-2 virus. The Xpert Xpress SARS-CoV-2/Flu/RSV test is performed on GeneXpert Instrument Systems.

Methodology:
PCR

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Specimen Preparation:
Swab: Place swab in Viral/Universal Transport Tube, break shaft off at scoreline then recap tube. (Min 0.5mL VTM/UTM)

Pediatric Collection:
Viral/Universal Transport Medium (VTM/UTM) [Red Capped tube with pink liquid]

Preferred Collection Volume:
1mL

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Nasopharyngeal swab, Nares swab

Reasons for Rejection:
Specimen not received within 72 hours, Incorrect collection device (i.e. collected in an eSwab instead of a VTM/UTM Tube), No swab present, Quantity not sufficient

Components:
N/A

Stability:
Ambient (15-25°C): 24 hours; Refrigerated (2-8°C): 3 days

Storage/Transport Temperature:
Ambient (15-25°C): 24 hours; Refrigerated: 3 days

Synonyms:

- LAB6331, PCR SARS-CoV-2/Influenza A and B, PCR SARS-CoV-2/Flu, PCR COVID-19/Flu
- LAB6331-VML
- LAB6331VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
N/A

Interpretive Data:
The Cephied Xpert Xpress SARS-CoV-2/Flu/RSV test is an automated in vitro diagnostic test for qualitative detection and differentiation of RNA from Flu A, Flu B, RSV and SARS-CoV-2 virus. The Xpert Xpress SARS-CoV-2/Flu/RSV test is performed on GeneXpert Instrument Systems.

Reference Interval:
All Targets: Not Detected

Additional Information:
N/A

Methodology:
PCR

Section:
Molecular Infectious Disease

SCA1 DNA Test-ATH

LAB3048

ORDERING INFO

Synonyms:

- LAB3048-VML
- LAB3048VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3048-VML
- LAB3048VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3048-VML
- LAB3048VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

SCA17 DNA Test-ATH

LAB3052

ORDERING INFO

Synonyms:

- LAB3052-VML
- LAB3052VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3052-VML
- LAB3052VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3052-VML
- LAB3052VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

SCA2 Expansion Anly-ATH

LAB3049

ORDERING INFO

Synonyms:

- LAB3049-VML
- LAB3049VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3049-VML
- LAB3049VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3049-VML
- LAB3049VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

SCA3 (Machado-Joseph Disease) DNA Test-ATH

LAB3050

ORDERING INFO

Synonyms:

- LAB3050-VML
- LAB3050VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3050-VML
- LAB3050VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3050-VML
- LAB3050VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

SCA6 DNA-ATH

LAB3051

ORDERING INFO

Synonyms:

- LAB3051-VML
- LAB3051VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3051-VML
- LAB3051VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB3051-VML
- LAB3051VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Schistosoma Antibody IgG by ELISA

LAB6369

ORDERING INFO

Collect:
Serum Separator Tube (SST) or Plain Red.

Synonyms:

- Schistosomiasis
- LAB6369-VML
- LAB6369VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, grossly hemolyzed, or lipemic specimens.

Storage/Transport Temperature:
Preferred transport temp: Refrigerated. Also acceptable: Frozen

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Tue, Sat

ORDERING

Synonyms:

- Schistosomiasis
- LAB6369-VML
- LAB6369VML

Ordering Recommendations:
May aid in the diagnosis of schistosomiasis caused by infection with S. mansoni, especially in travelers to endemic areas.

Performed:
Tue, Sat

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-6 days

Notes:
N/A

RESULTS INTERPRETATION

Reference Interval:

< 9 U	Negative - No significant level of Schistosoma IgG antibody detected.
9 - 11 U	Equivocal - Recommend repeat testing in 2-4 weeks with fresh sample.
>11 U	Positive - IgG antibodies to Schistosoma detected, which may suggest current or past infection.

Interpretive Data:
Refer to report.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86682

Section:
RF-ARUP

Notes:
N/A

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST) or Plain Red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, grossly hemolyzed, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
Preferred transport temp: Refrigerated. Also acceptable: Frozen

Synonyms:

- Schistosomiasis
- LAB6369-VML
- LAB6369VML

Performed:
Tue, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
May aid in the diagnosis of schistosomiasis caused by infection with S. mansoni, especially in travelers to endemic areas.

Interpretive Data:
Refer to report.

Reference Interval:

< 9 U	Negative - No significant level of Schistosoma IgG antibody detected.
9 - 11 U	Equivocal - Recommend repeat testing in 2-4 weeks with fresh sample.
>11 U	Positive - IgG antibodies to Schistosoma detected, which may suggest current or past infection.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86682

Notes:
N/A

Scl-70 IgG, serum or plasma

LAB771

ORDERING INFO

Collect:

Red tube (no gel)

Synonyms:

- LAB771, SCA, Anti-Scl
- LAB771-VML
- LAB771VML

Turn Around Time:

1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:

NA

Collect:

Red tube (no gel)

Specimen Preparation:

Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:

Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:

Refrigerated (2-8°C)

Performed:

Daily

Stability:

Refrigerated (2-8°C): 7 days

Specimen:

Serum or plasma

Alternate Specimen:

Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:

This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of systemic scleroderma and other connective tissue diseases

Synonyms:

- LAB771, SCA, Anti-Scl
- LAB771-VML
- LAB771VML

Performed:

Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
Scl-70 IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive test result for Scl 70 antibodies is consistent with a diagnosis of scleroderma.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
Scl-70 IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
Scl-70 IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB771, SCA, Anti-Scl
- LAB771-VML
- LAB771VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of systemic scleroderma and other connective tissue diseases

Interpretive Data:
A positive test result for Scl 70 antibodies is consistent with a diagnosis of scleroderma.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Sedimentation Rate, Erythrocyte Sedimentation Rate

LAB322

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- Sedimentation Rate, ESR, Erythrocyte Sedimentation Rate, SED
- LAB322-VML
- LAB322VML

Turn Around Time:

2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 2.0mL)

Pediatric Collection:

Pediatric: 0.5mL EDTA 2K whole blood minimum

Storage/Transport Temperature:

Room temperature or refrigerated

Performed:

Daily

Stability:

Room temperature samples must be run within 8 hours of collection. Samples refrigerated at 2-8°C are acceptable from VPLS areas within 24 hours, but must be brought to room temperature for 15 minutes before testing.

Specimen:

Whole Blood

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

Non-Specific screening test for infection, inflammation, degenerative diseases or neoplasm

Synonyms:

- Sedimentation Rate, ESR, Erythrocyte Sedimentation Rate, SED
- LAB322-VML
- LAB322VML

Performed:

Daily

Turn Around Time:

2 hours

Methodology:
Alcor ISED, backup method ESR Stat6

Components:
SED

RESULTS INTERPRETATION

Reference Interval:
Male: 1 - 33 mm/hr; Female:2-37mm/hr

Interpretive Data:
N/A

Methodology:
Alcor ISED, backup method ESR Stat6

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Components:
SED

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 2.0mL)

Pediatric Collection:
Pediatric: 0.5mL EDTA 2K whole blood minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
Greater than 24 hours old, cold agglutinin, clotted, QNS

Components:
SED

Stability:
Room temperature samples must be run within 8 hours of collection. Samples refrigerated at 2-8°C are acceptable from VPLS areas within 24 hours, but must be brought to room temperature for 15 minutes before testing.

Storage/Transport Temperature:
Room temperature or refrigerated

Synonyms:

- Sedimentation Rate, ESR, Erythrocyte Sedimentation Rate, SED
- LAB322-VML
- LAB322VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours

Ordering Indicators:
Non-Specific screening test for infection, inflammation, degenerative diseases or neoplasm

Interpretive Data:
N/A

Reference Interval:
Male: 1 - 33 mm/hr; Female:2-37mm/hr

Methodology:
Alcor ISED, backup method ESR Stat6

Section:
Hematology

Selective bacterial culture

LAB234

ORDERING INFO

Collect:
Collect with flocked swab and place in Eswab ® (liquid Amies) transport media.

Synonyms:

- Surveillance culture, SEB
- LAB234-VML
- LAB234VML

Turn Around Time:
1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Collect with flocked swab and place in Eswab ® (liquid Amies) transport media.

Specimen Preparation:
(Min: 1 swab)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Performed:
Daily

Stability:
Ambient: (15-25°C) 48 hours (Refrigerated: (2-8°C) 48 hours

Specimen:
Rectal, nares

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Indicate organism on requisition.

Synonyms:

- Surveillance culture, SEB
- LAB234-VML
- LAB234VML

Performed:
Daily

Turn Around Time:
1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Methodology:
Aerobic culture

Components:
Bacterial culture

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive culture result indicates colonization with the identified organism. Antimicrobial susceptibility testing is not routinely performed.

Methodology:
Aerobic culture

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Order Culture, Staphylococcus areus or Culture, VRE for MRSA and VRE screening. Identification and antimicrobial susceptibiltiy tests billed seperately from culture.

Components:
Bacterial culture

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Collect with flocked swab and place in Eswab ® (liquid Amies) transport media.

Specimen Preparation:
(Min: 1 swab)

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Rectal, nares

Reasons for Rejection:
Dry swab. Leaking container. Specimen received >48 h after collection. Frozen, unacceptable.

Components:
Bacterial culture

Stability:
Ambient: (15-25°C) 48 hours (Refrigerated: (2-8°C) 48 hours

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- Surveillance culture, SEB
- LAB234-VML
- LAB234VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1-5 days. Final negative result reported at 3 days. Positive culture reported as soon as detected.

Ordering Indicators:
Indicate organism on requisition.

Interpretive Data:
A positive culture result indicates colonization with the identified organism. Antimicrobial susceptibility testing is not routinely performed.

Reference Interval:
Negative

Additional Information:
Order Culture, Staphylococcus areus or Culture, VRE for MRSA and VRE screening. Identification and antimicrobial susceptibiltiy tests billed seperately from culture.

Methodology:
Aerobic culture

Section:
Microbiology

Selenium, Serum or Plasma

LAB579

ORDERING INFO

Collect:
Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Synonyms:

- Se
- Serum selenium level
- SES
- LAB579-VML
- LAB579VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Collect:
Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens that are not separated from the red cells or clot within 2 hours. Specimens collected in containers other than specified. Specimens transported in containers other than specified.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Performed:
Sun-Sat

ORDERING

Synonyms:

- Se
- Serum selenium level
- SES
- LAB579-VML
- LAB579VML

Ordering Recommendations:
May be useful in the assessment of recent intake. For the assessment of deficiency or toxicity, Selenium, Urine (0025067) is preferred.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
23.0-190.0 µg/L

Interpretive Data:

Elevated results may be due to contamination from skin or other collection-related issues, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma selenium, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Serum selenium levels can be used in the determination of deficiency or toxicity. Plasma and serum contains 75 percent of the selenium measured in whole blood and reflects recent dietary intake. Selenium deficiency can occur endemically or as a result of sustained TPN or restricted diets and has been associated with cardiomyopathy and may exacerbate hypothyroidism. Selenium toxicity is relatively rare. Excess intake of selenium can result in symptoms consistent with selenosis and include gastrointestinal upset, hair loss, white blotchy nails, and mild nerve damage.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

84255

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).

Unacceptable Conditions:

Specimens that are not separated from the red cells or clot within 2 hours. Specimens collected in containers other than specified. Specimens transported in containers other than specified.

Stability (from collection to initiation):

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Storage/Transport Temperature:

Room temperature. Also acceptable: Refrigerated or frozen.

Synonyms:

- Se
- Serum selenium level
- SES
- LAB579-VML
- LAB579VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

May be useful in the assessment of recent intake. For the assessment of deficiency or toxicity, Selenium, Urine (0025067) is preferred.

Interpretive Data:

Elevated results may be due to contamination from skin or other collection-related issues, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma selenium, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Serum selenium levels can be used in the determination of deficiency or toxicity. Plasma and serum contains 75 percent of the selenium measured in whole blood and reflects recent dietary intake. Selenium deficiency can occur endemically or as a result of sustained TPN or restricted diets and has been associated with cardiomyopathy and may exacerbate hypothyroidism. Selenium toxicity is relatively rare. Excess intake of selenium can result in symptoms consistent with selenosis and include gastrointestinal upset, hair loss, white blotchy nails, and mild nerve damage.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

23.0-190.0 µg/L

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

84255

Serotonin Release Assay

LAB3448

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB3448, SRA, Serotonin Release Assay for HIT
- LAB3448-VML
- LAB3448VML

Turn Around Time:

1 -5 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Once or twice per week, variable days

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma .

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB3448, SRA, Serotonin Release Assay for HIT
- LAB3448-VML
- LAB3448VML

Performed:
Once or twice per week, variable days

Turn Around Time:
1 -5 days

Methodology:
Functional

Components:
HIT ELISA, SRA, Coagulation Interpretation

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
N/A

Methodology:
Functional

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
SRA ordered as a reflex on positive (OD > or = to 0.400) or equivocal (OD 0.299 - 0.399) HIT IgG ELISA.

Components:
HIT ELISA, SRA, Coagulation Interpretation

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma .

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
HIT ELISA, SRA, Coagulation Interpretation

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB3448, SRA, Serotonin Release Assay for HIT
- LAB3448-VML
- LAB3448VML

Performed:
Once or twice per week, variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 -5 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Negative

Additional Information:
SRA ordered as a reflex on positive (OD > or = to 0.400) or equivocal (OD 0.299 - 0.399) HIT IgG ELISA.

Methodology:
Functional

Section:
Coagulation

Serotonin, Serum

LAB121

ORDERING INFO

Collect:
Serum Separator Tube(SST).

Synonyms:

- 5-Hydroxy Tryptamine
- 5-Hydroxytryptamine
- 5-HT
- LAB121-VML
- LAB121VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Abstain from medications for 72 hours prior to collection.

Collect:
Serum Separator Tube(SST).

Specimen Preparation:
Separate from cells within 1 hour of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Specimens other than serum. Non-frozen specimens.

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 1 month

Performed:
Mon, Wed, Thu, Fri, Sat

ORDERING

Synonyms:

- 5-Hydroxy Tryptamine
- 5-Hydroxytryptamine
- 5-HT
- LAB121-VML
- LAB121VML

Ordering Recommendations:
Preferred serotonin test when diagnosing carcinoid tumors is Serotonin, Whole Blood (0080395).

Performed:
Mon, Wed, Thu, Fri, Sat

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Reported:
1-5 days

Notes:
Medications that may affect serotonin concentrations include lithium, MAO inhibitors, methyldopa, morphine, and reserpine. In general, foods that contain serotonin do not interfere significantly. Slight increases may be seen in acute intestinal obstruction, acute MI, cystic fibrosis, dumping syndromes, and nontropical sprue. Metastasizing abdominal carcinoid tumors often show serotonin concentrations greater than 400 ng/mL.

In general, EDTA whole blood (as compared to serum) preserved with ascorbic acid will give values most representative of blood concentrations. Most (95 percent) of blood serotonin is found in platelets. Refer to Serotonin, Whole Blood (ARUP test code 0080395).

RESULTS INTERPRETATION

Reference Interval:
50-220 ng/mL

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

ADDITIONAL INFORMATION

CPT Codes:
84260

Section:
RF-ARUP

Notes:
Medications that may affect serotonin concentrations include lithium, MAO inhibitors, methyldopa, morphine, and reserpine. In general, foods that contain serotonin do not interfere significantly. Slight increases may be seen in acute intestinal obstruction, acute MI, cystic fibrosis, dumping syndromes, and nontropical sprue. Metastasizing abdominal carcinoid tumors often show serotonin concentrations greater than 400 ng/mL.

In general, EDTA whole blood (as compared to serum) preserved with ascorbic acid will give values most representative of blood concentrations. Most (95 percent) of blood serotonin is found in platelets. Refer to Serotonin, Whole Blood (ARUP test code 0080395).

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube(SST).

Specimen Preparation:
Separate from cells within 1 hour of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Patient Preparation:
Abstain from medications for 72 hours prior to collection.

Unacceptable Conditions:
Specimens other than serum. Non-frozen specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 1 month

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- 5-Hydroxy Tryptamine
- 5-Hydroxytryptamine
- 5-HT
- LAB121-VML
- LAB121VML

Performed:
Mon, Wed, Thu, Fri, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Preferred serotonin test when diagnosing carcinoid tumors is Serotonin, Whole Blood (0080395).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
50-220 ng/mL

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Section:
RF-ARUP

CPT Codes:
84260

Notes:
Medications that may affect serotonin concentrations include lithium, MAO inhibitors, methyldopa, morphine, and reserpine. In general, foods that contain serotonin do not interfere significantly. Slight increases may be seen in acute intestinal obstruction, acute MI, cystic fibrosis, dumping syndromes, and nontropical sprue. Metastasizing abdominal carcinoid tumors often show serotonin concentrations greater than 400 ng/mL.

In general, EDTA whole blood (as compared to serum) preserved with ascorbic acid will give values most representative of blood concentrations. Most (95 percent) of blood serotonin is found in platelets. Refer to Serotonin, Whole Blood (ARUP test code 0080395).

Serum Amyloid A (mc1) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath202

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- SAA

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SAA

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- SAA

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Serum Protein Electrophoresis/Immunofixation

LAB119

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB119, SI, SPE, SPEP, Protein Electrophoresis
- LAB119-VML
- LAB119VML

Turn Around Time:
5 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to standard labeled secondary tube. (Min: >1.0mL Blood)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Refrigerated: (2-8°C)

Performed:
Monday - Friday

Stability:
Refrigerated: (2-8°C): 72 hours

Specimen:
Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Test order includes a total protein. Assay includes identification of monoclonal gammopathies in serum (SPEP and Immunofixation included).

Synonyms:

- LAB119, SI, SPE, SPEP, Protein Electrophoresis
- LAB119-VML
- LAB119VML

Performed:
Monday - Friday

Turn Around Time:
5 days

Methodology:
Protein Gel Electrophoresis

Components:
Includes both electrophoresis densitometric scan and immunofixation of Kappa and Lambda.

RESULTS INTERPRETATION

Reference Interval:
No monoclonal detected

Interpretive Data:
Serum protein electrophoresis is primarily useful for the detection of gammopathies, including those associated with lymphoproliferative neoplasms. Immunofixation, included in the testing, can identify the heavy and light chain involved in monoclonal bands that may be detected. In assessment of a new patient, correlation with urine protein electrophoresis may be indicated.

Methodology:
Protein Gel Electrophoresis

ADDITIONAL INFORMATION

Section:
Hematopathology/ Flow Cytometry

Alternate Specimen:
N/A

Components:
Includes both electrophoresis densitometric scan and immunofixation of Kappa and Lambda.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to standard labeled secondary tube. (Min: >1.0mL Blood)

Pediatric Collection:
N/A

Preferred Collection Volume:
4.0ml Whole Blood

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Blood

Reasons for Rejection:
Drawn in any anticoagulant

Components:
Includes both electrophoresis densitometric scan and immunofixation of Kappa and Lambda.

Stability:
Refrigerated: (2-8°C): 72 hours

Storage/Transport Temperature:
Refrigerated: (2-8°C)

Synonyms:

- LAB119, SI, SPE, SPEP, Protein Electrophoresis
- LAB119-VML
- LAB119VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
5 days

Ordering Indicators:
Test order includes a total protein. Assay includes identification of monoclonal gammopathies in serum (SPEP and Immunofixation included).

Interpretive Data:
Serum protein electrophoresis is primarily useful for the detection of gammopathies, including those associated with lymphoproliferative neoplasms. Immunofixation, included in the testing, can identify the heavy and light chain involved in monoclonal bands that may be detected. In assessment of a new patient, correlation with urine protein electrophoresis may be indicated.

Reference Interval:
No monoclonal detected

Methodology:
Protein Gel Electrophoresis

Section:
Hematopathology/ Flow Cytometry

Sex Hormone Binding Globulin

LAB3825

ORDERING INFO

Collect:
Serum separator tube. Also acceptable: Green (lithium heparin).

Synonyms:

- TeBG
- Testosterone-Estradiol Binding Globulin
- Sex Steroid Binding Protein
- Testosterone-Estradiol Binding Globulin (TeBG)
- SHBG
- Testosterone-Estrogen Binding Globulin
- SBP
- LAB3825-VML
- LAB3825VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. Also acceptable: Green (lithium heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Specimens collected in lavender (EDTA) or pink (K_2EDTA). Grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- TeBG
- Testosterone-Estradiol Binding Globulin
- Sex Steroid Binding Protein
- Testosterone-Estradiol Binding Globulin (TeBG)
- SHBG
- Testosterone-Estrogen Binding Globulin
- SBP
- LAB3825-VML
- LAB3825VML

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

Age	Male	Female
1-30 days	13-85 nmol/L	14-60 nmol/L
31-364 days	70-250 nmol/L	60-215 nmol/L
1-3 years	50-180 nmol/L	60-190 nmol/L
4-6 years	45-175 nmol/L	55-170 nmol/L
7-9 years	28-190 nmol/L	35-170 nmol/L
10-12 years	23-160 nmol/L	17-155 nmol/L
13-15 years	13-140 nmol/L	11-120 nmol/L
16-17 years	10-60 nmol/L	19-145 nmol/L
18-49 years	17-56 nmol/L	25-122 nmol/L
50 years and older	19-76 nmol/L	17-125 nmol/L
Tanner Stage I	26-186 nmol/L	30-173 nmol/L
Tanner Stage II	22-169 nmol/L	16-127 nmol/L
Tanner Stage III	13-104 nmol/L	12-98 nmol/L
Tanner Stage IV	11-60 nmol/L	14-151 nmol/L
Tanner Stage V	11-71 nmol/L	23-165 nmol/L

Methodology:
Quantitative Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
84270

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube. Also acceptable: Green (lithium heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Specimens collected in lavender (EDTA) or pink (K_2EDTA). Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- TeBG
- Testosterone-Estradiol Binding Globulin
- Sex Steroid Binding Protein
- Testosterone-Estradiol Binding Globulin (TeBG)
- SHBG
- Testosterone-Estrogen Binding Globulin
- SBP
- LAB3825-VML
- LAB3825VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Reference Interval:

Age	Male	Female
1-30 days	13-85 nmol/L	14-60 nmol/L
31-364 days	70-250 nmol/L	60-215 nmol/L
1-3 years	50-180 nmol/L	60-190 nmol/L
4-6 years	45-175 nmol/L	55-170 nmol/L
7-9 years	28-190 nmol/L	35-170 nmol/L
10-12 years	23-160 nmol/L	17-155 nmol/L
13-15 years	13-140 nmol/L	11-120 nmol/L
16-17 years	10-60 nmol/L	19-145 nmol/L
18-49 years	17-56 nmol/L	25-122 nmol/L
50 years and older	19-76 nmol/L	17-125 nmol/L
Tanner Stage I	26-186 nmol/L	30-173 nmol/L
Tanner Stage II	22-169 nmol/L	16-127 nmol/L
Tanner Stage III	13-104 nmol/L	12-98 nmol/L
Tanner Stage IV	11-60 nmol/L	14-151 nmol/L
Tanner Stage V	11-71 nmol/L	23-165 nmol/L

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
84270

SHOX-DNA-DxTM-ESTX

LAB3334

ORDERING INFO

Synonyms:

- LAB3334-VML
- LAB3334VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3334-VML
- LAB3334VML

ADDITIONAL INFORMATION

Section:

RF-ESTX

Resulting Laboratory:

Esoterix

FULL VIEW

Synonyms:

- LAB3334-VML
- LAB3334VML

Resulting Laboratory:

Esoterix

Section:

RF-ESTX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Sickledex Screening for Sickling Hemoglobin

LAB339

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- SKD, Sickle Cell screen
- LAB339-VML
- LAB339VML

Turn Around Time:
Stat 1 hour; Routines batched Monday-Friday Daily

SPECIMEN REQUIREMENTS

Patient Preparation:
False positives or false negatives may occur in patients with a recent blood transfusion.

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0mL)

Pediatric Collection:
Pediatric: 0.25mL EDTA 2K whole blood minimum

Storage/Transport Temperature:
Refrigerated

Performed:
Monday - Friday, STAT's 24/7

Stability:
Whole Blood samples stored at 2°C to 8°C for up to 3 weeks may be used for testing.

Specimen:
Whole Blood

ORDERING

Ordering Indicators:
Not recommended for infants under six months of age due to elevated levels of Hemoglobin F

Synonyms:

- SKD, Sickle Cell screen
- LAB339-VML
- LAB339VML

Performed:
Monday - Friday, STAT's 24/7

Turn Around Time:
Stat 1 hour; Routines batched Monday-Friday Daily

Methodology:
Reduced Hemoglobin S is insoluble in the concentrated phosphate buffer and forms a cloudy, turbid suspension

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
All positive test results should be further evaluated by hemoglobin electrophoresis.

Methodology:
Reduced Hemoglobin S is insoluble in the concentrated phosphate buffer and forms a cloudy, turbid suspension

ADDITIONAL INFORMATION

Section:
Hematology

Additional Information:
False positives or false negatives may occur in patients with severe anemia (<=15% hematocrit).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0mL)

Pediatric Collection:
Pediatric: 0.25mL EDTA 2K whole blood minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Patient Preparation:
False positives or false negatives may occur in patients with a recent blood transfusion.

Specimen:
Whole Blood

Reasons for Rejection:
Clotted or grossly hemolyzed specimens or specimens that have been frozen; hyperlipidemia, extreme leukocytosis, erythrocytosis, hyperglobulinemia

Components:
N/A

Stability:
Whole Blood samples stored at 2°C to 8°C for up to 3 weeks may be used for testing.

Storage/Transport Temperature:
Refrigerated

Synonyms:

- SKD, Sickle Cell screen
- LAB339-VML
- LAB339VML

Performed:
Monday - Friday, STAT's 24/7

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat 1 hour; Routines batched Monday-Friday Daily

Ordering Indicators:
Not recommended for infants under six months of age due to elevated levels of Hemoglobin F

Interpretive Data:
All positive test results should be further evaluated by hemoglobin electrophoresis.

Reference Interval:
Negative

Additional Information:
False positives or false negatives may occur in patients with severe anemia (<=15% hematocrit).

Methodology:
Reduced Hemoglobin S is insoluble in the concentrated phosphate buffer and forms a cloudy, turbid suspension

Section:
Hematology

Silver, Whole Blood

LAB3826

ORDERING INFO

Collect:
Royal blue (K2 or Na2 EDTA).

Synonyms:

- Ag
- Argyrol
- Silvadene
- LAB3826-VML
- LAB3826VML

SPECIMEN REQUIREMENTS

Collect:
Royal blue (K2 or Na2 EDTA).

Specimen Preparation:
Protect from light. Transport 1 mL whole blood foil-wrapped in the original collection tube. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Specimens not protected from light. Heparinized or clotted specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 25 days; Refrigerated: 25 days; Frozen: 25 days

Performed:
Varies

ORDERING

Synonyms:

- Ag
- Argyrol
- Silvadene
- LAB3826-VML
- LAB3826VML

Performed:
Varies

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
8-11 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
83789

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Royal blue (K2 or Na2 EDTA).

Specimen Preparation:
Protect from light. Transport 1 mL whole blood foil-wrapped in the original collection tube. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Specimens not protected from light. Heparinized or clotted specimens.

Stability (from collection to initiation):
Ambient: 25 days; Refrigerated: 25 days; Frozen: 25 days

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Ag
- Argyrol
- Silvadene
- LAB3826-VML
- LAB3826VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Reference Interval:
By report

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
83789

Sirolimus Trough Level, whole blood

LAB875

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB875, SIR, Siro, Rapamycin, Rapamune
- LAB875-VML
- LAB875VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimens should be drawn immediately prior to dosing.

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Draw immediately before next dose at steady state. Ship in approved containers. (Minimum 0.5 mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 1 week

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is used in the monitoring of sirolimus in therapeutic intervention.

Synonyms:

- LAB875, SIR, Siro, Rapamycin, Rapamune
- LAB875-VML
- LAB875VML

Performed:
Daily

Turn Around Time:
24 hours

Methodology:
CMIA

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Organ specific ranges apply

Interpretive Data:
The optimal therapeutic range for a given patient may differ based on the indication for therapy, treatment phase (initiation or maintenance), use in combination with other drugs, time of specimen collection relative to prior dose, type of transplanted organ, and/or the therapeutic approach of the transplant center.

Methodology:
CMIA

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Must be in lab by 11 am for same day analysis. Not available STAT. Sample cannot be spun down.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Draw immediately before next dose at steady state. Ship in approved containers. (Minimum 0.5 mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
Specimens should be drawn immediately prior to dosing.

Specimen:
Whole blood

Reasons for Rejection:
Clotted specimen, frozen specimen, spun down specimen, QNS

Components:
N/A

Stability:
Refrigerated (2-8°C): 1 week

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB875, SIR, Siro, Rapamycin, Rapamune
- LAB875-VML
- LAB875VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
This test is used in the monitoring of sirolimus in therapeutic intervention.

Interpretive Data:
The optimal therapeutic range for a given patient may differ based on the indication for therapy, treatment phase (initiation or maintenance), use in combination with other drugs, time of specimen collection relative to prior dose, type of transplanted organ, and/or the therapeutic approach of the transplant center.

Reference Interval:
Organ specific ranges apply

Additional Information:
Must be in lab by 11 am for same day analysis. Not available STAT. Sample cannot be spun down.

Methodology:
CMIA

Section:
Special Chemistry

SMC1A Seq-UCHI

LAB3337

ORDERING INFO

Synonyms:

- LAB3337-VML
- LAB3337VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3337-VML
- LAB3337VML

ADDITIONAL INFORMATION

Section:

RF-UCHI

Resulting Laboratory:

Univ of Chicago Genetics Laboratories

FULL VIEW

Synonyms:

- LAB3337-VML
- LAB3337VML

Resulting Laboratory:

Univ of Chicago Genetics Laboratories

Section:

RF-UCHI

Links:

Test Sent to Reference Lab. Click Here for Test Details

Smith IgG, serum or plasma

LAB2001

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB2001, Smith ENA, SEA, ENA
- LAB2001-VML
- LAB2001VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of a connective tissue disease in whom the test for antinuclear antibodies is positive

Synonyms:

- LAB2001, Smith ENA, SEA, ENA
- LAB2001-VML
- LAB2001VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
Smith IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result for Smith antibodies is consistent with a diagnosis of lupus erythematosus.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
Smith IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
Smith IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB2001, Smith ENA, SEA, ENA
- LAB2001-VML
- LAB2001VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of a connective tissue disease in whom the test for antinuclear antibodies is positive

Interpretive Data:
A positive result for Smith antibodies is consistent with a diagnosis of lupus erythematosus.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Smith/RNP (ENA) Antibody, IgG

LAB772

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Ribonucleoproteins
- RNP
- LAB772-VML
- LAB772VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma or other body fluids. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Ribonucleoproteins
- RNP
- LAB772-VML
- LAB772VML

Ordering Recommendations:
Useful in the differential diagnosis of connective tissue diseases with or without myopathy.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Enzyme Immunoassay (EIA)

Reported:
1-3 days

Notes:
An affinity purified RNP/Sm antigen complex is used in this assay.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Smith/RNP (ENA) Ab, IgG	19 Units or less

Interpretive Data:

Smith/RNP antibodies are frequently seen in patients with mixed connective tissue disease (MCTD) and are also associated with other systemic autoimmune rheumatic diseases (SARDs), such as systemic lupus erythematosus (SLE), systemic sclerosis, and myositis. Antibodies targeting the Smith/RNP antigenic complex also recognize Smith antigens, therefore, the Smith antibody response must be considered when interpreting these results.

Component	Interpretation
RNP (U1) (Ribonucleic Protein) (ENA) Antibody, IgG	19 Units or less Negative 20-39 Units Weak Positive 40-80 Units Moderate Positive 81 Units or greater Strong Positive

Methodology:

Semi-Quantitative Enzyme Immunoassay (EIA)

ADDITIONAL INFORMATION

CPT Codes:

86235

Section:

RF-ARUP

Notes:

An affinity purified RNP/Sm antigen complex is used in this assay.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:

Plasma or other body fluids. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Ribonucleoproteins
- RNP
- LAB772-VML
- LAB772VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Useful in the differential diagnosis of connective tissue diseases with or without myopathy.

Interpretive Data:

Smith/RNP antibodies are frequently seen in patients with mixed connective tissue disease (MCTD) and are also associated with other systemic autoimmune rheumatic diseases (SARDs), such as systemic lupus erythematosus (SLE), systemic sclerosis, and myositis. Antibodies targeting the Smith/RNP antigenic complex also recognize Smith antigens, therefore, the Smith antibody response must be considered when interpreting these results.

Component	Interpretation
RNP (U1) (Ribonucleic Protein) (ENA) Antibody, IgG	19 Units or less Negative 20-39 Units Weak Positive 40-80 Units Moderate Positive 81 Units or greater Strong Positive

Reference Interval:

Components	Reference Interval
Smith/RNP (ENA) Ab, IgG	19 Units or less

Methodology:

Semi-Quantitative Enzyme Immunoassay (EIA)

Section:

RF-ARUP

CPT Codes:

86235

Notes:

An affinity purified RNP/Sm antigen complex is used in this assay.

SNaPshot AML Panel, Whole blood, bone marrow

LAB5781

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB5781, AMS, AML SNaPshot
- LAB5781-VML
- LAB5781VML

Turn Around Time:

7 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Performed:

Monday, Thursday

Stability:

EDTA and ACD-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Specimen:

Blood, bone marrow, purified DNA

Alternate Specimen:

Yellow tube (ACD-A)

ORDERING

Ordering Indicators:

Analysis of 37 common mutations in 3 genes (IDH1/IDH2/FLT3) to assist in diagnosis and determine treatment of acute myeloid leukemia (AML)

Synonyms:

- LAB5781, AMS, AML SNaPshot
- LAB5781-VML
- LAB5781VML

Performed:

Monday, Thursday

Turn Around Time:

7 days

Methodology:
Multiplex PCR/multiplex base extension using the SNaPshot methodology; Laboratory Developed Test

Components:
Panel includes varients in exon 4 of genes IDH1 and IDH2, and the tyrosine kinase domain of the fms-related tyrosine kinase 3 (FLT3-TKD).

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
This assay will detect the presence of tested variants with a sensitivity of roughly 2-10%.

Methodology:
Multiplex PCR/multiplex base extension using the SNaPshot methodology; Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
Laboratory Developed Test

Components:
Panel includes varients in exon 4 of genes IDH1 and IDH2, and the tyrosine kinase domain of the fms-related tyrosine kinase 3 (FLT3-TKD).

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Specimen should be designated for MDL only, not shared with other labs or add-on testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
N/A

Preferred Collection Volume:
Whole blood or bone marrow: 4mL; Purified DNA: 1µg

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements.

Specimen:
Blood, bone marrow, purified DNA

Reasons for Rejection:
Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
Panel includes varients in exon 4 of genes IDH1 and IDH2, and the tyrosine kinase domain of the fms-related tyrosine kinase 3 (FLT3-TKD).

Stability:
EDTA and ACD-A: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Purified DNA: indefinitely at -70°C

Storage/Transport Temperature:
Blood or bone marrow: Ambient (15-25°C) or Refrigerated (2-8°C); Purified DNA: Refrigerated (2-8°C) or Frozen (-20°C).

Synonyms:

- LAB5781, AMS, AML SNaPshot
- LAB5781-VML
- LAB5781VML

Performed:
Monday, Thursday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 days

Ordering Indicators:
Analysis of 37 common mutations in 3 genes (IDH1/IDH2/FLT3) to assist in diagnosis and determine treatment of acute myeloid leukemia (AML)

Interpretive Data:
This assay will detect the presence of tested variants with a sensitivity of roughly 2-10%.

Reference Interval:
Not detected

Additional Information:
Laboratory Developed Test

Methodology:
Multiplex PCR/multiplex base extension using the SNaPshot methodology; Laboratory Developed Test

Section:
Molecular Diagnostics

Sodium, Plasma or Serum

LAB122

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- NA, Sodium Blood, Sodium Level, LAB122
- LAB122-VML
- LAB122VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2 weeks; 2° to 8°C: 2 weeks; Frozen: 1 year

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- NA, Sodium Blood, Sodium Level, LAB122
- LAB122-VML
- LAB122VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Ion-Selective Electrode (Indirect)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Ion-Selective Electrode (Indirect)

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Pseudohyponatremia may occur in hyperlipemia or in hyperproteinemia.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 2 weeks; 2° to 8°C: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- NA, Sodium Blood, Sodium Level, LAB122
- LAB122-VML
- LAB122VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
Pseudohyponatremia may occur in hyperlipemia or in hyperproteinemia.

Methodology:
Ion-Selective Electrode (Indirect)

Section:
Chemistry

Sodium, Random, Urine

LAB444

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- SSU, Sodium Urine Spot, UNA, Urine Sodium Level, LAB444
- LAB444-VML
- LAB444VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 45 days; 2° to 8°C: 45 days; Frozen: 1 year

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SSU, Sodium Urine Spot, UNA, Urine Sodium Level, LAB444
- LAB444-VML
- LAB444VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Ion-selective electrode diluted (Indirect)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Reference intervals not established.

Interpretive Data:
N/A

Methodology:
Ion-selective electrode diluted (Indirect)

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 45 days; 2° to 8°C: 45 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- SSU, Sodium Urine Spot, UNA, Urine Sodium Level, LAB444
- LAB444-VML
- LAB444VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Reference intervals not established.

Additional Information:
N/A

Methodology:
Ion-selective electrode diluted (Indirect)

Section:
Chemistry

Sodium, Whole Blood

LAB4540

ORDERING INFO

Collect:
Heparinized syringe

Synonyms:

- NAW, Sodium Whole Blood, LAB4540
- LAB4540-VML
- LAB4540VML

Turn Around Time:
30 Minutes After Collection

SPECIMEN REQUIREMENTS

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
15° to 25°C: 30 Minutes

Specimen:
Venous blood

Alternate Specimen:
N/A

ORDERING

Synonyms:

- NAW, Sodium Whole Blood, LAB4540
- LAB4540-VML
- LAB4540VML

Performed:
Daily

Turn Around Time:
30 Minutes After Collection

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

RESULTS INTERPRETATION

Reference Interval:
136-144 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

ADDITIONAL INFORMATION

Section:
Misc Chemistry

Alternate Specimen:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Heparinized syringe

Specimen Preparation:
Collect whole blood in a heparized syringe at room temperature and transport to the lab within 30 minutes, tube must not be clotted (Min: 250ul)

Pediatric Collection:
Microtainers and pediatric bullets are unacceptable

Preferred Collection Volume:
1ml whole blood in a heperanized zyringe

Alternate Specimen:
N/A

Specimen:
Venous blood

Reasons for Rejection:
Clotted sample, microtainers or bullets

Stability:
15° to 25°C: 30 Minutes

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- NAW, Sodium Whole Blood, LAB4540
- LAB4540-VML
- LAB4540VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
30 Minutes After Collection

Reference Interval:
136-144 mmol/L

Methodology:
Ion-selevtive electrode, amperometric electrode, electrical conductivity, and optical absorbance

Section:
Misc Chemistry

Sol Interleukin 2 Rcptr-CINN

LAB4009

ORDERING INFO

Synonyms:

- LAB4009-VML
- LAB4009VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4009-VML
- LAB4009VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB4009-VML
- LAB4009VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Soluble Liver Antigen Antibody, IgG

LAB3827

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Anti-SLA-LP
- Anti-SLA/LP
- LAB3827-VML
- LAB3827VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun, Tue, Thu

ORDERING

Synonyms:

- Anti-SLA-LP
- Anti-SLA/LP
- LAB3827-VML
- LAB3827VML

Ordering Recommendations:
Recommended for the evaluation of autoimmune liver disease or hepatitis of unknown etiology.

Performed:
Sun, Tue, Thu

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Soluble Liver Antigen Antibody, IgG	24.9 U or less

Interpretive Data:
The presence of SLA antibodies has almost 100% specificity for autoimmune hepatitis, although only 12-30% have these antibodies. Thus, a negative SLA IgG test does not rule out autoimmune hepatitis.

Component	Interpretation
Soluble Liver Antigen Antibody, IgG	20.0 Units or less Negative 20.1-24.9 Equivocal 25.0 Units or greater Positive

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
83516

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Contaminated, heat-inactivated, hemolyzed, or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Anti-SLA-LP
- Anti-SLA/LP
- LAB3827-VML
- LAB3827VML

Performed:
Sun, Tue, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Recommended for the evaluation of autoimmune liver disease or hepatitis of unknown etiology.

Interpretive Data:
The presence of SLA antibodies has almost 100% specificity for autoimmune hepatitis, although only 12-30% have these antibodies. Thus, a negative SLA IgG test does not rule out autoimmune hepatitis.

Component	Interpretation
Soluble Liver Antigen Antibody, IgG	20.0 Units or less Negative 20.1-24.9 Equivocal 25.0 Units or greater Positive

Reference Interval:

Components	Reference Interval
Soluble Liver Antigen Antibody, IgG	24.9 U or less

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
83516

Soluble Transferrin Rcptr-MAYO

LAB3828

ORDERING INFO

Synonyms:

- LAB3828-VML
- LAB3828VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3828-VML
- LAB3828VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3828-VML
- LAB3828VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Somatostatin Quantitative, Plasma

LAB1095

ORDERING INFO

Collect:
Lavender (K_2 or K_3 EDTA). Collect in a prechilled tube.

Synonyms:

- LAB1095-VML
- LAB1095VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (K_2 or K_3 EDTA). Collect in a prechilled tube.

Specimen Preparation:
Separate plasma from cells ASAP. Transfer 1.8 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.6 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Thawed specimens. Grossly icteric or lipemic specimens.

Storage/Transport Temperature:
CRITICAL FROZEN.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 8 hours; Frozen: 28 days

Performed:
Varies

ORDERING

Synonyms:

- LAB1095-VML
- LAB1095VML

Performed:
Varies

Methodology:
Quantitative Extraction/Immunoassay

Reported:
7-14 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Extraction/Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
84307

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (K_2 or K_3 EDTA). Collect in a prechilled tube.

Specimen Preparation:
Separate plasma from cells ASAP. Transfer 1.8 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.6 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Thawed specimens. Grossly icteric or lipemic specimens.

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 8 hours; Frozen: 28 days

Storage/Transport Temperature:
CRITICAL FROZEN.

Synonyms:

- LAB1095-VML
- LAB1095VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
7-14 days

Reference Interval:
By report

Methodology:
Quantitative Extraction/Immunoassay

Section:
RF-ARUP

CPT Codes:
84307

Somatostatin Receptor 2 C-terminal (EP149) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath205

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- SSTR2A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SSTR2A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- SSTR2A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

SOX10 (BC34) Immunohistochemcial Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath206

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

SOX10 Red (BC34) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath207

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Special AT-rich Sequence Binding Protein 2 (EP281) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath208

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- SATB2

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SATB2

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- SATB2

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Specific Extractable Nuclear Antigen (ENA) Antibody Panel, serum or plasma

LAB3457

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB3457, ENA, ENA Panel
- LAB3457-VML
- LAB3457VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or Plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of systemic lupus erythematosus and other connective tissue diseases

Synonyms:

- LAB3457, ENA, ENA Panel
- LAB3457-VML
- LAB3457VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
SSA, SSB, Scl-70, Smith, Sm/RNP

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Positive results for these antibodies are suggestive of connective tissue diseases such as Systemic Lupus Erythematosus, Sjogren's Syndrome, Scleroderma, and Polymyositis.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
Includes SSA, SSB, SM/RNP, Scl-70, and SM assays.

Components:
SSA, SSB, Scl-70, Smith, Sm/RNP

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or Plasma

Reasons for Rejection:
Gross hemolysis

Components:
SSA, SSB, Scl-70, Smith, Sm/RNP

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB3457, ENA, ENA Panel
- LAB3457-VML
- LAB3457VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of systemic lupus erythematosus and other connective tissue diseases

Interpretive Data:
Positive results for these antibodies are suggestive of connective tissue diseases such as Systemic Lupus Erythematosus, Sjogren's Syndrome, Scleroderma, and Polymyositis.

Reference Interval:
Negative

Additional Information:
Includes SSA, SSB, SM/RNP, Scl-70, and SM assays.

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Sperm Antibodies, IgA and IgG

LAB3829

ORDERING INFO

Collect:
Plain red.

Synonyms:

- Anti-Sperm Antibodies (Sperm Antibodies, IgA and IgG)
- LAB3829-VML
- LAB3829VML

SPECIMEN REQUIREMENTS

Collect:
Plain red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Room temperature specimens. Seminal fluid.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 3 weeks

Performed:
Varies

ORDERING

Synonyms:

- Anti-Sperm Antibodies (Sperm Antibodies, IgA and IgG)
- LAB3829-VML
- LAB3829VML

Performed:
Varies

Methodology:
Immunoassay

Reported:
3-15 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
89325 x2

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red.

Specimen Preparation:
Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Room temperature specimens. Seminal fluid.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 3 weeks

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Synonyms:

- Anti-Sperm Antibodies (Sperm Antibodies, IgA and IgG)
- LAB3829-VML
- LAB3829VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-15 days

Reference Interval:
By report

Methodology:
Immunoassay

Section:
RF-ARUP

CPT Codes:
89325 x2

Spinal Muscular Atrophy (SMN 1/2) Del - ATH

LAB5970

ORDERING INFO

Synonyms:

- LAB5970-VML
- LAB5970VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5970-VML
- LAB5970VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB5970-VML
- LAB5970VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

SPUTUM CYTOLOGY

ORDERING INFO

Collect:
Clean specimen container

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Fresh specimen in a clean specimen container.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc. Special stains for fungus (GMS stain) or AFB can be ordered if applicable.

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation, tumor, or infectious process.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container

Specimen Preparation:
1. Collect specimen in a clean specimen container (min 1 mL). 2. Place Epic order for Cytology Non-Gyn/FNA. 3. Indicate specimen source and laterality when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minimum: Obtain as much as clinical judgement allows)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Fresh specimen in a clean specimen container.

Reasons for Rejection:
Mislabeled specimen, specimen received in glass container, specimen received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
Need patient history of prior or suspected malignancy; i.e., carcinoma, melanoma, lymphoma, etc. Special stains for fungus (GMS stain) or AFB can be ordered if applicable.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation, tumor, or infectious process.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
ThinPrep procedure

Section:
Cytology

SSA 52 and 60 (Ro) (ENA) Antibodies, IgG

LAB3830

ORDERING INFO

Collect:
Serum separator tube (SST).

Synonyms:

- Anti-Ro
- Ro
- Ro Autoantibodies
- Sjogren's Antibody
- Sjogren Syndrome
- SSA Autoantibodies
- Anti-SSA; Anti-SSA (Ro) (ENA) Antibody
- Anti-SSA
- Anti-SSA (Ro) (ENA) Antibody
- LAB3830-VML
- LAB3830VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube (SST).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Plasma or other body fluids. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Anti-Ro
- Ro
- Ro Autoantibodies
- Sjogren's Antibody
- Sjogren Syndrome
- SSA Autoantibodies
- Anti-SSA; Anti-SSA (Ro) (ENA) Antibody
- Anti-SSA
- Anti-SSA (Ro) (ENA) Antibody
- LAB3830-VML
- LAB3830VML

Ordering Recommendations:
May be useful as a secondary screen based on results of ANA test or if ANA IFA is negative and Sj&oumlgren syndrome, systemic lupus erythematosus (SLE), systemic sclerosis, or myositis is strongly suspected.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Multiplex Bead Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
SSA-52 (Ro52) (ENA) Antibody, IgG	40 AU/mL or less
SSA-60 (Ro60) (ENA) Antibody, IgG	40 AU/mL or less

Interpretive Data:

SSA-52 (Ro52) and/or SSA-60 (Ro60) antibodies are associated with a diagnosis of Sjögren syndrome, systemic lupus erythematosus (SLE), and systemic sclerosis. SSA-52 antibody overlaps significantly with the major SSc-related antibodies. SSA-52 (Ro52) antibody occurs frequently in patients with inflammatory myopathies, often in the presence of interstitial lung disease.

Component	Interpretation
SSA-52 (Ro52) (ENA) Antibody, IgG	29 AU/mL or Less: Negative 30-40 AU/mL: Equivocal 41 AU/mL or greater: Positive
SSA-60 (Ro60) (ENA) Antibody, IgG	29 AU/mL or Less: Negative 30-40 AU/mL: Equivocal 41 AU/mL or greater: Positive

Methodology:

Semi-Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:

86235 x2

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube (SST).

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:

Plasma or other body fluids. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Anti-Ro
- Ro
- Ro Autoantibodies
- Sjogren's Antibody
- Sjogren Syndrome
- SSA Autoantibodies
- Anti-SSA; Anti-SSA (Ro) (ENA) Antibody
- Anti-SSA
- Anti-SSA (Ro) (ENA) Antibody
- LAB3830-VML
- LAB3830VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

May be useful as a secondary screen based on results of ANA test or if ANA IFA is negative and Sj&oumlgren syndrome, systemic lupus erythematosus (SLE), systemic sclerosis, or myositis is strongly suspected.

Interpretive Data:

SSA-52 (Ro52) and/or SSA-60 (Ro60) antibodies are associated with a diagnosis of Sjögren syndrome, systemic lupus erythematosus (SLE), and systemic sclerosis. SSA-52 antibody overlaps significantly with the major SSc-related antibodies. SSA-52 (Ro52) antibody occurs frequently in patients with inflammatory myopathies, often in the presence of interstitial lung disease.

Component	Interpretation
SSA-52 (Ro52) (ENA) Antibody, IgG	29 AU/mL or Less: Negative 30-40 AU/mL: Equivocal 41 AU/mL or greater: Positive
SSA-60 (Ro60) (ENA) Antibody, IgG	29 AU/mL or Less: Negative 30-40 AU/mL: Equivocal 41 AU/mL or greater: Positive

Reference Interval:

Components	Reference Interval
SSA-52 (Ro52) (ENA) Antibody, IgG	40 AU/mL or less
SSA-60 (Ro60) (ENA) Antibody, IgG	40 AU/mL or less

Methodology:

Semi-Quantitative Multiplex Bead Assay

Section:

RF-ARUP

CPT Codes:

86235 x2

SSA IgG, serum or plasma

LAB344

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB344, Anti-SSA, Ro
- LAB344-VML
- LAB344VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of systemic lupus erythematosus and other connective tissue diseases

Synonyms:

- LAB344, Anti-SSA, Ro
- LAB344-VML
- LAB344VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
SSA IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result for SSA-52 (Ro52) and/or SSA-60 (Ro60) antibodies is consistent with connective tissue disease, such as Sjogren syndrome, systemic lupus erythematosus (SLE), systemic sclerosis and inflammatory myopathies.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
SSA IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
SSA IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB344, Anti-SSA, Ro
- LAB344-VML
- LAB344VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of systemic lupus erythematosus and other connective tissue diseases

Interpretive Data:
A positive result for SSA-52 (Ro52) and/or SSA-60 (Ro60) antibodies is consistent with connective tissue disease, such as Sjogren syndrome, systemic lupus erythematosus (SLE), systemic sclerosis and inflammatory myopathies.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

SSB IgG, serum or plasma

LAB345

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB345, Anti-SSB, La
- LAB345-VML
- LAB345VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of systemic lupus erythematosus and other connective tissue diseases

Synonyms:

- LAB345, Anti-SSB, La
- LAB345-VML
- LAB345VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
SSB IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive result for SS-B/La antibodies is consistent with connective tissue disease, such as Sjogren syndrome and systemic lupus erythematosus (SLE).

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
NA

Components:
SSB IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
SSB IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB345, Anti-SSB, La
- LAB345-VML
- LAB345VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used in conjuction with the ANA assay to evaluate patients with signs and symptoms of systemic lupus erythematosus and other connective tissue diseases

Interpretive Data:
A positive result for SS-B/La antibodies is consistent with connective tissue disease, such as Sjogren syndrome and systemic lupus erythematosus (SLE).

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Staphylococcus aureus screening culture

LAB234

ORDERING INFO

Collect:
Flocked Swab collected in eSwab® transport media (Liquid Aimes)

Synonyms:

- MRSA culture
- MSSA culture, SA Culture
- C SA
- LAB234-VML
- LAB234VML

Turn Around Time:
1-2 days. Positives are reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Flocked Swab collected in eSwab® transport media (Liquid Aimes)

Specimen Preparation:
N/A

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Stability:
Ambient: (15-25°C) 48 hours Refrigerated: (2-8°C) 48 hours

Specimen:
Nares swab

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Evaluation of colonization by Staphylococcus aureus (MSSA or MRSA)

Synonyms:

- MRSA culture
- MSSA culture, SA Culture
- C SA
- LAB234-VML
- LAB234VML

Turn Around Time:
1-2 days. Positives are reported as soon as detected.

Methodology:
Aerobic bacterial culture

Components:
Culture and identification

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
N/A

Methodology:
Aerobic bacterial culture

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Includes culture and identification. Susceptibility testing not routinely performed, other than methicillin resistance.

Components:
Culture and identification

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Flocked Swab collected in eSwab® transport media (Liquid Aimes)

Specimen Preparation:
N/A

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Nares swab

Reasons for Rejection:
Specimen received on cotton or calcium alginate swabs, leaking container, dry swabs. Frozen unacceptable.

Components:
Culture and identification

Stability:
Ambient: (15-25°C) 48 hours Refrigerated: (2-8°C) 48 hours

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- MRSA culture
- MSSA culture, SA Culture
- C SA
- LAB234-VML
- LAB234VML

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1-2 days. Positives are reported as soon as detected.

Ordering Indicators:
Evaluation of colonization by Staphylococcus aureus (MSSA or MRSA)

Interpretive Data:
N/A

Reference Interval:
Negative

Additional Information:
Includes culture and identification. Susceptibility testing not routinely performed, other than methicillin resistance.

Methodology:
Aerobic bacterial culture

Section:
Microbiology

STAT-6 (EP325) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath209

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Sterile container

LAB3145

ORDERING INFO

Collect:
Prefer collection tube kit for CSF labeled with numbers one through 4

Synonyms:

- HSF, Hematology spinal fluid
- LAB3145-VML
- LAB3145VML

Turn Around Time:
48 hours (excluding weekends and holidays) for routine cases. Cases with concomitant flow cytometry may require a longer turn-around time

SPECIMEN REQUIREMENTS

Patient Preparation:
Lab must be informed if the patient had prior or has suspected Leukemia or Lymphoma. For patients with a history of or suspected carcinoma (or malignancy other than Heme), it is recommended that CSF Cytology (Test code CYC) be ordered and sent to Cytopathology

Collect:
Prefer collection tube kit for CSF labeled with numbers one through 4

Specimen Preparation:
(Min. 0.4 ml spinal fluid)

Pediatric Collection:
400 microliters of specimen

Storage/Transport Temperature:
Recommend walking CSF specimens directly to Specimen Processing

Performed:
Monday-Friday

Stability:
Room temperature for 2 hours, refrigerate if longer

Specimen:
CSF: Fresh specimen; deliver to the lab immediately

Alternate Specimen:
Sterile Container

ORDERING

Ordering Indicators:
Lab test is to detect if the patient has Leukemia or Lymphoma. For patients with a history of or suspected Carcinoma (or malignancy other than Heme), it is recommended that CSF Cytology (Test code CYC) be ordered and sent to Cytopathology

Synonyms:

- HSF, Hematology spinal fluid
- LAB3145-VML
- LAB3145VML

Performed:
Monday-Friday

Turn Around Time:
48 hours (excluding weekends and holidays) for routine cases. Cases with concomitant flow cytometry may require a longer turn-around time

Methodology:
Wright stained cytospin slide of CSF fluid

Components:
Test performed: Yes/No; separate written report generated by hematolpathologist

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Traumatic tap

Methodology:
Wright stained cytospin slide of CSF fluid

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
Sterile Container

Additional Information:
N/A

Components:
Test performed: Yes/No; separate written report generated by hematolpathologist

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Prefer collection tube kit for CSF labeled with numbers one through 4

Specimen Preparation:
(Min. 0.4 ml spinal fluid)

Pediatric Collection:
400 microliters of specimen

Preferred Collection Volume:
400 microliters minimum

Alternate Specimen:
Sterile Container

Patient Preparation:
Lab must be informed if the patient had prior or has suspected Leukemia or Lymphoma. For patients with a history of or suspected carcinoma (or malignancy other than Heme), it is recommended that CSF Cytology (Test code CYC) be ordered and sent to Cytopathology

Specimen:
CSF: Fresh specimen; deliver to the lab immediately

Reasons for Rejection:
QNS

Components:
Test performed: Yes/No; separate written report generated by hematolpathologist

Stability:
Room temperature for 2 hours, refrigerate if longer

Storage/Transport Temperature:
Recommend walking CSF specimens directly to Specimen Processing

Synonyms:

- HSF, Hematology spinal fluid
- LAB3145-VML
- LAB3145VML

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
48 hours (excluding weekends and holidays) for routine cases. Cases with concomitant flow cytometry may require a longer turn-around time

Ordering Indicators:
Lab test is to detect if the patient has Leukemia or Lymphoma. For patients with a history of or suspected Carcinoma (or malignancy other than Heme), it is recommended that CSF Cytology (Test code CYC) be ordered and sent to Cytopathology

Interpretive Data:
Traumatic tap

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Wright stained cytospin slide of CSF fluid

Section:
Hematology

Steroidogenic Factor 1 (N1665) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath203

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- SF-1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SF-1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- SF-1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Stiripentol, Srm or Plsm-NMS

LAB4013

ORDERING INFO

Synonyms:

- LAB4013-VML
- LAB4013VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4013-VML
- LAB4013VML

ADDITIONAL INFORMATION

Section:

RF-NMS

Resulting Laboratory:

NMS Laboratories

FULL VIEW

Synonyms:

- LAB4013-VML
- LAB4013VML

Resulting Laboratory:

NMS Laboratories

Section:

RF-NMS

Links:

Test Sent to Reference Lab. Click Here for Test Details

Stone Anly Kidney-BECK

LAB3220

ORDERING INFO

Synonyms:

- LAB3220-VML
- LAB3220VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3220-VML
- LAB3220VML

ADDITIONAL INFORMATION

Section:

RF-BECK

Resulting Laboratory:

Beck Laboratories

FULL VIEW

Synonyms:

- LAB3220-VML
- LAB3220VML

Resulting Laboratory:

Beck Laboratories

Section:

RF-BECK

Links:

Test Sent to Reference Lab. Click Here for Test Details

Stratify JCV-QSTD

LAB4014

ORDERING INFO

Synonyms:

- LAB4014-VML
- LAB4014VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4014-VML
- LAB4014VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB4014-VML
- LAB4014VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Streptolysin O Antibody (ASO)

LAB6066

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Streptococcal antibodies
- Anti-Streptolysin O Antibody
- ASO antibody test
- LAB6066-VML
- LAB6066VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 8 days; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Streptococcal antibodies
- Anti-Streptolysin O Antibody
- ASO antibody test
- LAB6066-VML
- LAB6066VML

Ordering Recommendations:
Confirm a prior infection with group A Streptococcus in patients suspected of having a nonsuppurative complication such as acute glomerulonephritis (AGN) or acute rheumatic fever (ARF). DNase-B Antibody (0050220) and Streptolysin O Antibody (ASO) (0050095) antibody tests are generally ordered concurrently.

Performed:
Sun-Sat

Methodology:
Quantitative Nephelometry

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
0-1 year: Less than 200 IU/mL
2-12 years: Less than 240 IU/mL
13 years and older: Less than 330 IU/mL

Interpretive Data:
Elevated titers of antideoxyribonuclease B antibody (anti-DNase B) or antistreptolysin O antibody (ASO) indicate a recent group A Streptococcus infection. Anti-DNase B antibodies typically remain elevated longer than ASO and may remain elevated for several months after infection. Patients suspected of having complications related to a recent Streptococcus infection such as acute glomerulonephritis or acute rheumatic fever may have elevated anti-DNase B but normal ASO antibody titers. A negative or very low anti-DNase B and ASO antibody titers, especially from a specimen tested 2 weeks after a suspected infection, indicates unlikely incidence of a recent Streptococcus infection.

Methodology:
Quantitative Nephelometry

ADDITIONAL INFORMATION

CPT Codes:
86060

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.4 mL)

Unacceptable Conditions:
Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 8 hours; Refrigerated: 8 days; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Streptococcal antibodies
- Anti-Streptolysin O Antibody
- ASO antibody test
- LAB6066-VML
- LAB6066VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Confirm a prior infection with group A Streptococcus in patients suspected of having a nonsuppurative complication such as acute glomerulonephritis (AGN) or acute rheumatic fever (ARF). DNase-B Antibody (0050220) and Streptolysin O Antibody (ASO) (0050095) antibody tests are generally ordered concurrently.

Interpretive Data:
Elevated titers of antideoxyribonuclease B antibody (anti-DNase B) or antistreptolysin O antibody (ASO) indicate a recent group A Streptococcus infection. Anti-DNase B antibodies typically remain elevated longer than ASO and may remain elevated for several months after infection. Patients suspected of having complications related to a recent Streptococcus infection such as acute glomerulonephritis or acute rheumatic fever may have elevated anti-DNase B but normal ASO antibody titers. A negative or very low anti-DNase B and ASO antibody titers, especially from a specimen tested 2 weeks after a suspected infection, indicates unlikely incidence of a recent Streptococcus infection.

Reference Interval:
0-1 year: Less than 200 IU/mL
2-12 years: Less than 240 IU/mL
13 years and older: Less than 330 IU/mL

Methodology:
Quantitative Nephelometry

Section:
RF-ARUP

CPT Codes:
86060

Succinate Dehydrogenase (21A11AE7) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath210

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- SDHB

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- SDHB

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- SDHB

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Sulfate-3-Glucuronyl Paragloboside (SGPG) Antibody, IgM

LAB3832

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- SGPG IgM
- SGPG Ab
- SGPG Antibody
- LAB3832-VML
- LAB3832VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Plasma or urine. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Performed:
Tue

ORDERING

Synonyms:

- SGPG IgM
- SGPG Ab
- SGPG Antibody
- LAB3832-VML
- LAB3832VML

Ordering Recommendations:
Non-panel testing for autoimmune neuropathies. Test by itself is not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

Performed:
Tue

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
Less than 1.00 IV

Interpretive Data:
The majority of SGPG IgM positive sera will show reactivity against MAG. Patients that are SGPG IgM positive and MAG IgM negative may have multi-focal motor neuropathy with conduction block.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
83516

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Unacceptable Conditions:
Plasma or urine. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- SGPG IgM
- SGPG Ab
- SGPG Antibody
- LAB3832-VML
- LAB3832VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Non-panel testing for autoimmune neuropathies. Test by itself is not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

Interpretive Data:
The majority of SGPG IgM positive sera will show reactivity against MAG. Patients that are SGPG IgM positive and MAG IgM negative may have multi-focal motor neuropathy with conduction block.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Less than 1.00 IV

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
83516

Sulfatide AutoAbs-ATH

LAB4015

ORDERING INFO

Synonyms:

- LAB4015-VML
- LAB4015VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4015-VML
- LAB4015VML

ADDITIONAL INFORMATION

Section:

RF-ATH

Resulting Laboratory:

Athena Diagnostics

FULL VIEW

Synonyms:

- LAB4015-VML
- LAB4015VML

Resulting Laboratory:

Athena Diagnostics

Section:

RF-ATH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Sulfonamides, Quantitative, Serum or Plasma

LAB6074

ORDERING INFO

Collect:
Plain Red, Lavender (K_2 or K_3EDTA), or Pink (K_2EDTA).

Synonyms:

- Sulfadiazine
- Sulfamethizole
- Sulfamethoxazole
- Sulfapyridine
- Sulfasalazine
- Sulfisoxazole
- LAB6074-VML
- LAB6074VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red, Lavender (K_2 or K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 3 months; Frozen: 3 months

Performed:
Varies

ORDERING

Synonyms:

- Sulfadiazine
- Sulfamethizole
- Sulfamethoxazole
- Sulfapyridine
- Sulfasalazine
- Sulfisoxazole
- LAB6074-VML
- LAB6074VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Varies

Methodology:
Quantitative Spectrophotometry

Reported:
8-11 days

Notes:
Interfering substances: Acetaminophen; Benzocaine; Furosemide; Lidocaine; para-aminobenzoic acid; Thaizide diuretics.

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative Spectrophotometry

ADDITIONAL INFORMATION

CPT Codes:
80375 (Alt code: G0480)

Section:
RF-ARUP

Notes:
Interfering substances: Acetaminophen; Benzocaine; Furosemide; Lidocaine; para-aminobenzoic acid; Thaizide diuretics.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (K_2 or K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 3 months; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Frozen.

Synonyms:

- Sulfadiazine
- Sulfamethizole
- Sulfamethoxazole
- Sulfapyridine
- Sulfasalazine
- Sulfisoxazole
- LAB6074-VML
- LAB6074VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Reference Interval:
By report

Methodology:
Quantitative Spectrophotometry

Section:
RF-ARUP

CPT Codes:
80375 (Alt code: G0480)

Notes:
Interfering substances: Acetaminophen; Benzocaine; Furosemide; Lidocaine; para-aminobenzoic acid; Thaizide diuretics.

Sulfonylurea Hypoglycemics PnI-ARUP

LAB4016

ORDERING INFO

Synonyms:

- LAB4016-VML
- LAB4016VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4016-VML
- LAB4016VML

ADDITIONAL INFORMATION

Section:

RF-AMB

Resulting Laboratory:

Ambry Genetics

FULL VIEW

Synonyms:

- LAB4016-VML
- LAB4016VML

Resulting Laboratory:

Ambry Genetics

Section:

RF-AMB

Links:

Test Sent to Reference Lab. Click Here for Test Details

Sweat Chloride Analysis, Macroduct sweat collection system

LAB1726

ORDERING INFO

Collect:

2 Macroduct sweat collection system (one for left wrist and one for right)

Synonyms:

- LAB1726, SWT
- LAB1726-VML
- LAB1726VML

Turn Around Time:

1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:

Powder free gloves are to be worn when performing sweat chloride collection and testing. Patient should avoid use of lotions or creams prior to sample collection. The patient's skin should be properly cleaned prior to collecting the sweat.

Collect:

2 Macroduct sweat collection system (one for left wrist and one for right)

Specimen Preparation:

Schedule collection with Respiratory Care, 615-936-2994 (Minimum 15 microliters sweat)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Sample should be sent to lab through pneumatic tube system. Sample will be received by specimen receiving and delivered to bench to be tested.

Performed:

Monday - Friday

Stability:

Ambient (15-25°C): 6 hours

Specimen:

Sweat

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

This test would be ordered to confirm a suspected cystic fibrosis (CF) diagnosis. The presence of CF is usually suggested by family history of an affected sibling, physical exmaination, and X-ray findings.

Synonyms:

- LAB1726, SWT
- LAB1726-VML
- LAB1726VML

Performed:
Monday - Friday

Turn Around Time:
1 hour

Methodology:
Digital Chloridometer

Components:
Sweat Volume, R Sweat Volume, L Chloride Sweat, R Chloride Sweat, L

RESULTS INTERPRETATION

Reference Interval:
Normal: < 30 mmol/L; Intermediate: 30-59 mmol/L; Abnormal: >/= 60 mmol/L Source: 2019 CLSI guidelines

Interpretive Data:
Any salts containing chloride or other halides (halogens) such as fluoride, bormide, or iodide will interfere and cause an elevated reading. Halides including chloride may be present in lotions or creams, so it is important that the patient's skin is properly cleaned prior to collecting the sweat. Improperly cleaned skin prior to sweat collection can lead to false positive results. There is no relationship between the value of the sweat chloride and the severity of the disease, although patients diagnosed later in life tend to have lower sweat values, possibly reflecting less severer phenotypes.

Methodology:
Digital Chloridometer

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Testing is only performed during 1st shift.

Components:
Sweat Volume, R Sweat Volume, L Chloride Sweat, R Chloride Sweat, L

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
2 Macroduct sweat collection system (one for left wrist and one for right)

Specimen Preparation:
Schedule collection with Respiratory Care, 615-936-2994 (Minimum 15 microliters sweat)

Pediatric Collection:
N/A

Preferred Collection Volume:
25 microliters sweat

Alternate Specimen:
N/A

Patient Preparation:
Powder free gloves are to be worn when performing sweat chloride collection and testing. Patient should avoid use of lotions or creams prior to sample collection. The patient's skin should be properly cleaned prior to collecting the sweat.

Specimen:
Sweat

Reasons for Rejection:
QNS

Components:
Sweat Volume, R Sweat Volume, L Chloride Sweat, R Chloride Sweat, L

Stability:
Ambient (15-25°C): 6 hours

Storage/Transport Temperature:
Sample should be sent to lab through pneumatic tube system. Sample will be received by specimen receiving and delivered to bench to be tested.

Synonyms:

- LAB1726, SWT
- LAB1726-VML
- LAB1726VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 hour

Ordering Indicators:
This test would be ordered to confirm a suspected cystic fibrosis (CF) diagnosis. The presence of CF is usually suggested by family history of an affected sibling, physical exmaination, and X-ray findings.

Interpretive Data:
Any salts containing chloride or other halides (halogens) such as fluoride, bormide, or iodide will interfere and cause an elevated reading. Halides including chloride may be present in lotions or creams, so it is important that the patient's skin is properly cleaned prior to collecting the sweat. Improperly cleaned skin prior to sweat collection can lead to false positive results. There is no relationship between the value of the sweat chloride and the severity of the disease, although patients diagnosed later in life tend to have lower sweat values, possibly reflecting less severer phenotypes.

Reference Interval:
Normal: < 30 mmol/L; Intermediate: 30-59 mmol/L; Abnormal: >/= 60 mmol/L Source: 2019 CLSI guidelines

Additional Information:
Testing is only performed during 1st shift.

Methodology:
Digital Chloridometer

Section:
Special Chemistry

Synaptophysin (27G12) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath211

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Synovial Fl Eval

LAB213

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- Synovial Fl Eval, LAB213, Synovial Fluid
- LAB213-VML
- LAB213VML

Turn Around Time:
Stat: 2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
MD to collect - deliver to the lab immediately. Indicate source.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Room Temperature

Performed:
Daily

Stability:
Room Temperature

Specimen:
Synovial fluid

Alternate Specimen:
Lavender top (EDTA), Sodium Heparin(Dark Green), Red top tube(no gel)

ORDERING

Ordering Indicators:
Infection/inflammation in joint, trauma to joint

Synonyms:

- Synovial Fl Eval, LAB213, Synovial Fluid
- LAB213-VML
- LAB213VML

Performed:
Daily

Turn Around Time:
Stat: 2 hours

Methodology:
Manual exam or automated count

Components:
Cell count, 2 part differential, specific gravity, crystals

RESULTS INTERPRETATION

Reference Interval:
Pale yellow and clear, highly viscous with no cells in fluid

Interpretive Data:
N/A

Methodology:
Manual exam or automated count

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
Lavender top (EDTA), Sodium Heparin(Dark Green), Red top tube(no gel)

Additional Information:
N/A

Components:
Cell count, 2 part differential, specific gravity, crystals

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
MD to collect - deliver to the lab immediately. Indicate source.

Pediatric Collection:
N/A

Preferred Collection Volume:
3-5 mL

Alternate Specimen:
Lavender top (EDTA), Sodium Heparin(Dark Green), Red top tube(no gel)

Patient Preparation:
N/A

Specimen:
Synovial fluid

Reasons for Rejection:
Clotted, QNS

Components:
Cell count, 2 part differential, specific gravity, crystals

Stability:
Room Temperature

Storage/Transport Temperature:
Room Temperature

Synonyms:

- Synovial Fl Eval, LAB213, Synovial Fluid
- LAB213-VML
- LAB213VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 2 hours

Ordering Indicators:
Infection/inflammation in joint, trauma to joint

Interpretive Data:
N/A

Reference Interval:
Pale yellow and clear, highly viscous with no cells in fluid

Additional Information:
N/A

Methodology:
Manual exam or automated count

Section:
Hematology

Synthetic Glucocorticoid Scrn-MAYO

LAB3896

ORDERING INFO

Synonyms:

- LAB3896-VML
- LAB3896VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3896-VML
- LAB3896VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3896-VML
- LAB3896VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

T -Cell Gene Rearrangement, Whole blood, bone marrow, tissue

LAB3042

ORDERING INFO

Collect:

Lavendar tube (EDTA)

Synonyms:

- LAB3042, T-Cell Clonality, T gamma, TCR, gamma gene rearrangement
- LAB3042-VML
- LAB3042VML

Turn Around Time:

10 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Collect:

Lavendar tube (EDTA)

Specimen Preparation:

Paraffin embedded tissue block or Cytology specimen (preferred). Required tumor burden 15%, please include surgical pathology report. Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:

Two Lavender microtainers (EDTA), bone marrow, or paraffin embedded tissue

Storage/Transport Temperature:

EDTA and ACD-A tubes: Ambient (15-25°C) or Refrigerated (2-8°C); paraffin block: Ambient (15-25°C); purified DNA: Refrigerated (2-8°C) or Frozen (-20°C); CSF: Refrigerated (2-8°C)

Performed:

Tuesday or Wednesday

Stability:

EDTA and ACD-A tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Paraffin block: indefinitely; Purified DNA: indefinitely at -70°C; CSF - call Molecular Diagnostics Lab at 615-343-8121

Specimen:

Whole blood, bone marrow, paraffin embedded tissue, purified DNA, CSF

Alternate Specimen:

Yellow tube (ACD-A)

ORDERING

Ordering Indicators:

Used to determine whether T-cell clonality is present to aid in the diagnosis and monitoring of T-cell lymphoproliferative disorders.

Synonyms:

- LAB3042, T-Cell Clonality, T gamma, TCR, gamma gene rearrangement
- LAB3042-VML
- LAB3042VML

Performed:
Tuesday or Wednesday

Turn Around Time:
10 days

Methodology:
Fluorescent PCR using primers specific for regions Vgamma 2 - Vgamma11, Jgamma1, and Jgamma2 with fragment size analysis by capillary electrophoresis. Laboratory Developed Test

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
No detection of clonal population

Interpretive Data:
Provides a semi-quantitative assessment of T-cell clonality. Clinical correlation is required.

Methodology:
Fluorescent PCR using primers specific for regions Vgamma 2 - Vgamma11, Jgamma1, and Jgamma2 with fragment size analysis by capillary electrophoresis. Laboratory Developed Test

ADDITIONAL INFORMATION

Section:
Molecular Diagnostics

Alternate Specimen:
Yellow tube (ACD-A)

Additional Information:
Laboratory Developed Test

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Paraffin embedded tissue block or Cytology specimen (preferred). Required tumor burden 15%, please include surgical pathology report. Curls and unstained slides should be cut 10 micron thick with two accompanying H&E stained slides cut before and after unstained slides or curls. Tissue blocks will be returned after testing. (Min 0.5mL whole blood or bone marrow)

Pediatric Collection:
Two Lavender microtainers (EDTA), bone marrow, or paraffin embedded tissue

Preferred Collection Volume:
Blood or bone marrow: 4mL; Paraffin embedded tissue: block, 5-10 unstained slides, or 5 curls; Purified DNA: 1µg

Alternate Specimen:
Yellow tube (ACD-A)

Patient Preparation:
Call the Molecular Diagnostics Laboratory at 615-343-8121 if additional assistance is needed regarding specimen requirements or submission or if patient has received a transfusion in the prior 2 weeks.

Specimen:
Whole blood, bone marrow, paraffin embedded tissue, purified DNA, CSF

Reasons for Rejection:
Defcalcification (paraffin embedded tissue). Client will be notified by Molecular Diagnostics Lab if specimen is rejected. Externally extracted DNA received for clinical testing will only be accepted from CLIA-certified laboratories or laboratories meeting equivalent requirements.

Components:
N/A

Stability:
EDTA and ACD-A tubes: Ambient (15-25°C): 2 days, Refrigerated (2-8°C)C: 7 days; Paraffin block: indefinitely; Purified DNA: indefinitely at -70°C; CSF - call Molecular Diagnostics Lab at 615-343-8121

Storage/Transport Temperature:
EDTA and ACD-A tubes: Ambient (15-25°C) or Refrigerated (2-8°C); paraffin block: Ambient (15-25°C); purified DNA: Refrigerated (2-8°C) or Frozen (-20°C); CSF: Refrigerated (2-8°C)

Synonyms:

- LAB3042, T-Cell Clonality, T gamma, TCR, gamma gene rearrangement
- LAB3042-VML
- LAB3042VML

Performed:
Tuesday or Wednesday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
10 days

Ordering Indicators:
Used to determine whether T-cell clonality is present to aid in the diagnosis and monitoring of T-cell lymphoproliferative disorders.

Interpretive Data:
Provides a semi-quantitative assessment of T-cell clonality. Clinical correlation is required.

Reference Interval:
No detection of clonal population

Additional Information:
Laboratory Developed Test

Methodology:
Fluorescent PCR using primers specific for regions Vgamma 2 - Vgamma11, Jgamma1, and Jgamma2 with fragment size analysis by capillary electrophoresis. Laboratory Developed Test

Section:
Molecular Diagnostics

T Uptake

LAB6506

ORDERING INFO

Collect:
Serum Separator Tube (SST). Also acceptable: Lavender (K2EDTA or K3EDTA), pink (K2EDTA), or green (lithium heparin).

Synonyms:

- T3 Uptake
- T4 uptake, S
- T4U, serum
- TBC
- THBR
- Thyroid binding ratio
- Triiodothyronine uptake, serum
- Thyroxine-binding capacity
- Thyroxine-binding index
- LAB6506-VML
- LAB6506VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST). Also acceptable: Lavender (K2EDTA or K3EDTA), pink (K2EDTA), or green (lithium heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation of cells: Ambient: 8 days; Refrigerated: 2 weeks; Frozen: 2 years

Performed:
Sun-Sat

ORDERING

Synonyms:

- T3 Uptake
- T4 uptake, S
- T4U, serum
- TBC
- THBR
- Thyroid binding ratio
- Triiodothyronine uptake, serum
- Thyroxine-binding capacity
- Thyroxine-binding index
- LAB6506-VML
- LAB6506VML

Ordering Recommendations:
Not recommended for routine thyroid disorder screening; for initial screening, refer to Thyroid Stimulating Hormone (0070145).The preferred alternative to this test is Thyroxine, Free (Free T4) (0070138).

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay (ECLIA)

Reported:
Within 24 hours

Notes:
T uptake is of little clinical value alone; it is used to determine the free thyroxine index.

RESULTS INTERPRETATION

Reference Interval:
0.8-1.3 TBI

Interpretive Data:
Thyroxine, Free (Free T4) (0070138) is the preferred test alternative for T Uptake and Free Thyroxine Index tests.

Methodology:
Quantitative Electrochemiluminescent Immunoassay (ECLIA)

ADDITIONAL INFORMATION

CPT Codes:
84479

Section:
RF-ARUP

Notes:
T uptake is of little clinical value alone; it is used to determine the free thyroxine index.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST). Also acceptable: Lavender (K2EDTA or K3EDTA), pink (K2EDTA), or green (lithium heparin).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation of cells: Ambient: 8 days; Refrigerated: 2 weeks; Frozen: 2 years

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- T3 Uptake
- T4 uptake, S
- T4U, serum
- TBC
- THBR
- Thyroid binding ratio
- Triiodothyronine uptake, serum
- Thyroxine-binding capacity
- Thyroxine-binding index
- LAB6506-VML
- LAB6506VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Not recommended for routine thyroid disorder screening; for initial screening, refer to Thyroid Stimulating Hormone (0070145).The preferred alternative to this test is Thyroxine, Free (Free T4) (0070138).

Interpretive Data:
Thyroxine, Free (Free T4) (0070138) is the preferred test alternative for T Uptake and Free Thyroxine Index tests.

Reference Interval:
0.8-1.3 TBI

Methodology:
Quantitative Electrochemiluminescent Immunoassay (ECLIA)

Section:
RF-ARUP

CPT Codes:
84479

Notes:
T uptake is of little clinical value alone; it is used to determine the free thyroxine index.

Tacrolimus Trough Level, whole blood

LAB876

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- LAB876, FK5, Tacro, Prograf
- LAB876-VML
- LAB876VML

Turn Around Time:
24 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimens should be drawn immediately prior to dosing.

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Draw immediately before next dose at steady state. Ship in approved containers. (Minimum 0.5 mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerate: 1 week

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is used in the monitoring of tacrolimus in therapeutic intervention.

Synonyms:

- LAB876, FK5, Tacro, Prograf
- LAB876-VML
- LAB876VML

Performed:
Daily

Turn Around Time:
24 hours

Methodology:
CMIA

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Organ specific ranges apply

Interpretive Data:
The optimal therapeutic range for a given patient may differ based on the indication for therapy, treatment phase (initiation or maintenance), use in combination with other drugs, time of specimen collection relative to prior dose, type of transplanted organ, and/or the therapeutic approach of the transplant center.

Methodology:
CMIA

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Must be in lab by 1 pm for same day analysis. Not available STAT. Sample cannot be spun down.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Draw immediately before next dose at steady state. Ship in approved containers. (Minimum 0.5 mL)

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
N/A

Patient Preparation:
Specimens should be drawn immediately prior to dosing.

Specimen:
Whole blood

Reasons for Rejection:
Clotted specimen, frozen specimen, spun down specimen, QNS

Components:
N/A

Stability:
Refrigerate: 1 week

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB876, FK5, Tacro, Prograf
- LAB876-VML
- LAB876VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
24 hours

Ordering Indicators:
This test is used in the monitoring of tacrolimus in therapeutic intervention.

Interpretive Data:
The optimal therapeutic range for a given patient may differ based on the indication for therapy, treatment phase (initiation or maintenance), use in combination with other drugs, time of specimen collection relative to prior dose, type of transplanted organ, and/or the therapeutic approach of the transplant center.

Reference Interval:
Organ specific ranges apply

Additional Information:
Must be in lab by 1 pm for same day analysis. Not available STAT. Sample cannot be spun down.

Methodology:
CMIA

Section:
Special Chemistry

Tapentadol, Urine, Quantitative

LAB3241

ORDERING INFO

Collect:
Random urine.

Synonyms:

- urine tapentadol concentration
- Nucynta
- Tapentadol, Quantitative, Urine
- LAB3241-VML
- LAB3241VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 2 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years.

Performed:
Mon

ORDERING

Synonyms:

- urine tapentadol concentration
- Nucynta
- Tapentadol, Quantitative, Urine
- LAB3241-VML
- LAB3241VML

Ordering Recommendations:
Preferred test to follow-up presumptive results. For general screening, Tapentadol Urine Screen with Reflex to Quantitation (2012294) is preferred.

Performed:
Mon

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Drugs Covered	Cutoff Concentrations
Tapentadol	50 ng/mL

Interpretive Data:
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Positive Cutoff:
Tapentadol: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80372 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Random urine.

Specimen Preparation:
Transfer 2 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 1 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years.

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- urine tapentadol concentration
- Nucynta
- Tapentadol, Quantitative, Urine
- LAB3241-VML
- LAB3241VML

Performed:
Mon

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Ordering Recommendations:
Preferred test to follow-up presumptive results. For general screening, Tapentadol Urine Screen with Reflex to Quantitation (2012294) is preferred.

Interpretive Data:
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Positive Cutoff:
Tapentadol: 50 ng/mL

For medical purposes only; not valid for forensic use.

The absence of expected drug(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Reference Interval:

Drugs Covered	Cutoff Concentrations
Tapentadol	50 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80372 (Alt code: G0480)

TBX5 Gene Anly-GNDX

LAB3339

ORDERING INFO

Synonyms:

- LAB3339-VML
- LAB3339VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3339-VML
- LAB3339VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3339-VML
- LAB3339VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

TCL-1 (MRQ-7) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath213

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

TCR Beta (BSB-117) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath214

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

TCR Delta (H-41) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath215

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

TCR Vbeta-CINN

LAB4019

ORDERING INFO

Synonyms:

- LAB4019-VML
- LAB4019VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4019-VML
- LAB4019VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB4019-VML
- LAB4019VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

Terminal Deoxynucleotidyl Transferase (SEN28) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath216

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- TdT

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TdT

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- TdT

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Testosterone (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy)

LAB3839

ORDERING INFO

Collect:
Serum separator tube or green (sodium or lithium heparin).

Synonyms:

- Total Testosterone
- LAB3839-VML
- LAB3839VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect between 6-10 a.m.

Collect:
Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.2 mL)

Unacceptable Conditions:
EDTA plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Total Testosterone
- LAB3839-VML
- LAB3839VML

Ordering Recommendations:
Use this mass spectrometry test to measure a wide range of testosterone concentrations. Most useful when low concentrations are expected, regardless of the patient's sex assigned at birth. Use to monitor testosterone-suppressing hormone therapies (eg, antiandrogens or estrogens). Free or bioavailable testosterone measurements may provide supportive information.To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Effective August 19, 2013

Age	Female	Male
Premature (26-28 weeks)	5-16 ng/dL	59-125 ng/dL
Premature (31-35 weeks)	5-22 ng/dL	37-198 ng/dL
Newborn	20-64 ng/dL	75-400 ng/dL
1-5 months	Less than 20 ng/dL	14-363 ng/dL
6-24 months	Less than 9 ng/dL	Less than 37 ng/dL
2-3 years	Less than 20 ng/dL	Less than 15 ng/dL
4-5 years	Less than 30 ng/dL	Less than 19 ng/dL
6-7 years	Less than 7 ng/dL	Less than 13 ng/dL
8-9 years	1-11ng/dL	2-8 ng/dL
10-11 years	3-32 ng/dL	2-165 ng/dL
12-13 years	6-50 ng/dL	3-619 ng/dL
14-15 years	6-52 ng/dL	31-733 ng/dL
16-17 years	9-58 ng/dL	158-826 ng/dL
18-39 years	9-55 ng/dL	300-1080 ng/dL
40-59 years	9-55 ng/dL	300-890 ng/dL
60 years and older	5-32 ng/dL	300-720 ng/dL
Premenopausal (18 years and older)	9-55 ng/dL	Does Not Apply
Postmenopausal	5-32 ng/dL	Does Not Apply
Tanner Stage I	2-17 ng/dL	2-15 ng/dL
Tanner Stage II	5-40 ng/dL	3-303 ng/dL
Tanner Stage III	10-63 ng/dL	10-851 ng/dL
Tanner Stage IV-V	11-62 ng/dL	162-847 ng/dL

Interpretive Data:

Free or bioavailable testosterone measurements may provide supportive information.

For individuals on testosterone-suppressing hormone therapies (e.g., antiandrogens or estrogens), refer to cisgender female reference intervals. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0081058.

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

84403

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.2 mL)

Patient Preparation:

Collect between 6-10 a.m.

Unacceptable Conditions:

EDTA plasma.

Stability (from collection to initiation):

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Total Testosterone
- LAB3839-VML
- LAB3839VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Use this mass spectrometry test to measure a wide range of testosterone concentrations. Most useful when low concentrations are expected, regardless of the patient's sex assigned at birth. Use to monitor testosterone-suppressing hormone therapies (eg, antiandrogens or estrogens). Free or bioavailable testosterone measurements may provide supportive information.To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Interpretive Data:
Free or bioavailable testosterone measurements may provide supportive information.

For individuals on testosterone-suppressing hormone therapies (e.g., antiandrogens or estrogens), refer to cisgender female reference intervals. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0081058.

Reference Interval:
Effective August 19, 2013

Age	Female	Male
Premature (26-28 weeks)	5-16 ng/dL	59-125 ng/dL
Premature (31-35 weeks)	5-22 ng/dL	37-198 ng/dL
Newborn	20-64 ng/dL	75-400 ng/dL
1-5 months	Less than 20 ng/dL	14-363 ng/dL
6-24 months	Less than 9 ng/dL	Less than 37 ng/dL
2-3 years	Less than 20 ng/dL	Less than 15 ng/dL
4-5 years	Less than 30 ng/dL	Less than 19 ng/dL
6-7 years	Less than 7 ng/dL	Less than 13 ng/dL
8-9 years	1-11ng/dL	2-8 ng/dL
10-11 years	3-32 ng/dL	2-165 ng/dL
12-13 years	6-50 ng/dL	3-619 ng/dL
14-15 years	6-52 ng/dL	31-733 ng/dL
16-17 years	9-58 ng/dL	158-826 ng/dL
18-39 years	9-55 ng/dL	300-1080 ng/dL
40-59 years	9-55 ng/dL	300-890 ng/dL
60 years and older	5-32 ng/dL	300-720 ng/dL
Premenopausal (18 years and older)	9-55 ng/dL	Does Not Apply
Postmenopausal	5-32 ng/dL	Does Not Apply
Tanner Stage I	2-17 ng/dL	2-15 ng/dL
Tanner Stage II	5-40 ng/dL	3-303 ng/dL
Tanner Stage III	10-63 ng/dL	10-851 ng/dL
Tanner Stage IV-V	11-62 ng/dL	162-847 ng/dL

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

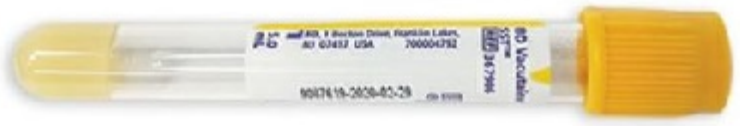
CPT Codes:
84403

Testosterone Total, Serum (Adult Males or Individuals on Testosterone Hormone Therapy)

LAB124

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

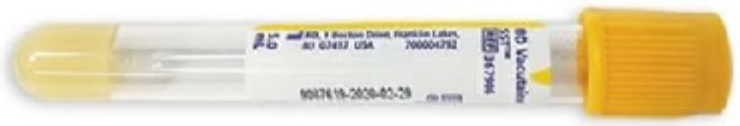
- TST , LAB124
- LAB124-VML
- LAB124VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 5 days, 2° to 8°C: 14 days, Frozen: 6 months

Specimen:
Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TST , LAB124
- LAB124-VML
- LAB124VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Male: 4 days - < 6 months: 8.7 - 298.9 ng/dL 6 months - < 9 years: 0 - 35.7 ng/dL 9 years - < 11 years: 0 - 23.3 ng/dL 11 years - < 14 years: 0 - 444.4 ng/dL 14 years - < 16 years: 36 - 632.3 ng/dL 16 years - < 19 years: 147.8 - 794 ng/dL 19 years - < 50 years: 187.2 - 950.3 ng/dL >= 50 years: 178.4 - 986.7 ng/dL Female: 4 days - < 9 years: 1.2 - 62 ng/dL 9 years - < 13 years: 0 - 28.2 ng/dL 13 years - < 15 years: 10.4 - 44.4 ng/dL 15 years - < 19 years: 14.1 - 49 ng/dL 19 years - < 50 years: 12.3 - 58.5 ng/dL >= 50 years: 9.7 - 36.8 ng/dL

Interpretive Data:
N/A

Methodology:
Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Not recommended when low testosterone concentrations, such as those found in children and cisgender females, are expected.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Hemolysis, icterus, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 5 days, 2° to 8°C: 14 days, Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TST , LAB124
- LAB124-VML
- LAB124VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
Male: 4 days - < 6 months: 8.7 - 298.9 ng/dL 6 months - < 9 years: 0 - 35.7 ng/dL 9 years - < 11 years: 0 - 23.3 ng/dL 11 years - < 14 years: 0 - 444.4 ng/dL 14 years - < 16 years: 36 - 632.3 ng/dL 16 years - < 19 years: 147.8 - 794 ng/dL 19 years - < 50 years: 187.2 - 950.3 ng/dL >= 50 years: 178.4 - 986.7 ng/dL Female: 4 days - < 9 years: 1.2 - 62 ng/dL 9 years - < 13 years: 0 - 28.2 ng/dL 13 years - < 15 years: 10.4 - 44.4 ng/dL 15 years - < 19 years: 14.1 - 49 ng/dL 19 years - < 50 years: 12.3 - 58.5 ng/dL >= 50 years: 9.7 - 36.8 ng/dL

Additional Information:
Not recommended when low testosterone concentrations, such as those found in children and cisgender females, are expected.

Methodology:
Electrochemiluminescent Immunoassay

Section:
Chemistry

Testosterone, Bioavailable and Total, Includes Sex Hormone-Binding Globulin (Adult Males or Individuals on Testosterone Hormone Therapy)

LAB839

ORDERING INFO

Collect:
Serum separator tube or green (lithium heparin).

Synonyms:

- TeBG
- Testosterone-estrogen Binding Globulin
- LAB839-VML
- LAB839VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect specimen between 6-10 a.m.

Collect:
Serum separator tube or green (lithium heparin).

Specimen Preparation:
Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Unacceptable Conditions:
EDTA plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- TeBG
- Testosterone-estrogen Binding Globulin
- LAB839-VML
- LAB839VML

Ordering Recommendations:
Provides a calculated value for bioavailable testosterone concentration using total testosterone measured by immunoassay. Use to evaluate hypogonadism in cisgender males with a total testosterone concentration at the lower limit of normal. May be used to evaluate testosterone status in individuals with protein-binding abnormalities or to monitor testosterone hormone therapies. Not recommended when low testosterone concentrations, such as those found in children and cisgender females, are expected. For these individuals, testing by mass spectrometry is recommended; refer to Testosterone, Bioavailable and Total, Includes Sex Hormone-Binding Globulin (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy) (0081057).To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay/Calculation

Reported:
Within 24 hours

Notes:
Bioavailable testosterone includes free plus weakly bound (non-SHBG bound) testosterone. Bioavailable testosterone is an assessment of the biologically active testosterone in serum.

The concentrations of free and bioavailable testosterone are derived from mathematical expressions based on constants for the binding of testosterone to albumin and/or sex hormone binding globulin.

RESULTS INTERPRETATION

Reference Interval:

Components

Reference Interval

Testosterone, Free Calculation

Age	Male (pg/mL)
14-15 years	3-138
16-17 years	38-173
18 years and older	47-244
Tanner Stage IV	35-169
Tanner Stage V	41-239

Testosterone, Percentage Free

Age	Male (%)
18 years and older	1.6-2.9

Testosterone by Immunoassay

Age	Male (ng/dL)
14-15 years	33-585
16-17 years	185-886
18-39 years	300-1080
40-59 years	300-890
60 years and older	300-720
Tanner Stage IV	165-854
Tanner Stage V	194-783

Testosterone, Bioavailable

Age	Male (ng/dL)
14-15 years	10-337
16-17 years	35-509
18 years and older	131-682
Tanner Stage IV	40-485
Tanner Stage V	124-596

Sex Hormone Binding Globulin

Age	Male (nmol/L)	Female (nmol/L)
1-30 days	13-85	14-60
31-364 days	70-250	60-215
1-3 years	50-180	60-190
4-6 years	45-175	55-170
7-9 years	28-190	35-170
10-12 years	23-160	17-155
13-15 years	13-140	11-120
16-17 years	10-60	19-145
18-49 years	17-56	25-122
50 years and older	19-76	17-125
Tanner Stage I	26-186	30-173
Tanner Stage II	22-169	16-127
Tanner Stage III	13-104	12-98
Tanner Stage IV	11-60	14-151
Tanner Stage V	11-71	23-165

Interpretive Data:

Bioavailable testosterone concentration is calculated using total testosterone (measured by immunoassay) and the binding constant of testosterone and sex hormone-binding globulin (SHBG) and/or albumin. Testosterone immunoassays are both imprecise and inaccurate at low testosterone concentrations, such as those found in children and cisgender females. For these individuals, testing by mass spectrometry is recommended; refer to Testosterone, Bioavailable and Total, Includes Sex Hormone-Binding Globulin (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy) (ARUP test code 0081057).

For individuals on testosterone hormone therapy, refer to cisgender male reference intervals. No reference intervals have been established for males younger than 14 years or for cisgender females. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0070102.

Methodology:

Quantitative Electrochemiluminescent Immunoassay/Calculation

ADDITIONAL INFORMATION

CPT Codes:

84402; 84403; 84270

Section:

RF-ARUP

Notes:

Bioavailable testosterone includes free plus weakly bound (non-SHBG bound) testosterone. Bioavailable testosterone is an assessment of the biologically active testosterone in serum.

The concentrations of free and bioavailable testosterone are derived from mathematical expressions based on constants for the binding of testosterone to albumin and/or sex hormone binding globulin.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or green (lithium heparin).

Specimen Preparation:

Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Patient Preparation:

Collect specimen between 6-10 a.m.

Unacceptable Conditions:

EDTA plasma.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- TeBG
- Testosterone-estrogen Binding Globulin
- LAB839-VML
- LAB839VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

Within 24 hours

Ordering Recommendations:

Provides a calculated value for bioavailable testosterone concentration using total testosterone measured by immunoassay. Use to evaluate hypogonadism in cisgender males with a total testosterone concentration at the lower limit of normal. May be used to evaluate testosterone status in individuals with protein-binding abnormalities or to monitor testosterone hormone therapies. Not recommended when low testosterone concentrations, such as those found in children and cisgender females, are expected. For these individuals, testing by mass spectrometry is recommended; refer to Testosterone, Bioavailable and Total, Includes Sex Hormone-Binding Globulin (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy) (0081057).To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Interpretive Data:

Bioavailable testosterone concentration is calculated using total testosterone (measured by immunoassay) and the binding constant of testosterone and sex hormone-binding globulin (SHBG) and/or albumin. Testosterone immunoassays are both imprecise and inaccurate at low testosterone concentrations, such as those found in children and cisgender females. For these individuals, testing by mass spectrometry is recommended; refer to Testosterone, Bioavailable and Total, Includes Sex Hormone-Binding Globulin (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy) (ARUP test code 0081057).

For individuals on testosterone hormone therapy, refer to cisgender male reference intervals. No reference intervals have been established for males younger than 14 years or for cisgender females. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0070102.

Reference Interval:

Components

Reference Interval

Testosterone, Free Calculation

Age	Male (pg/mL)
14-15 years	3-138
16-17 years	38-173
18 years and older	47-244
Tanner Stage IV	35-169
Tanner Stage V	41-239

Testosterone, Percentage Free

Age	Male (%)
18 years and older	1.6-2.9

Testosterone by Immunoassay

Age	Male (ng/dL)
14-15 years	33-585
16-17 years	185-886
18-39 years	300-1080
40-59 years	300-890
60 years and older	300-720
Tanner Stage IV	165-854
Tanner Stage V	194-783

Testosterone, Bioavailable

Age	Male (ng/dL)
14-15 years	10-337
16-17 years	35-509
18 years and older	131-682
Tanner Stage IV	40-485
Tanner Stage V	124-596

Sex Hormone Binding Globulin

Age	Male (nmol/L)	Female (nmol/L)
1-30 days	13-85	14-60
31-364 days	70-250	60-215
1-3 years	50-180	60-190
4-6 years	45-175	55-170
7-9 years	28-190	35-170
10-12 years	23-160	17-155
13-15 years	13-140	11-120
16-17 years	10-60	19-145
18-49 years	17-56	25-122
50 years and older	19-76	17-125
Tanner Stage I	26-186	30-173
Tanner Stage II	22-169	16-127
Tanner Stage III	13-104	12-98
Tanner Stage IV	11-60	14-151
Tanner Stage V	11-71	23-165

Methodology:
Quantitative Electrochemiluminescent Immunoassay/Calculation

Section:
RF-ARUP

CPT Codes:
84402; 84403; 84270

Notes:

Bioavailable testosterone includes free plus weakly bound (non-SHBG bound) testosterone. Bioavailable testosterone is an assessment of the biologically active testosterone in serum.

The concentrations of free and bioavailable testosterone are derived from mathematical expressions based on constants for the binding of testosterone to albumin and/or sex hormone binding globulin.

Testosterone, Free (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy)

LAB3836

ORDERING INFO

Collect:
Serum separator tube or green (sodium or lithium heparin).

Synonyms:

- LAB3836-VML
- LAB3836VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect between 6-10 a.m.

Collect:
Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.8 mL)

Unacceptable Conditions:
EDTA plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- LAB3836-VML
- LAB3836VML

Ordering Recommendations:
Provides a calculated value for free testosterone concentration using total testosterone measured by mass spectrometry. May be used to evaluate hyperandrogenism in children and cisgender females, monitor testosterone-suppressing hormone therapies (eg, antiandrogens or estrogens), evaluate testosterone status in individuals with protein-binding abnormalities, or evaluate hypogonadism in cisgender males.To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay/Calculation

Reported:
1-5 days

Notes:
Total testosterone and SHBG are measured and free testosterone is estimated from these measurements.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval

Testosterone, Free by Mass Spec

Age	Male (pg/mL)	Female (pg/mL)
1-6 years	Less than 0.6	Less than 0.6
7-9 years	0.1-0.9	0.6-1.8
10-11	0.1-6.3	0.1-3.5
12-13	0.5-98.0	0.9-6.8
14-15	3-138.0	1.2-7.5
16-17	38.0-173.0	1.2-9.9
18 years and older	47-244	Not Applicable
18-30	Not Applicable	0.8-7.4
31-40	Not Applicable	1.3-9.2
41-51	Not Applicable	1.1-5.8
Postmenopausal	Not Applicable	0.6-3.8
Tanner Stage I	Less than or equal to 3.7	Less than 2.2
Tanner Stage II	0.3-21	0.4-4.5
Tanner Stage III	1.0-98.0	1.3-7.5
Tanner Stage IV	35.0-169.0	1.1-15.5
Tanner Stage V	41.0-239.0	0.8-9.2

Interpretive Data:

Free testosterone concentration is calculated using total testosterone (measured by mass spectrometry) and the binding constant of testosterone and sex hormone-binding globulin (SHBG).

For individuals on testosterone-suppressing hormone therapies (e.g., antiandrogens or estrogens), refer to cisgender female reference intervals. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0081059.

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay/Calculation

ADDITIONAL INFORMATION

CPT Codes:

84402

Section:

RF-ARUP

Notes:

Total testosterone and SHBG are measured and free testosterone is estimated from these measurements.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.8 mL)

Patient Preparation:

Collect between 6-10 a.m.

Unacceptable Conditions:

EDTA plasma.

Stability (from collection to initiation):

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- LAB3836-VML
- LAB3836VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Provides a calculated value for free testosterone concentration using total testosterone measured by mass spectrometry. May be used to evaluate hyperandrogenism in children and cisgender females, monitor testosterone-suppressing hormone therapies (eg, antiandrogens or estrogens), evaluate testosterone status in individuals with protein-binding abnormalities, or evaluate hypogonadism in cisgender males.To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Interpretive Data:
Free testosterone concentration is calculated using total testosterone (measured by mass spectrometry) and the binding constant of testosterone and sex hormone-binding globulin (SHBG).

For individuals on testosterone-suppressing hormone therapies (e.g., antiandrogens or estrogens), refer to cisgender female reference intervals. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0081059.

Reference Interval:

Components	Reference Interval

Testosterone, Free by Mass Spec

Age	Male (pg/mL)	Female (pg/mL)
1-6 years	Less than 0.6	Less than 0.6
7-9 years	0.1-0.9	0.6-1.8
10-11	0.1-6.3	0.1-3.5
12-13	0.5-98.0	0.9-6.8
14-15	3-138.0	1.2-7.5
16-17	38.0-173.0	1.2-9.9
18 years and older	47-244	Not Applicable
18-30	Not Applicable	0.8-7.4
31-40	Not Applicable	1.3-9.2
41-51	Not Applicable	1.1-5.8
Postmenopausal	Not Applicable	0.6-3.8
Tanner Stage I	Less than or equal to 3.7	Less than 2.2
Tanner Stage II	0.3-21	0.4-4.5
Tanner Stage III	1.0-98.0	1.3-7.5
Tanner Stage IV	35.0-169.0	1.1-15.5
Tanner Stage V	41.0-239.0	0.8-9.2

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay/Calculation

Section:
RF-ARUP

CPT Codes:
84402

Notes:
Total testosterone and SHBG are measured and free testosterone is estimated from these measurements.

Testosterone, Free and Total, Includes Sex Hormone-Binding Globulin (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy)

LAB173

ORDERING INFO

Collect:
Serum separator tube or green (sodium or lithium heparin).

Synonyms:

- Testosterone Free
- LAB173-VML
- LAB173VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect between 6-10 a.m.

Collect:
Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.8 mL)

Unacceptable Conditions:
EDTA plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Testosterone Free
- LAB173-VML
- LAB173VML

Ordering Recommendations:
Provides a calculated value for free testosterone concentration using total testosterone measured by mass spectrometry. May be used to evaluate hyperandrogenism in children and cisgender females, monitor testosterone-suppressing hormone therapies (eg, antiandrogens or estrogens), evaluate testosterone status in individuals with protein-binding abnormalities, or evaluate hypogonadism in cisgender males.To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay/Calculation

Reported:
1-5 days

Notes:
Please refer to individual components for stability of sample for this test.

The concentration of free testosterone is derived from a mathematical expression based on the constant for the binding of testosterone to sex hormone binding globulin.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval

Testosterone by Mass Spec

Age	Male (ng/dL)	Female (ng/dL)
Premature (26-28 weeks)	59-125	5-16
Premature (31-35 weeks)	37-198	5-22
Newborn	75-400	20-64
1-5 months	14-363	Less than 20
6-24 months	Less than 37	Less than 9
2-3 years	Less than 15	Less than 20
4-5 years	Less than 19	Less than 30
6-7 years	Less than 13	Less than 7
8-9 years	2-8	1-11
10-11 years	2-165	3-32
12-13 years	3-619	6-50
14-15 years	31-733	6-52
16-17 years	158-826	9-58
18-39 years	300-1080	9-55
40-59 years	300-890	9-55
60 years and older	300-720	5-32
Premenopausal (18 years and older)	Not Applicable	9-55
Postmenopausal	Not Applicable	5-32
Tanner Stage I	2-15	2-17
Tanner Stage II	3-303	5-40
Tanner Stage III	10-851	10-63
Tanner Stage IV-V	162-847	11-62

Testosterone, Free by Mass Spec

Age	Male (pg/mL)	Female (pg/mL)
1-6 years	Less than 0.6	Less than 0.6
7-9 years	0.1-0.9	0.6-1.8
10-11	0.1-6.3	0.1-3.5
12-13	0.5-98.0	0.9-6.8
14-15	3-138.0	1.2-7.5
16-17	38.0-173.0	1.2-9.9
18 years and older	47-244	Not Applicable
18-30	Not Applicable	0.8-7.4
31-40	Not Applicable	1.3-9.2
41-51	Not Applicable	1.1-5.8
Postmenopausal	Not Applicable	0.6-3.8
Tanner Stage I	Less than or equal to 3.7	Less than 2.2
Tanner Stage II	0.3-21	0.4-4.5
Tanner Stage III	1.0-98.0	1.3-7.5
Tanner Stage IV	35.0-169.0	1.1-15.5
Tanner Stage V	41.0-239.0	0.8-9.2

Sex Hormone Binding Globulin

Age	Male (nmol/L)	Female (nmol/L)
1-30 days	13-85	14-60
31-364 days	70-250	60-215
1-3 years	50-180	60-190
4-6 years	45-175	55-170
7-9 years	28-190	35-170
10-12 years	23-160	17-155
13-15 years	13-140	11-120
16-17 years	10-60	19-145
18-49 years	17-56	25-122

50 years and older	19-76	17-125
Tanner Stage I	26-186	30-173
Tanner Stage II	22-169	16-127
Tanner Stage III	13-104	12-98
Tanner Stage IV	11-60	14-151
Tanner Stage V	11-71	23-165

Interpretive Data:

Free testosterone concentration is calculated using total testosterone (measured by mass spectrometry) and the binding constant of testosterone and sex hormone-binding globulin (SHBG).

For individuals on testosterone-suppressing hormone therapies (e.g., antiandrogens or estrogens), refer to cisgender female reference intervals. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0081056.

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay/Calculation

ADDITIONAL INFORMATION

CPT Codes:

84402; 84403; 84270

Section:

RF-ARUP

Notes:

Please refer to individual components for stability of sample for this test.

The concentration of free testosterone is derived from a mathematical expression based on the constant for the binding of testosterone to sex hormone binding globulin.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or green (sodium or lithium heparin).

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.8 mL)

Patient Preparation:

Collect between 6-10 a.m.

Unacceptable Conditions:

EDTA plasma.

Stability (from collection to initiation):

After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Testosterone Free
- LAB173-VML
- LAB173VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Provides a calculated value for free testosterone concentration using total testosterone measured by mass spectrometry. May be used to evaluate hyperandrogenism in children and cisgender females, monitor testosterone-suppressing hormone therapies (eg, antiandrogens or estrogens), evaluate testosterone status in individuals with protein-binding abnormalities, or evaluate hypogonadism in cisgender males.To compare this test to other testosterone tests, refer to the ARUP Testosterone Tests Comparison table.

Interpretive Data:

Free testosterone concentration is calculated using total testosterone (measured by mass spectrometry) and the binding constant of testosterone and sex hormone-binding globulin (SHBG).

For individuals on testosterone-suppressing hormone therapies (e.g., antiandrogens or estrogens), refer to cisgender female reference intervals. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0081056.

Reference Interval:

Components: Testosterone by Mass Spec

Age	Male (ng/dL)	Female (ng/dL)
Premature (26-28 weeks)	59-125	5-16
Premature (31-35 weeks)	37-198	5-22
Newborn	75-400	20-64
1-5 months	14-363	Less than 20
6-24 months	Less than 37	Less than 9
2-3 years	Less than 15	Less than 20
4-5 years	Less than 19	Less than 30
6-7 years	Less than 13	Less than 7
8-9 years	2-8	1-11
10-11 years	2-165	3-32
12-13 years	3-619	6-50
14-15 years	31-733	6-52
16-17 years	158-826	9-58
18-39 years	300-1080	9-55
40-59 years	300-890	9-55
60 years and older	300-720	5-32
Premenopausal (18 years and older)	Not Applicable	9-55
Postmenopausal	Not Applicable	5-32
Tanner Stage I	2-15	2-17
Tanner Stage II	3-303	5-40
Tanner Stage III	10-851	10-63
Tanner Stage IV-V	162-847	11-62

Components: Testosterone, Free by Mass Spec

Age	Male (pg/mL)	Female (pg/mL)
1-6 years	Less than 0.6	Less than 0.6
7-9 years	0.1-0.9	0.6-1.8
10-11	0.1-6.3	0.1-3.5
12-13	0.5-98.0	0.9-6.8
14-15	3-138.0	1.2-7.5
16-17	38.0-173.0	1.2-9.9
18 years and older	47-244	Not Applicable
18-30	Not Applicable	0.8-7.4
31-40	Not Applicable	1.3-9.2
41-51	Not Applicable	1.1-5.8
Postmenopausal	Not Applicable	0.6-3.8
Tanner Stage I	Less than or equal to 3.7	Less than 2.2
Tanner Stage II	0.3-21	0.4-4.5
Tanner Stage III	1.0-98.0	1.3-7.5

	Tanner Stage IV	35.0-169.0	1.1-15.5
	Tanner Stage V	41.0-239.0	0.8-9.2

Sex Hormone Binding Globulin

Age	Male (nmol/L)	Female (nmol/L)
1-30 days	13-85	14-60
31-364 days	70-250	60-215
1-3 years	50-180	60-190
4-6 years	45-175	55-170
7-9 years	28-190	35-170
10-12 years	23-160	17-155
13-15 years	13-140	11-120
16-17 years	10-60	19-145
18-49 years	17-56	25-122
50 years and older	19-76	17-125
Tanner Stage I	26-186	30-173
Tanner Stage II	22-169	16-127
Tanner Stage III	13-104	12-98
Tanner Stage IV	11-60	14-151
Tanner Stage V	11-71	23-165

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay/Calculation

Section:
RF-ARUP

CPT Codes:
84402; 84403; 84270

Notes:
Please refer to individual components for stability of sample for this test.

The concentration of free testosterone is derived from a mathematical expression based on the constant for the binding of testosterone to sex hormone binding globulin.

Tetanus Antibody, IgG

LAB855

ORDERING INFO

Collect:
Serum separator tube. "Post" specimen should be drawn 30 days after immunization.

Synonyms:

- Tetanus Immune Response
- Tetanus toxoid antibodies
- Tetanus Vaccine Response
- Anti-tetanus toxoid IgG
- C. tetani
- Clostridium tetani
- LAB855-VML
- LAB855VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube. "Post" specimen should be drawn 30 days after immunization.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) "Pre" and "post" vaccine specimens can be submitted separately or together for testing; if shipped separately, "post" specimen must be received within 60 days of "pre" specimen. Mark specimens clearly as "Pre-Vaccine" or "Post-Vaccine".

Unacceptable Conditions:
Plasma or other body fluids. Contaminated, hemolyzed, or severely lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

ORDERING

Synonyms:

- Tetanus Immune Response
- Tetanus toxoid antibodies
- Tetanus Vaccine Response
- Anti-tetanus toxoid IgG
- C. tetani
- Clostridium tetani
- LAB855-VML
- LAB855VML

Ordering Recommendations:
Evaluate the ability of a patient to produce antibody to pure protein vaccine after vaccination to rule out antibody deficiency.

Performed:
Sun-Sat

Methodology:
Quantitative Multiplex Bead Assay

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
Antibody concentration of > 0.1 IU/mL is usually considered protective.

Interpretive Data:

Responder status is determined according to the ratio of a one-month post-vaccination specimen to pre-vaccination concentration of tetanus IgG antibodies as follows:

1. If the post-vaccination concentration is less than 1.0 IU, the patient is considered a nonresponder.
2. If the post-vaccination concentration is greater than or equal to 1.0 IU, a patient with a ratio of less than 1.5 is a nonresponder, a ratio of 1.5 to less than 3.0, a weak responder, and a ratio of 3.0 or greater, a good responder.
3. If the pre-vaccination concentration is greater than 1.0, it may be difficult to assess the response based on a ratio alone. A post-vaccination concentration above 2.5 IU in this case is usually adequate.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:

86317

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube. "Post" specimen should be drawn 30 days after immunization.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) "Pre" and "post" vaccine specimens can be submitted separately or together for testing; if shipped separately, "post" specimen must be received within 60 days of "pre" specimen. Mark specimens clearly as "Pre-Vaccine" or "Post-Vaccine".

Unacceptable Conditions:

Plasma or other body fluids. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Tetanus Immune Response
- Tetanus toxoid antibodies
- Tetanus Vaccine Response
- Anti-tetanus toxoid IgG
- C. tetani
- Clostridium tetani
- LAB855-VML
- LAB855VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

Evaluate the ability of a patient to produce antibody to pure protein vaccine after vaccination to rule out antibody deficiency.

Interpretive Data:

Responder status is determined according to the ratio of a one-month post-vaccination specimen to pre-vaccination concentration of tetanus IgG antibodies as follows:

1. If the post-vaccination concentration is less than 1.0 IU, the patient is considered a nonresponder.
2. If the post-vaccination concentration is greater than or equal to 1.0 IU, a patient with a ratio of less than 1.5 is a nonresponder, a ratio of 1.5 to less than 3.0, a weak responder, and a ratio of 3.0 or greater, a good responder.
3. If the pre-vaccination concentration is greater than 1.0, it may be difficult to assess the response based on a ratio alone. A post-vaccination concentration above 2.5 IU in this case is usually adequate.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Antibody concentration of > 0.1 IU/mL is usually considered protective.

Methodology:

Quantitative Multiplex Bead Assay

Section:

RF-ARUP

CPT Codes:

86317

TFE-3 (MRQ-37) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath217

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

THC Metabolite, Urine, Quantitative

LAB6105

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Dronabinol
- Marinol
- THC
- Marijuana
- Pain Management
- 9-Carboxy-THC
- Cannabinoids
- Cannabis
- LAB6105-VML
- LAB6105VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 1 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 Month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Dronabinol
- Marinol
- THC
- Marijuana
- Pain Management
- 9-Carboxy-THC
- Cannabinoids
- Cannabis
- LAB6105-VML
- LAB6105VML

Ordering Recommendations:
Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is THC (Cannabinoids), Urine Screen with Reflex to Quantitation (2012270). This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

Notes:
Compare to Pain Management, Marijuana Metabolite, Quantitative, with medMATCH, Urine; Pain Management, Marijuana Metabolite, with Confirmation with medMATCH, Urine.

RESULTS INTERPRETATION

Reference Interval:

Effective November 18, 2019

Drugs Covered	Cutoff Concentrations
11-Nor-9-carboxy-THC	15 ng/mL

Interpretive Data:

Methodology: Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 15 ng/mL

For medical purposes only; not valid for forensic use.

The drug analyte detected in this assay, 9-carboxy THC, is a metabolite of delta-9-tetrahydrocannabinol (THC). Detection of 9-carboxy THC suggests use of, or exposure to, a product containing THC. This test cannot distinguish between prescribed or non-prescribed forms of THC, nor can it distinguish between active or passive use. The 9-carboxy THC metabolite can be detected in urine for several weeks. Normalization of results to creatinine concentration can help document elimination or suggest recent use, when specimens are collected at least one week apart.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80349 (Alt code: G0480)

Section:

RF-ARUP

Notes:

Compare to Pain Management, Marijuana Metabolite, Quantitative, with medMATCH, Urine; Pain Management, Marijuana Metabolite, with Confirmation with medMATCH, Urine.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Random urine.

Specimen Preparation:

Transfer 1 mL urine with no additives or preservatives to an ARUP standard transport tube. (Min: 0.5 mL)

Unacceptable Conditions:

Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 Month

Storage/Transport Temperature:

Room temperature.

Synonyms:

- Dronabinol
- Marinol
- THC
- Marijuana
- Pain Management
- 9-Carboxy-THC
- Cannabinoids
- Cannabis
- LAB6105-VML
- LAB6105VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Use to obtain quantitative results or to follow up a presumptive result. For general screening, the preferred test is THC (Cannabinoids), Urine Screen with Reflex to Quantitation (2012270). This test does not distinguish between the delta-8 and delta-9 forms of THC or their metabolites.

Interpretive Data:

Methodology: Liquid Chromatography-Tandem Mass Spectrometry

Positive cutoff: 15 ng/mL

For medical purposes only; not valid for forensic use.

The drug analyte detected in this assay, 9-carboxy THC, is a metabolite of delta-9-tetrahydrocannabinol (THC). Detection of 9-carboxy THC suggests use of, or exposure to, a product containing THC. This test cannot distinguish between prescribed or non-prescribed forms of THC, nor can it distinguish between active or passive use. The 9-carboxy THC metabolite can be detected in urine for several weeks. Normalization of results to creatinine concentration can help document elimination or suggest recent use, when specimens are collected at least one week apart.

Reference Interval:

Effective November 18, 2019

Drugs Covered	Cutoff Concentrations
11-Nor-9-carboxy-THC	15 ng/mL

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

80349 (Alt code: G0480)

Notes:

Compare to Pain Management, Marijuana Metabolite, Quantitative, with medMATCH, Urine; Pain Management, Marijuana Metabolite, with Confirmation with medMATCH, Urine.

THC Screen, Urine

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- THC, THC Screen

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- THC, THC Screen

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
When dispensing samples for testing, do not use disposable polyethylene transfer pipettes as there may be a loss of -9-THC from the urine specimen, if present.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- THC, THC Screen

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:

When dispensing samples for testing, do not use disposable polyethylene transfer pipettes as there may be a loss of -9-THC from the urine specimen, if present.

Methodology:

Immunoassay

Section:

Chemistry

Theophylline, Plasma or Serum

LAB35

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- THE, Elixophyllin, LAB35
- LAB35-VML
- LAB35VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 3 months; Frozen: 3 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- THE, Elixophyllin, LAB35
- LAB35-VML
- LAB35VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzyme Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - < 1 month: 5-10 µg/mL >1 month: 10-20 µg/mL

Interpretive Data:
N/A

Methodology:
Enzyme Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Same as aminophylline

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 3 months; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- THE, Elixophyllin, LAB35
- LAB35-VML
- LAB35VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0 - < 1 month: 5-10 µg/mL >1 month: 10-20 µg/mL

Additional Information:
Same as aminophylline

Methodology:
Enzyme Immunoassay

Section:
Chemistry

Thiocyanate Quantitative, Serum or Plasma

LAB6196

ORDERING INFO

Collect:
Plain Red, Lavender (K_2 or K_3 EDTA), or Pink (K_2EDTA).

Synonyms:

- LAB6196-VML
- LAB6196VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red, Lavender (K_2 or K_3 EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room Temperature or Frozen.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 month

Performed:
Varies

ORDERING

Synonyms:

- LAB6196-VML
- LAB6196VML

Ordering Recommendations:
Use for therapeutic monitoring in patients receiving sodium nitroprusside therapy and to screen for thiocyanate poisoning.

Performed:
Varies

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
8-11 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
84430

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (K_2 or K_3 EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room Temperature or Frozen.

Synonyms:

- LAB6196-VML
- LAB6196VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Ordering Recommendations:
Use for therapeutic monitoring in patients receiving sodium nitroprusside therapy and to screen for thiocyanate poisoning.

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
84430

Thiopurine Metabolites-QSTD

LAB6149

ORDERING INFO

Synonyms:

- LAB6149-VML
- LAB6149VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6149-VML
- LAB6149VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB6149-VML
- LAB6149VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Thiopurine Methyltransferase, RBC

LAB3840

ORDERING INFO

Collect:
Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Synonyms:

- TPMT
- TPMT-RBC
- 6 mercaptopurine
- TPMT Enzyme
- TPMT Erythrocytes
- LAB3840-VML
- LAB3840VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Transport 5 mL whole blood. (Min: 3 mL)

Unacceptable Conditions:
Gel separator tubes. Specimens collected in sodium fluoride/potassium oxalate (gray). Hemolyzed, frozen, or room temperature specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 3 hours; Refrigerated: 6 days; Frozen: Unacceptable

Performed:
Sun-Sat

ORDERING

Synonyms:

- TPMT
- TPMT-RBC
- 6 mercaptopurine
- TPMT Enzyme
- TPMT Erythrocytes
- LAB3840-VML
- LAB3840VML

Ordering Recommendations:
Use this phenotyping test to assess risk for severe myelosuppression with standard dosing of thiopurine drugs in individuals for whom thiopurine therapy is being considered. This test must be performed prior to the initiation of thiopurine therapy. For thiopurine dosing optimization, refer to Thiopurine Metabolites in Red Blood Cells (3016503). For pharmacogenetic testing (prior to or during treatment), refer to TPMT and NUDT15 (3001535).

Performed:
Sun-Sat

Methodology:
Enzymatic Assay/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
3-5 days

Notes:
This assay measures only enzyme activity.

RESULTS INTERPRETATION

Reference Interval:

Normal TPMT activity: 24.0-44.0 U/mL - Individuals are predicted to be at low risk of bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine therapy; no dose adjustment is recommended.

Intermediate TPMT activity: 17.0-23.9 U/mL - Individuals are predicted to be at intermediate risk of bone marrow toxicity (myelosuppression), as a consequence of standard thiopurine therapy; a dose reduction and therapeutic drug management is recommended.

Low TPMT activity: < 17.0 U/mL - Individuals are predicted to be at high risk of bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine dosing. It is recommended to avoid the use of thiopurine drugs.

High TPMT activity: > 44.0 U/mL - Individuals are not predicted to be at risk for bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine dosing, but may be at risk for therapeutic failure due to excessive inactivation of thiopurine drugs. Individuals may require higher than the normal standard dose. Therapeutic drug management is recommended.

Interpretive Data:

The TPMT, RBC assay is used as a screen to detect individuals with low and intermediate TPMT activity who may be at risk for myelosuppression when exposed to standard doses of thiopurines, including azathioprine (Imuran) and 6-mercaptopurine (Purinethol). TPMT is the primary metabolic route for inactivation of thiopurine drugs in the bone marrow. When TPMT activity is low, it is predicted that proportionately more 6-mercaptopurine can be converted into the cytotoxic 6-thioguanine nucleotides that accumulate in the bone marrow causing excessive toxicity. The activity of TPMT is measured by the nanomoles of 6-methylmercaptopurine (inactive metabolite) produced per 1 mL of packed red blood cells, (U/mL).

TPMT phenotype testing does not replace the need for clinical monitoring of patients treated with thiopurine drugs. Genotype for TPMT cannot be inferred from TPMT activity (phenotype). Phenotype testing should not be requested for patients currently treated with thiopurine drugs. Current TPMT phenotype may not reflect future TPMT phenotype, particularly in patients who received blood transfusion within 30-60 days of testing. TPMT enzyme activity can be inhibited by several drugs such as: naproxen (Aleve), ibuprofen (Advil, Motrin), ketoprofen (Orudis), furosemide (Lasix), sulfasalazine (Azulfidine), mesalamine (Asacol), olsalazine (Dipentum), mefenamic acid (Ponstel), thiazide diuretics, and benzoic acid inhibitors. TPMT inhibitors may contribute to falsely low results; patients should abstain from these drugs for at least 48 hours prior to TPMT testing. Falsely low results may also occur as a result of inappropriate specimen handling and hemolysis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Enzymatic Assay/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

84433

Section:

RF-ARUP

Notes:

This assay measures only enzyme activity.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:

Transport 5 mL whole blood. (Min: 3 mL)

Unacceptable Conditions:

Gel separator tubes. Specimens collected in sodium fluoride/potassium oxalate (gray). Hemolyzed, frozen, or room temperature specimens.

Stability (from collection to initiation):

Ambient: 3 hours; Refrigerated: 6 days; Frozen: Unacceptable

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- TPMT
- TPMT-RBC
- 6 mercaptopurine
- TPMT Enzyme
- TPMT Erythrocytes
- LAB3840-VML
- LAB3840VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
3-5 days

Ordering Recommendations:
Use this phenotyping test to assess risk for severe myelosuppression with standard dosing of thiopurine drugs in individuals for whom thiopurine therapy is being considered. This test must be performed prior to the initiation of thiopurine therapy. For thiopurine dosing optimization, refer to Thiopurine Metabolites in Red Blood Cells (3016503). For pharmacogenetic testing (prior to or during treatment), refer to TPMT and NUDT15 (3001535).

Interpretive Data:
The TPMT, RBC assay is used as a screen to detect individuals with low and intermediate TPMT activity who may be at risk for myelosuppression when exposed to standard doses of thiopurines, including azathioprine (Imuran) and 6-mercaptopurine (Purinethol). TPMT is the primary metabolic route for inactivation of thiopurine drugs in the bone marrow. When TPMT activity is low, it is predicted that proportionately more 6-mercaptopurine can be converted into the cytotoxic 6-thioguanine nucleotides that accumulate in the bone marrow causing excessive toxicity. The activity of TPMT is measured by the nanomoles of 6-methylmercaptopurine (inactive metabolite) produced per 1 mL of packed red blood cells, (U/mL).

TPMT phenotype testing does not replace the need for clinical monitoring of patients treated with thiopurine drugs. Genotype for TPMT cannot be inferred from TPMT activity (phenotype). Phenotype testing should not be requested for patients currently treated with thiopurine drugs. Current TPMT phenotype may not reflect future TPMT phenotype, particularly in patients who received blood transfusion within 30-60 days of testing. TPMT enzyme activity can be inhibited by several drugs such as: naproxen (Aleve), ibuprofen (Advil, Motrin), ketoprofen (Orudis), furosemide (Lasix), sulfasalazine (Azulfidine), mesalamine (Asacol), olsalazine (Dipentum), mefenamic acid (Ponstel), thiazide diuretics, and benzoic acid inhibitors. TPMT inhibitors may contribute to falsely low results; patients should abstain from these drugs for at least 48 hours prior to TPMT testing. Falsely low results may also occur as a result of inappropriate specimen handling and hemolysis.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Normal TPMT activity: 24.0-44.0 U/mL - Individuals are predicted to be at low risk of bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine therapy; no dose adjustment is recommended.

Intermediate TPMT activity: 17.0-23.9 U/mL - Individuals are predicted to be at intermediate risk of bone marrow toxicity (myelosuppression), as a consequence of standard thiopurine therapy; a dose reduction and therapeutic drug management is recommended.

Low TPMT activity: < 17.0 U/mL - Individuals are predicted to be at high risk of bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine dosing. It is recommended to avoid the use of thiopurine drugs.

High TPMT activity: > 44.0 U/mL - Individuals are not predicted to be at risk for bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine dosing, but may be at risk for therapeutic failure due to excessive inactivation of thiopurine drugs. Individuals may require higher than the normal standard dose. Therapeutic drug management is recommended.

Methodology:
Enzymatic Assay/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
84433

Notes:
This assay measures only enzyme activity.

Thrombin Time

LAB324

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB324, TT
- LAB324-VML
- LAB324VML

Turn Around Time:

2 hours once received into lab

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB324, TT
- LAB324-VML
- LAB324VML

Performed:
Daily

Turn Around Time:
2 hours once received into lab

Methodology:
Clotting

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
15 - 25 seconds

Interpretive Data:
Direct thrombin (IIa) inhibitors specifically inhibit thrombin and will lead to a falsely prolonged clotting time.

Methodology:
Clotting

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Theraputic levels of Heparin will affect this assay.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB324, TT
- LAB324-VML
- LAB324VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours once received into lab

Ordering Indicators:
N/A

Interpretive Data:
Direct thrombin (IIa) inhibitors specifically inhibit thrombin and will lead to a falsely prolonged clotting time.

Reference Interval:
15 - 25 seconds

Additional Information:
Theraputic levels of Heparin will affect this assay.

Methodology:
Clotting

Section:
Coagulation

Thymidine Determin, Plsm-BAYH

LAB4023

ORDERING INFO

Synonyms:

- LAB4023VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4023VML

ADDITIONAL INFORMATION

Section:
RF-BAYH

Resulting Laboratory:
Baylor Genetics

FULL VIEW

Synonyms:

- LAB4023VML

Resulting Laboratory:
Baylor Genetics

Section:
RF-BAYH

Links:
Test Sent to Reference Lab. Click Here for Test Details

Thyroglobulin (2H11 and 6E1) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath218

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Thyroglobulin and Anti-Thyroid Antibodies, serum

LAB533

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB533, THG
- LAB533-VML
- LAB533VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
Specimens should be centrifuged immediately and the separated serum frozen. (Minimum: 0.7 mL serum)

Pediatric Collection:
Red microtainer (no gel)

Storage/Transport Temperature:
Frozen (-20°C)

Performed:
Monday - Friday

Stability:
After separation from cells: Ambient (15-25°C): no longer than 8 hours Refrigerated (2-8°C): 2 days Frozen (-20°C): 2 months

Specimen:
Serum

Alternate Specimen:
Light green tube (Lithium heparin with gel)

ORDERING

Ordering Indicators:
This test is used in the diagnosis and monitoring of Hashimoto's disease, Graves' disease, thyroid adenoma, subacute thyroiditis, and thyroid carcinoma. Thyroglobulin is also measured to complement radioiodine scanning and other techniques (such as ultrasound or immunohistochemical staining) to determine the presence or absence of functioning thyroid tissue, or an increase in such tissue relative to an individually established baseline.

Synonyms:

- LAB533, THG
- LAB533-VML
- LAB533VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Chemiluminescent Immunoassay

Components:
Thyroglobulin and Thyroglobulin Antibody

RESULTS INTERPRETATION

Reference Interval:
Thyroglobulin Reference Intervals: 6 months - 4 years: 7.4 - 48.7 ng/mL 4 - 8 years: 4.1 - 40.5 ng/mL 8 - 18 years: 0.8 - 29.4 ng/mL 18 years and older: 1.3 - 31.8 ng/mL Thyroglobuin Antibody Reference Interval: 0 - 4 IU/mL

Interpretive Data:
Samples containing thyroglobulin antibodies cannot be reliably measured for thyroglobulin. Results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Light green tube (Lithium heparin with gel)

Additional Information:
This test includes the measurement of thyroglobulin and anti-thyroglobulin antibodies. This assay demonstrates interference with biotin. Samples should not be taken from patients receiving therapy with biotin doses until at least 8 hours following the last biotin administration.

Components:
Thyroglobulin and Thyroglobulin Antibody

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Specimens should be centrifuged immediately and the separated serum frozen. (Minimum: 0.7 mL serum)

Pediatric Collection:
Red microtainer (no gel)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Light green tube (Lithium heparin with gel)

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
improper handling, frozen sample, QNS

Components:
Thyroglobulin and Thyroglobulin Antibody

Stability:
After separation from cells: Ambient (15-25°C): no longer than 8 hours Refrigerated (2-8°C): 2 days Frozen (-20°C): 2 months

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB533, THG
- LAB533-VML
- LAB533VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test is used in the diagnosis and monitoring of Hashimoto's disease, Graves' disease, thyroid adenoma, subacute thyroiditis, and thyroid carcinoma. Thyroglobulin is also measured to complement radioiodine scanning and other techniques (such as ultrasound or immunohistochemical staining) to determine the presence or absence of functioning thyroid tissue, or an increase in such tissue relative to an individually established baseline.

Interpretive Data:
Samples containing thyroglobulin antibodies cannot be reliably measured for thyroglobulin. Results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.

Reference Interval:
Thyroglobulin Reference Intervals: 6 months - 4 years: 7.4 - 48.7 ng/mL 4 - 8 years: 4.1 - 40.5 ng/mL 8 - 18 years: 0.8 - 29.4 ng/mL 18 years and older: 1.3 - 31.8 ng/mL Thyroglobuin Antibody Reference Interval: 0 - 4 IU/mL

Additional Information:
This test includes the measurement of thyroglobulin and anti-thyroglobulin antibodies. This assay demonstrates interference with biotin. Samples should not be taken from patients receiving therapy with biotin doses until at least 8 hours following the last biotin administration.

Methodology:
Chemiluminescent Immunoassay

Section:
Special Chemistry

Thyroglobulin by LC-MS/MS, Serum or Plasma

LAB3841

ORDERING INFO

Collect:
Serum separator tube or green (sodium or lithium heparin), potassium EDTA

Synonyms:

- LAB3841-VML
- LAB3841VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or green (sodium or lithium heparin), potassium EDTA

Specimen Preparation:
Separate from cells: Transport 1.5 mL serum or plasma. (Min: 0.7 mL)

Unacceptable Conditions:
Samples left ambient for greater than 1 day; grossly lipemic samples.

Storage/Transport Temperature:
Refrigerated or frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 day; Refrigerated: 1 week; Frozen: 1 year

Performed:
Mon, Wed, Thu, Sat

ORDERING

Synonyms:

- LAB3841-VML
- LAB3841VML

Ordering Recommendations:
Recommended test for quantifying thyroglobulin in individuals with antithyroglobulin antibodies. Aids in surveillance of residual/recurrent thyroid cancer in individuals who have developed antibodies to thyroglobulin.

Performed:
Mon, Wed, Thu, Sat

Methodology:
High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
2-6 days

RESULTS INTERPRETATION

Reference Interval:

Age	Reference Interval
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 and older	1.3 - 31.8 ng/mL

Interpretive Data:
Lower limit of detection for thyroglobulin by LC-MS/MS is 0.5 ng/mL.

Methodology:
High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
84432

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or green (sodium or lithium heparin), potassium EDTA

Specimen Preparation:
Separate from cells: Transport 1.5 mL serum or plasma. (Min: 0.7 mL)

Unacceptable Conditions:
Samples left ambient for greater than 1 day; grossly lipemic samples.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 day; Refrigerated: 1 week; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated or frozen.

Synonyms:

- LAB3841-VML
- LAB3841VML

Performed:
Mon, Wed, Thu, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-6 days

Ordering Recommendations:
Recommended test for quantifying thyroglobulin in individuals with antithyroglobulin antibodies. Aids in surveillance of residual/recurrent thyroid cancer in individuals who have developed antibodies to thyroglobulin.

Interpretive Data:
Lower limit of detection for thyroglobulin by LC-MS/MS is 0.5 ng/mL.

Reference Interval:

Age	Reference Interval
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 and older	1.3 - 31.8 ng/mL

Methodology:
High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
84432

Thyroid Stimulating Hormone (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath219

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- TSH

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TSH

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- TSH

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Thyroid Stimulating Hormone (TSH), Serum

LAB129

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)

Synonyms:

- TSH, Thyroid Stimulating Hormone, LAB129
- LAB129-VML
- LAB129VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 6 months

Specimen:
Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TSH, Thyroid Stimulating Hormone, LAB129
- LAB129-VML
- LAB129VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
4 days - < 6 months: 0.73 - 4.77 µU/mL 6 months - < 13 years: 0.56 - 4.0 µU/mL 13 years - < 18 years: 0.47 - 3.41 µU/mL >= 18 years: 0.35 - 3.6 µU/mL

Interpretive Data:
N/A

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TSH, Thyroid Stimulating Hormone, LAB129
- LAB129-VML
- LAB129VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
4 days - < 6 months: 0.73 - 4.77 µU/mL 6 months - < 13 years: 0.56 - 4.0 µU/mL 13 years - < 18 years: 0.47 - 3.41 µU/mL >= 18 years: 0.35 - 3.6 µU/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Thyroid Stimulating Hormone Receptor Antibody (TRAb)

LAB3842

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Anti-TSHR
- Antibodies to TSH receptor
- Inhibitory Immunoglobulin
- TBII
- TBII (Thyrotropin-Binding Inhibitory Immunoglobulin)
- Thyroid-Stimulating Hormone Receptor (TSH Receptor) Antibody
- Thyrotropin Receptor Antibody
- TRAb
- TSH Receptor Antibody
- TSH Receptor Blocking Antibody
- Anti-Thyrotropin
- LAB3842-VML
- LAB3842VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Allow serum separator to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Plasma. Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Preferred transport temp: Frozen. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 6 days; Frozen: 12 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- Anti-TSHR
- Antibodies to TSH receptor
- Inhibitory Immunoglobulin
- TBII
- TBII (Thyrotropin-Binding Inhibitory Immunoglobulin)
- Thyroid-Stimulating Hormone Receptor (TSH Receptor) Antibody
- Thyrotropin Receptor Antibody
- TRAb
- TSH Receptor Antibody
- TSH Receptor Blocking Antibody
- Anti-Thyrotropin
- LAB3842-VML
- LAB3842VML

Ordering Recommendations:
Acceptable secondary test for autoimmune thyroid disease.

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay (ECLIA)

Reported:
1-2 days

RESULTS INTERPRETATION

Reference Interval:
Less than or equal to 1.75 IU/L

Methodology:
Quantitative Electrochemiluminescent Immunoassay (ECLIA)

ADDITIONAL INFORMATION

CPT Codes:
83520

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Allow serum separator to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Plasma. Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 6 days; Frozen: 12 months

Storage/Transport Temperature:
Preferred transport temp: Frozen. Also acceptable: Refrigerated.

Synonyms:

- Anti-TSHR
- Antibodies to TSH receptor
- Inhibitory Immunoglobulin
- TBII
- TBII (Thyrotropin-Binding Inhibitory Immunoglobulin)
- Thyroid-Stimulating Hormone Receptor (TSH Receptor) Antibody
- Thyrotropin Receptor Antibody
- TRAb
- TSH Receptor Antibody
- TSH Receptor Blocking Antibody
- Anti-Thyrotropin
- LAB3842-VML
- LAB3842VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Acceptable secondary test for autoimmune thyroid disease.

Reference Interval:
Less than or equal to 1.75 IU/L

Methodology:
Quantitative Electrochemiluminescent Immunoassay (ECLIA)

Section:
RF-ARUP

CPT Codes:
83520

Thyroid Stimulating Immunoglobulin

LAB6111

ORDERING INFO

Collect:
Serum Separator Tube (SST), Green (Lithium Heparin), or Lavender (K EDTA).

Synonyms:

- Autoimmune Thyroid Stimulator
- Thyroid Stimulating Antibody
- Thyroid-Stimulating Immunoglobulin Serum
- TSI
- TSI concentration
- LAB6111-VML
- LAB6111VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST), Green (Lithium Heparin), or Lavender (K EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- Autoimmune Thyroid Stimulator
- Thyroid Stimulating Antibody
- Thyroid-Stimulating Immunoglobulin Serum
- TSI
- TSI concentration
- LAB6111-VML
- LAB6111VML

Ordering Recommendations:
Acceptable test secondary for autoimmune thyroid disease.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Chemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

0.54 IU/L or less	Consistent with healthy thyroid function or non-Graves thyroid or autoimmune disease. Those with healthy thyroid function typically have results less than 0.1 IU/L.
0.55 IU/L or greater	Consistent with Graves disease (autoimmune hyperthyroidism).

Interpretive Data:
This assay specifically detects thyroid stimulating autoantibodies. For diagnostic purposes, the results obtained from this assay should be used in combination with clinical examination, patient medical history, and other findings.

Methodology:
Semi-Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
84445

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST), Green (Lithium Heparin), or Lavender (K EDTA).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year

Storage/Transport Temperature:
Frozen.

Synonyms:

- Autoimmune Thyroid Stimulator
- Thyroid Stimulating Antibody
- Thyroid-Stimulating Immunoglobulin Serum
- TSI
- TSI concentration
- LAB6111-VML
- LAB6111VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Acceptable test secondary for autoimmune thyroid disease.

Interpretive Data:
This assay specifically detects thyroid stimulating autoantibodies. For diagnostic purposes, the results obtained from this assay should be used in combination with clinical examination, patient medical history, and other findings.

Reference Interval:

0.54 IU/L or less	Consistent with healthy thyroid function or non-Graves thyroid or autoimmune disease. Those with healthy thyroid function typically have results less than 0.1 IU/L.
0.55 IU/L or greater	Consistent with Graves disease (autoimmune hyperthyroidism).

Methodology:
Semi-Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
84445

Thyroid Transcription Factor 1 (8G7G3/1) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath225

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- TTF-1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TTF-1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- TTF-1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

ThyroSeq - CBLP

LAB6070

ORDERING INFO

Synonyms:

- LAB6070-VML
- LAB6070VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6070-VML
- LAB6070VML

ADDITIONAL INFORMATION

Section:

RF-CBLP

Resulting Laboratory:

ThyroSeq

FULL VIEW

Synonyms:

- LAB6070-VML
- LAB6070VML

Resulting Laboratory:

ThyroSeq

Section:

RF-CBLP

Links:

Test Sent to Reference Lab. Click Here for Test Details

Thyroxine Binding Globulin

LAB128

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Serum TBG
- TBG
- TBG serum
- LAB128-VML
- LAB128VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Plasma, tissue or urine. Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Serum TBG
- TBG
- TBG serum
- LAB128-VML
- LAB128VML

Ordering Recommendations:
Not recommended for routine thyroid screening.

Performed:
Mon, Wed, Fri

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
13.0-30.0 µg/mL

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
84442

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Unacceptable Conditions:
Plasma, tissue or urine. Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Frozen.

Synonyms:

- Serum TBG
- TBG
- TBG serum
- LAB128-VML
- LAB128VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Not recommended for routine thyroid screening.

Reference Interval:
13.0-30.0 µg/mL

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

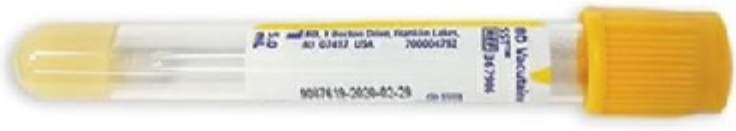
CPT Codes:
84442

Thyroxine, Free (Free T4), Serum

LAB127

ORDERING INFO

Collect:
Gold (Clot Activator with Gel)



Synonyms:

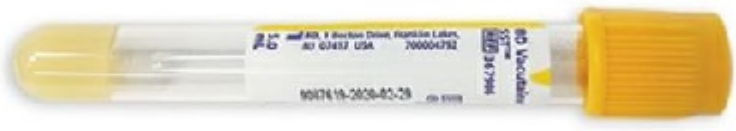
- FT4, Thyroxine Free, Free Thyroxine, LAB127
- LAB127-VML
- LAB127VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 6 days; Frozen: 6 days

Specimen:
Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- FT4, Thyroxine Free, Free Thyroxine, LAB127
- LAB127-VML
- LAB127VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
5 - 14 days: 1.05 - 3.21 ng/dL 15 - 30 days: 0.68 - 2.53 ng/dL 2 mo - 1 years: 0.89 - 1.7 ng/dL 2 years - 18 years: 0.8 - 1.37 ng/dL 19-150 years: 0.89 - 1.37 ng/dL Pregnant Females - 1st Trimester: 0.88-1.46 ng/dL, 2nd Trimester: 0.72-1.22 ng/dL, 3rd Trimester: 0.66-1.10 ng/dL Pediatric Reference Ranges only verified for serum, see CALIPER Study at CaliperDatabase.com

Interpretive Data:
N/A

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

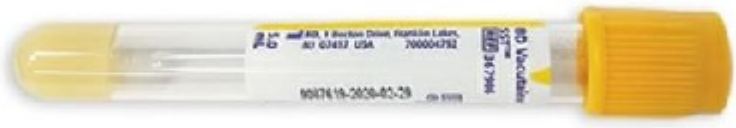
Additional Information:
If testing will be delayed more than 24 hours, remove serum or plasma from the clot, red blood cells, or separator gel.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)



Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 6 days; Frozen: 6 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- FT4, Thyroxine Free, Free Thyroxine, LAB127
- LAB127-VML
- LAB127VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
5 - 14 days: 1.05 - 3.21 ng/dL 15 - 30 days: 0.68 - 2.53 ng/dL 2 mo - 1 years: 0.89 - 1.7 ng/dL 2 years - 18 years: 0.8 - 1.37 ng/dL 19-150 years: 0.89 - 1.37 ng/dL Pregnant Females - 1st Trimester: 0.88-1.46 ng/dL, 2nd Trimester: 0.72-1.22 ng/dL, 3rd Trimester: 0.66-1.10 ng/dL Pediatric Reference Ranges only verified for serum, see CALIPER Study at CaliperDatabase.com

Additional Information:
If testing will be delayed more than 24 hours, remove serum or plasma from the clot, red blood cells, or separator gel.

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Thyroxine, Free by Equilibrium Dialysis/HPLC-Tandem Mass Spectrometry

LAB3744

ORDERING INFO

Collect:
Plain red or serum separator tube (SST).

Synonyms:

- Direct Dialysis
- FT4
- T4, Free, Equilibrium Dialysis
- LAB3744-VML
- LAB3744VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube (SST).

Specimen Preparation:
Separate from cells or gel ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 4 days; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Sun, Tue, Thu

ORDERING

Synonyms:

- Direct Dialysis
- FT4
- T4, Free, Equilibrium Dialysis
- LAB3744-VML
- LAB3744VML

Ordering Recommendations:
Not recommended for routine evaluation of thyroid disorders; preferred test is Thyroxine, Free (Free T4) (0070138). Useful to evaluate free thyroxine (FT4) status in individuals with protein-binding abnormalities. Some medications may induce transient changes in FT4 concentrations. This test is not recommended for patients currently receiving heparin treatment because FT4 concentrations may be falsely elevated.

Performed:
Sun, Tue, Thu

Methodology:
Quantitative Equilibrium Dialysis (ED)/Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
2-6 days

RESULTS INTERPRETATION

Reference Interval:

Effective May 16, 2011

Free Thyroxine ng/dL		
Age	**Female**	**Male**
25-30 weeks gestation	0.5-3.3 ng/dL	0.5-3.3 ng/dL
31-36 weeks gestation	1.3-4.7 ng/dL	1.3-4.7 ng/dL
Birth to 1 week	2.2-5.3 ng/dL	2.2-5.3 ng/dL
2-3 weeks	0.9-4.0 ng/dL	0.9-4.0 ng/dL
1-5 months	1.1-2.2 ng/dL	1.1-2.2 ng/dL
6 months-6 years	1.4-2.7 ng/dL	1.4-2.7 ng/dL
7 years-17 years	1.1-2.0 ng/dL	1.1-2.0 ng/dL
18 years and older	1.1-2.4 ng/dL	1.1-2.4 ng/dL
Pregnancy, 1st Trimester	0.7-2.0 ng/dL	
Pregnancy, 2nd Trimester	0.7-2.1 ng/dL	
Pregnancy, 3rd Trimester	0.5-1.6 ng/dL	

Interpretive Data:

Some medications may induce transient changes in FT4 concentrations. This test is not recommended for patients currently on heparin treatment as FT4 concentrations may be falsely elevated.

Methodology:

Quantitative Equilibrium Dialysis (ED)/Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

84439

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red or serum separator tube (SST).

Specimen Preparation:

Separate from cells or gel ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:

Plasma.

Stability (from collection to initiation):

After separation from cells: Ambient: 4 days; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Direct Dialysis
- FT4
- T4, Free, Equilibrium Dialysis
- LAB3744-VML
- LAB3744VML

Performed:

Sun, Tue, Thu

Resulting Laboratory:

ARUP Laboratories

Reported:

2-6 days

Ordering Recommendations:

Not recommended for routine evaluation of thyroid disorders; preferred test is Thyroxine, Free (Free T4) (0070138). Useful to evaluate free thyroxine (FT4) status in individuals with protein-binding abnormalities. Some medications may induce transient changes in FT4 concentrations. This test is not recommended for patients currently receiving heparin treatment because FT4 concentrations may be falsely elevated.

Interpretive Data:

Some medications may induce transient changes in FT4 concentrations. This test is not recommended for patients currently on heparin treatment as FT4 concentrations may be falsely elevated.

Reference Interval:

Effective May 16, 2011

Free Thyroxine ng/dL		
Age	**Female**	**Male**
25-30 weeks gestation	0.5-3.3 ng/dL	0.5-3.3 ng/dL
31-36 weeks gestation	1.3-4.7 ng/dL	1.3-4.7 ng/dL
Birth to 1 week	2.2-5.3 ng/dL	2.2-5.3 ng/dL
2-3 weeks	0.9-4.0 ng/dL	0.9-4.0 ng/dL
1-5 months	1.1-2.2 ng/dL	1.1-2.2 ng/dL
6 months-6 years	1.4-2.7 ng/dL	1.4-2.7 ng/dL
7 years-17 years	1.1-2.0 ng/dL	1.1-2.0 ng/dL
18 years and older	1.1-2.4 ng/dL	1.1-2.4 ng/dL
Pregnancy, 1st Trimester	0.7-2.0 ng/dL	
Pregnancy, 2nd Trimester	0.7-2.1 ng/dL	
Pregnancy, 3rd Trimester	0.5-1.6 ng/dL	

Methodology:

Quantitative Equilibrium Dialysis (ED)/Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

84439

Thyroxine, Total T4, Plasma or Serum

LAB126

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- T4, Thyroxine, Total, LAB126
- LAB126-VML
- LAB126VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 6 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- T4, Thyroxine, Total, LAB126
- LAB126-VML
- LAB126VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - < 9 years: 6.2 - 10.3 µg/dL 9 years - < 12 years: 5.5 - 9.3 µg/dL 12 years - < 17 years: 4.7 - 8.6 µg/dL >= 17 years: 4 - 11 µg/dL Note: Pediatric Reference Ranges only verified for serum, see CALIPER Study at CaliperDatabase.com

Interpretive Data:
N/A

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 6 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- T4, Thyroxine, Total, LAB126
- LAB126-VML
- LAB126VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0 - < 9 years: 6.2 - 10.3 µg/dL 9 years - < 12 years: 5.5 - 9.3 µg/dL 12 years - < 17 years: 4.7 - 8.6 µg/dL >= 17 years: 4 - 11 µg/dL Note: Pediatric Reference Ranges only verified for serum, see CALIPER Study at CaliperDatabase.com

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

TIA-1 (2G9A10F5) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath220

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Tiagabine Quantitative, Serum/Plasma

LAB5998

ORDERING INFO

Collect:
Plain Red, Lavender (EDTA), or Pink (K_2EDTA).

Synonyms:

- Gabitril
- LAB5998-VML
- LAB5998VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Pre-dose (trough) draw.

Collect:
Plain Red, Lavender (EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 48 months

Performed:
Varies

ORDERING

Synonyms:

- Gabitril
- LAB5998-VML
- LAB5998VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Varies

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
8-11 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80199

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Patient Preparation:
Pre-dose (trough) draw.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 48 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Gabitril
- LAB5998-VML
- LAB5998VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80199

Tissue Examination for Elcectron Microscopy, Kidney Biopsy

CoPath4

ORDERING INFO

Collect:
Submit tissue in gluteraldehyde

Synonyms:

- Kidney Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy

Turn Around Time:
4 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Submit tissue in gluteraldehyde

Specimen Preparation:
Tissue should be placed in gluteraldehyde fixative as soon as possible after collection. Complete Test Requisition and include pertinent clinical data and billing information. Seal specimen containers completely and submit in a specimen bag. Submit completed requisition in pocket of specimen bag.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Refrigerated: (2-8°C)-2 months

Specimen:
Kidney Biopsy tissue for Electron Microscopy

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Kidney Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy

Performed:
Monday-Friday

Turn Around Time:
4 days

Methodology:
Electron Microscopy preparation and interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

Components:
Gross Description and Diagnosis

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Electron Microscopy preparation and interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

ADDITIONAL INFORMATION

Section:
Surgical Pathology

Alternate Specimen:
N/A

Additional Information:
Glutaraldehyde is hazardous and should be handled with care as to not leak.

Components:
Gross Description and Diagnosis

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Submit tissue in gluteraldehyde

Specimen Preparation:
Tissue should be placed in gluteraldehyde fixative as soon as possible after collection. Complete Test Requisition and include pertinent clinical data and billing information. Seal specimen containers completely and submit in a specimen bag. Submit completed requisition in pocket of specimen bag.

Pediatric Collection:
N/A

Preferred Collection Volume:
Tissue should be entirely covered in gluteraldehyde fixative

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Kidney Biopsy tissue for Electron Microscopy

Reasons for Rejection:
Incorrect or incomplete patient identification. Label both the test requisition and specimen container with 2 patient identifiers.

Components:
Gross Description and Diagnosis

Stability:
Refrigerated: (2-8°C)-2 months

Storage/Transport Temperature:
Refrigerated: (2-8°C)

Synonyms:

- Kidney Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Glutaraldehyde is hazardous and should be handled with care as to not leak.

Methodology:
Electron Microscopy preparation and interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

Section:
Surgical Pathology

Tissue Examination for Immunoflourescence, Biopsy

CoPath3

ORDERING INFO

Collect:
Submit tissue in Michel's fixative

Synonyms:

- Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy, IF Biopsy

Turn Around Time:
4 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Submit tissue in Michel's fixative

Specimen Preparation:
Tissue should be placed in Michel's fixative as soon as possible after collection. Complete Test Requisition and include pertinent clinical data and billing information. Seal specimen containers completely and submit in a specimen bag. Submit completed requisition in pocket of specimen bag.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Refrigerated: (2-8°C)-5 days

Specimen:
Biopsy tissue for Immunoflourescence

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy, IF Biopsy

Performed:
Monday-Friday

Turn Around Time:
4 days

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

Components:
Gross Description and Diagnosis

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

ADDITIONAL INFORMATION

Section:
Surgical Pathology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Gross Description and Diagnosis

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Submit tissue in Michel's fixative

Specimen Preparation:
Tissue should be placed in Michel's fixative as soon as possible after collection. Complete Test Requisition and include pertinent clinical data and billing information. Seal specimen containers completely and submit in a specimen bag. Submit completed requisition in pocket of specimen bag.

Pediatric Collection:
N/A

Preferred Collection Volume:
Tissue should be entirely covered in Michel's fixative

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Biopsy tissue for Immunoflourescence

Reasons for Rejection:
Incorrect or incomplete patient identification. Label both the test requisition and specimen container with 2 patient identifiers.

Components:
Gross Description and Diagnosis

Stability:
Refrigerated: (2-8°C)-5 days

Storage/Transport Temperature:
Refrigerated: (2-8°C)

Synonyms:

- Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy, IF Biopsy

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
N/A

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

Section:
Surgical Pathology

Tissue Examination for Lymphoma Work-Up Only, Lymph Node Biopsy

CoPath2

ORDERING INFO

Collect:
Submit lymph node biopsy in RPMI.

Synonyms:

- Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy

Turn Around Time:
4 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Submit lymph node biopsy in RPMI.

Specimen Preparation:
Tissue should be placed in RPMI as soon as possible after collection. Complete Test Requisition and include pertinent clinical data and billing information. Seal specimen containers completely and submit in a specimen bag. Submit completed requisition in pocket of specimen bag.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday-Friday

Stability:
RPMI - Ambient: (15-25°C) 48 hours. Saline - Ambient: (15-25°C) 24 hours.

Specimen:
Lymph node biopsy tissue

Alternate Specimen:
Lymph node biopsy submitted in saline.

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy

Performed:
Monday-Friday

Turn Around Time:
4 days

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

Components:
Gross Description and Diagnosis

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

ADDITIONAL INFORMATION

Section:
Surgical Pathology

Alternate Specimen:
Lymph node biopsy submitted in saline.

Additional Information:
N/A

Components:
Gross Description and Diagnosis

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Submit lymph node biopsy in RPMI.

Specimen Preparation:
Tissue should be placed in RPMI as soon as possible after collection. Complete Test Requisition and include pertinent clinical data and billing information. Seal specimen containers completely and submit in a specimen bag. Submit completed requisition in pocket of specimen bag.

Pediatric Collection:
N/A

Preferred Collection Volume:
Tissue should be entirely covered in RPMI.

Alternate Specimen:
Lymph node biopsy submitted in saline.

Patient Preparation:
N/A

Specimen:
Lymph node biopsy tissue

Reasons for Rejection:
Incorrect or incomplete patient identification. Label both the test requisition and specimen container with 2 patient identifiers.

Components:
Gross Description and Diagnosis

Stability:
RPMI - Ambient: (15-25°C) 48 hours. Saline - Ambient: (15-25°C) 24 hours.

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
N/A

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

Section:
Surgical Pathology

Tissue Examination for Routine Pathology, Biopsy

CoPath1

ORDERING INFO

Collect:
Submit in 10% Neutral Buffered Formalin

Synonyms:

- Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy

Turn Around Time:
4 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Submit in 10% Neutral Buffered Formalin

Specimen Preparation:
Tissue should be placed in fixative as soon as possible after collection. Complete Test Requisition and include pertinent clinical data and billing information. Seal specimen containers completely and submit in a specimen bag. Submit completed requisition in pocket of specimen bag.

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Monday-Friday

Stability:
Fixed tissue-Ambient: (15-25°C) indefinitely

Specimen:
Biopsy tissue for routine pathology examination

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy

Performed:
Monday-Friday

Turn Around Time:
4 days

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

Components:
Gross Description and Diagnosis

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histological preparation and microscopic interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

ADDITIONAL INFORMATION

Section:
Surgical Pathology

Alternate Specimen:
N/A

Additional Information:
Formalin is hazardous and should be handled with care as to not leak. Breast biopsies must fix in 10% neutral buffered formalin for a minimum of 6 hours and a maximum of 72 hours for ancillary predictive marker testing. Shorter or longer fixation may impact results.

Components:
Gross Description and Diagnosis

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Submit in 10% Neutral Buffered Formalin

Specimen Preparation:
Tissue should be placed in fixative as soon as possible after collection. Complete Test Requisition and include pertinent clinical data and billing information. Seal specimen containers completely and submit in a specimen bag. Submit completed requisition in pocket of specimen bag.

Pediatric Collection:
N/A

Preferred Collection Volume:
Tissue should be entirely covered in 10% neutral buffered formalin.

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Biopsy tissue for routine pathology examination

Reasons for Rejection:
Incorrect or incomplete patient identification. Label both the test requisition and specimen container with 2 patient identifiers.

Components:
Gross Description and Diagnosis

Stability:
Fixed tissue-Ambient: (15-25°C) indefinitely

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- Tissue Biopsy, Pathology Tissue, Punch Biopsy, Core Biopsy

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Formalin is hazardous and should be handled with care as to not leak. Breast biopsies must fix in 10% neutral buffered formalin for a minimum of 6 hours and a maximum of 72 hours for ancillary predictive marker testing. Shorter or longer fixation may impact results.

Methodology:

Histological preparation and microscopic interpretation. Ancillary stains or procedures may be required at the request of the pathologist.

Section:

Surgical Pathology

Tissue Transglutaminase IgA and IgG with reflex EMA, serum or plasma

LAB721

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB721, TTE
- LAB721-VML
- LAB721VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 1.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C):7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

ORDERING

Ordering Indicators:
Evaluating patients suspected of having celiac disease, including patients with compatible symptoms, patients with atypical symptoms, and individuals at increased risk (family history, previous diagnosis with associated disease).

Synonyms:

- LAB721, TTE
- LAB721-VML
- LAB721VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
tTG IgA, tTG IgM

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
The recommended screening test for celiac disease is tissue transglutaminase IgA (tTG IgA) . Tissue transglutaminase IgG (tTG IgG) and deamidated gliadin IgG should only be used for diagnosis when a patient has a total IgA deficiency. The IgG-based tests have a lower specificity and therefore a lower positive predictive value. If the patient has a positive serology and celiac disease is likely, consider consulting the VUMC adult celiac gastroenterology clinic or pediatric gastroenterology clinic to discuss diagnosis further. Patients should continue to consume gluten until seen in the clinic.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

Additional Information:
If the quantitative IgA is >5 and the tTG IgA is positive, automatic reflex to ARUP test EMA IgA; If the quantitative IgA is <5 and the tTG IgG is positive, automatic reflex to ARUP test EMA IgG.

Components:
tTG IgA, tTG IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 1.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 3.0 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
tTG IgA, tTG IgM

Stability:
Refrigerated (2-8°C):7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB721, TTE
- LAB721-VML
- LAB721VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
Evaluating patients suspected of having celiac disease, including patients with compatible symptoms, patients with atypical symptoms, and individuals at increased risk (family history, previous diagnosis with associated disease).

Interpretive Data:
The recommended screening test for celiac disease is tissue transglutaminase IgA (tTG IgA) . Tissue transglutaminase IgG (tTG IgG) and deamidated gliadin IgG should only be used for diagnosis when a patient has a total IgA deficiency. The IgG-based tests have a lower specificity and therefore a lower positive predictive value. If the patient has a positive serology and celiac disease is likely, consider consulting the VUMC adult celiac gastroenterology clinic or pediatric gastroenterology clinic to discuss diagnosis further. Patients should continue to consume gluten until seen in the clinic.

Reference Interval:
Negative

Additional Information:
If the quantitative IgA is >5 and the tTG IgA is positive, automatic reflex to ARUP test EMA IgA; If the quantitative IgA is <5 and the tTG IgG is positive, automatic reflex to ARUP test EMA IgG.

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Tissue Transglutaminase IgA and IgG, serum or plasma

LAB723

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB723, TTG IgG, TTA, TTG-IgA, Anti-TTG IgA
- LAB723-VML
- LAB723VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

ORDERING

Synonyms:

- LAB723, TTG IgG, TTA, TTG-IgA, Anti-TTG IgA
- LAB723-VML
- LAB723VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
tTG IgA, tTG IgM

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
The recommended screening test for celiac disease is tissue transglutaminase IgA (tTG IgA) . Tissue transglutaminase IgG (tTG IgG) and deamidated gliadin IgG should only be used for diagnosis when a patient has a total IgA deficiency. The IgG-based tests have a lower specificity and therefore a lower positive predictive value. If the patient has a positive serology and celiac disease is likely, consider consulting the VUMC adult celiac gastroenterology clinic or pediatric gastroenterology clinic to discuss diagnosis further. Patients should continue to consume gluten until seen in the clinic.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

Additional Information:
NA

Components:
tTG IgA, tTG IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
tTG IgA, tTG IgM

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB723, TTG IgG, TTA, TTG-IgA, Anti-TTG IgA
- LAB723-VML
- LAB723VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Interpretive Data:
The recommended screening test for celiac disease is tissue transglutaminase IgA (tTG IgA) . Tissue transglutaminase IgG (tTG IgG) and deamidated gliadin IgG should only be used for diagnosis when a patient has a total IgA deficiency. The IgG-based tests have a lower specificity and therefore a lower positive predictive value. If the patient has a positive serology and celiac disease is likely, consider consulting the VUMC adult celiac gastroenterology clinic or pediatric gastroenterology clinic to discuss diagnosis further. Patients should continue to consume gluten until seen in the clinic.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Tobramycin Peak, Plasma or Serum

LAB36

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- TPK, TML, Nebcin, Tobrex, LAB36
- LAB36-VML
- LAB36VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TPK, TML, Nebcin, Tobrex, LAB36
- LAB36-VML
- LAB36VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
5-10 µg/mL

Interpretive Data:
For 2-4 mg/Kg dose, infant peak range is 5-10 µg/mL; For 5-7 mg/Kg dose, infant peak range is > = 15 µg/mL.

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Peak concentrations generally correlate with efficacy. Draw 60 minutes after the end of the infusion.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TPK, TML, Nebcin, Tobrex, LAB36
- LAB36-VML
- LAB36VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
For 2-4 mg/Kg dose, infant peak range is 5-10 µg/mL; For 5-7 mg/Kg dose, infant peak range is > = 15 µg/mL.

Reference Interval:
5-10 µg/mL

Additional Information:
Peak concentrations generally correlate with efficacy. Draw 60 minutes after the end of the infusion.

Methodology:
Immunoassay

Section:
Chemistry

Tobramycin Random, Plasma or Serum

LAB37

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- TRN, TML, Nebcin, Tobrex, LAB37
- LAB37-VML
- LAB37VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TRN, TML, Nebcin, Tobrex, LAB37
- LAB37-VML
- LAB37VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Peak and/or trough concentrations provide the most useful information.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TRN, TML, Nebcin, Tobrex, LAB37
- LAB37-VML
- LAB37VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Peak and/or trough concentrations provide the most useful information.

Methodology:
Immunoassay

Section:
Chemistry

Tobramycin Trough, Plasma or Serum

LAB38

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- TTR, TML, Nebcin, Tobrex, LAB38
- LAB38-VML
- LAB38VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TTR, TML, Nebcin, Tobrex, LAB38
- LAB38-VML
- LAB38VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - <18 years: <1.9 µg/mL >18 years: <0.4 µg/mL

Interpretive Data:
Supratherapeutic Trough Infant Q24 >2 µg/mL; Q8/Q12 >2 µg/mL. 1- 17 yrs: <2 (reported from Cerner as <=1.9 mcg/mL for ages 0-18 yrs.-ksk). Supratherapeutic Trough Peds Q24 > 1 m

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Trough concentrations generally correlate with toxicity. Draw 0 - 30 minutes before dose.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TTR, TML, Nebcin, Tobrex, LAB38
- LAB38-VML
- LAB38VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Supratherapeutic Trough Infant Q24 >2 µg/mL; Q8/Q12 >2 µg/mL. 1- 17 yrs: <2 (reported from Cerner as <=1.9 mcg/mL for ages 0-18 yrs.-ksk). Supratherapeutic Trough Peds Q24 > 1 m

Reference Interval:
0 - <18 years: <1.9 µg/mL >18 years: <0.4 µg/mL

Additional Information:
Trough concentrations generally correlate with toxicity. Draw 0 - 30 minutes before dose.

Methodology:
Immunoassay

Section:
Chemistry

Toll-Like Receptor Function

LAB3845

ORDERING INFO

Collect:
Green (sodium heparin) (patient) AND green (sodium heparin) (control). Also acceptable: Yellow (ACD solution A) (patient) AND yellow (ACD solution A) (control). Patient and control specimens must be collected within 48 hours of test performance.

Synonyms:

- TLR Function
- LAB3845-VML
- LAB3845VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect control specimen from a healthy individual unrelated to patient at approximately the same time as and under similar conditions to the patient.

Collect:
Green (sodium heparin) (patient) AND green (sodium heparin) (control). Also acceptable: Yellow (ACD solution A) (patient) AND yellow (ACD solution A) (control). Patient and control specimens must be collected within 48 hours of test performance.

Specimen Preparation:
Transport 10 mL whole blood (patient) AND 10 mL whole blood (control) in original collection tubes. (Min: 7 mL (patient) AND 7 mL (control)) Do not refrigerate or freeze. LIVE CELLS REQUIRED.

Infant Minimum: 3 mL whole blood (patient) AND 7 mL whole blood (control).

For patients who are lymphopenic, collection of 10 mL of whole blood, rather than the minimum required volumes, is recommended to increase the likelihood that a sufficient number of lymphocytes can be isolated for testing.

Unacceptable Conditions:
Yellow (ACD solution B). Refrigerated or frozen specimens.

Storage/Transport Temperature:
CRITICAL ROOM TEMPERATURE.

Stability (from collection to initiation):
Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable
New York State Clients: Ambient 24 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Performed:
Sun, Tue, Wed, Thu, Fri, Sat

ORDERING

Synonyms:

- TLR Function
- LAB3845-VML
- LAB3845VML

Ordering Recommendations:
Aids in diagnosis of innate immunodeficiencies when genetic defects of the innate immune system are suspected in individuals negative for other immunodeficiencies (eg, no detectable abnormality of antibody function, complement activity, neutrophil function, or cell-mediated immunity). This test does not measure the function of toll-like receptor 3 (TLR3). Molecular testing is the preferred method for detection of defects in TLR3. For patients who are lymphopenic, collection of 10 mL of whole blood, rather than the minimum required volumes, is recommended to increase the likelihood that a sufficient number of lymphocytes can be isolated for testing.

Performed:
Sun, Tue, Wed, Thu, Fri, Sat

Methodology:
Cell Culture/Quantitative Multiplex Bead Assay

Reported:
9-10 days

Notes:

Results for TNF alpha, IL-1 beta, and IL-6 are reported as pg/mL. Interpretation comparing the patient results to the simultaneously collected client normal control and the laboratory normal control will be provided by an ARUP medical director.

Limitation: Defects in IRAK-4 and MyD88 result in compromised TLR signaling. Exception is endosomal TLR4, which is IRAK-4 and MyD88 independent.

RESULTS INTERPRETATION

Reference Interval:

By report

Interpretive Data:

Toll-like receptors (TLR) are tested independently by stimulation with TLR-specific ligands in a peripheral blood mononuclear cell (PBMC) culture. PBMC production of IL-1 beta, IL-6, and TNF alpha is determined by multiplex bead assay for TLR 1,2,4-8.

TLR-specific ligands include Pam3CSK4, a synthetic bacterial lipoprotein (TLR2-TLR1 ligand); zymosan cell wall particles from Saccharomyces cerevisiae (TLR6-TLR2 ligand); lipopolysaccharide (LPS) ultra-pure S. minnesota LPS (TLR4 ligand); flagellin purified from S. typhimurium (TLR5 ligand); and CL097 imidazoquinoline compound (TLR7-TLR8 ligand).

Methodology:

Cell Culture/Quantitative Multiplex Bead Assay

ADDITIONAL INFORMATION

CPT Codes:

86353 x5; 83520 x2; 83529

Section:

RF-ARUP

Notes:

Results for TNF alpha, IL-1 beta, and IL-6 are reported as pg/mL. Interpretation comparing the patient results to the simultaneously collected client normal control and the laboratory normal control will be provided by an ARUP medical director.

Limitation: Defects in IRAK-4 and MyD88 result in compromised TLR signaling. Exception is endosomal TLR4, which is IRAK-4 and MyD88 independent.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Green (sodium heparin) (patient) AND green (sodium heparin) (control). Also acceptable: Yellow (ACD solution A) (patient) AND yellow (ACD solution A) (control). Patient and control specimens must be collected within 48 hours of test performance.

Specimen Preparation:

Transport 10 mL whole blood (patient) AND 10 mL whole blood (control) in original collection tubes. (Min: 7 mL (patient) AND 7 mL (control)) Do not refrigerate or freeze. LIVE CELLS REQUIRED.

Infant Minimum: 3 mL whole blood (patient) AND 7 mL whole blood (control).

For patients who are lymphopenic, collection of 10 mL of whole blood, rather than the minimum required volumes, is recommended to increase the likelihood that a sufficient number of lymphocytes can be isolated for testing.

Patient Preparation:

Collect control specimen from a healthy individual unrelated to patient at approximately the same time as and under similar conditions to the patient.

Unacceptable Conditions:

Yellow (ACD solution B). Refrigerated or frozen specimens.

Stability (from collection to initiation):

Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable
New York State Clients: Ambient 24 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Storage/Transport Temperature:

CRITICAL ROOM TEMPERATURE.

Synonyms:

- TLR Function
- LAB3845-VML
- LAB3845VML

Performed:
Sun, Tue, Wed, Thu, Fri, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
9-10 days

Ordering Recommendations:
Aids in diagnosis of innate immunodeficiencies when genetic defects of the innate immune system are suspected in individuals negative for other immunodeficiencies (eg, no detectable abnormality of antibody function, complement activity, neutrophil function, or cell-mediated immunity). This test does not measure the function of toll-like receptor 3 (TLR3). Molecular testing is the preferred method for detection of defects in TLR3. For patients who are lymphopenic, collection of 10 mL of whole blood, rather than the minimum required volumes, is recommended to increase the likelihood that a sufficient number of lymphocytes can be isolated for testing.

Interpretive Data:
Toll-like receptors (TLR) are tested independently by stimulation with TLR-specific ligands in a peripheral blood mononuclear cell (PBMC) culture. PBMC production of IL-1 beta, IL-6, and TNF alpha is determined by multiplex bead assay for TLR 1,2,4-8.

TLR-specific ligands include Pam3CSK4, a synthetic bacterial lipoprotein (TLR2-TLR1 ligand); zymosan cell wall particles from Saccharomyces cerevisiae (TLR6-TLR2 ligand); lipopolysaccharide (LPS) ultra-pure S. minnesota LPS (TLR4 ligand); flagellin purified from S. typhimurium (TLR5 ligand); and CL097 imidazoquinoline compound (TLR7-TLR8 ligand).

Reference Interval:
By report

Methodology:
Cell Culture/Quantitative Multiplex Bead Assay

Section:
RF-ARUP

CPT Codes:
86353 x5; 83520 x2; 83529

Notes:
Results for TNF alpha, IL-1 beta, and IL-6 are reported as pg/mL. Interpretation comparing the patient results to the simultaneously collected client normal control and the laboratory normal control will be provided by an ARUP medical director.

Limitation: Defects in IRAK-4 and MyD88 result in compromised TLR signaling. Exception is endosomal TLR4, which is IRAK-4 and MyD88 independent.

Topiramate

LAB498

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Synonyms:

- tompamax concentration
- tompamax level
- Topamax
- topiramate level
- topiramate concentration
- LAB498-VML
- LAB498VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Serum or plasma separator tubes. Grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 6 days; Refrigerated: 1 week; Frozen: 4 weeks

Performed:
Sun-Sat

ORDERING

Synonyms:

- tompamax concentration
- tompamax level
- Topamax
- topiramate level
- topiramate concentration
- LAB498-VML
- LAB498VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
Effective November 18, 2013

Therapeutic range: 5.0-20.0 µg/mL
Toxic: Not well established

Interpretive Data:
Pharmacokinetics varies widely, particularly with co-medications, age, and/or compromised renal function. Adverse effects may include somnolence, fatigue, and dizziness.

Methodology:
Quantitative Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
80201

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red. Also acceptable: Lavender (EDTA), pink (K_2EDTA), or green (sodium or lithium heparin).

Specimen Preparation:
Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Serum or plasma separator tubes. Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 6 days; Refrigerated: 1 week; Frozen: 4 weeks

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- tompamax concentration
- tompamax level
- Topamax
- topiramate level
- topiramate concentration
- LAB498-VML
- LAB498VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Pharmacokinetics varies widely, particularly with co-medications, age, and/or compromised renal function. Adverse effects may include somnolence, fatigue, and dizziness.

Reference Interval:
Effective November 18, 2013

Therapeutic range: 5.0-20.0 µg/mL
Toxic: Not well established

Methodology:
Quantitative Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
80201

TORCH Antibodies, IgM

LAB3846

ORDERING INFO

Collect:
Serum Separator Tube (SST).

Synonyms:

- Cytomegalic Inclusion Disease (CMID)
- Cytomegalovirus (CMV)
- Herpes Simplex Virus (HSV)
- TORCH
- TORCH IgM
- TORCH Profile IgM
- Toxoplasma gondii (T. gondii)
- Toxoplasmosis
- LAB3846-VML
- LAB3846VML

SPECIMEN REQUIREMENTS

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun-Sat

Remarks:
Mark specimens plainly as "acute" or "convalescent."

ORDERING

Synonyms:

- Cytomegalic Inclusion Disease (CMID)
- Cytomegalovirus (CMV)
- Herpes Simplex Virus (HSV)
- TORCH
- TORCH IgM
- TORCH Profile IgM
- Toxoplasma gondii (T. gondii)
- Toxoplasmosis
- LAB3846-VML
- LAB3846VML

Ordering Recommendations:
Not recommended for diagnosing congenital infections in newborns; tests should be selected individually to target the most likely infectious agents.

Performed:
Sun-Sat

Methodology:
Semi-Quantitative Chemiluminescent Immunoassay /Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-2 days

Notes:
This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues, and Cellular- and tissue-based products (HCT/P).

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Rubella Antibody IgM	19.9 AU/mL or less
CMV Antibody IgM	29.9 AU/mL or less
Toxoplasma gondii Ab, IgM	7.9 AU/mL or less
HSV 1 and/or 2 Abs, IgM by ELISA	0.89 IV or less

Interpretive Data:

Component	Interpretation
Cytomegalovirus Antibody, IgM	29.9 AU/mL or less: Not Detected. 30.0-34.9 AU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 35.0 AU/mL or greater: Detected - IgM antibody to CMV detected, which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.
Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgM by ELISA	0.89 IV or less: Not Detected. 0.90-1.09 IV: Indeterminate. Repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Detected. IgM antibody to HSV detected, which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post infection.
Rubella Antibody, IgM	19.9 AU/mL or less: Not Detected. 20.0 - 24.9 AU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 25.0 AU/mL or greater: Detected - IgM antibody to rubella detected, which may indicate a current or recent infection or immunization.
Toxoplasma gondii Antibody, IgM	7.9 AU/mL or less: Not Detected. 8.0-9.9 AU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 10.0 AU/mL or greater: Detected - Significant level of Toxoplasma gondii IgM antibody detected and may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Methodology:
Semi-Quantitative Chemiluminescent Immunoassay /Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86645; 86694; 86762; 86778

Section:
RF-ARUP

Remarks:
Mark specimens plainly as "acute" or "convalescent."

Notes:
This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues, and Cellular- and tissue-based products (HCT/P).

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum Separator Tube (SST).

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Cytomegalic Inclusion Disease (CMID)
- Cytomegalovirus (CMV)
- Herpes Simplex Virus (HSV)
- TORCH
- TORCH IgM
- TORCH Profile IgM
- Toxoplasma gondii (T. gondii)
- Toxoplasmosis
- LAB3846-VML
- LAB3846VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Not recommended for diagnosing congenital infections in newborns; tests should be selected individually to target the most likely infectious agents.

Interpretive Data:

Component	Interpretation
Cytomegalovirus Antibody, IgM	29.9 AU/mL or less: Not Detected. 30.0-34.9 AU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 35.0 AU/mL or greater: Detected - IgM antibody to CMV detected, which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.
Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgM by ELISA	0.89 IV or less: Not Detected. 0.90-1.09 IV: Indeterminate. Repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Detected. IgM antibody to HSV detected, which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post infection.
Rubella Antibody, IgM	19.9 AU/mL or less: Not Detected. 20.0 - 24.9 AU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 25.0 AU/mL or greater: Detected - IgM antibody to rubella detected, which may indicate a current or recent infection or immunization.
Toxoplasma gondii Antibody, IgM	7.9 AU/mL or less: Not Detected. 8.0-9.9 AU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 10.0 AU/mL or greater: Detected - Significant level of Toxoplasma gondii IgM antibody detected and may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Reference Interval:

Components	Reference Interval
Rubella Antibody IgM	19.9 AU/mL or less
CMV Antibody IgM	29.9 AU/mL or less
Toxoplasma gondii Ab, IgM	7.9 AU/mL or less
HSV 1 and/or 2 Abs, IgM by ELISA	0.89 IV or less

Methodology:
Semi-Quantitative Chemiluminescent Immunoassay /Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86645; 86694; 86762; 86778

Remarks:
Mark specimens plainly as "acute" or "convalescent."

Notes:
This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues, and Cellular- and tissue-based products (HCT/P).

Total Cholesterol, Plasma or Serum

LAB60

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- CHL, Cholesterol Blood, LAB60
- LAB60-VML
- LAB60VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 3 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- CHL, Cholesterol Blood, LAB60
- LAB60-VML
- LAB60VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
>18 years: <200 mg/dL

Interpretive Data:
A desirable serum cholesterol concentration in adults is less than 200 mg/dL and less than 170 mg/dL in children. A borderline-high serum cholesterol concentration in adults is 200-239 mg/dL and 170-199 mg/dL in children. A high serum cholesterol concentration in adults is greater than 239 mg/dL and greater than 199 mg/dL in children.

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.3 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 3 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- CHL, Cholesterol Blood, LAB60
- LAB60-VML
- LAB60VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
A desirable serum cholesterol concentration in adults is less than 200 mg/dL and less than 170 mg/dL in children. A borderline-high serum cholesterol concentration in adults is 200-239 mg/dL and 170-199 mg/dL in children. A high serum cholesterol concentration in adults is greater than 239 mg/dL and greater than 199 mg/dL in children.

Reference Interval:
>18 years: <200 mg/dL

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Total Iron Binding Capacity, Plasma

LAB829

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- Total Iron Binding Capacity, TBC, LAB829
- LAB829-VML
- LAB829VML
- UIBC
- TIBC

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection (Min 0.5 mL).

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 4 days, 2° to 8°C: 7 days

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Total Iron Binding Capacity, TBC, LAB829
- LAB829-VML
- LAB829VML
- UIBC
- TIBC

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Ferene with Deproteinization

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - < 2 months: 59 - 175 µg/dL 2 months - < 18 years: 250 - 400 µg/dL >= 18 years: 240 - 450 µg/dL

Interpretive Data:
N/A

Methodology:
Ferene with Deproteinization

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection (Min 0.5 mL).

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 4 days, 2° to 8°C: 7 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Total Iron Binding Capacity, TBC, LAB829
- LAB829-VML
- LAB829VML
- UIBC
- TIBC

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0 - < 2 months: 59 - 175 µg/dL 2 months - < 18 years: 250 - 400 µg/dL >= 18 years: 240 - 450 µg/dL

Additional Information:
N/A

Methodology:
Ferene with Deproteinization

Section:
Chemistry

Total Lipid Fatty Acid Profile, Plsm: C8 to C26,saturated,mono/polyunsaturated, (essential),tran-KNKR

LAB3990

ORDERING INFO

Synonyms:

- LAB3990-VML
- LAB3990VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3990-VML
- LAB3990VML

ADDITIONAL INFORMATION

Section:
RF-KNKR

Resulting Laboratory:
Kennedy Krieger Institute

FULL VIEW

Synonyms:

- LAB3990-VML
- LAB3990VML

Resulting Laboratory:
Kennedy Krieger Institute

Section:
RF-KNKR

Links:
Test Sent to Reference Lab. Click Here for Test Details

Toxoplasma gondii IgG and IgM, serum or plasma

LAB501

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB501, TOX
- LAB501-VML
- LAB501VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum or plasma

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

ORDERING

Ordering Indicators:
This test is used to detect past or recent infection with Toxoplasma gondii.

Synonyms:

- LAB501, TOX
- LAB501-VML
- LAB501VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Multiplex Flow Immunoassay

Components:
Toxoplasma IgG Toxoplasma IgM

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Positve IgG and negative IgM suggest previous infection. Positive IgG and positive IgM suggest recent infection.

Methodology:
Multiplex Flow Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Additional Information:
To confirm positive IgM results, specimen will be sent to Palo Alto Reference Lab.

Components:
Toxoplasma IgG Toxoplasma IgM

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum or plasma from cells ASAP, store refrigerated. (Minimum 0.5 mL serum or plasma)

Pediatric Collection:
Two Red Microtainers (no gel), or Two Lavender Microtainers (EDTA)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel) Lavender tube (EDTA) Light green tube (Lithium heparin with gel) Dark green tube (Sodium heparin)

Patient Preparation:
NA

Specimen:
Serum or plasma

Reasons for Rejection:
Gross hemolysis

Components:
Toxoplasma IgG Toxoplasma IgM

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB501, TOX
- LAB501-VML
- LAB501VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is used to detect past or recent infection with Toxoplasma gondii.

Interpretive Data:
Positve IgG and negative IgM suggest previous infection. Positive IgG and positive IgM suggest recent infection.

Reference Interval:
Negative

Additional Information:
To confirm positive IgM results, specimen will be sent to Palo Alto Reference Lab.

Methodology:
Multiplex Flow Immunoassay

Section:
Immunoserology

Toxoplasma gondii IgM-QSTD

LAB4018

ORDERING INFO

Synonyms:

- LAB4018-VML
- LAB4018VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4018-VML
- LAB4018VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB4018-VML
- LAB4018VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Toxoplasma Pnl-PAMF

LAB4024

ORDERING INFO

Synonyms:

- LAB4024-VML
- LAB4024VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4024-VML
- LAB4024VML

ADDITIONAL INFORMATION

Section:

RF-PAMF

Resulting Laboratory:

Palo Alto Medical Foundation

FULL VIEW

Synonyms:

- LAB4024-VML
- LAB4024VML

Resulting Laboratory:

Palo Alto Medical Foundation

Section:

RF-PAMF

Links:

Test Sent to Reference Lab. Click Here for Test Details

Tramadol and Metabolite, Urine, Quantitative

LAB448

ORDERING INFO

Collect:
Random urine.

Synonyms:

- Ultracet
- Ultram
- urine tramadol concentration
- urine ultram concentration
- O-Desmethyltramadol
- Ryzolt
- Tramadol, Quantitative, Urine
- Tramal
- LAB448-VML
- LAB448VML

SPECIMEN REQUIREMENTS

Collect:
Random urine.

Specimen Preparation:
Transfer 2 mL urine with no additives or preservatives an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Specimens exposed to repeated freeze/thaw cycles.

Storage/Transport Temperature:
Room temperature.

Stability (from collection to initiation):
Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Performed:
Sun-Sat

ORDERING

Synonyms:

- Ultracet
- Ultram
- urine tramadol concentration
- urine ultram concentration
- O-Desmethyltramadol
- Ryzolt
- Tramadol, Quantitative, Urine
- Tramal
- LAB448-VML
- LAB448VML

Ordering Recommendations:
Preferred test to follow-up presumptive results. For general screening, Tramadol, Urine Screen with Reflex to Quantitation (2012297) is preferred.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:

Effective May 2018

Drugs Covered	Cutoff Concentrations
Tramadol	25 ng/mL
O-desmethyltramadol	25 ng/mL

Interpretive Data:

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Positive cutoff:
Tramadol: 25 ng/mL
O-desmethyltramadol: 25 ng/mL

For medical purposes only; not valid for forensic use.

The presence of metabolite(s) without parent drug is common and may indicate use of parent drug during the prior week.

The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80373 (Alt code: G0480)

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Random urine.

Specimen Preparation:

Transfer 2 mL urine with no additives or preservatives an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:

Specimens exposed to repeated freeze/thaw cycles.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Storage/Transport Temperature:

Room temperature.

Synonyms:

- Ultracet
- Ultram
- urine tramadol concentration
- urine ultram concentration
- O-Desmethyltramadol
- Ryzolt
- Tramadol, Quantitative, Urine
- Tramal
- LAB448-VML
- LAB448VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Preferred test to follow-up presumptive results. For general screening, Tramadol, Urine Screen with Reflex to Quantitation (2012297) is preferred.

Interpretive Data:
Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Positive cutoff:
Tramadol: 25 ng/mL
O-desmethyltramadol: 25 ng/mL

For medical purposes only; not valid for forensic use.

The presence of metabolite(s) without parent drug is common and may indicate use of parent drug during the prior week.

The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Effective May 2018

Drugs Covered	Cutoff Concentrations
Tramadol	25 ng/mL
O-desmethyltramadol	25 ng/mL

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80373 (Alt code: G0480)

Transferrin, Plasma

LAB133

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- TRF , LAB133
- LAB133-VML
- LAB133VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Light Green Microtainers (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 3 days; Frozen: 6 months

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Aids in the diagnosis of iron deficiency anemia and iron overload.

Synonyms:

- TRF , LAB133
- LAB133-VML
- LAB133VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoturbidimetry

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Immunoturbidimetry

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
2 Light Green Microtainers (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 3 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TRF , LAB133
- LAB133-VML
- LAB133VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Aids in the diagnosis of iron deficiency anemia and iron overload.

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Immunoturbidimetry

Section:
Chemistry

Transplant Viral Studies-MBC

LAB4151

ORDERING INFO

Synonyms:

- LAB4151-VML
- LAB4151VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4151-VML
- LAB4151VML

ADDITIONAL INFORMATION

Section:

RF-MBC

Resulting Laboratory:

Memorial Blood Centers

FULL VIEW

Synonyms:

- LAB4151-VML
- LAB4151VML

Resulting Laboratory:

Memorial Blood Centers

Section:

RF-MBC

Links:

Test Sent to Reference Lab. Click Here for Test Details

Trazodone, Serum/Plasma

LAB6451

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K2 or K_3EDTA) or pink (K_2EDTA).

Synonyms:

- Desyrel
- desyrel blood level
- Molipaxin
- trazodone blood level
- LAB6451-VML
- LAB6451VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (K2 or K_3EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 4 months

Performed:
Wed

ORDERING

Synonyms:

- Desyrel
- desyrel blood level
- Molipaxin
- trazodone blood level
- LAB6451-VML
- LAB6451VML

Ordering Recommendations:
Use to optimize drug therapy and monitor patient adherence.

Performed:
Wed

Methodology:
Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval	
Trazodone_Serum/Plasma	Therapeutic Range:	800-1600 ng/mL
	Toxic:	Not well established

Interpretive Data:

Trazodone is a selective serotonin reuptake inhibitor antidepressant drug indicated for the treatment of major depressive disorder. The pharmacokinetics of trazodone is influenced by drug-drug interactions that induce or inhibit CYP3A4 metabolism. Adverse effects may include sedation, fatigue, headache, blurred vision, nausea, and cardiac arrhythmia. The risk of serotonin syndrome is increased with concomitant use of other serotonergic drugs. Concomitant use of trazodone with anticoagulants and nonsteroidal anti-inflammatory drugs may increase the risk of bleeding.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Methodology:

Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

80338 (Alt code: G0480)

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red. Also acceptable: Lavender (K2 or K_3EDTA) or pink (K_2EDTA).

Specimen Preparation:

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Patient Preparation:

Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:

Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Stability (from collection to initiation):

After separation from cells: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 4 months

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Desyrel
- desyrel blood level
- Molipaxin
- trazodone blood level
- LAB6451-VML
- LAB6451VML

Performed:

Wed

Resulting Laboratory:

ARUP Laboratories

Reported:

1-8 days

Ordering Recommendations:

Use to optimize drug therapy and monitor patient adherence.

Interpretive Data:

Trazodone is a selective serotonin reuptake inhibitor antidepressant drug indicated for the treatment of major depressive disorder. The pharmacokinetics of trazodone is influenced by drug-drug interactions that induce or inhibit CYP3A4 metabolism. Adverse effects may include sedation, fatigue, headache, blurred vision, nausea, and cardiac arrhythmia. The risk of serotonin syndrome is increased with concomitant use of other serotonergic drugs. Concomitant use of trazodone with anticoagulants and nonsteroidal anti-inflammatory drugs may increase the risk of bleeding.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval	
Trazodone_Serum/Plasma	Therapeutic Range:	800-1600 ng/mL
	Toxic:	Not well established

Methodology:
Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80338 (Alt code: G0480)

Treponema pallidum (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath221

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Treponema pallidum Antibody, Serum

LAB1197

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB1197, TPA
- LAB1197-VML
- LAB1197VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
Screening test for syphilis

Synonyms:

- LAB1197, TPA
- LAB1197-VML
- LAB1197VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
Treponemal Antibody IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A positive treponemal test result is an indication for an acute, latent, or past infection with Treponema pallidum.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
If positive, quantitative RPR (titer) will be performed per CDC reverse screening algorithm. If discrepant results between the two methods, specimen will be sent to ARUP for TP-PA confirmatory assay - LAB3848.

Components:
Treponemal Antibody IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Specimen other than serum, gross hemolysis, gross lipemia, bacterial contamination

Components:
Treponemal Antibody IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB1197, TPA
- LAB1197-VML
- LAB1197VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
Screening test for syphilis

Interpretive Data:
A positive treponemal test result is an indication for an acute, latent, or past infection with Treponema pallidum.

Reference Interval:
Negative

Additional Information:
If positive, quantitative RPR (titer) will be performed per CDC reverse screening algorithm. If discrepant results between the two methods, specimen will be sent to ARUP for TP-PA confirmatory assay - LAB3848.

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Treponema pallidum Red (polyclonal) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath222

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

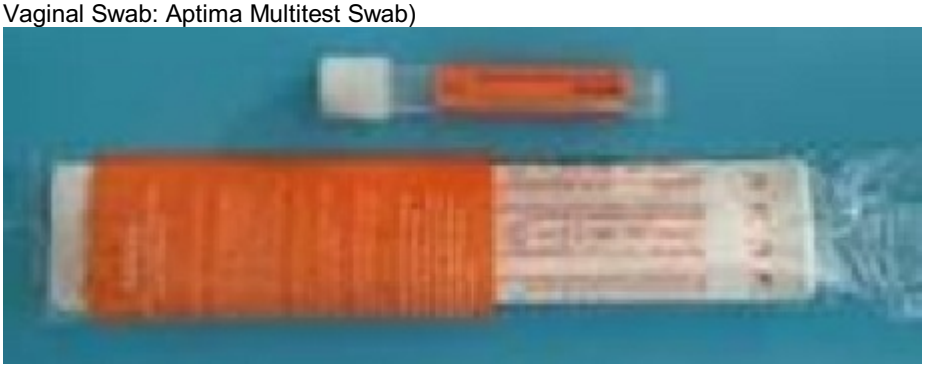
Trichomonas vaginalis by Transcription-Mediated Amplification (TMA)

LAB5930

ORDERING INFO

Collect:

Vaginal Swab: Aptima Multitest Swab)



Synonyms:

- LAB5930, MIDL PCR Trich, Trichomonas, Wet Prep, Vaginitis
- LAB5930-VML
- LAB5930VML

Turn Around Time:

72 hours

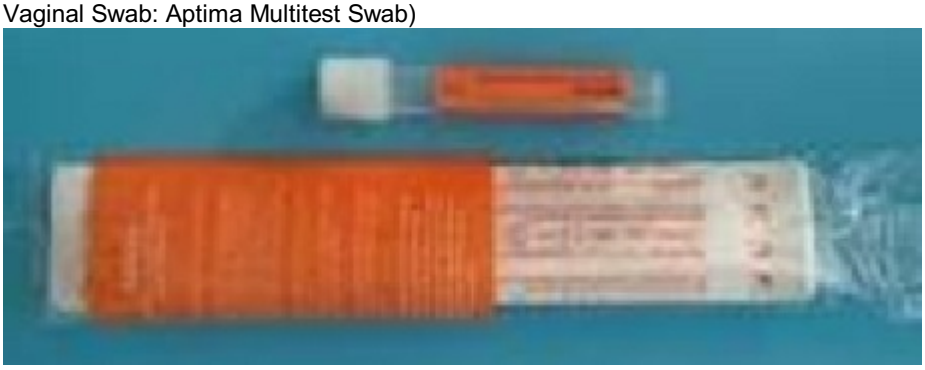
SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Vaginal Swab: Aptima Multitest Swab)



Specimen Preparation:

Swab: Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Urine: Transfer 2 mL urine within 24 hours to Aptima Urine Specimen Transport Tube. Liquid level must be between fill lines on tube. ThinPrep: Collect Endocervical bursh and place in ThinPrep container. (Min 1.0mL Urine), (Min 1.0mL ThinPrep)

Pediatric Collection:

N/A

Storage/Transport Temperature:

Ambient (15-25°C)

Performed:

Monday - Friday

Stability:

Aptima Swab: 30 days; Thin Prep vial: 30 days; Urine: 24 hours at Ambient (15-25°C), 30 days in Aptima Kit

Specimen:

ThinPrep, Vaginal/Cervical Swabs, Urine

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:

Trichomonas vaginalis Infections in women cause vaginitis, urethritis, and cervicitis. Discharge and small hemorrhagic lesions may be present in the genitourinary tract. Complications can include premature labor, low-birth-weight offspring, premature rupture of membranes, and post-abortion or posthysterectomy infection. An association with pelvic inflammatory disease, tubal infertility, and cervical cancer with previous episodes of trichomoniasis has been reported. Symptomatic women with trichomoniasis usually complain of vaginal discharge, vulvovaginal soreness, and/or irritation. Dysuria is also common. However, it has been estimated that 10 to 50% of T. vaginalis infections in women are asymptomatic, and in men the proportion may even be higher

Synonyms:

- LAB5930, MIDL PCR Trich, Trichomonas, Wet Prep, Vaginitis
- LAB5930-VML
- LAB5930VML

Performed:

Monday - Friday

Turn Around Time:

72 hours

Methodology:

Transcription-Mediated Amplification (TMA)

Components:

None

RESULTS INTERPRETATION

Reference Interval:

Not Detected

Interpretive Data:

A negative result does not completely rule out infection with T. vaginalis. Results should be interpreted in conjunction with other clinical data. This test has not been validated for use with self-collected vaginal swab specimens from patients. This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes.

Methodology:

Transcription-Mediated Amplification (TMA)

ADDITIONAL INFORMATION

Section:

Molecular Infectious Disease

Alternate Specimen:

Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:

Please note the following special collection instructions for each specimen. Cervix: Aptima Unisex Swab (White Tube), ThinPrep: Cervical brush in ThinPrep (Preservcyt), Vaginal: Aptima Multitest Swab (Orange Tube), Urine: Urine Clear vacutainer, Urethral: Aptima Unisex Swab (White Tube). Aptima collection kits are not acceptible for CT/NG testing, which requires a different collection kit. Please refer to the "CT/NG PCR" order for more details.

Components:

None

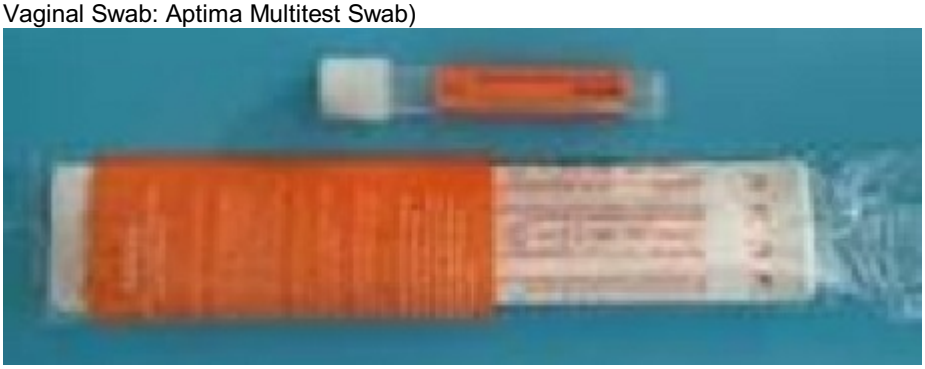
Resulting Laboratory:

Vanderbilt Medical Laboratories

FULL VIEW

Collect:

Vaginal Swab: Aptima Multitest Swab)



Specimen Preparation:
Swab: Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Urine: Transfer 2 mL urine within 24 hours to Aptima Urine Specimen Transport Tube. Liquid level must be between fill lines on tube. ThinPrep: Collect Endocervical bursh and place in ThinPrep container. (Min 1.0mL Urine), (Min 1.0mL ThinPrep)

Pediatric Collection:
N/A

Preferred Collection Volume:
Swabs: Aptima tube, ThinPrep: 2mL, Urine: 2mL

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
ThinPrep, Vaginal/Cervical Swabs, Urine

Reasons for Rejection:
Specimen collected incorrectly (i.e. collected in an alternate Aptima container); alternative specimen type/source sent without Medical Director approval

Components:
None

Stability:
Aptima Swab: 30 days; Thin Prep vial: 30 days; Urine: 24 hours at Ambient (15-25°C), 30 days in Aptima Kit

Storage/Transport Temperature:
Ambient (15-25°C)

Synonyms:

- LAB5930, MIDL PCR Trich, Trichomonas, Wet Prep, Vaginitis
- LAB5930-VML
- LAB5930VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
72 hours

Ordering Indicators:
Trichomonas vaginalis Infections in women cause vaginitis, urethritis, and cervicitis. Discharge and small hemorrhagic lesions may be present in the genitourinary tract. Complications can include premature labor, low-birth-weight offspring, premature rupture of membranes, and post-abortion or posthysterectomy infection. An association with pelvic inflammatory disease, tubal infertility, and cervical cancer with previous episodes of trichomoniasis has been reported. Symptomatic women with trichomoniasis usually complain of vaginal discharge, vulvovaginal soreness, and/or irritation. Dysuria is also common. However, it has been estimated that 10 to 50% of T. vaginalis infections in women are asymptomatic, and in men the proportion may even be higher

Interpretive Data:
A negative result does not completely rule out infection with T. vaginalis. Results should be interpreted in conjunction with other clinical data. This test has not been validated for use with self-collected vaginal swab specimens from patients. This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes.

Reference Interval:
Not Detected

Additional Information:
Please note the following special collection instructions for each specimen. Cervix: Aptima Unisex Swab (White Tube), ThinPrep: Cervical brush in ThinPrep (Preservcyt), Vaginal: Aptima Multitest Swab (Orange Tube), Urine: Urine Clear vacutainer, Urethral: Aptima Unisex Swab (White Tube). Aptima collection kits are not acceptible for CT/NG testing, which requires a different collection kit. Please refer to the "CT/NG PCR" order for more details.

Methodology:
Transcription-Mediated Amplification (TMA)

Section:
Molecular Infectious Disease

Tricyclic Antidepressant Screen, Urine

ORDERING INFO

Collect:
Urine Clear

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
7 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Tricyclic Antidepressant Screen, Urine

LAB4068

ORDERING INFO

Collect:
Urine Clear

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 5 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
7 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
2° to 8°C: 5 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Triglycerides, Body Fluid

LAB200

ORDERING INFO

Collect:
Sterile Container

Synonyms:

- FTR, Triglyceride Body Fluid, LAB200
- LAB200-VML
- LAB200VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.5 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 3 days; 2° to 8°C: 3 days; Frozen: unacceptable

Specimen:
Body Fluid

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- FTR, Triglyceride Body Fluid, LAB200
- LAB200-VML
- LAB200VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Interpretive Data:
N/A

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Sterile Container

Specimen Preparation:
Centrifuge and separate to remove cellular material (Min 0.5 mL). Specify fluid type

Pediatric Collection:
1 Sterile Container

Preferred Collection Volume:
1 mL

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Body Fluid

Reasons for Rejection:
Hemolysis, icterus, QNS, Fluid type not listed as acceptable specimen type, turbid samples unable to be cleared by centrifugation, and specimens that are too viscous to be aspirated, sample outside of stability limits

Components:
N/A

Stability:
15° to 25°C: 3 days; 2° to 8°C: 3 days; Frozen: unacceptable

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- FTR, Triglyceride Body Fluid, LAB200
- LAB200-VML
- LAB200VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
The reference interval for this body fluid is unavailable. Comparison of this result with the concentration in the serum, or plasma is recommended.

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Triglycerides, Plasma or Serum

LAB134

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- TGL , LAB134
- LAB134-VML
- LAB134VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Fasting specimen is preferred.

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days; Frozen: 1 year

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
Use to assess cardiovascular disease risk and guide therapy.

Synonyms:

- TGL , LAB134
- LAB134-VML
- LAB134VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Enzymatic Assay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Consensus 0-150yrs: 0-149 mg/dL

Interpretive Data:
A normal fasting serum triglycerides concentration in adults is 149 mg/dL or less. A borderline-high fasting serum triglycerides concentration in adults is 150 to 199 mg/dL. A high fasting serum triglycerides concentration in adults is 200 to 499 mg/dL. A very high fasting serum triglycerides concentration in adults is 500 mg/dL or greater.

Methodology:
Enzymatic Assay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
Fasting specimen is preferred.

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 2 days; 2° to 8°C: 7 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TGL , LAB134
- LAB134-VML
- LAB134VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Use to assess cardiovascular disease risk and guide therapy.

Interpretive Data:
A normal fasting serum triglycerides concentration in adults is 149 mg/dL or less. A borderline-high fasting serum triglycerides concentration in adults is 150 to 199 mg/dL. A high fasting serum triglycerides concentration in adults is 200 to 499 mg/dL. A very high fasting serum triglycerides concentration in adults is 500 mg/dL or greater.

Reference Interval:
Consensus 0-150yrs: 0-149 mg/dL

Additional Information:
N/A

Methodology:
Enzymatic Assay

Section:
Chemistry

Triiodothyronine, Free (Free T3)

LAB137

ORDERING INFO

Collect:
Serum separator tube or plasma separator tube. Also acceptable: Lavender (K_3EDTA or K_2EDTA) or pink (K_2EDTA), Green (lithium heparin)

Synonyms:

- 3, Free, Serum
- Free T3
- Free T3 Only, S
- Free Triiodothyronine
- FT3
- T3, Free
- LAB137-VML
- LAB137VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plasma separator tube. Also acceptable: Lavender (K_3EDTA or K_2EDTA) or pink (K_2EDTA), Green (lithium heparin)

Specimen Preparation:
Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 5 days; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- 3, Free, Serum
- Free T3
- Free T3 Only, S
- Free Triiodothyronine
- FT3
- T3, Free
- LAB137-VML
- LAB137VML

Ordering Recommendations:
Not recommended for routine thyroid screening; for initial thyroid disorder screening, refer to Thyroid Stimulating Hormone (0070145).

Performed:
Sun-Sat

Methodology:
Quantitative Electrochemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:

Effective February 22, 2022

0-3 days	2.0-7.9 pg/mL
4-30 days	2.0-5.2 pg/mL
1-24 months	1.6-6.4 pg/mL
2-6 years	2.0-6.0 pg/mL
7-11 years	2.7-5.2 pg/mL
12-19 years	2.3-5.0 pg/mL
20 years and older	2.5-4.3 pg/mL

Methodology:

Quantitative Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:

84481

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube or plasma separator tube. Also acceptable: Lavender (K_3EDTA or K_2EDTA) or pink (K_2EDTA), Green (lithium heparin)

Specimen Preparation:

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:

Grossly hemolyzed specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 5 days; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- 3, Free, Serum
- Free T3
- Free T3 Only, S
- Free Triiodothyronine
- FT3
- T3, Free
- LAB137-VML
- LAB137VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

Within 24 hours

Ordering Recommendations:

Not recommended for routine thyroid screening; for initial thyroid disorder screening, refer to Thyroid Stimulating Hormone (0070145).

Reference Interval:

Effective February 22, 2022

0-3 days	2.0-7.9 pg/mL
4-30 days	2.0-5.2 pg/mL
1-24 months	1.6-6.4 pg/mL
2-6 years	2.0-6.0 pg/mL
7-11 years	2.7-5.2 pg/mL
12-19 years	2.3-5.0 pg/mL
20 years and older	2.5-4.3 pg/mL

Methodology:

Quantitative Electrochemiluminescent Immunoassay

Section:

RF-ARUP

CPT Codes:

84481

Triiodothyronine, Reverse by Tandem Mass Spectrometry

LAB138

ORDERING INFO

Collect:
Plain red or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K_2EDTA).

Synonyms:

- RT3
- T3
- Reverse Triiodothyronine
- Reverse T3
- Reverse T3, Serum
- LAB138-VML
- LAB138VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within two hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 3 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- RT3
- T3
- Reverse Triiodothyronine
- Reverse T3
- Reverse T3, Serum
- LAB138-VML
- LAB138VML

Ordering Recommendations:
Generally not recommended for routine evaluation of thyroid disorders, although may be considered in pregnant women.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:

Age	Reference Interval
0 -17 years	Not established
18 years and older	9.0 - 27.0 ng/dl

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
84482

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within two hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 3 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- RT3
- T3
- Reverse Triiodothyronine
- Reverse T3
- Reverse T3, Serum
- LAB138-VML
- LAB138VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Generally not recommended for routine evaluation of thyroid disorders, although may be considered in pregnant women.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Age	Reference Interval
0 -17 years	Not established
18 years and older	9.0 - 27.0 ng/dl

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
84482

Triiodothyronine, Total (Total T3), Plasma

LAB136

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- T3, TT3, Triiodothyronine, Total, LAB136
- LAB136-VML
- LAB136VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 6 days; Frozen: 6 days

Specimen:
Plasma or Serum

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- T3, TT3, Triiodothyronine, Total, LAB136
- LAB136-VML
- LAB136VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - < 11 years: 113 - 189 ng/dL 11 years - < 14 years: 98 - 176 ng/dL 14 years - < 16 years: 92 - 156 ng/dL 16 years - < 18 years: 104 - 135 ng/dL >= 18 years: 58 - 160 ng/dL Note: Pediatric Reference Ranges only verified for serum, see CALIPER Study at CaliperDatabase.com

Interpretive Data:
N/A

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 6 days; Frozen: 6 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- T3, TT3, Triiodothyronine, Total, LAB136
- LAB136-VML
- LAB136VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
0 - < 11 years: 113 - 189 ng/dL 11 years - < 14 years: 98 - 176 ng/dL 14 years - < 16 years: 92 - 156 ng/dL 16 years - < 18 years: 104 - 135 ng/dL >= 18 years: 58 - 160 ng/dL Note: Pediatric Reference Ranges only verified for serum, see CALIPER Study at CaliperDatabase.com

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Tri-Methyl-Histone H3/Lys27 (G.299.10) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath223

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- H3K27me3

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- H3K27me3

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- H3K27me3

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Tropheryma whipplei PCR

LAB3850

ORDERING INFO

Collect:
Lavender (EDTA), Pink (K_2EDTA), or Serum Separator Tube (SST). Also acceptable: CSF or tissue.

Synonyms:

- LAB3850-VML
- LAB3850VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), Pink (K_2EDTA), or Serum Separator Tube (SST). Also acceptable: CSF or tissue.

Specimen Preparation:
Transfer 1 mL serum, plasma, whole blood, or CSF to a sterile container. (Min: 0.5 mL)
Tissue: Transfer to a sterile container and freeze immediately. Also acceptable: Formalin-fixed paraffin-embedded (FFPE) tissue.

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Storage/Transport Temperature:
FFPE: Room temperature.
All Others: Frozen.

Stability (from collection to initiation):
Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
FFPE: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable
All Others: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 1 month

Performed:
Tue, Fri

Remarks:
Specimen source required

ORDERING

Synonyms:

- LAB3850-VML
- LAB3850VML

Ordering Recommendations:
Aid in the diagnosis of Whipple disease for inconclusive or suspicious cases.

Performed:
Tue, Fri

Methodology:
Qualitative Polymerase Chain Reaction

Reported:
2-5 days

RESULTS INTERPRETATION

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

ADDITIONAL INFORMATION

CPT Codes:
87798

Section:
RF-ARUP

Remarks:
Specimen source required

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA), Pink (K_2EDTA), or Serum Separator Tube (SST). Also acceptable: CSF or tissue.

Specimen Preparation:
Transfer 1 mL serum, plasma, whole blood, or CSF to a sterile container. (Min: 0.5 mL)
Tissue: Transfer to a sterile container and freeze immediately. Also acceptable: Formalin-fixed paraffin-embedded (FFPE) tissue.

Unacceptable Conditions:
Heparinized specimens, tissues in optimal cutting temperature compound.

Stability (from collection to initiation):
Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
FFPE: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable
All Others: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 1 month

Storage/Transport Temperature:
FFPE: Room temperature.
All Others: Frozen.

Synonyms:

- LAB3850-VML
- LAB3850VML

Performed:
Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
Aid in the diagnosis of Whipple disease for inconclusive or suspicious cases.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Qualitative Polymerase Chain Reaction

Section:
RF-ARUP

CPT Codes:
87798

Remarks:
Specimen source required

Troponin T (cTnT) 5th Generation

LAB6028

ORDERING INFO

Collect:
Plasma Separator Tube (PST), or Green (Lithium Heparin).

Synonyms:

- Cardiac TnT
- Cardiac Troponin T
- Troponin T
- TnT
- HS-TnT
- cardiac specific troponin
- LAB6028-VML
- LAB6028VML

SPECIMEN REQUIREMENTS

Collect:
Plasma Separator Tube (PST), or Green (Lithium Heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens collected in potassium oxalate, sodium fluoride, or sodium citrate. Grossly hemolyzed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 1 year

Performed:
Mon, Wed, Fri

ORDERING

Synonyms:

- Cardiac TnT
- Cardiac Troponin T
- Troponin T
- TnT
- HS-TnT
- cardiac specific troponin
- LAB6028-VML
- LAB6028VML

Ordering Recommendations:
Recommended test for the diagnosis and management of acute coronary syndrome.

Performed:
Mon, Wed, Fri

Methodology:
Electrochemiluminescent Immunoassay (ECLIA)

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Female	Less than or equal to 10 ng/L
Male	Less than or equal to 15 ng/L

Methodology:
Electrochemiluminescent Immunoassay (ECLIA)

ADDITIONAL INFORMATION

CPT Codes:
84484

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plasma Separator Tube (PST), or Green (Lithium Heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens collected in potassium oxalate, sodium fluoride, or sodium citrate. Grossly hemolyzed specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 1 year

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- Cardiac TnT
- Cardiac Troponin T
- Troponin T
- TnT
- HS-TnT
- cardiac specific troponin
- LAB6028-VML
- LAB6028VML

Performed:
Mon, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Recommended test for the diagnosis and management of acute coronary syndrome.

Reference Interval:

Female	Less than or equal to 10 ng/L
Male	Less than or equal to 15 ng/L

Methodology:
Electrochemiluminescent Immunoassay (ECLIA)

Section:
RF-ARUP

CPT Codes:
84484

Troponin-I, Plasma

LAB747

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- TRI, Troponin I, LAB747
- LAB747-VML
- LAB747VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection (Min 0.5 mL). Specimen must be free of particulate matter including fibrin which can interfere with the assay.

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 8 hours; 2° to 8°C: 72 hours; Frozen: 30 days

Specimen:
Plasma

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- TRI, Troponin I, LAB747
- LAB747-VML
- LAB747VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
In patients < 17 years old, reference intervals have not been established. >17 years: 0 - 0.03 ng/mL

Interpretive Data:
0.03 ng/mL or less: Negative - repeat testing in three to six hours if clinically indicated. 0.04-0.29 ng/mL: Suspicious for myocardial injury. Serial measurements may be necessary to confirm or exclude the diagnosis of acute coronary syndrome. Repeat testing in three to six hours if indicated. 0.30 ng/mL or greater: Consistent with myocardial injury. Clinical and laboratory correlation recommended.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection (Min 0.5 mL). Specimen must be free of particulate matter including fibrin which can interfere with the assay.

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Plasma

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 8 hours; 2° to 8°C: 72 hours; Frozen: 30 days

Storage/Transport Temperature:
Room Temperature: 15° to 25°C

Synonyms:

- TRI, Troponin I, LAB747
- LAB747-VML
- LAB747VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
0.03 ng/mL or less: Negative - repeat testing in three to six hours if clinically indicated. 0.04-0.29 ng/mL: Suspicious for myocardial injury. Serial measurements may be necessary to confirm or exclude the diagnosis of acute coronary syndrome. Repeat testing in three to six hours if indicated. 0.30 ng/mL or greater: Consistent with myocardial injury. Clinical and laboratory correlation recommended.

Reference Interval:
In patients < 17 years old, reference intervals have not been established. >17 years: 0 - 0.03 ng/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Tryptase

LAB827

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Tryptase, Autopsy (Tryptase)
- Total Tryptase
- LAB827-VML
- LAB827VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 72 hours; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Tryptase, Autopsy (Tryptase)
- Total Tryptase
- LAB827-VML
- LAB827VML

Ordering Recommendations:
Measure total tryptase to confirm mast cell activation in diseases such as mastocytosis, anaphylaxis, urticaria, and asthma. Not generally used acutely except where diagnosis is unclear. Useful in prognosis of systemic mastocytosis.

Performed:
Sun-Sat

Methodology:
Quantitative Fluorescent Enzyme Immunoassay

Reported:
1-2 days

Notes:
This test measures total tryptase and does not distinguish between the alpha and beta protein types. Samples should preferably be collected between 15 minutes and three hours after the event suspected to have caused mast cell activation.

RESULTS INTERPRETATION

Reference Interval:
Less than 11.0 µg/L

Methodology:
Quantitative Fluorescent Enzyme Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
83520

Section:
RF-ARUP

Notes:
This test measures total tryptase and does not distinguish between the alpha and beta protein types. Samples should preferably be collected between 15 minutes and three hours after the event suspected to have caused mast cell activation.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 72 hours; Frozen: 1 month

Storage/Transport Temperature:
Frozen.

Synonyms:

- Tryptase, Autopsy (Tryptase)
- Total Tryptase
- LAB827-VML
- LAB827VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-2 days

Ordering Recommendations:
Measure total tryptase to confirm mast cell activation in diseases such as mastocytosis, anaphylaxis, urticaria, and asthma. Not generally used acutely except where diagnosis is unclear. Useful in prognosis of systemic mastocytosis.

Reference Interval:
Less than 11.0 µg/L

Methodology:
Quantitative Fluorescent Enzyme Immunoassay

Section:
RF-ARUP

CPT Codes:
83520

Notes:
This test measures total tryptase and does not distinguish between the alpha and beta protein types. Samples should preferably be collected between 15 minutes and three hours after the event suspected to have caused mast cell activation.

Tryptase (G3) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath224

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

T-Spot TB Test-QSTD

LAB6299

ORDERING INFO

Synonyms:

- LAB6299-VML
- LAB6299VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6299-VML
- LAB6299VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB6299-VML
- LAB6299VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

Tumor Cell-Free DNA PnI (Blood)-TPMS

LAB6142

ORDERING INFO

Synonyms:

- LAB6142-VML
- LAB6142VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6142-VML
- LAB6142VML

ADDITIONAL INFORMATION

Section:

RF-TPMS

Resulting Laboratory:

Tempus

FULL VIEW

Synonyms:

- LAB6142-VML
- LAB6142VML

Resulting Laboratory:

Tempus

Section:

RF-TPMS

Links:

Test Sent to Reference Lab. Click Here for Test Details

Tumor NGS Broad Pnl w/Rfx-TPMS

LAB6141

ORDERING INFO

Synonyms:

- LAB6141-VML
- LAB6141VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6141-VML
- LAB6141VML

ADDITIONAL INFORMATION

Section:

RF-TPMS

Resulting Laboratory:

Tempus

FULL VIEW

Synonyms:

- LAB6141-VML
- LAB6141VML

Resulting Laboratory:

Tempus

Section:

RF-TPMS

Links:

Test Sent to Reference Lab. Click Here for Test Details

Twin Zygosity

LAB6613

ORDERING INFO

Collect:
From each twin: Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B).

Synonyms:

- Newborn Zygosity
- Zygosity, Twin Pre/Postnatal
- Fetal Zygosity
- Mono/Dizygotic Differentiation
- LAB6613-VML
- LAB6613VML

SPECIMEN REQUIREMENTS

Collect:
From each twin: Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B).

Specimen Preparation:
From each twin: Transport 2 mL whole blood (Min: 1 mL)

Storage/Transport Temperature:
Refrigerated. Also acceptable: Ambient

Stability (from collection to initiation):
Room temperature: 1 week; Refrigerated: 1 month; Frozen: Unacceptable

Performed:
Varies

ORDERING

Synonyms:

- Newborn Zygosity
- Zygosity, Twin Pre/Postnatal
- Fetal Zygosity
- Mono/Dizygotic Differentiation
- LAB6613-VML
- LAB6613VML

Ordering Recommendations:
Use to determine zygosity.

Performed:
Varies

Methodology:
Polymerase Chain Reaction (PCR)/Fragment Analysis

Reported:
5-10 days

Notes:
Results from both twins will be compared and reported; therefore, a test must be ordered for and sample submitted from each individual.

RESULTS INTERPRETATION

Reference Interval:
By report.

Interpretive Data:
Refer to report.

Methodology:
Polymerase Chain Reaction (PCR)/Fragment Analysis

ADDITIONAL INFORMATION

CPT Codes:
81265

Section:
RF-ARUP

Notes:
Results from both twins will be compared and reported; therefore, a test must be ordered for and sample submitted from each individual.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
From each twin: Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B).

Specimen Preparation:
From each twin: Transport 2 mL whole blood (Min: 1 mL)

Stability (from collection to initiation):
Room temperature: 1 week; Refrigerated: 1 month; Frozen: Unacceptable

Storage/Transport Temperature:
Refrigerated. Also acceptable: Ambient

Synonyms:

- Newborn Zygosity
- Zygosity, Twin Pre/Postnatal
- Fetal Zygosity
- Mono/Dizygotic Differentiation
- LAB6613-VML
- LAB6613VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
5-10 days

Ordering Recommendations:
Use to determine zygosity.

Interpretive Data:
Refer to report.

Reference Interval:
By report.

Methodology:
Polymerase Chain Reaction (PCR)/Fragment Analysis

Section:
RF-ARUP

CPT Codes:
81265

Notes:
Results from both twins will be compared and reported; therefore, a test must be ordered for and sample submitted from each individual.

Type an Screen, blood

LAB276

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- TS, ABORh and Ab screen
- LAB276-VML
- LAB276VML

Turn Around Time:
STAT: 2 hours Routine: 4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA)

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C): 3 days

Specimen:
Blood, plasma

Alternate Specimen:
Red tube (no gel)

ORDERING

Ordering Indicators:
Determine ABO and Rh (D) tying of patients for transfusion absence or presence of red blood cell antibodies prior to transfusion and in prenatal testing.

Synonyms:

- TS, ABORh and Ab screen
- LAB276-VML
- LAB276VML

Performed:
Daily

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Methodology:
Agglutination and indirect antiglobulin testing

Components:
ABO and Rh blood type and antibody screen

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
Agglutination and indirect antiglobulin testing

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
Red tube (no gel)

Additional Information:
NA

Components:
ABO and Rh blood type and antibody screen

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Pediatric Lavendar tube (EDTA) Lavendar microtainer (EDTA)

Preferred Collection Volume:
Adult: 5 ml Pediatric: 2 ml <4 month: 0.5 ml

Alternate Specimen:
Red tube (no gel)

Patient Preparation:
NA

Specimen:
Blood, plasma

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
ABO and Rh blood type and antibody screen

Stability:
Ambient: (15-25°C): 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- TS, ABORh and Ab screen
- LAB276-VML
- LAB276VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Ordering Indicators:
Determine ABO and Rh (D) tying of patients for transfusion absence or presence of red blood cell antibodies prior to transfusion and in prenatal testing.

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
Agglutination and indirect antiglobulin testing

Section:
Blood Bank

Type and Screen, Neonate

NA

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- TYN, ABORH, ABSC

Turn Around Time:
STAT: 2 hours Routine: 4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Lavender microtainer (EDTA)

Storage/Transport Temperature:
Ambient: (15-25°C)

Performed:
Daily

Stability:
Ambient: (15-25°C): 3 days

Specimen:
Blood, Plasma

Alternate Specimen:
NA

ORDERING

Ordering Indicators:
Determine ABO and Rh (D) tying of patients for transfusion absence or presence of red blood cell antibodies prior to transfusion and in prenatal testing.

Synonyms:

- TYN, ABORH, ABSC

Performed:
Daily

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Methodology:
Agglutination and indirect antiglobulin testing

Components:
Neonatal ABO, Rh and antibody screen

RESULTS INTERPRETATION

Reference Interval:
NA

Interpretive Data:
NA

Methodology:
Agglutination and indirect antiglobulin testing

ADDITIONAL INFORMATION

Section:
Blood Bank

Alternate Specimen:
NA

Additional Information:
NA

Components:
Neonatal ABO, Rh and antibody screen

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Refer to SOP: Labeling of Laboratory Specimens section III.C. for labeling requirements specific to Blood Bank Specimens.

Pediatric Collection:
Lavender microtainer (EDTA)

Preferred Collection Volume:
< 4 months: 0.5 ml

Alternate Specimen:
NA

Patient Preparation:
NA

Specimen:
Blood, Plasma

Reasons for Rejection:
Excessive hemolysis, QNS, improperly collected

Components:
Neonatal ABO, Rh and antibody screen

Stability:
Ambient: (15-25°C): 3 days

Storage/Transport Temperature:
Ambient: (15-25°C)

Synonyms:

- TYN, ABORH, ABSC

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 2 hours Routine: 4 hours

Ordering Indicators:
Determine ABO and Rh (D) tying of patients for transfusion absence or presence of red blood cell antibodies prior to transfusion and in prenatal testing.

Interpretive Data:
NA

Reference Interval:
NA

Additional Information:
NA

Methodology:
Agglutination and indirect antiglobulin testing

Section:
Blood Bank

Tyrosine Hydroxylase (1B5) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath226

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Unfractionated Heparin Level

LAB317

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB317, Unfractionated Heparin Level, Heparin Level, UFH, Anti-Xa Assay
- LAB317-VML
- LAB317VML

Turn Around Time:

2 hours once received into lab

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. Process the sample carefully to avoid platelet activation during centrifugation. PF-4 released from the platelet granules is a potent heparin inhibitor, and release of PF-4 may result in an underestimate of the UFH level. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB317, Unfractionated Heparin Level, Heparin Level, UFH, Anti-Xa Assay
- LAB317-VML
- LAB317VML

Performed:
Daily

Turn Around Time:
2 hours once received into lab

Methodology:
Chromogenic

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Therapeutic range 0.30 - 0.70 U/mL

Interpretive Data:
The UFH result is dependent on the concentration of antithrombin in the test plasma. Antithrombin deficiency may result in an undersestimation of the UFH level. Plasma hemoglobin levels of >150 mg/dL may result in an overestimation of the UFH level.

Methodology:
Chromogenic

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Oral anti-Xa inhibitors interfer with anti-Xa assays for UFH. Even at subtheraputic levels, anti-Xa inhibitors may result in an overestimation of the UFH level.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. Process the sample carefully to avoid platelet activation during centrifugation. PF-4 released from the platelet granules is a potent heparin inhibitor, and release of PF-4 may result in an underestimate of the UFH level. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB317, Unfractionated Heparin Level, Heparin Level, UFH, Anti-Xa Assay
- LAB317-VML
- LAB317VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 hours once received into lab

Ordering Indicators:
N/A

Interpretive Data:
The UFH result is dependent on the concentration of antithrombin in the test plasma. Antithrombin deficiency may result in an undersestimation of the UFH level. Plasma hemoglobin levels of >150 mg/dL may result in an overestimation of the UFH level.

Reference Interval:
Therapeutic range 0.30 - 0.70 U/mL

Additional Information:
Oral anti-Xa inhibitors interfer with anti-Xa assays for UFH. Even at subtheraputic levels, anti-Xa inhibitors may result in an overestimation of the UFH level.

Methodology:
Chromogenic

Section:
Coagulation

UR 24Hr Kidney Stone Pnl - LITH

LAB6049

ORDERING INFO

Synonyms:

- LAB6049-VML
- LAB6049VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6049-VML
- LAB6049VML

ADDITIONAL INFORMATION

Section:

RF-LITH

Resulting Laboratory:

LithoLink - LabCorp

FULL VIEW

Synonyms:

- LAB6049-VML
- LAB6049VML

Resulting Laboratory:

LithoLink - LabCorp

Section:

RF-LITH

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR 24Hr Melatonin-QSTD

LAB3251

ORDERING INFO

Synonyms:

- LAB3251-VML
- LAB3251VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3251-VML
- LAB3251VML

ADDITIONAL INFORMATION

Section:

RF-QSTD

Resulting Laboratory:

Quest Diagnostics

FULL VIEW

Synonyms:

- LAB3251-VML
- LAB3251VML

Resulting Laboratory:

Quest Diagnostics

Section:

RF-QSTD

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR 24Hr N-Methylhistamine (NMH)-MAYO

LAB6154

ORDERING INFO

Synonyms:

- LAB6154-VML
- LAB6154VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6154-VML
- LAB6154VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6154-VML
- LAB6154VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR Adenovirus Qt Real-time PCR-VRCR

LAB6596

ORDERING INFO

Synonyms:

- LAB6596-VML
- LAB6596VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6596-VML
- LAB6596VML

ADDITIONAL INFORMATION

Section:

RF-VRCR

Resulting Laboratory:

Viracor

FULL VIEW

Synonyms:

- LAB6596-VML
- LAB6596VML

Resulting Laboratory:

Viracor

Section:

RF-VRCR

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR Anabolic Steroids Scrn-NMS

LAB3246

ORDERING INFO

Synonyms:

- LAB3246-VML
- LAB3246VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3246-VML
- LAB3246VML

ADDITIONAL INFORMATION

Section:

RF-NMS

Resulting Laboratory:

NMS Labs

FULL VIEW

Synonyms:

- LAB3246-VML
- LAB3246VML

Resulting Laboratory:

NMS Labs

Section:

RF-NMS

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR Bile Acid-CINN

LAB3247

ORDERING INFO

Synonyms:

- LAB3247-VML
- LAB3247VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3247-VML
- LAB3247VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB3247-VML
- LAB3247VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR Creatine and Guanidinoacetate-BAYH

LAB3248

ORDERING INFO

Synonyms:

- LAB3248VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3248VML

ADDITIONAL INFORMATION

Section:
RF-BAYH

Resulting Laboratory:
Baylor Genetics

FULL VIEW

Synonyms:

- LAB3248VML

Resulting Laboratory:
Baylor Genetics

Section:
RF-BAYH

Links:
Test Sent to Reference Lab. Click Here for Test Details

UR D-Lactate-MAYO

LAB3243

ORDERING INFO

Synonyms:

- LAB3243-VML
- LAB3243VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3243-VML
- LAB3243VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB3243-VML
- LAB3243VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR Guanidinoacetic Acid-KNKR

LAB3250

ORDERING INFO

Synonyms:

- LAB3250-VML
- LAB3250VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3250-VML
- LAB3250VML

ADDITIONAL INFORMATION

Section:

RF-KNKR

Resulting Laboratory:

Kennedy Krieger Institute

FULL VIEW

Synonyms:

- LAB3250-VML
- LAB3250VML

Resulting Laboratory:

Kennedy Krieger Institute

Section:

RF-KNKR

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR Mucopolysaccharide/Oligosaccharide-UAB

LAB1057

ORDERING INFO

Synonyms:

- LAB1057-VML
- LAB1057VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB1057-VML
- LAB1057VML

ADDITIONAL INFORMATION

Section:

RF-UAB

Resulting Laboratory:

UAB Laboratories

FULL VIEW

Synonyms:

- LAB1057-VML
- LAB1057VML

Resulting Laboratory:

UAB Laboratories

Section:

RF-UAB

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR Mucopolysaccharides Qt-MAYO

LAB6153

ORDERING INFO

Synonyms:

- LAB6153-VML
- LAB6153VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6153-VML
- LAB6153VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6153-VML
- LAB6153VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR N-Methylhistamine-MAYO

LAB6155

ORDERING INFO

Synonyms:

- LAB6155-VML
- LAB6155VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6155-VML
- LAB6155VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6155-VML
- LAB6155VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR Oligosaccharide Scrn-MAYO

LAB6378

ORDERING INFO

Synonyms:

- LAB6378-VML
- LAB6378VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6378-VML
- LAB6378VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6378-VML
- LAB6378VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR Organic Acids-BAYD

LAB418

ORDERING INFO

Synonyms:

- LAB418VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB418VML

ADDITIONAL INFORMATION

Section:
RF-BAYH

Resulting Laboratory:
Baylor Genetics

FULL VIEW

Synonyms:

- LAB418VML

Resulting Laboratory:
Baylor Genetics

Section:
RF-BAYH

Links:
Test Sent to Reference Lab. Click Here for Test Details

UR Purines and Pyrimidines Pnl - MAYO

LAB5969

ORDERING INFO

Synonyms:

- LAB5969-VML
- LAB5969VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB5969-VML
- LAB5969VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB5969-VML
- LAB5969VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

UR Succinylacetone-BAYH

LAB3254

ORDERING INFO

Synonyms:

- LAB3254VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3254VML

ADDITIONAL INFORMATION

Section:
RF-BAYH

Resulting Laboratory:
Baylor Genetics

FULL VIEW

Synonyms:

- LAB3254VML

Resulting Laboratory:
Baylor Genetics

Section:
RF-BAYH

Links:
Test Sent to Reference Lab. Click Here for Test Details

UR Sulfocysteine Determin-BAYH

LAB3255

ORDERING INFO

Synonyms:

- LAB3255VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3255VML

ADDITIONAL INFORMATION

Section:
RF-BAYH

Resulting Laboratory:
Baylor Genetics

FULL VIEW

Synonyms:

- LAB3255VML

Resulting Laboratory:
Baylor Genetics

Section:
RF-BAYH

Links:
Test Sent to Reference Lab. Click Here for Test Details

Urea Nitrogen, Plasma or Serum

LAB140

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- BUN, Urea Nitrogen Blood, Blood Urea Nitrogen, LAB140
- LAB140-VML
- LAB140VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 1 year

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- BUN, Urea Nitrogen Blood, Blood Urea Nitrogen, LAB140
- LAB140-VML
- LAB140VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Urease

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Urease

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 7 days; 2° to 8°C: 7 days; Frozen: 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- BUN, Urea Nitrogen Blood, Blood Urea Nitrogen, LAB140
- LAB140-VML
- LAB140VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
N/A

Methodology:
Urease

Section:
Chemistry

Urea Nitrogen, Random, Urine

LAB748

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- UBUN, Urine Urea Nitrogen, LAB748
- LAB748-VML
- LAB748VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
15° to 25°C: 2 days; 2° to 8°C: 7 days; −20 °C 1 month

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UBUN, Urine Urea Nitrogen, LAB748
- LAB748-VML
- LAB748VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Urease

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
300 - 1800 mg/dL

Interpretive Data:
N/A

Methodology:
Urease

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 days; 2° to 8°C: 7 days; −20 °C 1 month

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- UBUN, Urine Urea Nitrogen, LAB748
- LAB748-VML
- LAB748VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
300 - 1800 mg/dL

Additional Information:
N/A

Methodology:
Urease

Section:
Chemistry

Uric Acid, Plasma or Serum

LAB141

ORDERING INFO

Collect:
Light Green (Lithium Heparin with Gel)

Synonyms:

- UAB, Uric Acid Blood, LAB141
- LAB141-VML
- LAB141VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 15° to 25°C: 3 days; 2° to 8°C: 7 days; Frozen: 6 months

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UAB, Uric Acid Blood, LAB141
- LAB141-VML
- LAB141VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Uricase

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
By report (reports may vary based on instrumentation)

Interpretive Data:
N/A

Methodology:
Uricase

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Assay interference (negative) may be observed when high concentrations of N-acetylcysteine (NAC) are present. Negative interference has also been reported with NAPQI (an acetaminophen metabolite) but only when concentrations are at or above those expected during acetaminophen overdose.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light Green (Lithium Heparin with Gel)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.2 mL)

Pediatric Collection:
1 Light Green Microtainer (Lithium Heparin with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 3 days; 2° to 8°C: 7 days; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- UAB, Uric Acid Blood, LAB141
- LAB141-VML
- LAB141VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
By report (reports may vary based on instrumentation)

Additional Information:
Assay interference (negative) may be observed when high concentrations of N-acetylcysteine (NAC) are present. Negative interference has also been reported with NAPQI (an acetaminophen metabolite) but only when concentrations are at or above those expected during acetaminophen overdose.

Methodology:
Uricase

Section:
Chemistry

Uric Acid, Random, Urine

LAB450

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- UAU, UUAB, Urine Uric Acid, LAB450
- LAB450-VML
- LAB450VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
15° to 25°C: 4 days

Performed:
Daily

Stability:
15° to 25°C: 2 days; 2° to 8°C: 2 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UAU, UUAB, Urine Uric Acid, LAB450
- LAB450-VML
- LAB450VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Uricase

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
20 - 100 mg/dL

Interpretive Data:
N/A

Methodology:
Uricase

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
N/A

Stability:
15° to 25°C: 2 days; 2° to 8°C: 2 days

Storage/Transport Temperature:
15° to 25°C: 4 days

Synonyms:

- UAU, UUAB, Urine Uric Acid, LAB450
- LAB450-VML
- LAB450VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
20 - 100 mg/dL

Additional Information:
N/A

Methodology:
Uricase

Section:
Chemistry

Urinalysis with Microscopic

LAB348

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- Urinalysis with microscopic, UA2, LAB348
- LAB348-VML
- LAB348VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The patient must be given instructions for collecting "clean catch" urine

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Send to lab immediately. Test must be performed within 2 hours of collection. Refrigerate if testing delayed >2 hrs. Specify whether or not it is a catheterized specimen. Specimen good for 24 hours if refrigerated, although there may be some cellular degredation after 4 hours of collection.

Pediatric Collection:
Pediatrics: 3 ml sterile urine

Storage/Transport Temperature:
Refrigerated

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Specimen:
Urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

ORDERING

Ordering Indicators:
UTI, kidney disorder, liver conditions, diabetes, other metabolic conditions

Synonyms:

- Urinalysis with microscopic, UA2, LAB348
- LAB348-VML
- LAB348VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Dipstick, refractometer and visual exam

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite; Microscopic

RESULTS INTERPRETATION

Reference Interval:
Specific gravity: 1.015-1.025, dipstick: pH: 5.0-7.0, URO: 0.1-1.0 EU/dL or <2.0 mg/dL. All other urine Chemistries: Negative, Microscopic: WBC: 0-10 /HPF, RBC: 0-4 /HPF. All other microscopic: None / HPF.

Interpretive Data:
N/A

Methodology:
Dipstick, refractometer and visual exam

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Additional Information:
N/A

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite; Microscopic

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Send to lab immediately. Test must be performed within 2 hours of collection. Refrigerate if testing delayed >2 hrs. Specify whether or not it is a catheterized specimen. Specimen good for 24 hours if refrigerated, although there may be some cellular degredation after 4 hours of collection.

Pediatric Collection:
Pediatrics: 3 ml sterile urine

Preferred Collection Volume:
12mL of fresh urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Patient Preparation:
The patient must be given instructions for collecting "clean catch" urine

Specimen:
Urine

Reasons for Rejection:
QNS, Specimen age, Color Interference

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite; Microscopic

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Storage/Transport Temperature:
Refrigerated

Synonyms:

- Urinalysis with microscopic, UA2, LAB348
- LAB348-VML
- LAB348VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
UTI, kidney disorder, liver conditions, diabetes, other metabolic conditions

Interpretive Data:
N/A

Reference Interval:

Specific gravity: 1.015-1.025, dipstick: pH: 5.0-7.0, URO: 0.1-1.0 EU/dL or <2.0 mg/dL. All other urine Chemistries: Negative, Microscopic: WBC: 0-10 /HPF, RBC: 0-4 /HPF. All other microscopic: None / HPF.

Additional Information:

N/A

Methodology:

Dipstick, refractometer and visual exam

Section:

Urinalysis / Body Fluids

Urinalysis with microscopic if positive for Blood, Protein, Leukocyte Esterase, or NItrite

LAB809

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- UA1, Urinalysis with Microscopic if Indicated
- LAB809-VML
- LAB809VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The patient must be given instructions for collecting "clean catch" urine

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (min 4.0ml urine). Refrigerate if testing delayed >2 hours

Pediatric Collection:
Pediatrics: 2mL minimum (Urine Yellow, No additive)

Storage/Transport Temperature:
Refrigerated, DO NOT FREEZE

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Specimen:
Urine

Alternate Specimen:
sterile container with no additive

ORDERING

Ordering Indicators:
If dipstick is negative there will be no microscopic examination done

Synonyms:

- UA1, Urinalysis with Microscopic if Indicated
- LAB809-VML
- LAB809VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Dipstick, refractometer and visual exam if indicated

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite; Microscopic if inicated

RESULTS INTERPRETATION

Reference Interval:
Specific Gravity: 1.015 - 1.025, Dipstick pH: 5.0 - 7.0, URO: 0.1 - 1.0 EU/dL or < 2.0 mg/dL. All other Chemistries - Negative. Microscopic: WBC: 0 - 10 /HPF, RBC: 0 - 4 /HPF. All other microscopic: None / HPF

Interpretive Data:
See procedure for specific interferences

Methodology:
Dipstick, refractometer and visual exam if indicated

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
sterile container with no additive

Additional Information:
N/A

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite; Microscopic if inicated

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (min 4.0ml urine). Refrigerate if testing delayed >2 hours

Pediatric Collection:
Pediatrics: 2mL minimum (Urine Yellow, No additive)

Preferred Collection Volume:
12mL urine

Alternate Specimen:
sterile container with no additive

Patient Preparation:
The patient must be given instructions for collecting "clean catch" urine

Specimen:
Urine

Reasons for Rejection:
QNS, specimen age, Color interference

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite; Microscopic if inicated

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Storage/Transport Temperature:
Refrigerated, DO NOT FREEZE

Synonyms:

- UA1, Urinalysis with Microscopic if Indicated
- LAB809-VML
- LAB809VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
If dipstick is negative there will be no microscopic examination done

Interpretive Data:
See procedure for specific interferences

Reference Interval:
Specific Gravity: 1.015 - 1.025, Dipstick pH: 5.0 - 7.0, URO: 0.1 - 1.0 EU/dL or < 2.0 mg/dL. All other Chemistries - Negative. Microscopic: WBC: 0 - 10 /HPF, RBC: 0 - 4 /HPF. All other microscopic: None / HPF

Additional Information:
N/A

Methodology:
Dipstick, refractometer and visual exam if indicated

Section:
Urinalysis / Body Fluids

Urinalysis with Microscopic, Reflex Culture if Positive for Leukocyte Esterase, Nitrite, or WBC>5 cells/High Powered Field on Microscopic

LAB347

ORDERING INFO

Collect:
Urine Yellow (Urinalysis) and Urine Gray (Culture)

Synonyms:

- UAR, Urinalysis & Microscopic
- Culture if Indicated
- Lab 347
- LAB347-VML
- LAB347VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The patient must be given instructions for collecting "clean catch" urine

Collect:
Urine Yellow (Urinalysis) and Urine Gray (Culture)

Specimen Preparation:
Send to lab immediately. Test must be performed within 2 hours of collection. Refrigerate if testing delayed >2 hrs. Specify whether or not it is a catheterized specimen. Specimen good for 24 hours if refrigerated, although there may be some cellular degredation after 4 hours of collection.

Pediatric Collection:
Pediatrics: 2.5 mL minimum

Storage/Transport Temperature:
Room temperature up to 2 hours or refrigerate. Urines that are refrigerated are stable for 4 hours. They may be used if refrigerated up to 24 hours, although there may be some cellular degradation.

Performed:
Daily

Stability:
Urines that are refrigerated are stable for 4 hours. They may be used if refrigerated up to 24 hours, although there may be some cellular degradation.

Specimen:
Urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

ORDERING

Ordering Indicators:
UTI, kidney disorder, liver conditions, diabetes, other metabolic conditions

Synonyms:

- UAR, Urinalysis & Microscopic
- Culture if Indicated
- Lab 347
- LAB347-VML
- LAB347VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Dipstick, refractometer and visual exam

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite; Microscopic, culture if indicated

RESULTS INTERPRETATION

Reference Interval:
Specific gravity: 1.015-1.025, dipstick: pH: 5.0-7.0, URO: 0.1-1.0 EU/dL or <2.0 mg/dL. All other urine Chemistries: Negative, Microscopic: WBC: 0-10 /HPF, RBC: 0-4 /HPF. All other microscopic: None / HPF.

Interpretive Data:
Urine culture added if Leuk Est >= small or Nitrite = pos or WBC >= 5/HPF. Culture is not automatically added if patient age is <25mo or if previous culture performed within last 24hr. See procedure for specific test interferences.

Methodology:
Dipstick, refractometer and visual exam

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Additional Information:
N/A

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite; Microscopic, culture if indicated

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow (Urinalysis) and Urine Gray (Culture)

Specimen Preparation:
Send to lab immediately. Test must be performed within 2 hours of collection. Refrigerate if testing delayed >2 hrs. Specify whether or not it is a catheterized specimen. Specimen good for 24 hours if refrigerated, although there may be some cellular degredation after 4 hours of collection.

Pediatric Collection:
Pediatrics: 2.5 mL minimum

Preferred Collection Volume:
12mL of fresh urine (Yellow Urine Tube); 3mL (Gray Top Tube)

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Patient Preparation:
The patient must be given instructions for collecting "clean catch" urine

Specimen:
Urine

Reasons for Rejection:
QNS, Specimen age, Color Interference

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite; Microscopic, culture if indicated

Stability:
Urines that are refrigerated are stable for 4 hours. They may be used if refrigerated up to 24 hours, although there may be some cellular degradation.

Storage/Transport Temperature:
Room temperature up to 2 hours or refrigerate. Urines that are refrigerated are stable for 4 hours. They may be used if refrigerated up to 24 hours, although there may be some cellular degradation.

Synonyms:

- UAR, Urinalysis & Microscopic
- Culture if Indicated
- Lab 347
- LAB347-VML
- LAB347VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
UTI, kidney disorder, liver conditions, diabetes, other metabolic conditions

Interpretive Data:
Urine culture added if Leuk Est >= small or Nitrite = pos or WBC >= 5/HPF. Culture is not automatically added if patient age is <25mo or if previous culture performed within last 24hr. See procedure for specific test interferences.

Reference Interval:
Specific gravity: 1.015-1.025, dipstick: pH: 5.0-7.0, URO: 0.1-1.0 EU/dL or <2.0 mg/dL. All other urine Chemistries: Negative, Microscopic: WBC: 0-10 /HPF, RBC: 0-4 /HPF. All other microscopic: None / HPF.

Additional Information:
N/A

Methodology:
Dipstick, refractometer and visual exam

Section:
Urinalysis / Body Fluids

URINARY TRACT CYTOLOGY

LAB14

ORDERING INFO

Collect:
Clean specimen container, or Cytolyt collection cup (provided by Cytology lab)

Synonyms:

- NGY, Renal Pelvic, Urine, Catheterized urine, Bladder lavage, Bladder washing
- LAB14-VML
- LAB14VML

Turn Around Time:
4 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Clean specimen container, or Cytolyt collection cup (provided by Cytology lab)

Specimen Preparation:
1. Specimen is collected in a clean specimen container or cytolyt collection cup (min 1mL). 2. Place Epic order for Cytology Urine. 3. Indicate specimen source and laterality and method of collection (i.e. voided urine, bladder washing, urostomy urine) when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minmum: 100 mL is optimal)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Performed:
Monday-Friday

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Specimen:
Specimen in clean specimen container or Cytolyt collection cup

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
COLLECTION METHOD MUST BE PROVIDED, please include patient's history of malignancy, kidney stones and/or other urogenital disorders.

Synonyms:

- NGY, Renal Pelvic, Urine, Catheterized urine, Bladder lavage, Bladder washing
- LAB14-VML
- LAB14VML

Performed:
Monday-Friday

Turn Around Time:
4 Days

Methodology:
ThinPrep procedure

RESULTS INTERPRETATION

Reference Interval:
Not established for this test

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor. Adequacy is determined by the Paris System.

Methodology:
ThinPrep procedure

ADDITIONAL INFORMATION

Section:
Cytology

Alternate Specimen:
N/A

Additional Information:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Clean specimen container, or Cytolyt collection cup (provided by Cytology lab)

Specimen Preparation:
1. Specimen is collected in a clean specimen container or cytolyt collection cup (min 1mL). 2. Place Epic order for Cytology Urine. 3. Indicate specimen source and laterality and method of collection (i.e. voided urine, bladder washing, urostomy urine) when completing the collection task in Epic. 4. Specimen vial is to be labeled with lab ready label. 5. Please send Epic requisition and specimen vial to the lab. (Minmum: 100 mL is optimal)

Pediatric Collection:
N/A

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Specimen in clean specimen container or Cytolyt collection cup

Reasons for Rejection:
Mislabeled specimen, specimen received in glass container, specimen received in syringes with needles attached, specimen leaked out in transit, insufficient fluid for processing

Stability:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) 6 days

Storage/Transport Temperature:
Ambient: (15-25°C) if delivered to lab within 2 hours of collection; Refrigerated: (2-8°C) if specimen cannot be in lab within 2 hours.

Synonyms:

- NGY, Renal Pelvic, Urine, Catheterized urine, Bladder lavage, Bladder washing
- LAB14-VML
- LAB14VML

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 Days

Ordering Indicators:
COLLECTION METHOD MUST BE PROVIDED, please include patient's history of malignancy, kidney stones and/or other urogenital disorders.

Interpretive Data:
The cytologic examination of these specimens can determine the presence or absence of inflammation or tumor. Adequacy is determined by the Paris System.

Reference Interval:
Not established for this test

Additional Information:
N/A

Methodology:
ThinPrep procedure

Section:
Cytology

Urine Amino Acid Screen, urine

LAB562

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- LAB562, AAU, Amino Acid Urine
- LAB562-VML
- LAB562VML

Turn Around Time:
3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Spot urine sample should be collected without preservatives. (Minimum 0.5 mL urine)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Frozen (-20°C)

Performed:
Monday - Friday

Stability:
Frozen (-20°C): 6 months

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is used in the diagnosis and monitoring of lysinuric protein intolerance, cystinuria, and homocystinuria.

Synonyms:

- LAB562, AAU, Amino Acid Urine
- LAB562-VML
- LAB562VML

Performed:
Monday - Friday

Turn Around Time:
3 days

Methodology:
Liquid chromatography/tandem mass spectrometry

Components:
Urine Creatinine, Hydroxyproline, Histidine, Asparagine, 3-Methylhistidine, Taurine, 1-Methylhistidine, Serine, Glutamine, Arginine, Glycine, Aspartic Acid, Glutamic Acid, Citrulline, Threonine, Alanine, Gamma Aminobutyric Acid, Ornithine, Cystine, Lysine, Tyrosine, Methionine, Valine, Isoleucine, Leucine, Homocystine, Phenylalanine, Miscellaneous Amino Acid

RESULTS INTERPRETATION

Reference Interval:
Supplied with results

Interpretive Data:
Amino acids appear in excessive amounts in urine for several reasons: Overflow- plasma concentration is high and exceeds the capacity of the renal tubular re-uptake mechanism and the excess appears in urine No threshold- excess amino acid is present, but all is excreted, so plasma concentration is normal Proximal renal tubular malfunction- genetic defect in proximal tubular (and GI uptake) trasporter systems or acquired damage to tubules reduces the ability to re-absorb filtered amino acids

Methodology:
Liquid chromatography/tandem mass spectrometry

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
Urine amino acid concentratios are corrected for creatinine content. If the urine creatinine is < 5, then the specimen will be rejected and commented as "Urine specimen too dilute to calculate urine amino acid ratio".

Components:
Urine Creatinine, Hydroxyproline, Histidine, Asparagine, 3-Methylhistidine, Taurine, 1-Methylhistidine, Serine, Glutamine, Arginine, Glycine, Aspartic Acid, Glutamic Acid, Citrulline, Threonine, Alanine, Gamma Aminobutyric Acid, Ornithine, Cystine, Lysine, Tyrosine, Methionine, Valine, Isoleucine, Leucine, Homocystine, Phenylalanine, Miscellaneous Amino Acid

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Spot urine sample should be collected without preservatives. (Minimum 0.5 mL urine)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
1.5 mL urine

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS

Components:
Urine Creatinine, Hydroxyproline, Histidine, Asparagine, 3-Methylhistidine, Taurine, 1-Methylhistidine, Serine, Glutamine, Arginine, Glycine, Aspartic Acid, Glutamic Acid, Citrulline, Threonine, Alanine, Gamma Aminobutyric Acid, Ornithine, Cystine, Lysine, Tyrosine, Methionine, Valine, Isoleucine, Leucine, Homocystine, Phenylalanine, Miscellaneous Amino Acid

Stability:
Frozen (-20°C): 6 months

Storage/Transport Temperature:
Frozen (-20°C)

Synonyms:

- LAB562, AAU, Amino Acid Urine
- LAB562-VML
- LAB562VML

Performed:
Monday - Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
3 days

Ordering Indicators:
This test is used in the diagnosis and monitoring of lysinuric protein intolerance, cystinuria, and homocystinuria.

Interpretive Data:
Amino acids appear in excessive amounts in urine for several reasons: Overflow- plasma concentration is high and exceeds the capacity of the renal tubular re-uptake mechanism and the excess appears in urine No threshold- excess amino acid is present, but all is excreted, so plasma concentration is normal Proximal renal tubular malfunction- genetic defect in proximal tubular (and GI uptake) trasporter systems or acquired damage to tubules reduces the ability to re-absorb filtered amino acids

Reference Interval:
Supplied with results

Additional Information:
Urine amino acid concentratios are corrected for creatinine content. If the urine creatinine is < 5, then the specimen will be rejected and commented as "Urine specimen too dilute to calculate urine amino acid ratio".

Methodology:
Liquid chromatography/tandem mass spectrometry

Section:
Special Chemistry

Urine Bilirubin by Dipstick or Ictotest

LAB369

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- BIL, Bilirubin urine, U Bili, UR Bilirubin, LAB369
- LAB369-VML
- LAB369VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1 ml sterile urine

Storage/Transport Temperature:
Refrigerated

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Specimen:
Urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

ORDERING

Ordering Indicators:
Liver conditions, hemolysis

Synonyms:

- BIL, Bilirubin urine, U Bili, UR Bilirubin, LAB369
- LAB369-VML
- LAB369VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Dipstick,Ictotest

Components:
Urine Bilirubin, Positive or Negative

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Food dyes or theraputic pigments may interfere with test pad coloration; elevated nitrite may inhibit reaction

Methodology:
Dipstick,Ictotest

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Additional Information:
N/A

Components:
Urine Bilirubin, Positive or Negative

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1 ml sterile urine

Preferred Collection Volume:
12mL of fresh urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Specimen:
Urine

Reasons for Rejection:
QNS, specimen age

Components:
Urine Bilirubin, Positive or Negative

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Storage/Transport Temperature:
Refrigerated

Synonyms:

- BIL, Bilirubin urine, U Bili, UR Bilirubin, LAB369
- LAB369-VML
- LAB369VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
Liver conditions, hemolysis

Interpretive Data:
Food dyes or theraputic pigments may interfere with test pad coloration; elevated nitrite may inhibit reaction

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Dipstick,Ictotest

Section:
Urinalysis / Body Fluids

Urine Dipstick Only

LAB553

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- DIP, UA Macroscopic, UR Dipstick only, LAB553, Urine Dipstick only (no Micro)
- LAB553-VML
- LAB553VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatric: 1ml urine(sterile container)

Storage/Transport Temperature:
Refrigerated, DO NOT FREEZE

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Specimen:
Urine.

Alternate Specimen:
Urine container (no additive)

ORDERING

Ordering Indicators:
UTI, kidney disorder, liver conditions, diabetes, other metabolic conditions

Synonyms:

- DIP, UA Macroscopic, UR Dipstick only, LAB553, Urine Dipstick only (no Micro)
- LAB553-VML
- LAB553VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Dipstick, refractometer

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite

RESULTS INTERPRETATION

Reference Interval:
Secific gravity: 1.015 - 1.025, dipstick pH: 5.0 - 7.0, URO: 0.1 - 1.0 EU/dL or < 2.0 mg/dL All other urine Chemistries: Negative

Interpretive Data:
N/A

Methodology:
Dipstick, refractometer

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Urine container (no additive)

Additional Information:
N/A

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatric: 1ml urine(sterile container)

Preferred Collection Volume:
4 mL of random clean catch urine

Alternate Specimen:
Urine container (no additive)

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Specimen:
Urine.

Reasons for Rejection:
QNS, specimen age

Components:
Color, Appearance, Specific Gravity, pH, Glucose, Protein, Ketone, Bilirubin, Urobilinogen, Leukocyte Esterase, Blood, Nitrite

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Storage/Transport Temperature:
Refrigerated, DO NOT FREEZE

Synonyms:

- DIP, UA Macroscopic, UR Dipstick only, LAB553, Urine Dipstick only (no Micro)
- LAB553-VML
- LAB553VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
UTI, kidney disorder, liver conditions, diabetes, other metabolic conditions

Interpretive Data:
N/A

Reference Interval:
Secific gravity: 1.015 - 1.025, dipstick pH: 5.0 - 7.0, URO: 0.1 - 1.0 EU/dL or < 2.0 mg/dL All other urine Chemistries: Negative

Additional Information:
N/A

Methodology:
Dipstick, refractometer

Section:
Urinalysis / Body Fluids

Urine Drug Screen, Emergency Department

LAB667

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- DED, LAB667
- LAB667-VML
- LAB667VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
2° to 8°C: 3 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- DED, LAB667
- LAB667-VML
- LAB667VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
Acetaminophen, Salicylates, Ethanol and immunoassay for Amphetamines, Barbituates, Benzodiazepines, Cannabinoids, Cocaine metabolite, Methadone, Opiates, Oxycodone, Buprenorphine and Tricyclic antidepressants

RESULTS INTERPRETATION

Reference Interval:
See interpretive data.

Interpretive Data:
Presumptive positive until confirmed

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
N/A

Additional Information:
No reflex confirmation testing performed. If Confirmation testing is needed, submit an add-on request for the appropriate order. When dispensing samples for testing, do not use disposable polyethylene transfer pipettes as there may be a loss of -9-THC from the urine specimen, if present.

Components:
Acetaminophen, Salicylates, Ethanol and immunoassay for Amphetamines, Barbituates, Benzodiazepines, Cannabinoids, Cocaine metabolite, Methadone, Opiates, Oxycodone, Buprenorphine and Tricyclic antidepressants

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Refrigerate upon collection. Transport 5 mL of urine. (Min 2 mL)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
5 mL

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS, Improper collection, sample outide of stability limits

Components:
Acetaminophen, Salicylates, Ethanol and immunoassay for Amphetamines, Barbituates, Benzodiazepines, Cannabinoids, Cocaine metabolite, Methadone, Opiates, Oxycodone, Buprenorphine and Tricyclic antidepressants

Stability:
2° to 8°C: 3 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- DED, LAB667
- LAB667-VML
- LAB667VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Presumptive positive until confirmed

Reference Interval:
See interpretive data.

Additional Information:
No reflex confirmation testing performed. If Confirmation testing is needed, submit an add-on request for the appropriate order. When dispensing samples for testing, do not use disposable polyethylene transfer pipettes as there may be a loss of -9-THC from the urine specimen, if present.

Methodology:
Immunoassay

Section:
Chemistry

Urine Eosinophil Qualitiative

LAB4069

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- EOU, Eosinophil Urine, U Eos
- LAB4069-VML
- LAB4069VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 6.0ml urine). Refrigerate if testing delayed >2 hours

Pediatric Collection:
Pediatrics: 3 ml sterile urine

Storage/Transport Temperature:
Refrigerated

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Specimen:
Urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

ORDERING

Ordering Indicators:
Tubulointerstitial nephritis

Synonyms:

- EOU, Eosinophil Urine, U Eos
- LAB4069-VML
- LAB4069VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Urine cytospin and Wright stain smear

Components:
Resulted as present or not present

RESULTS INTERPRETATION

Reference Interval:
None seen

Interpretive Data:
Specimen age may result in degerated cells

Methodology:
Urine cytospin and Wright stain smear

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Additional Information:
N/A

Components:
Resulted as present or not present

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 6.0ml urine). Refrigerate if testing delayed >2 hours

Pediatric Collection:
Pediatrics: 3 ml sterile urine

Preferred Collection Volume:
12mL of fresh urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Specimen:
Urine

Reasons for Rejection:
QNS, specimen age

Components:
Resulted as present or not present

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Storage/Transport Temperature:
Refrigerated

Synonyms:

- EOU, Eosinophil Urine, U Eos
- LAB4069-VML
- LAB4069VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
Tubulointerstitial nephritis

Interpretive Data:
Specimen age may result in degerated cells

Reference Interval:
None seen

Additional Information:
N/A

Methodology:
Urine cytospin and Wright stain smear

Section:
Urinalysis / Body Fluids

Urine Glucose by Dipstick

LAB3081

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- Urine Glucose, UG, LAB 3081
- LAB3081-VML
- LAB3081VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Send to the lab immediately. Test must be performed within 2 hours of collection. Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1mL minimum

Performed:
Daily

Stability:
15° to 25°C: 4 hours; 2° to 8°C: 24 hours

Specimen:
Urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

ORDERING

Synonyms:

- Urine Glucose, UG, LAB 3081
- LAB3081-VML
- LAB3081VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Urine dipstick for glucose

Components:
Glucose measured in mg/dL

RESULTS INTERPRETATION

Reference Interval:
Negative

Methodology:
Urine dipstick for glucose

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Components:
Glucose measured in mg/dL

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Send to the lab immediately. Test must be performed within 2 hours of collection. Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1mL minimum

Preferred Collection Volume:
12mL of fresh urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Specimen:
Urine

Reasons for Rejection:
QNS, specimen age

Components:
Glucose measured in mg/dL

Stability:
15° to 25°C: 4 hours; 2° to 8°C: 24 hours

Synonyms:

- Urine Glucose, UG, LAB 3081
- LAB3081-VML
- LAB3081VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Reference Interval:
Negative

Methodology:
Urine dipstick for glucose

Section:
Urinalysis / Body Fluids

Urine Hemoglobin by Dipstick

LAB4072

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- UHG, UHgb, Hemoglobin Urine,
- LAB4072-VML
- LAB4072VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1mL minimum

Storage/Transport Temperature:
Refrigerated

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Specimen:
Urine

Alternate Specimen:
Yellow top urine, no additive; no additive vacutainer

ORDERING

Ordering Indicators:
Renal calculi, glomerulonephritis, tumors, toxic or chemical exposure

Synonyms:

- UHG, UHgb, Hemoglobin Urine,
- LAB4072-VML
- LAB4072VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Urine dipstick

Components:
Measured as Negaitve, Small, Moderate or Large

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Myoglobinuria; preservatives and cleaning agents such as hypochlorite may cause false positive responses

Methodology:
Urine dipstick

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Yellow top urine, no additive; no additive vacutainer

Additional Information:
N/A

Components:
Measured as Negaitve, Small, Moderate or Large

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1mL minimum

Preferred Collection Volume:
12mL of fresh urine

Alternate Specimen:
Yellow top urine, no additive; no additive vacutainer

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Specimen:
Urine

Reasons for Rejection:
QNS, specimen age

Components:
Measured as Negaitve, Small, Moderate or Large

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Storage/Transport Temperature:
Refrigerated

Synonyms:

- UHG, UHgb, Hemoglobin Urine,
- LAB4072-VML
- LAB4072VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
Renal calculi, glomerulonephritis, tumors, toxic or chemical exposure

Interpretive Data:
Myoglobinuria; preservatives and cleaning agents such as hypochlorite may cause false positive responses

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Urine dipstick

Section:
Urinalysis / Body Fluids

Urine Ketone by Diptstick

LAB403

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- KET, LAB403, U Ketone, UR Ketones, Urine Ketones
- LAB403-VML
- LAB403VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1 ml sterile urine

Storage/Transport Temperature:
Refrigerated

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Specimen:
Urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

ORDERING

Ordering Indicators:
Diabetes mellitis, vomiting, starvation, weight reduction, pregnancy

Synonyms:

- KET, LAB403, U Ketone, UR Ketones, Urine Ketones
- LAB403-VML
- LAB403VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Urine dipstick

Components:
Measured in mg/dL

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
N/A

Methodology:
Urine dipstick

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Additional Information:
N/A

Components:
Measured in mg/dL

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1 ml sterile urine

Preferred Collection Volume:
12mL of fresh urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Specimen:
Urine

Reasons for Rejection:
QNS, specimen age

Components:
Measured in mg/dL

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Storage/Transport Temperature:
Refrigerated

Synonyms:

- KET, LAB403, U Ketone, UR Ketones, Urine Ketones
- LAB403-VML
- LAB403VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
Diabetes mellitis, vomiting, starvation, weight reduction, pregnancy

Interpretive Data:
N/A

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Urine dipstick

Section:
Urinalysis / Body Fluids

Urine pH by Dipstick

LAB4070

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- U pH, LAB4070, UR pH, pH urine
- LAB4070-VML
- LAB4070VML

Turn Around Time:
1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1 ml sterile urine

Storage/Transport Temperature:
Refrigerated

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours

Specimen:
Urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

ORDERING

Ordering Indicators:
Acid/base balance

Synonyms:

- U pH, LAB4070, UR pH, pH urine
- LAB4070-VML
- LAB4070VML

Performed:
Daily

Turn Around Time:
1 hour

Methodology:
Urine dipstick

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
5.0 - 7.0

Interpretive Data:
N/A

Methodology:
Urine dipstick

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1 ml sterile urine

Preferred Collection Volume:
12mL of fresh urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Specimen:
Urine

Reasons for Rejection:
QNS, specimen age

Components:
N/A

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours

Storage/Transport Temperature:
Refrigerated

Synonyms:

- U pH, LAB4070, UR pH, pH urine
- LAB4070-VML
- LAB4070VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 hour

Ordering Indicators:
Acid/base balance

Interpretive Data:
N/A

Reference Interval:
5.0 - 7.0

Additional Information:
N/A

Methodology:
Urine dipstick

Section:
Urinalysis / Body Fluids

Urine Pregnancy Test

LAB437

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- UCG, PREGNANCY TEST URINE, Urine HCG, Beta HCG urine
- LAB437-VML
- LAB437VML

Turn Around Time:
1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
First morning specimen preferred.

Pediatric Collection:
Pediatrics: 1mL minimum

Storage/Transport Temperature:
Refrigerated

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Specimen:
Urine, First Morning Specimen Preferred.

Alternate Specimen:
Yellow top urine, no additive; no additive vacutainer

ORDERING

Ordering Indicators:
N/A

Synonyms:

- UCG, PREGNANCY TEST URINE, Urine HCG, Beta HCG urine
- LAB437-VML
- LAB437VML

Performed:
Daily

Turn Around Time:
1 hour

Methodology:
Kit Test

Components:
Qualititive, reported as positive or negative

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
Hook effect may occur in high concentration

Methodology:
Kit Test

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Yellow top urine, no additive; no additive vacutainer

Additional Information:
N/A

Components:
Qualititive, reported as positive or negative

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
First morning specimen preferred.

Pediatric Collection:
Pediatrics: 1mL minimum

Preferred Collection Volume:
12mL of fresh urine

Alternate Specimen:
Yellow top urine, no additive; no additive vacutainer

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Specimen:
Urine, First Morning Specimen Preferred.

Reasons for Rejection:
QNS, Contamination of Specimen from UA Analyzer, Specimen Age

Components:
Qualititive, reported as positive or negative

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours. Bring to Room Temp before testing

Storage/Transport Temperature:
Refrigerated

Synonyms:

- UCG, PREGNANCY TEST URINE, Urine HCG, Beta HCG urine
- LAB437-VML
- LAB437VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 hour

Ordering Indicators:
N/A

Interpretive Data:
Hook effect may occur in high concentration

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
Kit Test

Section:
Urinalysis / Body Fluids

Urine Specific Gravity by Dipstick or Refractometer

LAB4071

ORDERING INFO

Collect:
Urine Yellow Top tube (no additive)

Synonyms:

- U SpGrav, Specific Gravity Urine, UR Specific Gravity, SGU, LAB4071
- LAB4071-VML
- LAB4071VML

Turn Around Time:
Stat: 1 hour

SPECIMEN REQUIREMENTS

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1 ml sterile urine

Storage/Transport Temperature:
Refrigerated

Performed:
Daily

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours

Specimen:
Urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

ORDERING

Ordering Indicators:
Diabetes insipidus, diabetes mellitus, diarrea, fever, sweating, vomiting, glomerulonephritis, hypertention, pyelonephritis, hydration status

Synonyms:

- U SpGrav, Specific Gravity Urine, UR Specific Gravity, SGU, LAB4071
- LAB4071-VML
- LAB4071VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour

Methodology:
Refractometer

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
1.015 - 1.025

Interpretive Data:
Radiopaque x-ray contrast media can greatly increase specific gravity readings, a comment reading "Interfering substance present" will be attached to readings >1.050.

Methodology:
Refractometer

ADDITIONAL INFORMATION

Section:
Urinalysis / Body Fluids

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Yellow Top tube (no additive)

Specimen Preparation:
Collection of clean catch random urine in Yellow Top BD vacutainer tube containing no preservative (Min 1.0ml urine). Refrigerate if testing delayed >2 hours.

Pediatric Collection:
Pediatrics: 1 ml sterile urine

Preferred Collection Volume:
12mL of fresh urine

Alternate Specimen:
Urine Yellow; Sterile Container without Additive

Patient Preparation:
The Patient Must Be Given Instructions for collecting "clean catch" Urine

Specimen:
Urine

Reasons for Rejection:
QNS, specimen age

Components:
N/A

Stability:
15° to 25°C: 2 hours; 2° to 8°C: 24 hours

Storage/Transport Temperature:
Refrigerated

Synonyms:

- U SpGrav, Specific Gravity Urine, UR Specific Gravity, SGU, LAB4071
- LAB4071-VML
- LAB4071VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour

Ordering Indicators:
Diabetes insipidus, diabetes mellitus, diarrea, fever, sweating, vomiting, glomerulonephritis, hypertention, pyelonephritis, hydration status

Interpretive Data:
Radiopaque x-ray contrast media can greatly increase specific gravity readings, a comment reading "Interfering substance present" will be attached to readings >1.050.

Reference Interval:
1.015 - 1.025

Additional Information:
N/A

Methodology:
Refractometer

Section:
Urinalysis / Body Fluids

Urine Volatile Screen, urine

LAB751

ORDERING INFO

Collect:
Urine Clear

Synonyms:

- LAB751, DSV, Alcohol Screen
- LAB751-VML
- LAB751VML

Turn Around Time:
6 hours after sample received in lab

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Urine Clear

Specimen Preparation:
Sample should be a random, clean catch urine. Send to the lab immediately. (Minimum 0.5 mL urine)

Pediatric Collection:
Urine Clear

Storage/Transport Temperature:
Refrigerated (2-8°C) if not delivered to the lab immediately

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Urine

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
This test is used as an initial screen to check for the presence of acetone, methanol, isopropanol, and/or ethanol in the patient.

Synonyms:

- LAB751, DSV, Alcohol Screen
- LAB751-VML
- LAB751VML

Performed:
Daily

Turn Around Time:
6 hours after sample received in lab

Methodology:
GC/FID

Components:
Acetone, Methanol, Isopropanol, Ethanol

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
N/A

Methodology:
GC/FID

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
Acetone, Methanol, Isopropanol, Ethanol

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Urine Clear

Specimen Preparation:
Sample should be a random, clean catch urine. Send to the lab immediately. (Minimum 0.5 mL urine)

Pediatric Collection:
Urine Clear

Preferred Collection Volume:
1.5 mL urine

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Urine

Reasons for Rejection:
QNS

Components:
Acetone, Methanol, Isopropanol, Ethanol

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C) if not delivered to the lab immediately

Synonyms:

- LAB751, DSV, Alcohol Screen
- LAB751-VML
- LAB751VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 hours after sample received in lab

Ordering Indicators:
This test is used as an initial screen to check for the presence of acetone, methanol, isopropanol, and/or ethanol in the patient.

Interpretive Data:
N/A

Reference Interval:
Negative

Additional Information:
N/A

Methodology:
GC/FID

Section:
Special Chemistry

Ustekinumab Qt w/Rfx to Ab-MAYO

LAB6545

ORDERING INFO

Synonyms:

- LAB6545-VML
- LAB6545VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6545-VML
- LAB6545VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6545-VML
- LAB6545VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

Valproic Acid, Free and Total

LAB6147

ORDERING INFO

Collect:
Plain red.

Synonyms:

- Depakene, Free
- Free Valproate
- Free Valproic Acid
- Dipropylacetic Acid
- Eplim
- Free VPA
- Orlept
- Protein Free Valproic Acid
- Stavzor, Free
- Valproate
- valproic acid blood level
- VPA blood level
- Depacon
- Depakote, Free
- LAB6147-VML
- LAB6147VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red.

Specimen Preparation:
Separate serum from cells within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Unacceptable Conditions:
Light blue (citrate), gray (oxalate), green (heparin), K_2EDTA plasma, tubes that contain liquid anticoagulant, or gel separator tubes.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun-Sat

ORDERING

Synonyms:

- Depakene, Free
- Free Valproate
- Free Valproic Acid
- Dipropylacetic Acid
- Eplim
- Free VPA
- Orlept
- Protein Free Valproic Acid
- Stavzor, Free
- Valproate
- valproic acid blood level
- VPA blood level
- Depacon
- Depakote, Free
- LAB6147-VML
- LAB6147VML

Ordering Recommendations:
Preferred test for therapeutic drug management in patients with renal failure or conditions that may alter albumin concentrations.

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Components	Therapeutic Range
Valproic Acid, Total	Therapeutic Range: 50-125 µg/mL Toxic: Greater than 150 µg/mL
Valproic Acid, Free	Effective November 18, 2013 Therapeutic Range: 7-23 µg/mL Toxic: Greater than 30 µg/mL
Valproic Acid, Percent Free	5-18 percent

Interpretive Data:
Free valproic acid may be important to monitor in patients with altered or unpredictable protein binding capacity because valproic acid exhibits variable, dose-dependent protein binding. Valproic acid is also subject to drug-drug interactions due to displacement of protein binding. Calculating percent free attempts to minimize differences in test cross-reactivity and may be useful in dose optimization. Adverse effects may include headache, somnolence and dizziness.

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

ADDITIONAL INFORMATION

CPT Codes:
80164; 80165

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red.

Specimen Preparation:
Separate serum from cells within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Light blue (citrate), gray (oxalate), green (heparin), K_2EDTA plasma, tubes that contain liquid anticoagulant, or gel separator tubes.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Depakene, Free
- Free Valproate
- Free Valproic Acid
- Dipropylacetic Acid
- Eplim
- Free VPA
- Orlept
- Protein Free Valproic Acid
- Stavzor, Free
- Valproate
- valproic acid blood level
- VPA blood level
- Depacon
- Depakote, Free
- LAB6147-VML
- LAB6147VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Preferred test for therapeutic drug management in patients with renal failure or conditions that may alter albumin concentrations.

Interpretive Data:
Free valproic acid may be important to monitor in patients with altered or unpredictable protein binding capacity because valproic acid exhibits variable, dose-dependent protein binding. Valproic acid is also subject to drug-drug interactions due to displacement of protein binding. Calculating percent free attempts to minimize differences in test cross-reactivity and may be useful in dose optimization. Adverse effects may include headache, somnolence and dizziness.

Reference Interval:

Components	Therapeutic Range
Valproic Acid, Total	Therapeutic Range: 50-125 µg/mL Toxic: Greater than 150 µg/mL
Valproic Acid, Free	Effective November 18, 2013 Therapeutic Range: 7-23 µg/mL Toxic: Greater than 30 µg/mL
Valproic Acid, Percent Free	5-18 percent

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

Section:
RF-ARUP

CPT Codes:
80164; 80165

Valproic Acid, Plasma or Serum

LAB24

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- Depakene, Depakote, Valproate, VAL, LAB24
- LAB24-VML
- LAB24VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 48 hours; Frozen: 7 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Depakene, Depakote, Valproate, VAL, LAB24
- LAB24-VML
- LAB24VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
50 - 100 µg/mL

Interpretive Data:
N/A

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 48 hours; Frozen: 7 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- Depakene, Depakote, Valproate, VAL, LAB24
- LAB24-VML
- LAB24VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
50 - 100 µg/mL

Additional Information:
N/A

Methodology:
Immunoassay

Section:
Chemistry

Vancomycin Peak, Plasma or Serum

LAB41

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- VPK, VML, Vancocin, LAB41
- LAB41-VML
- LAB41VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- VPK, VML, Vancocin, LAB41
- LAB41-VML
- LAB41VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - < 18 years: 25 - 50 µg/mL > 18 years: 20 - 40 µg/mL

Interpretive Data:
Supratherapeutic Peak Infant/Peds > 50 µg/mL. 18 - 150 yrs: 20 - 40 µg/mL. Supratherapeutic Peak Adult >50 µg/mL

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Peak concentrations generally correlate with efficacy. Draw 60 minutes after the end of the infusion

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- VPK, VML, Vancocin, LAB41
- LAB41-VML
- LAB41VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Supratherapeutic Peak Infant/Peds > 50 µg/mL. 18 - 150 yrs: 20 - 40 µg/mL. Supratherapeutic Peak Adult >50 µg/mL

Reference Interval:
0 - < 18 years: 25 - 50 µg/mL > 18 years: 20 - 40 µg/mL

Additional Information:
Peak concentrations generally correlate with efficacy. Draw 60 minutes after the end of the infusion

Methodology:
Immunoassay

Section:
Chemistry

Vancomycin Random, Plasma or Serum

LAB40

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- VRA, VML, Vancocin, LAB40
- LAB40-VML
- LAB40VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- VRA, VML, Vancocin, LAB40
- LAB40-VML
- LAB40VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Peak and/or trough concentrations provide the most useful information.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- VRA, VML, Vancocin, LAB40
- LAB40-VML
- LAB40VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Peak and/or trough concentrations provide the most useful information.

Methodology:
Immunoassay

Section:
Chemistry

Vancomycin Trough, Plasma or Serum

LAB39

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- VTR, VML, Vancocin, LAB39
- LAB39-VML
- LAB39VML

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Performed:
Daily

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Specimen:
Plasma or Serum

Alternate Specimen:
Red (No Gel)

ORDERING

Ordering Indicators:
N/A

Synonyms:

- VTR, VML, Vancocin, LAB39
- LAB39-VML
- LAB39VML

Performed:
Daily

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Methodology:
Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
0 - < 18 years: 5 - 20 µg/mL > 18 years: 10 - 20 µg/mL

Interpretive Data:
Supratherapeutic Trough Infant/Peds >25 µg/mL. 18 - 150 yrs: 10 - 20 µg/mL. Supratherapeutic Trough Adult >20 µg/mL

Methodology:
Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
Trough concentrations generally correlate with toxicity. Draw 0 - 30 minutes before dose.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Separate plasma or serum from cells ASAP or within 2 hours of collection. If a serum sample is collected, allow the sample to clot completely at room temperature prior to centrifugation. (Min 0.5 mL)

Pediatric Collection:
1 Dark Green Microtainer (Sodium Heparin)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Plasma or Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 2° to 8°C: 7 days; Frozen: 14 days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- VTR, VML, Vancocin, LAB39
- LAB39-VML
- LAB39VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
N/A

Interpretive Data:
Supratherapeutic Trough Infant/Peds >25 µg/mL. 18 - 150 yrs: 10 - 20 µg/mL. Supratherapeutic Trough Adult >20 µg/mL

Reference Interval:
0 - < 18 years: 5 - 20 µg/mL > 18 years: 10 - 20 µg/mL

Additional Information:
Trough concentrations generally correlate with toxicity. Draw 0 - 30 minutes before dose.

Methodology:
Immunoassay

Section:
Chemistry

Vanillylmandelic Acid (VMA), Urine

LAB750

ORDERING INFO

Collect:
24-hour or random urine. Refrigerate 24-hour specimens during collection.

Synonyms:

- 4-Hydroxy-3-Methoxymandelic Acid
- 3-Methoxy-4-Hydroxy-Mandelic Acid
- 3-Methoxy-4-Hydroxymandelic Acid
- VMA
- LAB750-VML
- LAB750VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Abstain from medications for 72 hours prior to collection.

Collect:
24-hour or random urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:
Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

Unacceptable Conditions:
Specimen types other than urine.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 weeks

Performed:
Sun, Tue, Wed, Thu, Fri, Sat

ORDERING

Synonyms:

- 4-Hydroxy-3-Methoxymandelic Acid
- 3-Methoxy-4-Hydroxy-Mandelic Acid
- 3-Methoxy-4-Hydroxymandelic Acid
- VMA
- LAB750-VML
- LAB750VML

Ordering Recommendations:
Initial test for the diagnosis and monitoring of neuroblastoma. Should be ordered concurrently with Homovanillic Acid (HVA), Urine (0080422).

Performed:
Sun, Tue, Wed, Thu, Fri, Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

Notes:
Moderately elevated VMA (vanillylmandelic acid) can be caused by a variety of factors such as essential hypertension, intense anxiety, intense physical exercise, and numerous drug interactions (including some over-the-counter medications and herbal products).

Medications that may interfere with catecholamines and their metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, chlorpromazine, clonidine, disulfiram, diuretics (in doses sufficient to deplete sodium), epinephrine, glucagon, guanethidine, histamine, hydrazine derivatives, imipramine, levodopa (L-dopa, Sinemet®), lithium, MAO inhibitors, melatonin, methyldopa (Aldomet®), morphine, nitroglycerin, nose drops, propafenone (Rythmol), radiographic agents, rauwolfia alkaloids (Reserpine), tricyclic antidepressants, and vasodilators. The effects of some drugs on catecholamine metabolite results may not be predictable.

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Vanillylmandelic Acid - per 24h</td><td>18 years and older: 0.0-7.0 mg/d</td></tr>
<tr><td>Vanillylmandelic Acid - ratio to CRT</td><td>
<table>
<tr><th>Age</th><th>mg/g CRT</th></tr>
<tr><td>0-2 years</td><td>0-27</td></tr>
<tr><td>3-5 years</td><td>0-13</td></tr>
<tr><td>6-17 years</td><td>0-9</td></tr>
<tr><td>18 years and older</td><td>0-6</td></tr>
</table>
</td></tr>
</table>

Interpretive Data:

Vanillylmandelic acid (VMA) results are expressed as a ratio to creatinine excretion (mg/g CRT). No reference interval is available for results reported in units of mg/L. Slight or moderate increases in catecholamine metabolites may be due to extreme anxiety, essential hypertension, intense physical exercise, or drug interactions. Significant increase of one or more catecholamine metabolites (several times the upper reference limit) is associated with an increased probability of a secreting neuroendocrine tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

84585

Section:

RF-ARUP

Notes:

Moderately elevated VMA (vanillylmandelic acid) can be caused by a variety of factors such as essential hypertension, intense anxiety, intense physical exercise, and numerous drug interactions (including some over-the-counter medications and herbal products).

Medications that may interfere with catecholamines and their metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, chlorpromazine, clonidine, disulfiram, diuretics (in doses sufficient to deplete sodium), epinephrine, glucagon, guanethidine, histamine, hydrazine derivatives, imipramine, levodopa (L-dopa, Sinemet®), lithium, MAO inhibitors, melatonin, methyldopa (Aldomet®), morphine, nitroglycerin, nose drops, propafenone (Rythmol), radiographic agents, rauwolfia alkaloids (Reserpine), tricyclic antidepressants, and vasodilators. The effects of some drugs on catecholamine metabolite results may not be predictable.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

24-hour or random urine. Refrigerate 24-hour specimens during collection.

Specimen Preparation:
Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form.

Patient Preparation:
Abstain from medications for 72 hours prior to collection.

Unacceptable Conditions:
Specimen types other than urine.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 weeks

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- 4-Hydroxy-3-Methoxymandelic Acid
- 3-Methoxy-4-Hydroxy-Mandelic Acid
- 3-Methoxy-4-Hydroxymandelic Acid
- VMA
- LAB750-VML
- LAB750VML

Performed:
Sun, Tue, Wed, Thu, Fri, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Initial test for the diagnosis and monitoring of neuroblastoma. Should be ordered concurrently with Homovanillic Acid (HVA), Urine (0080422).

Interpretive Data:
Vanillylmandelic acid (VMA) results are expressed as a ratio to creatinine excretion (mg/g CRT). No reference interval is available for results reported in units of mg/L. Slight or moderate increases in catecholamine metabolites may be due to extreme anxiety, essential hypertension, intense physical exercise, or drug interactions. Significant increase of one or more catecholamine metabolites (several times the upper reference limit) is associated with an increased probability of a secreting neuroendocrine tumor.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
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<table>
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</td></tr>
<tr><td>Vanillylmandelic Acid - per 24h</td><td>18 years and older: 0.0-7.0 mg/d</td></tr>
<tr><td>Vanillylmandelic Acid - ratio to CRT</td><td>
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<tr><th>Age</th><th>mg/g CRT</th></tr>
<tr><td>0-2 years</td><td>0-27</td></tr>
<tr><td>3-5 years</td><td>0-13</td></tr>
<tr><td>6-17 years</td><td>0-9</td></tr>
<tr><td>18 years and older</td><td>0-6</td></tr>
</table>
</td></tr>
</table>

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
84585

Notes:
Moderately elevated VMA (vanillylmandelic acid) can be caused by a variety of factors such as essential hypertension, intense anxiety, intense physical exercise, and numerous drug interactions (including some over-the-counter medications and herbal products).

Medications that may interfere with catecholamines and their metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, chlorpromazine, clonidine, disulfiram, diuretics (in doses sufficient to deplete sodium), epinephrine, glucagon, guanethidine, histamine, hydrazine derivatives, imipramine, levodopa (L-dopa, Sinemet®), lithium, MAO inhibitors, melatonin, methyldopa (Aldomet®), morphine, nitroglycerin, nose drops, propafenone (Rythmol), radiographic agents, rauwolfia alkaloids (Reserpine), tricyclic antidepressants, and vasodilators. The effects of some drugs on catecholamine metabolite results may not be predictable.

Varicella-Zoster Virus (VZV) Qualitative PCR

LAB1372

ORDERING INFO

Collect:
Blood: Lavender tube (EDTA); Swab: Universal /Viral Transport Media (UTM/VTM); CSF: Sterile Container

Synonyms:

- LAB1372, Varicella Zoster Virus, VZD, VZV DNA PCR
- LAB1372-VML
- LAB1372VML

Turn Around Time:
1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Blood: Lavender tube (EDTA); Swab: Universal /Viral Transport Media (UTM/VTM); CSF: Sterile Container

Specimen Preparation:
Blood: draw 4.0ml of whole blood (Lavender tube [EDTA]), deliver to lab within 24hrs at Ambient (15-25°C). Swab: Swab site and place in either UTM or VTM, deliver to lab within 24hrs at Ambient (15-25°C). CSF: Collect in sterile container and deliver to lab within 24hrs at Ambient (15-25°C). (Min 1.0mL Plasma), (Min 0.2mL UTM/VTM), (Min 0.2mL CSF)

Pediatric Collection:
N/A

Storage/Transport Temperature:
Blood: Ambient (15-25°C); Swabs: Ambient (15-25°C). CSF: Ambient (15-25°C)

Performed:
Tuesday, Thursday, Saturday

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days at Refrigerated (2-8°C) once spun and plasma separated. Swabs: collected in UTM or VTM within 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C). CSF: 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C), 4 weeks at Frozen (<=-20°C).

Specimen:
Blood in a Lavender tube (EDTA); Swab collected in UTM/VTM; CSF

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

ORDERING

Ordering Indicators:
Varicella-zoster virus (VZV) is responsible for common childhood varicella (chickenpox) and adult-onset zoster (shingles). Testing is indicated for active cutaneous lesions and not as a screening test. CSF and serum testing should be reserved to clinically evaluate for disseminated zoster.

Synonyms:

- LAB1372, Varicella Zoster Virus, VZD, VZV DNA PCR
- LAB1372-VML
- LAB1372VML

Performed:
Tuesday, Thursday, Saturday

Turn Around Time:
1 - 3 days

Methodology:
PCR (Polymerase Chain Reaction)

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
Not detected

Interpretive Data:
N/A

Methodology:
PCR (Polymerase Chain Reaction)

ADDITIONAL INFORMATION

Section:
Molecular Infectious Disease

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender tube (EDTA); Swab: Universal /Viral Transport Media (UTM/VTM); CSF: Sterile Container

Specimen Preparation:
Blood: draw 4.0ml of whole blood (Lavender tube [EDTA]), deliver to lab within 24hrs at Ambient (15-25°C). Swab: Swab site and place in either UTM or VTM, deliver to lab within 24hrs at Ambient (15-25°C). CSF: Collect in sterile container and deliver to lab within 24hrs at Ambient (15-25°C). (Min 1.0mL Plasma), (Min 0.2mL UTM/VTM), (Min 0.2mL CSF)

Pediatric Collection:
N/A

Preferred Collection Volume:
1mL Plasma; 3mL UTM/VTM; 1mL CSF

Alternate Specimen:
Other specimens/sources need Medical Director approval. Please call 615-875-5227 to speak with the lab.

Patient Preparation:
N/A

Specimen:
Blood in a Lavender tube (EDTA); Swab collected in UTM/VTM; CSF

Reasons for Rejection:
Specimen collected incorrectly (i.e. Whole Blood sent in wrong blood vacutainer); alternative specimen type/source sent without Medical Director approval

Components:
N/A

Stability:
Blood: Up to 24 hours at Ambient (15-25°C), 6 days at Refrigerated (2-8°C) once spun and plasma separated. Swabs: collected in UTM or VTM within 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C). CSF: 24 hours at Ambient (15-25°C), 7 days at Refrigerated (2-8°C), 4 weeks at Frozen (<=-20°C).

Storage/Transport Temperature:
Blood: Ambient (15-25°C); Swabs: Ambient (15-25°C). CSF: Ambient (15-25°C)

Synonyms:

- LAB1372, Varicella Zoster Virus, VZD, VZV DNA PCR
- LAB1372-VML
- LAB1372VML

Performed:
Tuesday, Thursday, Saturday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
Varicella-zoster virus (VZV) is responsible for common childhood varicella (chickenpox) and adult-onset zoster (shingles). Testing is indicated for active cutaneous lesions and not as a screening test. CSF and serum testing should be reserved to clinically evaluate for disseminated zoster.

Interpretive Data:
N/A

Reference Interval:
Not detected

Additional Information:
N/A

Methodology:
PCR (Polymerase Chain Reaction)

Section:
Molecular Infectious Disease

Varicella-Zoster Virus Antibody, IgM

LAB3854

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Herpes Zoster IgM antibodies
- Varicella Zoster Virus IgM
- VZV Antibody, IgM
- VZV IgM
- Varicella-Zoster Virus Antibody, IgM, Serum
- Herpes Zoster
- LAB3854-VML
- LAB3854VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Mon-Fri

ORDERING

Synonyms:

- Herpes Zoster IgM antibodies
- Varicella Zoster Virus IgM
- VZV Antibody, IgM
- VZV IgM
- Varicella-Zoster Virus Antibody, IgM, Serum
- Herpes Zoster
- LAB3854-VML
- LAB3854VML

Ordering Recommendations:
Panel that combines varicella-zoster virus IgG and IgM antibodies is preferred (0050162).

Performed:
Mon-Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-5 days

RESULTS INTERPRETATION

Reference Interval:
0.90 ISR or less: Negative - No significant level of detectable varicella-zoster virus IgM antibody.
0.91-1.09 ISR: Equivocal - Repeat testing in 10-14 days may be helpful.
1.10 ISR or greater: Positive - Significant level of detectable varicella-zoster virus IgM antibody. Indicative of current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:
86787

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- Herpes Zoster IgM antibodies
- Varicella Zoster Virus IgM
- VZV Antibody, IgM
- VZV IgM
- Varicella-Zoster Virus Antibody, IgM, Serum
- Herpes Zoster
- LAB3854-VML
- LAB3854VML

Performed:
Mon-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Panel that combines varicella-zoster virus IgG and IgM antibodies is preferred (0050162).

Reference Interval:
0.90 ISR or less: Negative - No significant level of detectable varicella-zoster virus IgM antibody.
0.91-1.09 ISR: Equivocal - Repeat testing in 10-14 days may be helpful.
1.10 ISR or greater: Positive - Significant level of detectable varicella-zoster virus IgM antibody. Indicative of current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86787

Varicella-Zoster Virus IgG, Serum

LAB162

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- LAB162, VZB, VZ Antibody
- LAB162-VML
- LAB162VML

Turn Around Time:
1 Day

SPECIMEN REQUIREMENTS

Patient Preparation:
NA

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Storage/Transport Temperature:
Refrigerated (2-8°C)

Performed:
Daily

Stability:
Refrigerated (2-8°C): 7 days

Specimen:
Serum

Alternate Specimen:
Gold SST tube (Clot activator with gel)

ORDERING

Ordering Indicators:
This test is intended to be used as an aid in the determination of serological status to varicella zoster virus or VZV vaccination.

Synonyms:

- LAB162, VZB, VZ Antibody
- LAB162-VML
- LAB162VML

Performed:
Daily

Turn Around Time:
1 Day

Methodology:
Chemiluminescent Immunoassay

Components:
VZ IgG

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
A negative result indicates that the patient has not been infected/immunized to varicella zoster virus. A positive result indicates current or past exposure/immunization to varicella zoster virus.

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Immunoserology

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Additional Information:
NA

Components:
VZ IgG

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
Separate serum from cells ASAP, store refrigerated. (Minimum 0.5 mL serum)

Pediatric Collection:
Two Red Microtainers (no gel)

Preferred Collection Volume:
Whole Blood: 1.5 mL

Alternate Specimen:
Gold SST tube (Clot activator with gel)

Patient Preparation:
NA

Specimen:
Serum

Reasons for Rejection:
Gross hemolysis, gross lipemia, bacterial contamination

Components:
VZ IgG

Stability:
Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C)

Synonyms:

- LAB162, VZB, VZ Antibody
- LAB162-VML
- LAB162VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 Day

Ordering Indicators:
This test is intended to be used as an aid in the determination of serological status to varicella zoster virus or VZV vaccination.

Interpretive Data:
A negative result indicates that the patient has not been infected/immunized to varicella zoster virus. A positive result indicates current or past exposure/immunization to varicella zoster virus.

Reference Interval:
Negative

Additional Information:
NA

Methodology:
Chemiluminescent Immunoassay

Section:
Immunoserology

Vascular Endothelial Growth Factor

LAB3855

ORDERING INFO

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Synonyms:

- Vascular Endothelial Growth Factor ELISA
- VEGF
- VEGF Plasma
- LAB3855-VML
- LAB3855VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Hemolyzed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: 4 hours; Refrigerated: 6 hours; Frozen: 6 months

Performed:
Tue

ORDERING

Synonyms:

- Vascular Endothelial Growth Factor ELISA
- VEGF
- VEGF Plasma
- LAB3855-VML
- LAB3855VML

Performed:
Tue

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:
9-86 pg/mL

Interpretive Data:
This assay is performed using the QuantiGlo® Chemiluminescent EIA kit. Values obtained with different assay methods or kits cannot be used interchangeably.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
83520

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Unacceptable Conditions:
Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 4 hours; Refrigerated: 6 hours; Frozen: 6 months

Storage/Transport Temperature:
CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered.

Synonyms:

- Vascular Endothelial Growth Factor ELISA
- VEGF
- VEGF Plasma
- LAB3855-VML
- LAB3855VML

Performed:
Tue

Resulting Laboratory:
ARUP Laboratories

Reported:
1-8 days

Interpretive Data:
This assay is performed using the QuantiGlo® Chemiluminescent EIA kit. Values obtained with different assay methods or kits cannot be used interchangeably.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
9-86 pg/mL

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
83520

Vasoactive Intestinal Peptide

LAB1107

ORDERING INFO

Collect:
Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

Synonyms:

- VIP
- Vasoactive Intestinal Polypeptide
- VIP protein
- LAB1107-VML
- LAB1107VML

SPECIMEN REQUIREMENTS

Collect:
Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

Specimen Preparation:
Mix well. Separate from cells within 1 hour of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 3 months

Performed:
Wed, Sat

ORDERING

Synonyms:

- VIP
- Vasoactive Intestinal Polypeptide
- VIP protein
- LAB1107-VML
- LAB1107VML

Ordering Recommendations:
Aid in diagnosis of vasoactive intestinal polypeptide secreting tumors (VIPoma).

Performed:
Wed, Sat

Methodology:
Quantitative Radioimmunoassay

Reported:
3-7 days

RESULTS INTERPRETATION

Reference Interval:
0-60 pg/mL

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Radioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:
84586

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used.

Specimen Preparation:
Mix well. Separate from cells within 1 hour of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 3 months

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- VIP
- Vasoactive Intestinal Polypeptide
- VIP protein
- LAB1107-VML
- LAB1107VML

Performed:
Wed, Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
3-7 days

Ordering Recommendations:
Aid in diagnosis of vasoactive intestinal polypeptide secreting tumors (VIPoma).

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0-60 pg/mL

Methodology:
Quantitative Radioimmunoassay

Section:
RF-ARUP

CPT Codes:
84586

Vedolizumab Qt w/Rfx to Ab-MAYO

LAB6546

ORDERING INFO

Synonyms:

- LAB6546-VML
- LAB6546VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB6546-VML
- LAB6546VML

ADDITIONAL INFORMATION

Section:

RF-MAYO

Resulting Laboratory:

Mayo Clinic Laboratories

FULL VIEW

Synonyms:

- LAB6546-VML
- LAB6546VML

Resulting Laboratory:

Mayo Clinic Laboratories

Section:

RF-MAYO

Links:

Test Sent to Reference Lab. Click Here for Test Details

VEGF-D-CINN

LAB4026

ORDERING INFO

Synonyms:

- LAB4026-VML
- LAB4026VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4026-VML
- LAB4026VML

ADDITIONAL INFORMATION

Section:

RF-CINN

Resulting Laboratory:

Cincinnati Children's

FULL VIEW

Synonyms:

- LAB4026-VML
- LAB4026VML

Resulting Laboratory:

Cincinnati Children's

Section:

RF-CINN

Links:

Test Sent to Reference Lab. Click Here for Test Details

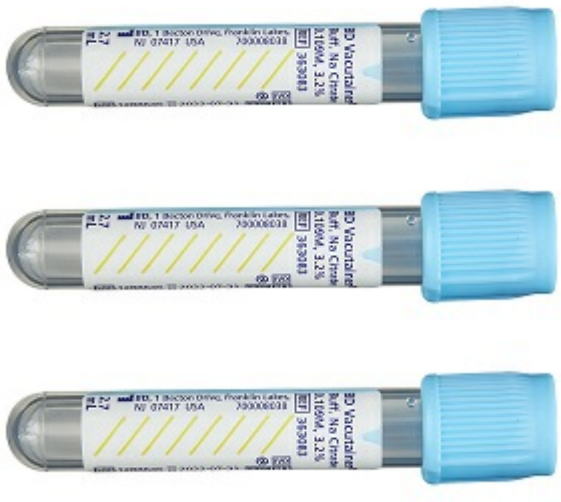
Venous Thromboembolism Evaluation

LAB5451

ORDERING INFO

Collect:

Three 2.7 mL Light blue tubes (3.2% Sodium Citrate). Neonate: Three 1.8mL Light blue tubes (3.2% Sodium Citrate).



Synonyms:

- LAB5451, VTH, Hypercoagulable State Panel for Venous Thromboembolism
- LAB5451-VML
- LAB5451VML

Turn Around Time:

1 - 6 days

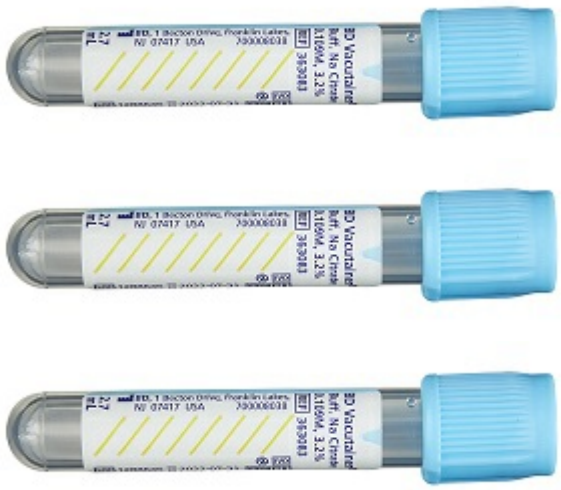
SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Three 2.7 mL Light blue tubes (3.2% Sodium Citrate). Neonate: Three 1.8mL Light blue tubes (3.2% Sodium Citrate).



Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Three 2.7 mL Light blue tubes (3.2% Sodium Citrate). Neonate: Three 1.8mL Light blue tubes (3.2% Sodium Citrate).

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:
Twice per week - variable days

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:
Citrated platelet poor plasma.

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB5451, VTH, Hypercoagulable State Panel for Venous Thromboembolism
- LAB5451-VML
- LAB5451VML

Performed:
Twice per week - variable days

Turn Around Time:
1 - 6 days

Methodology:
Clotting/Chromogenic/Immunoturbidimetric/ELISA

Components:
PT/INR, PTT, TT, LMWH, PC and S activity, AT activity, FVL, G20210A. Reflex to FVL Mutation & AT, Protein C & S (free) antigens as needed.

RESULTS INTERPRETATION

Reference Interval:
Refer to the individual assays.

Interpretive Data:
Direct IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of Hemlibra (emicizumab) may affect the assay for protein S activity and activated protein C resistance (FVL). Patients on warfarin may have decrease protein C and protein S levels. Protein S levels may be decreased in pregnancy, imflammatory syndromes, liver dysfunction, and DIC.

Methodology:
Clotting/Chromogenic/Immunoturbidimetric/ELISA

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

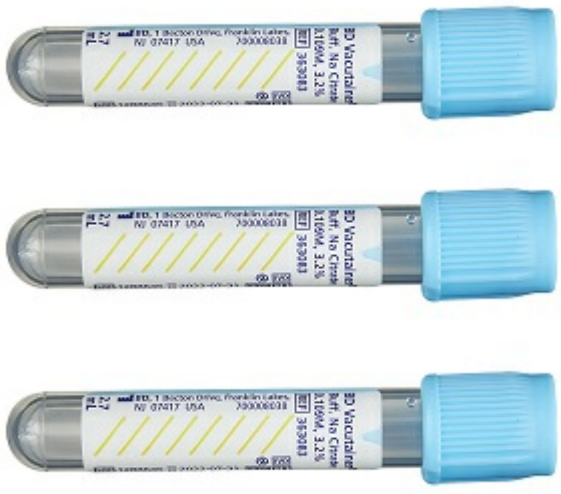
Additional Information:
Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Components:
PT/INR, PTT, TT, LMWH, PC and S activity, AT activity, FVL, G20210A. Reflex to FVL Mutation & AT, Protein C & S (free) antigens as needed.

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Three 2.7 mL Light blue tubes (3.2% Sodium Citrate). Neonate: Three 1.8mL Light blue tubes (3.2% Sodium Citrate).



Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Three 2.7 mL Light blue tubes (3.2% Sodium Citrate). Neonate: Three 1.8mL Light blue tubes (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
PT/INR, PTT, TT, LMWH, PC and S activity, AT activity, FVL, G20210A. Reflex to FVL Mutation & AT, Protein C & S (free) antigens as needed.

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB5451, VTH, Hypercoagulable State Panel for Venous Thromboembolism
- LAB5451-VML
- LAB5451VML

Performed:
Twice per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 6 days

Ordering Indicators:
N/A

Interpretive Data:

Direct IIa (thrombin) inhibitors and both direct and indirect Xa inhibitors may interfer with the assay. The presence of Hemlibra (emicizumab) may affect the assay for protein S activity and activated protein C resistance (FVL). Patients on warfarin may have decrease protein C and protein S levels. Protein S levels may be decreased in pregnancy, imflammatory syndromes, liver dysfunction, and DIC.

Reference Interval:

Refer to the individual assays.

Additional Information:

Request for in-patient testing must be approved by the Coagulation Medical Director on-call. (Refer to Synergy for contact informtation.) Request for testing can be submitted via the following link: redcap.link/misc-coag.

Methodology:

Clotting/Chromogenic/Immunoturbidimetric/ELISA

Section:

Coagulation

Verhoeff van Gieson Special Stain for Elastin, Formalin Fixed Paraffin Embedded Tissue

CoPath28

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- EVG, Verhoeff's, Elastic, Elastin

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- EVG, Verhoeff's, Elastic, Elastin

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- EVG, Verhoeff's, Elastic, Elastin

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

Verify Now P2Y12

LAB3452

ORDERING INFO

Collect:
Special Collection Kit - contact Core Coagulation Laboratory - 615-322-3356

Synonyms:

- LAB3452, VNP
- LAB3452-VML
- LAB3452VML

Turn Around Time:
4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:
Special Collection Kit - contact Core Coagulation Laboratory - 615-322-3356

Specimen Preparation:
The collection kit contains 3 tubes, one non-additive (white top) and two blue top sodium citrate tubes. Collect the white tube first (does not need to be full). Fill both blue top tubes to the black indicator line on the tubes. Sample must be hand carried to the laboratory. Contact the Core Coagulation Laboratory to inquire about availability and request a collection kit. 615-322-3356

Pediatric Collection:
Special Collection Kit - contact Core Coagulation Laboratory - 615-322-3356

Storage/Transport Temperature:
Ambient: (15-25°C): 4 hours

Performed:
Daily

Stability:
Ambient (15-25°C): 4 hours

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB3452, VNP
- LAB3452-VML
- LAB3452VML

Performed:
Daily

Turn Around Time:
4 hours

Methodology:
Assay Specific Aggregation

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
less than/= 230 PRU = Therapeutic Plavix effect.

Interpretive Data:
GP IIb/IIIa inhibitors such as tirofiban, epitifibatide, and abciximab affect the assay.

Methodology:
Assay Specific Aggregation

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
A hematocrit of < 33% and a platelet count of <119,000mmc may affect the assay.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Special Collection Kit - contact Core Coagulation Laboratory - 615-322-3356

Specimen Preparation:
The collection kit contains 3 tubes, one non-additive (white top) and two blue top sodium citrate tubes. Collect the white tube first (does not need to be full). Fill both blue top tubes to the black indicator line on the tubes. Sample must be hand carried to the laboratory. Contact the Core Coagulation Laboratory to inquire about availability and request a collection kit. 615-322-3356

Pediatric Collection:
Special Collection Kit - contact Core Coagulation Laboratory - 615-322-3356

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Whole blood

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, not hand carried to the lab. Whole blood > 4 hours after collection.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours

Storage/Transport Temperature:
Ambient: (15-25°C): 4 hours

Synonyms:

- LAB3452, VNP
- LAB3452-VML
- LAB3452VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 hours

Ordering Indicators:
N/A

Interpretive Data:
GP IIb/IIIa inhibitors such as tirofiban, epitifibatide, and abciximab affect the assay.

Reference Interval:
less than/= 230 PRU = Therapeutic Plavix effect.

Additional Information:
A hematocrit of < 33% and a platelet count of <119,000mmc may affect the assay.

Methodology:
Assay Specific Aggregation

Section:
Coagulation

Veriry Now Aspirin

LAB3451

ORDERING INFO

Collect:
Special Collection Kit - contact Core Coagulation Laboratory - 615-322-3356

Synonyms:

- LAB3451, VNA
- LAB3451-VML
- LAB3451VML

Turn Around Time:
4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:
Special Collection Kit - contact Core Coagulation Laboratory - 615-322-3356

Specimen Preparation:
The collection kit contains 3 tubes, one non-additive (white top) and two blue top sodium citrate tubes. Collect the white tube first (does not need to be full). Fill both blue top tubes to the black indicator line on the tubes. Sample must be hand carried to the laboratory. Contact the Core Coagulation Laboratory to inquire about availability and request a collection kit. 615-322-3356

Pediatric Collection:
Special Collection Kit - contact Core Coagulation Laboratory - 615-322-3356

Storage/Transport Temperature:
Ambient: (15-25°C): 4 hours

Performed:
Daily

Stability:
Ambient (15-25°C): 4 hours

Specimen:
Whole blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
N/A

Synonyms:

- LAB3451, VNA
- LAB3451-VML
- LAB3451VML

Performed:
Daily

Turn Around Time:
4 hours

Methodology:
Assay Specific Aggregation

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
350-549 ARU = Therapeutic Aspirin Effect

Interpretive Data:
GP IIb/IIIa inhibitors such as tirofiban, epitifibatide, and abciximab affect the assay.

Methodology:
Assay Specific Aggregation

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
A hematocrit of < 29% and a platelet count of < 92,000mmc may affect the assay.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Special Collection Kit - contact Core Coagulation Laboratory - 615-322-3356

Specimen Preparation:
The collection kit contains 3 tubes, one non-additive (white top) and two blue top sodium citrate tubes. Collect the white tube first (does not need to be full). Fill both blue top tubes to the black indicator line on the tubes. Sample must be hand carried to the laboratory. Contact the Core Coagulation Laboratory to inquire about availability and request a collection kit. 615-322-3356

Pediatric Collection:
Special Collection Kit - contact Core Coagulation Laboratory - 615-322-3356

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Whole blood

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, not hand carried to the lab. Whole blood > 4 hours after collection.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours

Storage/Transport Temperature:
Ambient: (15-25°C): 4 hours

Synonyms:

- LAB3451, VNA
- LAB3451-VML
- LAB3451VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
4 hours

Ordering Indicators:
N/A

Interpretive Data:
GP IIb/IIIa inhibitors such as tirofiban, epitifibatide, and abciximab affect the assay.

Reference Interval:
350-549 ARU = Therapeutic Aspirin Effect

Additional Information:
A hematocrit of < 29% and a platelet count of < 92,000mmc may affect the assay.

Methodology:
Assay Specific Aggregation

Section:
Coagulation

Very Long Chain Fatty Acids, Plsm: Includes Phytanic Acid (scrn for peroxisomal disorders)-KNKR

LAB3991

ORDERING INFO

Synonyms:

- LAB3991-VML
- LAB3991VML

SPECIMEN REQUIREMENTS

Links:
Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3991-VML
- LAB3991VML

ADDITIONAL INFORMATION

Section:
RF-KNKR

Resulting Laboratory:
Kennedy Krieger Institute

FULL VIEW

Synonyms:

- LAB3991-VML
- LAB3991VML

Resulting Laboratory:
Kennedy Krieger Institute

Section:
RF-KNKR

Links:
Test Sent to Reference Lab. Click Here for Test Details

Very Long-Chain and Branched-Chain Fatty Acids Profile

LAB987

ORDERING INFO

Collect:
Green (sodium or lithium heparin) or lavender (EDTA).

Synonyms:

- VLCFA and BCFA
- LAB987-VML
- LAB987VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Adults: Fasting specimen preferred.
Infants and children: Draw specimen prior to feeding or 2-3 hours after a meal.

Collect:
Green (sodium or lithium heparin) or lavender (EDTA).

Specimen Preparation:
Separate plasma from cells. Transfer 0.5 mL plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL)

Unacceptable Conditions:
Room temperature specimens greater than 24 hours. Refrigerated specimens greater than 48 hours. Specimens exposed to more than one freeze/thaw cycle.

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 72 hours; Frozen: 1 month

Performed:
Tue, Thu

Remarks:
Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g.,TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at http://www.aruplab.com/patienthistory or by contacting ARUP Client Services.

ORDERING

Synonyms:

- VLCFA and BCFA
- LAB987-VML
- LAB987VML

Ordering Recommendations:
Initial test to screen for disorders of peroxisomal biogenesis and/or function, including X-linked adrenoleukodystrophy and Zellweger syndrome. This test does not detect essential fatty acid deficiency and should not be used to evaluate nutritional status.

Performed:
Tue, Thu

Methodology:
Liquid Chromatography-Tandem Mass Spectrometry

Reported:
2-9 days

RESULTS INTERPRETATION

Reference Interval:

Component	0-11 months	1 year to 2 years	3 years to 6 years	7 years and older
Pristanic Acid	Less than 0.31 µmol/L	Less than 0.55 µmol/L	Less than 0.46 µmol/L	Less than 0.26 µmol/L
Phytanic Acid	0.03-2.13 µmol/L	0.23-5.03 µmol/L	0.33-2.53 µmol/L	0.25- 2.07 µmol/L
Ratio Pristanic Acid to Phytanic Acid	Less than 0.91	Less than 0.28	Less than 0.28	Less than 0.28
C22:0 Behenic Acid	28.94-93.50 µmol/L	28.94-93.50 µmol/L	28.94-93.50 µmol/L	28.94-93.50 µmol/L
C24:0 Tetracosanoic Acid	24.25-77.75 µmol/L	24.25-77.75 µmol/L	24.25-77.75 µmol/L	24.25-77.75 µmol/L
C26:0 Hexacosanoic Acid	0.17-0.73 µmol/L	0.17-0.73 µmol/L	0.17-0.73 µmol/L	0.17-0.73 µmol/L
Ratio C24:0 to C22:0	0.64-1.02	0.64-1.02	0.64-1.02	0.64-1.02
Ratio C26:0 to C22:0	0.003-0.015	0.003-0.015	0.003-0.015	0.003-0.015

Interpretive Data:
Refer to report.

Methodology:
Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
82726

Section:
RF-ARUP

Remarks:
Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g.,TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at http://www.aruplab.com/patienthistory or by contacting ARUP Client Services.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (sodium or lithium heparin) or lavender (EDTA).

Specimen Preparation:
Separate plasma from cells. Transfer 0.5 mL plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.2 mL)

Patient Preparation:
Adults: Fasting specimen preferred.
Infants and children: Draw specimen prior to feeding or 2-3 hours after a meal.

Unacceptable Conditions:
Room temperature specimens greater than 24 hours. Refrigerated specimens greater than 48 hours. Specimens exposed to more than one freeze/thaw cycle.

Stability (from collection to initiation):
After separation from cells: Ambient: 24 hours; Refrigerated: 72 hours; Frozen: 1 month

Storage/Transport Temperature:
CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- VLCFA and BCFA
- LAB987-VML
- LAB987VML

Performed:
Tue, Thu

Resulting Laboratory:
ARUP Laboratories

Reported:
2-9 days

Ordering Recommendations:

Initial test to screen for disorders of peroxisomal biogenesis and/or function, including X-linked adrenoleukodystrophy and Zellweger syndrome. This test does not detect essential fatty acid deficiency and should not be used to evaluate nutritional status.

Interpretive Data:

Refer to report.

Reference Interval:

Component	0-11 months	1 year to 2 years	3 years to 6 years	7 years and older
Pristanic Acid	Less than 0.31 µmol/L	Less than 0.55 µmol/L	Less than 0.46 µmol/L	Less than 0.26 µmol/L
Phytanic Acid	0.03-2.13 µmol/L	0.23-5.03 µmol/L	0.33-2.53 µmol/L	0.25- 2.07 µmol/L
Ratio Pristanic Acid to Phytanic Acid	Less than 0.91	Less than 0.28	Less than 0.28	Less than 0.28
C22:0 Behenic Acid	28.94-93.50 µmol/L	28.94-93.50 µmol/L	28.94-93.50 µmol/L	28.94-93.50 µmol/L
C24:0 Tetracosanoic Acid	24.25-77.75 µmol/L	24.25-77.75 µmol/L	24.25-77.75 µmol/L	24.25-77.75 µmol/L
C26:0 Hexacosanoic Acid	0.17-0.73 µmol/L	0.17-0.73 µmol/L	0.17-0.73 µmol/L	0.17-0.73 µmol/L
Ratio C24:0 to C22:0	0.64-1.02	0.64-1.02	0.64-1.02	0.64-1.02
Ratio C26:0 to C22:0	0.003-0.015	0.003-0.015	0.003-0.015	0.003-0.015

Methodology:

Liquid Chromatography-Tandem Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

82726

Remarks:

Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g.,TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at http://www.aruplab.com/patienthistory or by contacting ARUP Client Services.

VHL Gene Anly-GNDX

LAB3344

ORDERING INFO

Synonyms:

- LAB3344-VML
- LAB3344VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB3344-VML
- LAB3344VML

ADDITIONAL INFORMATION

Section:

RF-GNDX

Resulting Laboratory:

GeneDx

FULL VIEW

Synonyms:

- LAB3344-VML
- LAB3344VML

Resulting Laboratory:

GeneDx

Section:

RF-GNDX

Links:

Test Sent to Reference Lab. Click Here for Test Details

Vimentin (V9) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath227

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- N/A

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- N/A

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- N/A

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Viscosity, Serum

LAB765

ORDERING INFO

Collect:
Red tube (no gel)

Synonyms:

- VIS, Serum viscocity
- LAB765-VML
- LAB765VML

Turn Around Time:
Stat: 1 hour; Routine: 4 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Red tube (no gel)

Specimen Preparation:
>1 ml of serum, please fill red top tube completely

Pediatric Collection:
Two Red microtainers (no gel)

Storage/Transport Temperature:
Room Temperature

Performed:
Daily

Stability:
Room Temperature

Specimen:
Serum

Alternate Specimen:
Lavender top (EDTA)

ORDERING

Ordering Indicators:
To look for abnormal/excessive proteins in the serum to cause it to be viscous, such as in Multiple Myeloma

Synonyms:

- VIS, Serum viscocity
- LAB765-VML
- LAB765VML

Performed:
Daily

Turn Around Time:
Stat: 1 hour; Routine: 4 hours

Methodology:
Ratio of serum vs H2O in seconds

Components:
Relative viscocity is measured as patient results in seconds divided by water measured in seconds using a red cell pipette

RESULTS INTERPRETATION

Reference Interval:
1.4 - 1.8

Interpretive Data:
N/A

Methodology:
Ratio of serum vs H2O in seconds

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
Lavender top (EDTA)

Additional Information:
N/A

Components:
Relative viscocity is measured as patient results in seconds divided by water measured in seconds using a red cell pipette

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Red tube (no gel)

Specimen Preparation:
>1 ml of serum, please fill red top tube completely

Pediatric Collection:
Two Red microtainers (no gel)

Preferred Collection Volume:
>1 ml of serum, please fill red top tube completely

Alternate Specimen:
Lavender top (EDTA)

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
QNS, Improper container

Components:
Relative viscocity is measured as patient results in seconds divided by water measured in seconds using a red cell pipette

Stability:
Room Temperature

Storage/Transport Temperature:
Room Temperature

Synonyms:

- VIS, Serum viscocity
- LAB765-VML
- LAB765VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
Stat: 1 hour; Routine: 4 hours

Ordering Indicators:
To look for abnormal/excessive proteins in the serum to cause it to be viscous, such as in Multiple Myeloma

Interpretive Data:
N/A

Reference Interval:
1.4 - 1.8

Additional Information:
N/A

Methodology:
Ratio of serum vs H2O in seconds

Section:
Hematology

Vitamin A (Retinol), Serum or Plasma

LAB580

ORDERING INFO

Collect:
Green (sodium or lithium heparin), plasma separator tube, or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K_2EDTA).

Synonyms:

- A Vitamin
- Retinol
- Retinyl palmitate
- LAB580-VML
- LAB580VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection.

Collect:
Green (sodium or lithium heparin), plasma separator tube, or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube immediately. (Min: 0.2 mL) Avoid hemolysis.

Unacceptable Conditions:
Whole blood or body fluids other than serum or plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 3 hours; Refrigerated: 1 month; Frozen: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- A Vitamin
- Retinol
- Retinyl palmitate
- LAB580-VML
- LAB580VML

Ordering Recommendations:
Use for nutritional assessment of vitamin A (retinol and retinyl palmitate) in serum or plasma.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Reported:
1-4 days

Notes:
Serum retinol is typically maintained until hepatic stores are almost depleted. Values greater than 0.30 mg/L represent adequate liver stores, whereas values less than 0.10 mg/L indicate deficiency. Samples that come in contact with plastic tubing or have been exposed to excessive light may show low results.

Vitamin A toxicity occurs when retinol concentration exceeds the capacity of retinol binding protein (RBP). Individuals with compromised renal function can retain RBP and may, therefore, have moderate retinol elevations. Drugs which interfere with vitamin A analysis include probucol (Lorelco).

This assay does not measure other vitamin A metabolites such as retinaldehyde and retinoic acid.

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Vitamin A (Retinol)	**Age** / **Reference Interval** 0-1 month: 0.18-0.50 mg/L 2 months-12 years: 0.20-0.50 mg/L 13-17 years: 0.26-0.70 mg/L 18 years and older: 0.30-1.20 mg/L
Vitamin A (Retinyl Palmitate)	0-150 years: 0-0.10 mg/L

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative High Performance Liquid Chromatography (HPLC)

ADDITIONAL INFORMATION

CPT Codes:

84590

Section:

RF-ARUP

Notes:

Serum retinol is typically maintained until hepatic stores are almost depleted. Values greater than 0.30 mg/L represent adequate liver stores, whereas values less than 0.10 mg/L indicate deficiency. Samples that come in contact with plastic tubing or have been exposed to excessive light may show low results.

Vitamin A toxicity occurs when retinol concentration exceeds the capacity of retinol binding protein (RBP). Individuals with compromised renal function can retain RBP and may, therefore, have moderate retinol elevations. Drugs which interfere with vitamin A analysis include probucol (Lorelco).

This assay does not measure other vitamin A metabolites such as retinaldehyde and retinoic acid.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Green (sodium or lithium heparin), plasma separator tube, or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:

Separate serum or plasma within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube immediately. (Min: 0.2 mL) Avoid hemolysis.

Patient Preparation:

Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection.

Unacceptable Conditions:

Whole blood or body fluids other than serum or plasma.

Stability (from collection to initiation):

After separation from cells: Ambient: 3 hours; Refrigerated: 1 month; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- A Vitamin
- Retinol
- Retinyl palmitate
- LAB580-VML
- LAB580VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:
1-4 days

Ordering Recommendations:
Use for nutritional assessment of vitamin A (retinol and retinyl palmitate) in serum or plasma.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Vitamin A (Retinol)	**Age** / **Reference Interval** 0-1 month: 0.18-0.50 mg/L 2 months-12 years: 0.20-0.50 mg/L 13-17 years: 0.26-0.70 mg/L 18 years and older: 0.30-1.20 mg/L
Vitamin A (Retinyl Palmitate)	0-150 years: 0-0.10 mg/L

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Section:
RF-ARUP

CPT Codes:
84590

Notes:
Serum retinol is typically maintained until hepatic stores are almost depleted. Values greater than 0.30 mg/L represent adequate liver stores, whereas values less than 0.10 mg/L indicate deficiency. Samples that come in contact with plastic tubing or have been exposed to excessive light may show low results.

Vitamin A toxicity occurs when retinol concentration exceeds the capacity of retinol binding protein (RBP). Individuals with compromised renal function can retain RBP and may, therefore, have moderate retinol elevations. Drugs which interfere with vitamin A analysis include probucol (Lorelco).

This assay does not measure other vitamin A metabolites such as retinaldehyde and retinoic acid.

Vitamin B_1 (Thiamine), Plasma

LAB125

ORDERING INFO

Collect:
Green (sodium or lithium heparin), lavender (EDTA), plasma separator tube, or pink (K2 EDTA).

Synonyms:

- B1 Vitamin
- Thiamine
- Vitamin B1 (Thiamine),
- VITB1
- LAB125-VML
- LAB125VML

SPECIMEN REQUIREMENTS

Collect:
Green (sodium or lithium heparin), lavender (EDTA), plasma separator tube, or pink (K2 EDTA).

Specimen Preparation:
Separate plasma from cells within one hour of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Hemolyzed specimens or specimens other than heparin or EDTA plasma.

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen at -20°C: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- B1 Vitamin
- Thiamine
- Vitamin B1 (Thiamine),
- VITB1
- LAB125-VML
- LAB125VML

Ordering Recommendations:
Do not use for evaluation of thiamine sufficiency. Refer to Vitamin B1 (Thiamine), Whole Blood (0080388) for nutritional assessment of thiamine.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Reported:
2-4 days

Notes:
Whole blood is the preferred specimen for thiamine assessment. Approximately 80 percent of thiamine present in whole blood is found in red blood cells. Refer to Vitamin B1 (Thiamine), Whole Blood (0080388).

RESULTS INTERPRETATION

Reference Interval:
4-15 nmol/L

Interpretive Data:
Thiamine (vitamin B1) is reported. However, thiamine diphosphate (TDP), the biologically active form of thiamine, is not found in measurable concentrations in plasma, and is best determined in whole blood specimens. Plasma thiamine concentration reflects recent intake rather than body stores.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

ADDITIONAL INFORMATION

CPT Codes:
84425

Section:
RF-ARUP

Notes:
Whole blood is the preferred specimen for thiamine assessment. Approximately 80 percent of thiamine present in whole blood is found in red blood cells. Refer to Vitamin B1 (Thiamine), Whole Blood (0080388).

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (sodium or lithium heparin), lavender (EDTA), plasma separator tube, or pink (K2 EDTA).

Specimen Preparation:
Separate plasma from cells within one hour of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Unacceptable Conditions:
Hemolyzed specimens or specimens other than heparin or EDTA plasma.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen at -20°C: 6 months

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- B1 Vitamin
- Thiamine
- Vitamin B1 (Thiamine),
- VITB1
- LAB125-VML
- LAB125VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-4 days

Ordering Recommendations:
Do not use for evaluation of thiamine sufficiency. Refer to Vitamin B1 (Thiamine), Whole Blood (0080388) for nutritional assessment of thiamine.

Interpretive Data:
Thiamine (vitamin B1) is reported. However, thiamine diphosphate (TDP), the biologically active form of thiamine, is not found in measurable concentrations in plasma, and is best determined in whole blood specimens. Plasma thiamine concentration reflects recent intake rather than body stores.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
4-15 nmol/L

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Section:
RF-ARUP

CPT Codes:
84425

Notes:
Whole blood is the preferred specimen for thiamine assessment. Approximately 80 percent of thiamine present in whole blood is found in red blood cells. Refer to Vitamin B1 (Thiamine), Whole Blood (0080388).

Vitamin B_1 (Thiamine), Whole Blood

LAB745

ORDERING INFO

Collect:
Green (sodium or lithium heparin), lavender (EDTA), or pink (K2EDTA).

Synonyms:

- B1 Vitamin
- TDP
- Thiamine
- Thiamine Diphosphate
- Thiamine Pyrophosphate
- VITB1
- TPP
- LAB745-VML
- LAB745VML

SPECIMEN REQUIREMENTS

Collect:
Green (sodium or lithium heparin), lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:
Transfer 3 mL whole blood to an ARUP standard transport tube (Min: 0.6 mL) and freeze within 1 hour of collection.

Unacceptable Conditions:
Any specimen other than whole blood. Plasma separator tubes. Glass tubes. Clotted or nonfrozen specimens.

Storage/Transport Temperature:
Frozen

Stability (from collection to initiation):
Room Temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- B1 Vitamin
- TDP
- Thiamine
- Thiamine Diphosphate
- Thiamine Pyrophosphate
- VITB1
- TPP
- LAB745-VML
- LAB745VML

Ordering Recommendations:
Use for nutritional assessment of vitamin B1 (thiamine).

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)/Liquid Chromatography-Tandem Mass Spectrometry

Reported:
2-5 days

Notes:
Whole blood is the preferred specimen for thiamine assessment. Approximately 80 percent of thiamine present in whole blood is found in red blood cells.

RESULTS INTERPRETATION

Reference Interval:
70-180 nmol/L

Interpretive Data:
This assay measures the concentration of thiamine diphosphate (TDP), the primary active form of vitamin B1. Approximately 90 percent of vitamin B1 present in whole blood is TDP. Thiamine and thiamine monophosphate, which comprise the remaining 10 percent, are not measured.

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)/Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
84425

Section:
RF-ARUP

Notes:
Whole blood is the preferred specimen for thiamine assessment. Approximately 80 percent of thiamine present in whole blood is found in red blood cells.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (sodium or lithium heparin), lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:
Transfer 3 mL whole blood to an ARUP standard transport tube (Min: 0.6 mL) and freeze within 1 hour of collection.

Unacceptable Conditions:
Any specimen other than whole blood. Plasma separator tubes. Glass tubes. Clotted or nonfrozen specimens.

Stability (from collection to initiation):
Room Temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

Storage/Transport Temperature:
Frozen

Synonyms:

- B1 Vitamin
- TDP
- Thiamine
- Thiamine Diphosphate
- Thiamine Pyrophosphate
- VITB1
- TPP
- LAB745-VML
- LAB745VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
Use for nutritional assessment of vitamin B1 (thiamine).

Interpretive Data:
This assay measures the concentration of thiamine diphosphate (TDP), the primary active form of vitamin B1. Approximately 90 percent of vitamin B1 present in whole blood is TDP. Thiamine and thiamine monophosphate, which comprise the remaining 10 percent, are not measured.

Reference Interval:
70-180 nmol/L

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)/Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
84425

Notes:

Whole blood is the preferred specimen for thiamine assessment. Approximately 80 percent of thiamine present in whole blood is found in red blood cells.

Vitamin B_2 (Riboflavin)

LAB1091

ORDERING INFO

Collect:
Green (Sodium or Lithium Heparin) or Plasma Separator Tube (PST).

Synonyms:

- B2 Vitamin
- Riboflavin
- LAB1091-VML
- LAB1091VML

SPECIMEN REQUIREMENTS

Collect:
Green (Sodium or Lithium Heparin) or Plasma Separator Tube (PST).

Specimen Preparation:
Separate plasma from cells, protect from light, transfer 1 mL plasma to an ARUP Amber Transport Tube, and freeze within 1 hour of collection. (Min: 0.5 mL) Separate light-protected specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Serum, whole blood, or body fluids. EDTA preserved tubes. Lipemic specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 1 month

Performed:
Sun, Wed, Fri

ORDERING

Synonyms:

- B2 Vitamin
- Riboflavin
- LAB1091-VML
- LAB1091VML

Ordering Recommendations:
Use for nutritional assessment of vitamin B2.

Performed:
Sun, Wed, Fri

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:
5-50 nmol/L

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

ADDITIONAL INFORMATION

CPT Codes:
84252

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (Sodium or Lithium Heparin) or Plasma Separator Tube (PST).

Specimen Preparation:
Separate plasma from cells, protect from light, transfer 1 mL plasma to an ARUP Amber Transport Tube, and freeze within 1 hour of collection. (Min: 0.5 mL) Separate light-protected specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Serum, whole blood, or body fluids. EDTA preserved tubes. Lipemic specimens.

Stability (from collection to initiation):
Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 1 month

Storage/Transport Temperature:
Frozen.

Synonyms:

- B2 Vitamin
- Riboflavin
- LAB1091-VML
- LAB1091VML

Performed:
Sun, Wed, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Use for nutritional assessment of vitamin B2.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
5-50 nmol/L

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Section:
RF-ARUP

CPT Codes:
84252

Vitamin B_6 (Pyridoxal 5-Phosphate)

LAB120

ORDERING INFO

Collect:
Green (Sodium or Lithium Heparin), Lavender (EDTA), Pink (K2 EDTA), Plasma Separator Tube (PST), Serum Separator Tube (SST), or Plain Red.

Synonyms:

- P 5-P
- Pyridoxal Phosphate
- LAB120-VML
- LAB120VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Collect specimen after an overnight fast.

Collect:
Green (Sodium or Lithium Heparin), Lavender (EDTA), Pink (K2 EDTA), Plasma Separator Tube (PST), Serum Separator Tube (SST), or Plain Red.

Specimen Preparation:
Separate plasma or serum from cells, protect from light and transfer 1 mL plasma or serum to an ARUP Amber Transport Tube within 1 hour of collection. (Min: 0.5 mL) Separate light-protected specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Whole blood. Specimens not protected from light. Icteric specimens.

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 3 Hours; Refrigerated: 1 week; Frozen: 2 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- P 5-P
- Pyridoxal Phosphate
- LAB120-VML
- LAB120VML

Ordering Recommendations:
Use for nutritional assessment of vitamin B6.

Performed:
Sun-Sat

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-5 days

Notes:
This test measures pyridoxal 5-phosphate, the biologically active form of vitamin B6.

RESULTS INTERPRETATION

Reference Interval:
20-125 nmol/L

Interpretive Data:
Pyridoxal 5'-phosphate measured in a specimen collected following an 8 hour or overnight fast accurately indicates vitamin B_6 nutritional status. Non-fasting specimen concentration reflects recent vitamin intake.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
84207

Section:
RF-ARUP

Notes:
This test measures pyridoxal 5-phosphate, the biologically active form of vitamin B6.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (Sodium or Lithium Heparin), Lavender (EDTA), Pink (K2 EDTA), Plasma Separator Tube (PST), Serum Separator Tube (SST), or Plain Red.

Specimen Preparation:
Separate plasma or serum from cells, protect from light and transfer 1 mL plasma or serum to an ARUP Amber Transport Tube within 1 hour of collection. (Min: 0.5 mL) Separate light-protected specimens must be submitted when multiple tests are ordered.

Patient Preparation:
Collect specimen after an overnight fast.

Unacceptable Conditions:
Whole blood. Specimens not protected from light. Icteric specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 3 Hours; Refrigerated: 1 week; Frozen: 2 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- P 5-P
- Pyridoxal Phosphate
- LAB120-VML
- LAB120VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-5 days

Ordering Recommendations:
Use for nutritional assessment of vitamin B6.

Interpretive Data:
Pyridoxal 5'-phosphate measured in a specimen collected following an 8 hour or overnight fast accurately indicates vitamin B_6 nutritional status. Non-fasting specimen concentration reflects recent vitamin intake.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
20-125 nmol/L

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
84207

Notes:
This test measures pyridoxal 5-phosphate, the biologically active form of vitamin B6.

Vitamin B12, Serum

LAB67

ORDERING INFO

Collect:

Gold (Clot Activator with Gel)

Synonyms:

- B12, Vitamin B12 Level, LAB67
- LAB67-VML
- LAB67VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

SPECIMEN REQUIREMENTS

Patient Preparation:

Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Collect:

Gold (Clot Activator with Gel)

Specimen Preparation:

Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:

1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

After separation from cells: 15° to 25°C: 2 Hours; 2° to 8°C: 24 Hours; Frozen: 56 Days

Specimen:

Serum

Alternate Specimen:

Red (No Gel)

ORDERING

Ordering Indicators:

Aids in the diagnosis of megaloblastic anemia, neurological abnormalities, and vitamin B12 deficiency.

Synonyms:

- B12, Vitamin B12 Level, LAB67
- LAB67-VML
- LAB67VML

Performed:

Daily

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

Methodology:

Electrochemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
In patients < 18 years old, reference intervals have not been established. >= 18 years: 232 - 1245 pg/mL

Interpretive Data:
N/A

Methodology:
Electrochemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.5 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
Samples should not be taken from patients taking biotin until at least 8 hours following the last dose.

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 2 Hours; 2° to 8°C: 24 Hours; Frozen: 56 Days

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- B12, Vitamin B12 Level, LAB67
- LAB67-VML
- LAB67VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
Aids in the diagnosis of megaloblastic anemia, neurological abnormalities, and vitamin B12 deficiency.

Interpretive Data:
N/A

Reference Interval:
In patients < 18 years old, reference intervals have not been established. >= 18 years: 232 - 1245 pg/mL

Additional Information:
N/A

Methodology:
Electrochemiluminescent Immunoassay

Section:
Chemistry

Vitamin B3 (Niacin and Metabolites), Serum/Plasma

LAB6608

ORDERING INFO

Collect:
Plain red, lavender (EDTA), or pink (K2EDTA).

Synonyms:

- Niacinamide
- Niacor
- Niaspan
- Nicotinic Acid
- Nicotinuric Acid
- Slo-Niacin
- LAB6608-VML
- LAB6608VML

SPECIMEN REQUIREMENTS

Collect:
Plain red, lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Performed:
Varies

ORDERING

Synonyms:

- Niacinamide
- Niacor
- Niaspan
- Nicotinic Acid
- Nicotinuric Acid
- Slo-Niacin
- LAB6608-VML
- LAB6608VML

Performed:
Varies

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
3-9 days

RESULTS INTERPRETATION

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
84591

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red, lavender (EDTA), or pink (K2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:
Frozen. Also acceptable: Refrigerated.

Synonyms:

- Niacinamide
- Niacor
- Niaspan
- Nicotinic Acid
- Nicotinuric Acid
- Slo-Niacin
- LAB6608-VML
- LAB6608VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-9 days

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
84591

Vitamin B7, Serum or Plasma

LAB6611

ORDERING INFO

Collect:
Plain red or lavender (K2EDTA)

Synonyms:

- Biotin
- LAB6611-VML
- LAB6611VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or lavender (K2EDTA)

Specimen Preparation:
Transfer 1 mL serum or plasma to an ARUP standard transport tube (Min: 0.5 mL).
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes

Storage/Transport Temperature:
Frozen

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 72 hours; Frozen: 2 weeks

Performed:
Varies

ORDERING

Synonyms:

- Biotin
- LAB6611-VML
- LAB6611VML

Performed:
Varies

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Reported:
3-10 days

RESULTS INTERPRETATION

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
84591

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or lavender (K2EDTA)

Specimen Preparation:
Transfer 1 mL serum or plasma to an ARUP standard transport tube (Min: 0.5 mL).
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes

Stability (from collection to initiation):
Ambient: 72 hours; Refrigerated: 72 hours; Frozen: 2 weeks

Storage/Transport Temperature:
Frozen

Synonyms:

- Biotin
- LAB6611-VML
- LAB6611VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
3-10 days

Methodology:
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
84591

Vitamin C (Ascorbic Acid), Plasma

LAB671

ORDERING INFO

Collect:
Green (sodium or lithium heparin). Place specimen in ice bath immediately. Also acceptable: Plasma separator tube.

Synonyms:

- Ascorbate
- LAB671-VML
- LAB671VML

SPECIMEN REQUIREMENTS

Collect:
Green (sodium or lithium heparin). Place specimen in ice bath immediately. Also acceptable: Plasma separator tube.

Specimen Preparation:
Protect from light, centrifuge, transfer plasma, and freeze within 1 hour of collection. Transfer 0.5 mL plasma to an ARUP amber transport tube. (Min: 0.3 mL)

Unacceptable Conditions:
EDTA plasma, whole blood, or body fluids. Grossly hemolyzed specimens.

Storage/Transport Temperature:
CRITICAL FROZEN AND LIGHT PROTECTED. Separate specimens must be submitted when multiple tests are ordered

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Performed:
Sun-Sat

Remarks:
Thawing and refreezing of the specimen and exposure to light will result in decreased vitamin C concentration.

ORDERING

Synonyms:

- Ascorbate
- LAB671-VML
- LAB671VML

Ordering Recommendations:
Use for nutritional assessment of vitamin C.

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-6 days

Notes:
Fasting specimen preferred. Thawing and refreezing of the specimen and exposure to light will result in decreased vitamin C concentration.

RESULTS INTERPRETATION

Reference Interval:
23-114 µmol/L

Interpretive Data:
Vitamin C concentrations lower than 11 umol/L indicate deficiency. Concentrations between 11 and 23 umol/L are consistent with a moderate risk of deficiency due to inadequate tissue stores.

Vitamin C concentration is reported as micromoles per liter (umol/L). To convert concentration to milligrams per deciliter (mg/dL), multiply the result by 0.0176.

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
82180

Section:
RF-ARUP

Remarks:
Thawing and refreezing of the specimen and exposure to light will result in decreased vitamin C concentration.

Notes:
Fasting specimen preferred. Thawing and refreezing of the specimen and exposure to light will result in decreased vitamin C concentration.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Green (sodium or lithium heparin). Place specimen in ice bath immediately. Also acceptable: Plasma separator tube.

Specimen Preparation:
Protect from light, centrifuge, transfer plasma, and freeze within 1 hour of collection. Transfer 0.5 mL plasma to an ARUP amber transport tube. (Min: 0.3 mL)

Unacceptable Conditions:
EDTA plasma, whole blood, or body fluids. Grossly hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Storage/Transport Temperature:
CRITICAL FROZEN AND LIGHT PROTECTED. Separate specimens must be submitted when multiple tests are ordered

Synonyms:

- Ascorbate
- LAB671-VML
- LAB671VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Use for nutritional assessment of vitamin C.

Interpretive Data:
Vitamin C concentrations lower than 11 umol/L indicate deficiency. Concentrations between 11 and 23 umol/L are consistent with a moderate risk of deficiency due to inadequate tissue stores.

Vitamin C concentration is reported as micromoles per liter (umol/L). To convert concentration to milligrams per deciliter (mg/dL), multiply the result by 0.0176.

Reference Interval:
23-114 µmol/L

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
82180

Remarks:
Thawing and refreezing of the specimen and exposure to light will result in decreased vitamin C concentration.

Notes:
Fasting specimen preferred. Thawing and refreezing of the specimen and exposure to light will result in decreased vitamin C concentration.

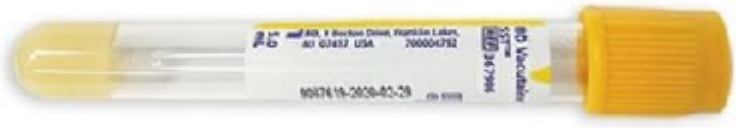
Vitamin D Total, Serum (25-Hydroxyvitamin D)

LAB3418

ORDERING INFO

Collect:

Gold (Clot Activator with Gel)



Synonyms:

- TVD, 25 - Hydroxy - Vitamin D, Total Vitamin D, Vitamin D, 25-OH, Total, LAB3418
- LAB3418-VML
- LAB3418VML

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

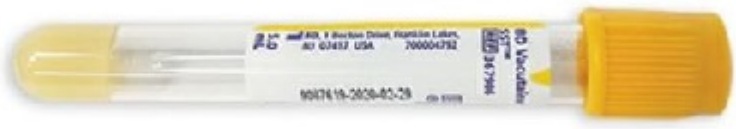
SPECIMEN REQUIREMENTS

Patient Preparation:

N/A

Collect:

Gold (Clot Activator with Gel)



Specimen Preparation:

Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:

1 Gold Microtainer (Clot Activator with Gel)

Storage/Transport Temperature:

Refrigerated: 2° to 8°C

Performed:

Daily

Stability:

After separation from cells: 15° to 25°C: 72 hours; 2° to 8°C: 12 days; Frozen -20°C 1 year

Specimen:

Serum

Alternate Specimen:

Red (No Gel)

ORDERING

Ordering Indicators:

This test is appropriate for screening for 25-OH vitamin D status, diagnosis of vitamin D deficiency or toxicity, and/or monitoring of Vitamin D supplementation. <10 ng/mL (severe deficiency), 10-24 ng/mL (mild to moderate deficiency), 25-80 ng/mL (optimum levels), >80 ng/mL (toxicity possible).

Synonyms:

- TVD, 25 - Hydroxy - Vitamin D, Total Vitamin D, Vitamin D, 25-OH, Total, LAB3418
- LAB3418-VML
- LAB3418VML

Performed:

Daily

Turn Around Time:

STAT: 1 Hour, Routine: 2 Hours

Methodology:
Chemiluminescent Immunoassay

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
25 - 80 ng/mL

Interpretive Data:
Severe Deficiency: < 10 ng/mL Mild to Moderate Deficiency: 10 - 24 ng/mL Sufficient Levels: 25 - 80 ng/mL Toxicity Possible: > 80 ng/mL

Methodology:
Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

Section:
Chemistry

Alternate Specimen:
Red (No Gel)

Additional Information:
N/A

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Gold (Clot Activator with Gel)

Specimen Preparation:
Allow specimen to clot completely at room temperature prior to centrifugation. Separate serum from cells ASAP or within 2 hours of collection. (Min 0.3 mL)

Pediatric Collection:
1 Gold Microtainer (Clot Activator with Gel)

Preferred Collection Volume:
Fill to Indicator Line

Alternate Specimen:
Red (No Gel)

Patient Preparation:
N/A

Specimen:
Serum

Reasons for Rejection:
Hemolysis, improper collection, QNS, sample outside of stability limits

Components:
N/A

Stability:
After separation from cells: 15° to 25°C: 72 hours; 2° to 8°C: 12 days; Frozen -20°C 1 year

Storage/Transport Temperature:
Refrigerated: 2° to 8°C

Synonyms:

- TVD, 25 - Hydroxy - Vitamin D, Total Vitamin D, Vitamin D, 25-OH, Total, LAB3418
- LAB3418-VML
- LAB3418VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT: 1 Hour, Routine: 2 Hours

Ordering Indicators:
This test is appropriate for screening for 25-OH vitamin D status, diagnosis of vitamin D deficiency or toxicity, and/or monitoring of Vitamin D supplementation. <10 ng/mL (severe deficiency), 10-24 ng/mL (mild to moderate deficiency), 25-80 ng/mL (optimum levels), >80 ng/mL (toxicity possible).

Interpretive Data:
Severe Deficiency: < 10 ng/mL Mild to Moderate Deficiency: 10 - 24 ng/mL Sufficient Levels: 25 - 80 ng/mL Toxicity Possible: > 80 ng/mL

Reference Interval:
25 - 80 ng/mL

Additional Information:
N/A

Methodology:
Chemiluminescent Immunoassay

Section:
Chemistry

Vitamin D, 1, 25-Dihydroxy

LAB536

ORDERING INFO

Collect:
Serum separator tube or plain red, lithium heparin or EDTA plasma.

Synonyms:

- 1,25-Dihydroxyvitamin D3
- Calcitriol
- D, 1-25 Dihydroxy, Vitamin
- 1,25-Dihydroxy Vitamin D
- 1,25-Dihydroxyvitamin D
- 1,25-(OH)2-D
- 1,25-Dihydroxycholecalciferol
- Vit D 1,25
- LAB536-VML
- LAB536VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube or plain red, lithium heparin or EDTA plasma.

Specimen Preparation:
Allow serum separator or plain red tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 6 months

Performed:
Sun-Sat

ORDERING

Synonyms:

- 1,25-Dihydroxyvitamin D3
- Calcitriol
- D, 1-25 Dihydroxy, Vitamin
- 1,25-Dihydroxy Vitamin D
- 1,25-Dihydroxyvitamin D
- 1,25-(OH)2-D
- 1,25-Dihydroxycholecalciferol
- Vit D 1,25
- LAB536-VML
- LAB536VML

Ordering Recommendations:
May be useful for evaluating calcium metabolism in individuals with hypercalcemia or renal failure in addition to Vitamin D, 25-Hydroxy testing. Test is not appropriate for diagnosing vitamin D deficiency or insufficiency.

Performed:
Sun-Sat

Methodology:
Quantitative Chemiluminescent Immunoassay

Reported:
Within 24 hours

RESULTS INTERPRETATION

Reference Interval:
19.9-79.3 pg/mL

Interpretive Data:
This test is primarily indicated during patient evaluation for hypercalcemia and renal failure. A normal result does not rule out Vitamin D deficiency. The recommended test for diagnosing Vitamin D deficiency is Vitamin D 25-hydroxy.

Methodology:
Quantitative Chemiluminescent Immunoassay

ADDITIONAL INFORMATION

CPT Codes:
82652

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Serum separator tube or plain red, lithium heparin or EDTA plasma.

Specimen Preparation:
Allow serum separator or plain red tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions:
Grossly hemolyzed or lipemic specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 6 months

Storage/Transport Temperature:
Refrigerated.

Synonyms:

- 1,25-Dihydroxyvitamin D3
- Calcitriol
- D, 1-25 Dihydroxy, Vitamin
- 1,25-Dihydroxy Vitamin D
- 1,25-Dihydroxyvitamin D
- 1,25-(OH)2-D
- 1,25-Dihydroxycholecalciferol
- Vit D 1,25
- LAB536-VML
- LAB536VML

Performed:
Sun-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
Within 24 hours

Ordering Recommendations:
May be useful for evaluating calcium metabolism in individuals with hypercalcemia or renal failure in addition to Vitamin D, 25-Hydroxy testing. Test is not appropriate for diagnosing vitamin D deficiency or insufficiency.

Interpretive Data:
This test is primarily indicated during patient evaluation for hypercalcemia and renal failure. A normal result does not rule out Vitamin D deficiency. The recommended test for diagnosing Vitamin D deficiency is Vitamin D 25-hydroxy.

Reference Interval:
19.9-79.3 pg/mL

Methodology:
Quantitative Chemiluminescent Immunoassay

Section:
RF-ARUP

CPT Codes:
82652

Vitamin E, Serum or Plasma

LAB130

ORDERING INFO

Collect:
Green (sodium or lithium heparin) or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K_2EDTA).

Synonyms:

- E, Vitamin
- Gamma-Tocopherol
- Tocopherol
- Alpha-Tocopherol
- LAB130-VML
- LAB130VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection.

Collect:
Green (sodium or lithium heparin) or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL) Avoid hemolysis.

Unacceptable Conditions:
Whole blood or body fluids other than serum or plasma.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 month; Frozen at -20°C: 1 year

Performed:
Sun-Sat

ORDERING

Synonyms:

- E, Vitamin
- Gamma-Tocopherol
- Tocopherol
- Alpha-Tocopherol
- LAB130-VML
- LAB130VML

Ordering Recommendations:
Use for nutritional assessment of vitamin E (alpha- and gamma-tocopherols).

Performed:
Sun-Sat

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Vitamin E (Alpha-Tocopherol)	<table><tr><th>Age</th><th>Reference Interval</th></tr><tr><td>0-1 month 2-5 months 6 months-1 year 2-12 years 13 years and older</td><td>1.0-3.5 mg/L 2.0-6.0 mg/L 3.5-8.0 mg/L 5.5-9.0 mg/L 5.5-18.0 mg/L</td></tr></table>
Vitamin E (Gamma-Tocopherol)	0-6.0 mg/L

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative High Performance Liquid Chromatography (HPLC)

ADDITIONAL INFORMATION

CPT Codes:

84446

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Green (sodium or lithium heparin) or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K_2EDTA).

Specimen Preparation:

Separate serum or plasma from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL) Avoid hemolysis.

Patient Preparation:

Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection.

Unacceptable Conditions:

Whole blood or body fluids other than serum or plasma.

Stability (from collection to initiation):

After separation from cells: Ambient: Unacceptable; Refrigerated: 1 month; Frozen at -20°C: 1 year

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- E, Vitamin
- Gamma-Tocopherol
- Tocopherol
- Alpha-Tocopherol
- LAB130-VML
- LAB130VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

Use for nutritional assessment of vitamin E (alpha- and gamma-tocopherols).

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Components	Reference Interval
Vitamin E (Alpha-Tocopherol)	**Age** / **Reference Interval** 0-1 month: 1.0-3.5 mg/L 2-5 months: 2.0-6.0 mg/L 6 months-1 year: 3.5-8.0 mg/L 2-12 years: 5.5-9.0 mg/L 13 years and older: 5.5-18.0 mg/L
Vitamin E (Gamma-Tocopherol)	0-6.0 mg/L

Methodology:

Quantitative High Performance Liquid Chromatography (HPLC)

Section:

RF-ARUP

CPT Codes:

84446

Vitamin K_1, Serum

LAB1110

ORDERING INFO

Collect:
Plain red or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K2EDTA).

Synonyms:

- K1, Vitamin
- Phylloquinone
- phytonadione
- LAB1110-VML
- LAB1110VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Patient should fast overnight for 12 hours and should not consume alcohol for 24 hours prior to blood draw.

Collect:
Plain red or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K2EDTA).

Specimen Preparation:
Protect from light during collection, storage, and shipment. Separate serum or plasma from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Amber Transport Tube. (Min: 0.6 mL)

Unacceptable Conditions:
Any specimen other than serum or EDTA plasma. Hemolyzed specimens.

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 6 months

Performed:
Sun-Fri

ORDERING

Synonyms:

- K1, Vitamin
- Phylloquinone
- phytonadione
- LAB1110-VML
- LAB1110VML

Ordering Recommendations:
Use for nutritional assessment of vitamin K1.

Performed:
Sun-Fri

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Reported:
2-5 days

RESULTS INTERPRETATION

Reference Interval:
0.22-4.88 nmol/L

Interpretive Data:
Vitamin K concentration is reported as nanomoles per liter (nmol/L). To convert concentration to nanograms per milliliter (ng/mL), multiply the result by 0.45.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

ADDITIONAL INFORMATION

CPT Codes:
84597

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain red or serum separator tube. Also acceptable: Lavender (EDTA) or pink (K2EDTA).

Specimen Preparation:
Protect from light during collection, storage, and shipment. Separate serum or plasma from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Amber Transport Tube. (Min: 0.6 mL)

Patient Preparation:
Patient should fast overnight for 12 hours and should not consume alcohol for 24 hours prior to blood draw.

Unacceptable Conditions:
Any specimen other than serum or EDTA plasma. Hemolyzed specimens.

Stability (from collection to initiation):
After separation from cells: Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 6 months

Storage/Transport Temperature:
Frozen. Separate specimens must be submitted when multiple tests are ordered.

Synonyms:

- K1, Vitamin
- Phylloquinone
- phytonadione
- LAB1110-VML
- LAB1110VML

Performed:
Sun-Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
2-5 days

Ordering Recommendations:
Use for nutritional assessment of vitamin K1.

Interpretive Data:
Vitamin K concentration is reported as nanomoles per liter (nmol/L). To convert concentration to nanograms per milliliter (ng/mL), multiply the result by 0.45.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
0.22-4.88 nmol/L

Methodology:
Quantitative High Performance Liquid Chromatography (HPLC)

Section:
RF-ARUP

CPT Codes:
84597

VMA/HVA, Srm-SECH

LAB4027

ORDERING INFO

Synonyms:

- LAB4027-VML
- LAB4027VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4027-VML
- LAB4027VML

ADDITIONAL INFORMATION

Section:

RF-SECH

Resulting Laboratory:

Seattle Children's

FULL VIEW

Synonyms:

- LAB4027-VML
- LAB4027VML

Resulting Laboratory:

Seattle Children's

Section:

RF-SECH

Links:

Test Sent to Reference Lab. Click Here for Test Details

Volatile Screen, plasma

LAB3474

ORDERING INFO

Collect:
Dark green tube (Sodium Heparin)

Synonyms:

- LAB3474, VSS, Alcohols
- LAB3474-VML
- LAB3474VML

Turn Around Time:
6 hours after sample received in lab

SPECIMEN REQUIREMENTS

Patient Preparation:
A non-alcohol based cleanser should be used to clean the venipuncture site prior to collection.

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Specimens should be delivered to the lab immediately and should be centrifuged and separated within 2 hours of collection. (Minimum 0.5 mL plasma)

Pediatric Collection:
Dark green microtainer (Sodium heparin)

Storage/Transport Temperature:
Refrigerated (2-8°C) if not delivered to the lab immediately

Performed:
Daily

Stability:
After separation from cells: Refrigerated (2-8°C): 7 days

Specimen:
Plasma

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

ORDERING

Ordering Indicators:
This test is used as an initial screen to check for the presence of acetone, methanol, isopropanol, and/or ethanol in the patient.

Synonyms:

- LAB3474, VSS, Alcohols
- LAB3474-VML
- LAB3474VML

Performed:
Daily

Turn Around Time:
6 hours after sample received in lab

Methodology:
GC/FID

Components:
Acetone, Methanol, Isopropanol, Ethanol

RESULTS INTERPRETATION

Reference Interval:
None detected (10 mg/dL for each volatile)

Interpretive Data:
N/A

Methodology:
GC/FID

ADDITIONAL INFORMATION

Section:
Special Chemistry

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

Additional Information:
N/A

Components:
Acetone, Methanol, Isopropanol, Ethanol

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Dark green tube (Sodium Heparin)

Specimen Preparation:
Specimens should be delivered to the lab immediately and should be centrifuged and separated within 2 hours of collection. (Minimum 0.5 mL plasma)

Pediatric Collection:
Dark green microtainer (Sodium heparin)

Preferred Collection Volume:
1.5 mL blood

Alternate Specimen:
Gray tube (Sodium fluoride) or red tube (no gel)

Patient Preparation:
A non-alcohol based cleanser should be used to clean the venipuncture site prior to collection.

Specimen:
Plasma

Reasons for Rejection:
Improper collection, frozen sample

Components:
Acetone, Methanol, Isopropanol, Ethanol

Stability:
After separation from cells: Refrigerated (2-8°C): 7 days

Storage/Transport Temperature:
Refrigerated (2-8°C) if not delivered to the lab immediately

Synonyms:

- LAB3474, VSS, Alcohols
- LAB3474-VML
- LAB3474VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
6 hours after sample received in lab

Ordering Indicators:
This test is used as an initial screen to check for the presence of acetone, methanol, isopropanol, and/or ethanol in the patient.

Interpretive Data:
N/A

Reference Interval:
None detected (10 mg/dL for each volatile)

Additional Information:
N/A

Methodology:
GC/FID

Section:
Special Chemistry

Voltage-Gated Potassium Channel (VGKC) Antibody, Serum

LAB3858

ORDERING INFO

Collect:
Plain red or serum separator tube.

Synonyms:

- VGKC Ab
- VGKC complex
- VGKC screen
- LAB3858-VML
- LAB3858VML

SPECIMEN REQUIREMENTS

Collect:
Plain red or serum separator tube.

Specimen Preparation:
Separate serum from cells within 1 hour. Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Plasma. Grossly lipemic or icteric specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Performed:
Tue

ORDERING

Synonyms:

- VGKC Ab
- VGKC complex
- VGKC screen
- LAB3858-VML
- LAB3858VML

Ordering Recommendations:
Screening test for voltage-gated potassium channel (VGKC) antibody receptor complex-associated autoantibodies. Assay does not identify contactin associated protein 2 (CASPR2) antibody or leucine-rich glioma inactivated 1 protein (LGI1) antibodies. Use to manage antibody-positive (VGKC, LGI1, or CASPR2) individual following immunotherapy and/or plasmapheresis.

Performed:
Tue

Methodology:
Quantitative Radioimmunoassay

Reported:
1-8 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
Voltage-Gated Potassium Channel Ab, Ser	31 pmol/L or less

Interpretive Data:

Voltage-Gated Potassium Channel (VGKC) antibodies are associated with neuromuscular weakness as found in neuromyotonia (also known as Issacs syndrome) and Morvan syndrome. VGKC antibodies are also associated with paraneoplastic neurological syndromes and limbic encephalitis; however, VGKC antibody-associated limbic encephalitis may be associated with antibodies to leucine-rich, glioma-inactivated 1 protein (LGI1) or contactin-associated protein-2 (CASPR2) instead of potassium channel antigens. A substantial number of VGKC-antibody positive cases are negative for LGI1 and CASPR2 IgG autoantibodies, not all VGKC complex antigens are known. The clinical significance of this test can only be determined in conjunction with the patient's clinical history and related laboratory testing.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Voltage-Gated Potassium Channel Ab, Ser	31 pmol/L or less: Negative 32-87 pmol/L: Indeterminate 88pmol/L or greater: Positive

Methodology:

Quantitative Radioimmunoassay

ADDITIONAL INFORMATION

CPT Codes:

83519

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Plain red or serum separator tube.

Specimen Preparation:

Separate serum from cells within 1 hour. Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:

Plasma. Grossly lipemic or icteric specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- VGKC Ab
- VGKC complex
- VGKC screen
- LAB3858-VML
- LAB3858VML

Performed:

Tue

Resulting Laboratory:

ARUP Laboratories

Reported:

1-8 days

Ordering Recommendations:

Screening test for voltage-gated potassium channel (VGKC) antibody receptor complex-associated autoantibodies. Assay does not identify contactin associated protein 2 (CASPR2) antibody or leucine-rich glioma inactivated 1 protein (LGI1) antibodies. Use to manage antibody-positive (VGKC, LGI1, or CASPR2) individual following immunotherapy and/or plasmapheresis.

Interpretive Data:

Voltage-Gated Potassium Channel (VGKC) antibodies are associated with neuromuscular weakness as found in neuromyotonia (also known as Issacs syndrome) and Morvan syndrome. VGKC antibodies are also associated with paraneoplastic neurological syndromes and limbic encephalitis; however, VGKC antibody-associated limbic encephalitis may be associated with antibodies to leucine-rich, glioma-inactivated 1 protein (LGI1) or contactin-associated protein-2 (CASPR2) instead of potassium channel antigens. A substantial number of VGKC-antibody positive cases are negative for LGI1 and CASPR2 IgG autoantibodies, not all VGKC complex antigens are known. The clinical significance of this test can only be determined in conjunction with the patient's clinical history and related laboratory testing.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component	Interpretation
Voltage-Gated Potassium Channel Ab, Ser	31 pmol/L or less: Negative 32-87 pmol/L: Indeterminate 88pmol/L or greater: Positive

Reference Interval:

Components	Reference Interval
Voltage-Gated Potassium Channel Ab, Ser	31 pmol/L or less

Methodology:

Quantitative Radioimmunoassay

Section:

RF-ARUP

CPT Codes:

83519

von Kossa Special Stain for Calcium, Formalin Fixed Paraffin Embedded Tissue

CoPath29

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Calcium stain

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Calcium stain

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Calcium stain

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

von Willebrand Disease Type 2B Eval(Platelet-VWF Binding)-BCW

LAB4028

ORDERING INFO

Synonyms:

- LAB4028-VML
- LAB4028VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4028-VML
- LAB4028VML

ADDITIONAL INFORMATION

Section:

Rf-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB4028-VML
- LAB4028VML

Resulting Laboratory:

Versiti

Section:

Rf-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

von Willebrand Factor Activity (Ristocetin Cofactor)

LAB335

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB335, Von Willebrand Factor Activity, RCC
- LAB335-VML
- LAB335VML

Turn Around Time:

2 - 7 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Twice per week - variable days

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB335, Von Willebrand Factor Activity, RCC
- LAB335-VML
- LAB335VML

Performed:
Twice per week - variable days

Turn Around Time:
2 - 7 days

Methodology:
Ristocetin induced agglutination of formalin fixed platelets

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
45 - 140% Normal range is influenced by ABO blood type.

Interpretive Data:
The ristocetin cofactor activity may be higher than physiologic baseline in several situations such as pregnancy, replacement therapy with factor VIII concentrates (Humate P), administration of 1-deamino (8-d-arginine)-vasopressin (DDAVP), physiologic stress, or inflamation. Clinical correlation is advised.

Methodology:
Ristocetin induced agglutination of formalin fixed platelets

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
The ristocetin cofactor activity may fail to reflect von Willebrand disease in serveral situations such as pregnanacy, factor replacement therapy, stress, or inflamation.

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB335, Von Willebrand Factor Activity, RCC
- LAB335-VML
- LAB335VML

Performed:
Twice per week - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 - 7 days

Ordering Indicators:
N/A

Interpretive Data:
The ristocetin cofactor activity may be higher than physiologic baseline in several situations such as pregnancy, replacement therapy with factor VIII concentrates (Humate P), administration of 1-deamino (8-d-arginine)-vasopressin (DDAVP), physiologic stress, or inflamation. Clinical correlation is advised.

Reference Interval:
45 - 140% Normal range is influenced by ABO blood type.

Additional Information:
The ristocetin cofactor activity may fail to reflect von Willebrand disease in serveral situations such as pregnanacy, factor replacement therapy, stress, or inflamation.

Methodology:
Ristocetin induced agglutination of formalin fixed platelets

Section:
Coagulation

von Willebrand Factor Antigen

LAB757

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB757, Factor VIII Related Antigen, VWF, VWF Ag
- LAB757-VML
- LAB757VML

Turn Around Time:

1 - 3 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Daily

Stability:

Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

N/A

Synonyms:

- LAB757, Factor VIII Related Antigen, VWF, VWF Ag
- LAB757-VML
- LAB757VML

Performed:
Daily

Turn Around Time:
1 - 3 days

Methodology:
Immunoturbidimetric

Components:
N/A

RESULTS INTERPRETATION

Reference Interval:
45 - 160% Normal range is influenced by ABO blood type.

Interpretive Data:
Cloudy or lipemic plasma as well as the presence of Rheumatoid factor may lead to an underestimation of the VWF level. This assay cannot detect the rare type 2 variants whose level of vWF antigen is normal.

Methodology:
Immunoturbidimetric

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 3:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Components:
N/A

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
N/A

Stability:
Ambient (15-25°C): 4 hours, Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB757, Factor VIII Related Antigen, VWF, VWF Ag
- LAB757-VML
- LAB757VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1 - 3 days

Ordering Indicators:
N/A

Interpretive Data:
Cloudy or lipemic plasma as well as the presence of Rheumatoid factor may lead to an underestimation of the VWF level. This assay cannot detect the rare type 2 variants whose level of vWF antigen is normal.

Reference Interval:
45 - 160% Normal range is influenced by ABO blood type.

Additional Information:
Performed daily from 7:00 AM to 4:00 PM. Sample must be received in the laboratory by 3:00 PM for same day testing. After hours testing must be approved by the Coagulation Medical Director on-call (refer to Synergy for contact information).

Methodology:
Immunoturbidimetric

Section:
Coagulation

von Willebrand Factor Collagen Binding-BCW

LAB4029

ORDERING INFO

Synonyms:

- LAB4029-VML
- LAB4029VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4029-VML
- LAB4029VML

ADDITIONAL INFORMATION

Section:

Rf-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB4029-VML
- LAB4029VML

Resulting Laboratory:

Versiti

Section:

Rf-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

von Willebrand Factor Multimer Analysis

LAB1111

ORDERING INFO

Collect:

Light blue tube (3.2% Sodium Citrate)

Synonyms:

- LAB1111, VWM, von Willebrand Multimer Analysis, Coagulation Interpretation, von Willebrand panel
- LAB1111-VML
- LAB1111VML

Turn Around Time:

7 - 14 days

SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Once per week- variable days.

Stability:

Ambient (15-25°C): 4 hours; Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:

N/A

ORDERING

Ordering Indicators:

VWF multimers should not be ordered in isolation unless a previous assessment has demonstrated concern for a congenital or acquired defect in VWF. Typically multimers are obtained when the VWF activity-to-antigen ratio is < 0.7 or if acquired VWD is suspected.

Synonyms:

- LAB1111, VWM, von Willebrand Multimer Analysis, Coagulation Interpretation, von Willebrand panel
- LAB1111-VML
- LAB1111VML

Performed:
Once per week- variable days.

Turn Around Time:
7 - 14 days

Methodology:
Electrophoresis

Components:
von Willebrand Multimers, Coagualtion Interpretation

RESULTS INTERPRETATION

Reference Interval:
Normal multimer distribution.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Electrophoresis

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
N/A

Additional Information:
A factor VIII activity, vWF antigen, and Ristocetin Cofactor assay will be performed prior to the vWF multimer analysis. There will be a separate change for the factor VIII activity, vWF antigen, and Ristocetin Cofactor assays.

Components:
von Willebrand Multimers, Coagualtion Interpretation

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Light blue tube (3.2% Sodium Citrate)

Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: One 2.7 mL light blue tube (3.2% Sodium Citrate). Neonatal: One 1.8mL light blue tube (3.2% Sodium Citrate).

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
N/A

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
von Willebrand Multimers, Coagualtion Interpretation

Stability:
Ambient (15-25°C): 4 hours; Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB1111, VWM, von Willebrand Multimer Analysis, Coagulation Interpretation, von Willebrand panel
- LAB1111-VML
- LAB1111VML

Performed:
Once per week- variable days.

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
7 - 14 days

Ordering Indicators:
VWF multimers should not be ordered in isolation unless a previous assessment has demonstrated concern for a congenital or acquired defect in VWF. Typically multimers are obtained when the VWF activity-to-antigen ratio is < 0.7 or if acquired VWD is suspected.

Interpretive Data:
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:
Normal multimer distribution.

Additional Information:
A factor VIII activity, vWF antigen, and Ristocetin Cofactor assay will be performed prior to the vWF multimer analysis. There will be a separate change for the factor VIII activity, vWF antigen, and Ristocetin Cofactor assays.

Methodology:
Electrophoresis

Section:
Coagulation

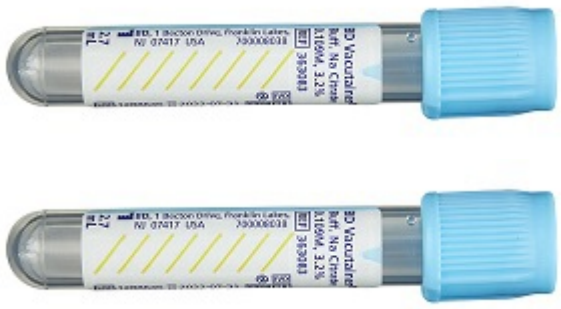
von Willebrand Factor Panel

LAB1112

ORDERING INFO

Collect:

Two Light blue tubes (3.2% Sodium Citrate)



Synonyms:

- LAB1112, VWP, von WIllebrand workup, Von Willebrand Panel
- LAB1112-VML
- LAB1112VML

Turn Around Time:

1-3 days, 7-14 days if the VWF Multimer is required.

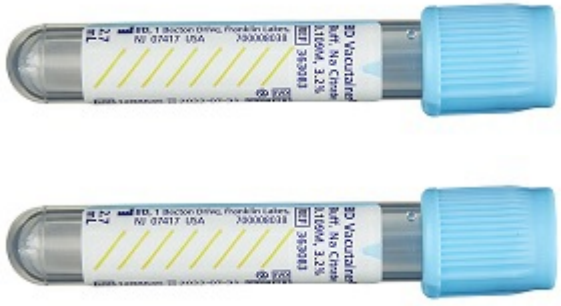
SPECIMEN REQUIREMENTS

Patient Preparation:

Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Collect:

Two Light blue tubes (3.2% Sodium Citrate)



Specimen Preparation:

Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:

Pediatric: Two 2.7 mL Light blue tubes (3.2% Sodium Citrate); Neonatal: Two 1.8mL Light blue tubes (3.2% Sodium Citrate)

Storage/Transport Temperature:

Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Performed:

Factor VIII activity, vWF antigen -Monday - Sunday; Ristocetin Cofactor twice weekly - variable days, vWF multimers, once weekly - variable days

Stability:

Ambient (15-25°C): 4 hours; Frozen (-70°C): 1 month

Specimen:

Citrated platelet poor plasma.

Alternate Specimen:
None

ORDERING

Ordering Indicators:
The von Willebrand factor panel should be ordered for diagnostic testing for von Willebrand disease or monitoring of disease. As the activity assay is not reported dialy, post-operative monitoring should be managed with VWF:antigen and factor VIII activity orders separately.

Synonyms:

- LAB1112, VWP, von WIllebrand workup, Von Willebrand Panel
- LAB1112-VML
- LAB1112VML

Performed:
Factor VIII activity, vWF antigen -Monday - Sunday; Ristocetin Cofactor twice weekly - variable days, vWF multimers, once weekly - variable days

Turn Around Time:
1-3 days, 7-14 days if the VWF Multimer is required.

Methodology:
Clotting, Immunoturbidimetric, ristocetin induced agglutination of formalin fixed platelets, electrophoresis

Components:
Fibrinogen, Factor VIII Activity, von Willebrand Antigen, Ristocetin Cofactor (von Willebrand activity), von Willebrand panel interpretation, von Willebrand Multimers if indicated

RESULTS INTERPRETATION

Reference Interval:
Fibrinogen 188 - 450 mg/dL, Factor VIII activity 50 - 150%, von Willebrand factor antigen 45 - 160%, Ristocetin Cofactor 45 - 140%

Interpretive Data:
N/A

Methodology:
Clotting, Immunoturbidimetric, ristocetin induced agglutination of formalin fixed platelets, electrophoresis

ADDITIONAL INFORMATION

Section:
Coagulation

Alternate Specimen:
None

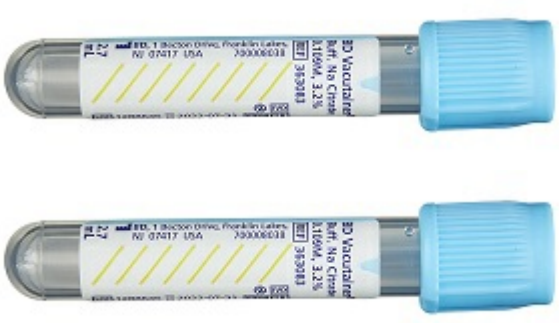
Additional Information:
von Willebrand Factor Multimer analysis will be performed if the ratio of von Willebrand Factor antigen to Riscofactor Cofactor (vWF activity) is < 0.7.

Components:
Fibrinogen, Factor VIII Activity, von Willebrand Antigen, Ristocetin Cofactor (von Willebrand activity), von Willebrand panel interpretation, von Willebrand Multimers if indicated

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Two Light blue tubes (3.2% Sodium Citrate)



Specimen Preparation:
Collect adequate 2.7 mL or 1.8 mL light blue top tubes for the requested tests. Tubes must be filled to the indicator line and not clotted. Do not place on ice. Whole blood must be recieved within 4 hours of collection. If sending plasma aliquots, centrifuge and transfer the plasma to a polypropylene tube and repeat the centrifugation step to produce platelet poor plasma. Transfer the plasma to a polypropylene tube and freeze immediately. The aliquot must remain frozen until received in the laboratory. (Minimum 1.0 mL platelet poor plasma.)

Pediatric Collection:
Pediatric: Two 2.7 mL Light blue tubes (3.2% Sodium Citrate); Neonatal: Two 1.8mL Light blue tubes (3.2% Sodium Citrate)

Preferred Collection Volume:
Fill all tubes to indicator line.

Alternate Specimen:
None

Patient Preparation:
Indwelling lines should be flushed with saline only and 5 mL of blood should be discarded prior to collecting coagulation samples. When using a winged collection device (butterfly), draw a discard tube prior to the patient sample. Collecting a waste tube prevents underfilling the tube and ensures the proper blood to anticoagulant ratio.

Specimen:
Citrated platelet poor plasma.

Reasons for Rejection:
Incorrect tube type, clotted, incorrect fill volume, received on ice, grossly hemolyzed, grossly icteric, grossly lipemic. Whole blood > 4 hours after collection. Thawed plasma aliquots.

Components:
Fibrinogen, Factor VIII Activity, von Willebrand Antigen, Ristocetin Cofactor (von Willebrand activity), von Willebrand panel interpretation, von Willebrand Multimers if indicated

Stability:
Ambient (15-25°C): 4 hours; Frozen (-70°C): 1 month

Storage/Transport Temperature:
Ambient: (15-25°C) for Light blue tube, must be received within 4 hours of draw. Plasma aliquot(s) must be frozen if not received by lab within 4 hours of collection.

Synonyms:

- LAB1112, VWP, von WIllebrand workup, Von Willebrand Panel
- LAB1112-VML
- LAB1112VML

Performed:
Factor VIII activity, vWF antigen -Monday - Sunday; Ristocetin Cofactor twice weekly - variable days, vWF multimers, once weekly - variable days

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1-3 days, 7-14 days if the VWF Multimer is required.

Ordering Indicators:
The von Willebrand factor panel should be ordered for diagnostic testing for von Willebrand disease or monitoring of disease. As the activity assay is not reported dialy, post-operative monitoring should be managed with VWF:antigen and factor VIII activity orders separately.

Interpretive Data:
N/A

Reference Interval:
Fibrinogen 188 - 450 mg/dL, Factor VIII activity 50 - 150%, von Willebrand factor antigen 45 - 160%, Ristocetin Cofactor 45 - 140%

Additional Information:
von Willebrand Factor Multimer analysis will be performed if the ratio of von Willebrand Factor antigen to Riscofactor Cofactor (vWF activity) is < 0.7.

Methodology:
Clotting, Immunoturbidimetric, ristocetin induced agglutination of formalin fixed platelets, electrophoresis

Section:
Coagulation

von Willebrand Type 2N Binding-BCW

LAB4030

ORDERING INFO

Synonyms:

- LAB4030-VML
- LAB4030VML

SPECIMEN REQUIREMENTS

Links:

Test Sent to Reference Lab. Click Here for Test Details

ORDERING

Synonyms:

- LAB4030-VML
- LAB4030VML

ADDITIONAL INFORMATION

Section:

Rf-BCW

Resulting Laboratory:

Versiti

FULL VIEW

Synonyms:

- LAB4030-VML
- LAB4030VML

Resulting Laboratory:

Versiti

Section:

Rf-BCW

Links:

Test Sent to Reference Lab. Click Here for Test Details

Voriconazole, Quantitation by LC-MS/MS

LAB3859

ORDERING INFO

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Synonyms:

- Vfend
- Vfend blood concentration
- voriconazole blood concentration
- LAB3859-VML
- LAB3859VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Specimens collected just before or within 15 minutes of the next dose represent the TROUGH levels. Specimens obtained within 15-30 minutes after the end of I.V. infusion or 45-60 minutes after an IM injection or 90 minutes after oral intake represent the PEAK level. Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, Light Blue (citrate), or Yellow (SPS or ACD solution).

Storage/Transport Temperature:
Frozen.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: 6 months

Performed:
Tue-Sat

ORDERING

Synonyms:

- Vfend
- Vfend blood concentration
- voriconazole blood concentration
- LAB3859-VML
- LAB3859VML

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Tue-Sat

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:
Effective February 19, 2013

Therapeutic Range (trough)	1.0-6.0 µg/mL
Toxic Level	Greater than 6.0 µg/mL

Interpretive Data:
Voriconazole is an azole antifungal drug indicated to treat invasive aspergillosis, candidiasis, scedosporiosis, and fusariosis infections. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. The pharmacokinetics of voriconazole are influenced by drug-drug interactions when coadministered with drugs metabolized by cytochrome P450 2C9, 2C19 and 3A4 enzymes. Adverse effects may include nausea, vomiting, tachycardia, and elevated serum liver enzymes.

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80285

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (EDTA), or Green (Sodium or Lithium Heparin).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Patient Preparation:
Specimens collected just before or within 15 minutes of the next dose represent the TROUGH levels. Specimens obtained within 15-30 minutes after the end of I.V. infusion or 45-60 minutes after an IM injection or 90 minutes after oral intake represent the PEAK level. Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Unacceptable Conditions:
Whole blood. Gel separator tubes, Light Blue (citrate), or Yellow (SPS or ACD solution).

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: 6 months

Storage/Transport Temperature:
Frozen.

Synonyms:

- Vfend
- Vfend blood concentration
- voriconazole blood concentration
- LAB3859-VML
- LAB3859VML

Performed:
Tue-Sat

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Interpretive Data:
Voriconazole is an azole antifungal drug indicated to treat invasive aspergillosis, candidiasis, scedosporiosis, and fusariosis infections. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. The pharmacokinetics of voriconazole are influenced by drug-drug interactions when coadministered with drugs metabolized by cytochrome P450 2C9, 2C19 and 3A4 enzymes. Adverse effects may include nausea, vomiting, tachycardia, and elevated serum liver enzymes.

Reference Interval:
Effective February 19, 2013

Therapeutic Range (trough)	1.0-6.0 µg/mL
Toxic Level	Greater than 6.0 µg/mL

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80285

VRE screening Culture

LAB6589

ORDERING INFO

Collect:
Flocked Swab collected in eSwab® transport media (Liquid Aimes)

Synonyms:

- VRE culture
- Vancomycin resistant enterococcus
- VRE
- C VRE
- LAB6589-VML
- LAB6589VML

Turn Around Time:
1-2 days. Positives are reported as soon as detected.

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Flocked Swab collected in eSwab® transport media (Liquid Aimes)

Specimen Preparation:
N/A

Pediatric Collection:
N/A

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Stability:
Ambient: (15-25°C) 48 hours Refrigerated: (2-8°C) 48 hours

Specimen:
Rectal swab

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Evaluation of colonization by vancomycin-resistant Enterococcus (VRE)

Synonyms:

- VRE culture
- Vancomycin resistant enterococcus
- VRE
- C VRE
- LAB6589-VML
- LAB6589VML

Turn Around Time:
1-2 days. Positives are reported as soon as detected.

Methodology:
Aerobic bacterial culture

Components:
Culture and identification

RESULTS INTERPRETATION

Reference Interval:
Negative

Interpretive Data:
N/A

Methodology:
Aerobic bacterial culture

ADDITIONAL INFORMATION

Section:
Microbiology

Alternate Specimen:
N/A

Additional Information:
Includes culture and identification. Susceptibility testing not routinely performed.

Components:
Culture and identification

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Flocked Swab collected in eSwab® transport media (Liquid Aimes)

Specimen Preparation:
N/A

Pediatric Collection:
N/A

Preferred Collection Volume:
1 swab

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Rectal swab

Reasons for Rejection:
Specimen received on cotton or calcium alginate swabs, leaking container, dry swabs. Frozen unacceptable.

Components:
Culture and identification

Stability:
Ambient: (15-25°C) 48 hours Refrigerated: (2-8°C) 48 hours

Storage/Transport Temperature:
Ambient: (15-25°C) (Refrigerated: (2-8°C)

Synonyms:

- VRE culture
- Vancomycin resistant enterococcus
- VRE
- C VRE
- LAB6589-VML
- LAB6589VML

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
1-2 days. Positives are reported as soon as detected.

Ordering Indicators:
Evaluation of colonization by vancomycin-resistant Enterococcus (VRE)

Interpretive Data:
N/A

Reference Interval:
Negative

Additional Information:
Includes culture and identification. Susceptibility testing not routinely performed.

Methodology:
Aerobic bacterial culture

Section:
Microbiology

Warfarin Quantitative, Serum or Plasma

LAB3860

ORDERING INFO

Collect:
Plain Red, Lavender (K_2EDTA or K_3EDTA), or Pink (K_2EDTA).

Synonyms:

- Anticoagulants, Oral
- Coumadin
- Jantoven
- Panwarfarin
- Sodium Warfarin
- LAB3860-VML
- LAB3860VML

SPECIMEN REQUIREMENTS

Collect:
Plain Red, Lavender (K_2EDTA or K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 15 months

Performed:
Varies

ORDERING

Synonyms:

- Anticoagulants, Oral
- Coumadin
- Jantoven
- Panwarfarin
- Sodium Warfarin
- LAB3860-VML
- LAB3860VML

Performed:
Varies

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Reported:
8-11 days

RESULTS INTERPRETATION

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
80375 (Alt code: G0480)

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
Plain Red, Lavender (K_2EDTA or K_3EDTA), or Pink (K_2EDTA).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions:
Separator tubes.

Stability (from collection to initiation):
Ambient: 1 month; Refrigerated: 1 month; Frozen: 15 months

Storage/Transport Temperature:
Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Anticoagulants, Oral
- Coumadin
- Jantoven
- Panwarfarin
- Sodium Warfarin
- LAB3860-VML
- LAB3860VML

Performed:
Varies

Resulting Laboratory:
ARUP Laboratories

Reported:
8-11 days

Reference Interval:
By report

Methodology:
Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Section:
RF-ARUP

CPT Codes:
80375 (Alt code: G0480)

Warthin Starry Special Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath30

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- Steiner, Spirochete stain

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- Steiner, Spirochete stain

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Histochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Histochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- Steiner, Spirochete stain

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Histochemical Stain

Section:
Histology

West Nile Virus Antibodies, IgG and IgM by ELISA, CSF

LAB208

ORDERING INFO

Collect:
CSF.

Synonyms:

- WNV CSF antibodies
- WNV CSF
- WNV IgG and IgM CSF
- Arbovirus
- Flavivirus
- LAB208-VML
- LAB208VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL)
New York State Clients: 2 mL (Min: 0.7 mL)

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

Storage/Transport Temperature:
Refrigerated.
New York State Clients: Frozen

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)
New York State Clients: Ambient: 4 days; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun, Tue, Fri

ORDERING

Synonyms:

- WNV CSF antibodies
- WNV CSF
- WNV IgG and IgM CSF
- Arbovirus
- Flavivirus
- LAB208-VML
- LAB208VML

Ordering Recommendations:
Preferred test is West Nile Virus Antibody, IgM by ELISA, CSF (0050239).

Performed:
Sun, Tue, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
West Nile Virus Antibody IgG CSF	1.29 IV or less
West Nile Virus Antibody IgM CSF	0.89 IV or less

Interpretive Data:

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgG and IgM in CSF specimens in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

The detection of antibodies to West Nile virus in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component Result	Interpretation
West Nile Virus Antibody, IgG by ELISA, CSF	1.29 IV or less: Negative - No significant level of West Nile virus IgG antibody detected. 1.30-1.49 IV: Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful 1.50 IV or greater: Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.
West Nile Virus Antibody, IgM by ELISA, CSF	0.89 IV or less: Negative - No significant level of West Nile virus IgM antibody detected. 0.90-1.10 IV: Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86789; 86788

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

CSF.

Specimen Preparation:

Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL)
New York State Clients: 2 mL (Min: 0.7 mL)

Unacceptable Conditions:

Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

Stability (from collection to initiation):

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)
New York State Clients: Ambient: 4 days; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated.
New York State Clients: Frozen

Synonyms:

- WNV CSF antibodies
- WNV CSF
- WNV IgG and IgM CSF
- Arbovirus
- Flavivirus
- LAB208-VML
- LAB208VML

Performed:

Sun, Tue, Fri

Resulting Laboratory:
ARUP Laboratories

Reported:
1-6 days

Ordering Recommendations:
Preferred test is West Nile Virus Antibody, IgM by ELISA, CSF (0050239).

Interpretive Data:
This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgG and IgM in CSF specimens in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

The detection of antibodies to West Nile virus in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Component Result	Interpretation
West Nile Virus Antibody, IgG by ELISA, CSF	1.29 IV or less: Negative - No significant level of West Nile virus IgG antibody detected. 1.30-1.49 IV: Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful 1.50 IV or greater: Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.
West Nile Virus Antibody, IgM by ELISA, CSF	0.89 IV or less: Negative - No significant level of West Nile virus IgM antibody detected. 0.90-1.10 IV: Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

Reference Interval:

Components	Reference Interval
West Nile Virus Antibody IgG CSF	1.29 IV or less
West Nile Virus Antibody IgM CSF	0.89 IV or less

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:
RF-ARUP

CPT Codes:
86789; 86788

West Nile Virus Antibody, IgG by ELISA, Serum

LAB1270

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Arbovirus
- Flavivirus
- WNV IgG
- LAB1270-VML
- LAB1270VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimen plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun, Tue, Fri

ORDERING

Synonyms:

- Arbovirus
- Flavivirus
- WNV IgG
- LAB1270-VML
- LAB1270VML

Ordering Recommendations:
Not recommended for diagnosing acute West Nile infection. May be useful for determining past infections/exposure.

Performed:
Sun, Tue, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:

Components	Reference Interval
West Nile Virus Ab, IgG, Ser	1.29 IV or less

Interpretive Data:

1.29 IV or less: Negative - No significant level of West Nile virus IgG antibody detected.
1.30-1.49 IV: Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.50 IV or greater: Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgG in serum specimens in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purpose, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

Seroconversion between acute and convalescent sera is considered strong evidence of current or recent infection. The best evidence for infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86789

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimen plainly as "acute" or "convalescent."

Unacceptable Conditions:

Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Arbovirus
- Flavivirus
- WNV IgG
- LAB1270-VML
- LAB1270VML

Performed:

Sun, Tue, Fri

Resulting Laboratory:

ARUP Laboratories

Reported:

1-6 days

Ordering Recommendations:

Not recommended for diagnosing acute West Nile infection. May be useful for determining past infections/exposure.

Interpretive Data:

1.29 IV or less: Negative - No significant level of West Nile virus IgG antibody detected.
1.30-1.49 IV: Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.50 IV or greater: Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgG in serum specimens in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purpose, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

Seroconversion between acute and convalescent sera is considered strong evidence of current or recent infection. The best evidence for infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

Reference Interval:

Components	Reference Interval
West Nile Virus Ab, IgG, Ser	1.29 IV or less

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

86789

West Nile Virus Antibody, IgM by ELISA, CSF

LAB3164

ORDERING INFO

Collect:
CSF.

Synonyms:

- WNV IgM CSF
- Arbovirus
- Flavivirus
- LAB3164-VML
- LAB3164VML

SPECIMEN REQUIREMENTS

Collect:
CSF.

Specimen Preparation:
Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL)
New York State Clients: 2 mL (Min: 0.7 mL)

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed or xanthochromic specimens.

Storage/Transport Temperature:
Refrigerated.
New York State Clients: Frozen

Stability (from collection to initiation):
Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)
New York State Clients: Ambient: 4 days; Refrigerated: 1 week; Frozen: 1 month

Performed:
Sun, Tue, Fri

ORDERING

Synonyms:

- WNV IgM CSF
- Arbovirus
- Flavivirus
- LAB3164-VML
- LAB3164VML

Ordering Recommendations:
Preferred test for diagnosing West Nile encephalitis.

Performed:
Sun, Tue, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:

0.89 IV or less	Negative - No significant level of West Nile virus IgM antibody detected.
0.90-1.10 IV	Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.11 IV or greater	Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

Interpretive Data:

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgM in CSF specimens in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

The detection of antibodies to West Nile virus in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86788

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

CSF.

Specimen Preparation:

Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL)
New York State Clients: 2 mL (Min: 0.7 mL)

Unacceptable Conditions:

Bacterially contaminated, heat-inactivated, hemolyzed or xanthochromic specimens.

Stability (from collection to initiation):

Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)
New York State Clients: Ambient: 4 days; Refrigerated: 1 week; Frozen: 1 month

Storage/Transport Temperature:

Refrigerated.
New York State Clients: Frozen

Synonyms:

- WNV IgM CSF
- Arbovirus
- Flavivirus
- LAB3164-VML
- LAB3164VML

Performed:

Sun, Tue, Fri

Resulting Laboratory:

ARUP Laboratories

Reported:

1-6 days

Ordering Recommendations:

Preferred test for diagnosing West Nile encephalitis.

Interpretive Data:

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgM in CSF specimens in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

The detection of antibodies to West Nile virus in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

0.89 IV or less	Negative - No significant level of West Nile virus IgM antibody detected.
0.90-1.10 IV	Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.11 IV or greater	Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

86788

West Nile Virus Antibody, IgM by ELISA, Serum

LAB1269

ORDERING INFO

Collect:
Serum separator tube.

Synonyms:

- Flavivirus
- Arbovirus
- WNV IgM
- LAB1269-VML
- LAB1269VML

SPECIMEN REQUIREMENTS

Collect:
Serum separator tube.

Specimen Preparation:
Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:
Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Performed:
Sun, Tue, Fri

ORDERING

Synonyms:

- Flavivirus
- Arbovirus
- WNV IgM
- LAB1269-VML
- LAB1269VML

Ordering Recommendations:
May aid in the diagnosis of acute West Nile infection.

Performed:
Sun, Tue, Fri

Methodology:
Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Reported:
1-6 days

RESULTS INTERPRETATION

Reference Interval:
0.89 IV or less: Negative - No significant level of West Nile virus IgM antibody detected.
0.90-1.10 IV: Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.11 IV or greater: Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

Interpretive Data:

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgM in serum specimens in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

Seroconversion between acute and convalescent sera is considered strong evidence of current or recent infection. The best evidence for infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

ADDITIONAL INFORMATION

CPT Codes:

86788

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Serum separator tube.

Specimen Preparation:

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Unacceptable Conditions:

Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

Stability (from collection to initiation):

After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- Flavivirus
- Arbovirus
- WNV IgM
- LAB1269-VML
- LAB1269VML

Performed:

Sun, Tue, Fri

Resulting Laboratory:

ARUP Laboratories

Reported:

1-6 days

Ordering Recommendations:

May aid in the diagnosis of acute West Nile infection.

Interpretive Data:

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgM in serum specimens in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

Seroconversion between acute and convalescent sera is considered strong evidence of current or recent infection. The best evidence for infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

Reference Interval:

0.89 IV or less: Negative - No significant level of West Nile virus IgM antibody detected.
0.90-1.10 IV: Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.11 IV or greater: Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

Methodology:

Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Section:

RF-ARUP

CPT Codes:

86788

White Blood Cell Count

LAB299

ORDERING INFO

Collect:
Lavendar tube (EDTA)

Synonyms:

- WC, White Blood Cell Quantitative, WBC
- LAB299-VML
- LAB299VML

Turn Around Time:
STAT 1 hour; Routine 2 hours

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Performed:
Daily

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Specimen:
Whole Blood

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Infection, leukemias, leukopenias

Synonyms:

- WC, White Blood Cell Quantitative, WBC
- LAB299-VML
- LAB299VML

Performed:
Daily

Turn Around Time:
STAT 1 hour; Routine 2 hours

Methodology:
Flow cytometry with a semiconductor laser using flourescent stain

Components:
WBC

RESULTS INTERPRETATION

Reference Interval:
Both 3.9-10.7 x 10^3/mcL; Peds:up to 7 days 9.4-31.1 x10^3/mcL; Peds: 7-30 days 4.3-18.3 x10^3/mcL;Peds: 30 days-6 years 4.0-14.6 x10^3/mcL, 7-11 years 4.0-13.2 10^3/mcL; 12-17 years 3.4-10.2 10^3/mcL

Interpretive Data:
N/A

Methodology:
Flow cytometry with a semiconductor laser using flourescent stain

ADDITIONAL INFORMATION

Section:
Hematology

Alternate Specimen:
N/A

Additional Information:
N/A

Components:
WBC

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Lavendar tube (EDTA)

Specimen Preparation:
Collect to fill line on tube, gently invert back and forth immediately for blood to mix with EDTA anitcoagulant to prevent clotting. Do not draw above IV line. (Min 1.0 mL)

Pediatric Collection:
Pediatric: 160 microliters minimum

Preferred Collection Volume:
EDTA-2K tube should be to fill line on tube

Alternate Specimen:
N/A

Patient Preparation:
N/A

Specimen:
Whole Blood

Reasons for Rejection:
Gross hemolysis, clotted, improper collection, QNS, specimen age

Components:
WBC

Stability:
Room temperature: 8 hrs, 2 to 8 degrees C: 24 hrs

Storage/Transport Temperature:
Refrigerated preferred, or ambiant temperature, DO NOT FREEZE

Synonyms:

- WC, White Blood Cell Quantitative, WBC
- LAB299-VML
- LAB299VML

Performed:
Daily

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
STAT 1 hour; Routine 2 hours

Ordering Indicators:
Infection, leukemias, leukopenias

Interpretive Data:
N/A

Reference Interval:
Both 3.9-10.7 x 10^3/mcL; Peds:up to 7 days 9.4-31.1 x10^3/mcL; Peds: 7-30 days 4.3-18.3 x10^3/mcL;Peds: 30 days-6 years 4.0-14.6 x10^3/mcL, 7-11 years 4.0-13.2 10^3/mcL; 12-17 years 3.4-10.2 10^3/mcL

Additional Information:
N/A

Methodology:
Flow cytometry with a semiconductor laser using flourescent stain

Section:
Hematology

Whole Exome Sequencing NGS Testing, Blood Saliva DNA

ORDERING INFO

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Synonyms:

- WES, Whole Exome, Next Generation Sequencing

Turn Around Time:
90 Business Days From Financial Clearance

SPECIMEN REQUIREMENTS

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Performed:
Weekly

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Specimen:
N/A

Alternate Specimen:
N/A

ORDERING

Ordering Indicators:
Preferred test to determine genetic causes for individuals with nonspecific or unusual disease presentations and a genetic condition is suspected.

Synonyms:

- WES, Whole Exome, Next Generation Sequencing

Performed:
Weekly

Turn Around Time:
90 Business Days From Financial Clearance

Methodology:
Next Generation Sequencing

Components:
Sequence analysis of coding exons in the Exome

RESULTS INTERPRETATION

Reference Interval:
Not Established for This Test

Interpretive Data:
N/A

Methodology:
Next Generation Sequencing

ADDITIONAL INFORMATION

Section:
Clinical Genomics

Alternate Specimen:
N/A

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Components:
Sequence analysis of coding exons in the Exome

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Blood: Lavender Tube (EDTA); Saliva: Special Collection Kit (Provided by Lab)

Specimen Preparation:
Extracted DNA should be sent in a screw cap tube with at least 2 micrograms - 5 micrograms of purified DNA at a concentration of at least 20 ng/ul - 50 ng/uL. Indicate patient's name, date of birth, and concentration on tube label. (Minimum Volume: 2 micrograms for limited specimens)

Preferred Collection Volume:
Blood, Saliva, DNA

Alternate Specimen:
N/A

Patient Preparation:
Saliva: Patient Must Follow Kit Instructions

Specimen:
N/A

Reasons for Rejection:
Mislabeling, Improper Collection, QNS

Components:
Sequence analysis of coding exons in the Exome

Stability:
Blood Ambient (15-25°C): 72 Hours, Saliva Ambient (15-25°C): 2 weeks, DNA Ambient (15-25°C): 48 Hours

Storage/Transport Temperature:
Blood: Ambient (15-25°C), Saliva: Ambient (15-25°C), DNA Ambient (15-25°C)

Synonyms:

- WES, Whole Exome, Next Generation Sequencing

Performed:
Weekly

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
90 Business Days From Financial Clearance

Ordering Indicators:
Preferred test to determine genetic causes for individuals with nonspecific or unusual disease presentations and a genetic condition is suspected.

Interpretive Data:
N/A

Reference Interval:
Not Established for This Test

Additional Information:
Gene List Available at the Following Website (https://www.vumc.org/vcgl), in Hubble and Upon Request. *FOR DNA SAMPLES* Extracted DNA Must be Received From a CAP/CLIA Certified Laboratory.

Methodology:
Next Generation Sequencing

Section:
Clinical Genomics

Wilm's Tumor Protein (WT49) Immunohistochemical Stain, Formalin Fixed Paraffin Embedded Tissue

CoPath228

ORDERING INFO

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Synonyms:

- WT-1

Turn Around Time:
2 Days

SPECIMEN REQUIREMENTS

Patient Preparation:
N/A

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Performed:
Monday-Friday

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Specimen:
Unstained Tissue Slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

ORDERING

Ordering Indicators:
N/A

Synonyms:

- WT-1

Performed:
Monday-Friday

Turn Around Time:
2 Days

Methodology:
Immunohistochemical Stain

Components:
Stained slide and control

RESULTS INTERPRETATION

Reference Interval:
N/A

Interpretive Data:
N/A

Methodology:
Immunohistochemical Stain

ADDITIONAL INFORMATION

Section:
Histology

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Components:
Stained slide and control

Resulting Laboratory:
Vanderbilt Medical Laboratories

FULL VIEW

Collect:
Positively Charged Glass Microscope Slides. Do Not Use Adhesive.

Specimen Preparation:
Tissue sections cut at 4-5 microns placed in the center of the slide

Pediatric Collection:
N/A

Preferred Collection Volume:
2 unstained slides

Alternate Specimen:
Formalin Fixed Paraffin Embedded Tissue Block

Patient Preparation:
N/A

Specimen:
Unstained Tissue Slides

Reasons for Rejection:
1. Incorrect or incomplete patient identification. Label both the test requisition and the container with 2 patient identifiers. 2. Slide broken beyond repair

Components:
Stained slide and control

Stability:
Slides-Ambient: (15-25°C) indefinitely. Tissue blocks - Ambient: (15-25°C) - indefinitely.

Storage/Transport Temperature:
Slides-Ambient: (15-25°C), Tissue Blocks-Refrigerated: (2-8°C)

Synonyms:

- WT-1

Performed:
Monday-Friday

Resulting Laboratory:
Vanderbilt Medical Laboratories

Turn Around Time:
2 Days

Ordering Indicators:
N/A

Interpretive Data:
N/A

Reference Interval:
N/A

Additional Information:
Complete VPLS Test Requisition. Request special requisition form No 60-002-664 if ordering on a regular basis. Package slides in durable slide holder and place with any block in padded envelope to protect from breaking.

Methodology:
Immunohistochemical Stain

Section:
Histology

Zinc Protoporphyrin (ZPP), Whole Blood

LAB1085

ORDERING INFO

Collect:
Lavender (EDTA), Royal blue (K2EDTA), Royal blue (NaHep),tan (K2EDTA), or pink (K2EDTA).

Synonyms:

- ZP
- ZPP
- ZPP/Heme Ratio
- Porphyrins
- LAB1085-VML
- LAB1085VML

SPECIMEN REQUIREMENTS

Collect:
Lavender (EDTA), Royal blue (K2EDTA), Royal blue (NaHep),tan (K2EDTA), or pink (K2EDTA).

Specimen Preparation:
Transport 1 mL whole blood. (Min: 0.2 mL)

Unacceptable Conditions:
Clotted, frozen, or hemolyzed specimens.

Storage/Transport Temperature:
Refrigerated.

Stability (from collection to initiation):
Ambient: 30 hours; Refrigerated: 5 weeks; Frozen: Unacceptable

Performed:
Mon-Fri

ORDERING

Synonyms:

- ZP
- ZPP
- ZPP/Heme Ratio
- Porphyrins
- LAB1085-VML
- LAB1085VML

Ordering Recommendations:
This test should not be used as the primary screening test for lead exposure; the preferred test for lead exposure assessment is Lead Blood (Venous) (0020098). For iron deficiency assessment, Iron and Iron Binding Capacity (0020420) and Ferritin (0070065) are recommended. For assessment of occupational exposure to lead, Lead Industrial Exposure Panel, Adults (0025016) is recommended.

Performed:
Mon-Fri

Methodology:
Quantitative Hematofluorometry

Reported:
1-4 days

Notes:
Elevated ZPP results are seen in early and late iron deficiency, the anemia of chronic disease, chronic lead poisoning, and erythropoietic protoporphyria. Elevated bilirubin or riboflavin and hemolyzed, clotted, or improperly aliquoted specimens may falsely increase the ZPP concentration.

A more specific test for free protoporphyrin is Porphyrins, Serum Total (0080429). Erythrocyte Porphyrin (EP), Whole Blood (0020610), measures free protoporphyrin and zinc protoporphyrin.

RESULTS INTERPRETATION

Reference Interval:
0-69 µmol ZPP/ mol Hem

Interpretive Data:

This test was performed on the ProtoFluor Z system manufactured by Helena Laboratories. The result is not comparable to results obtained from extraction-based methods or from the AVIV ZPP system.

The test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Hematofluorometry

ADDITIONAL INFORMATION

CPT Codes:

84202

Section:

RF-ARUP

Notes:

Elevated ZPP results are seen in early and late iron deficiency, the anemia of chronic disease, chronic lead poisoning, and erythropoietic protoporphyria. Elevated bilirubin or riboflavin and hemolyzed, clotted, or improperly aliquoted specimens may falsely increase the ZPP concentration.

A more specific test for free protoporphyrin is Porphyrins, Serum Total (0080429). Erythrocyte Porphyrin (EP), Whole Blood (0020610), measures free protoporphyrin and zinc protoporphyrin.

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Lavender (EDTA), Royal blue (K2EDTA), Royal blue (NaHep),tan (K2EDTA), or pink (K2EDTA).

Specimen Preparation:

Transport 1 mL whole blood. (Min: 0.2 mL)

Unacceptable Conditions:

Clotted, frozen, or hemolyzed specimens.

Stability (from collection to initiation):

Ambient: 30 hours; Refrigerated: 5 weeks; Frozen: Unacceptable

Storage/Transport Temperature:

Refrigerated.

Synonyms:

- ZP
- ZPP
- ZPP/Heme Ratio
- Porphyrins
- LAB1085-VML
- LAB1085VML

Performed:

Mon-Fri

Resulting Laboratory:

ARUP Laboratories

Reported:

1-4 days

Ordering Recommendations:

This test should not be used as the primary screening test for lead exposure; the preferred test for lead exposure assessment is Lead Blood (Venous) (0020098). For iron deficiency assessment, Iron and Iron Binding Capacity (0020420) and Ferritin (0070065) are recommended. For assessment of occupational exposure to lead, Lead Industrial Exposure Panel, Adults (0025016) is recommended.

Interpretive Data:

This test was performed on the ProtoFluor Z system manufactured by Helena Laboratories. The result is not comparable to results obtained from extraction-based methods or from the AVIV ZPP system.

The test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Reference Interval:

0-69 µmol ZPP/ mol Hem

Methodology:

Quantitative Hematofluorometry

Section:

RF-ARUP

CPT Codes:

84202

Notes:

Elevated ZPP results are seen in early and late iron deficiency, the anemia of chronic disease, chronic lead poisoning, and erythropoietic protoporphyria. Elevated bilirubin or riboflavin and hemolyzed, clotted, or improperly aliquoted specimens may falsely increase the ZPP concentration.

A more specific test for free protoporphyrin is Porphyrins, Serum Total (0080429). Erythrocyte Porphyrin (EP), Whole Blood (0020610), measures free protoporphyrin and zinc protoporphyrin.

Zinc, Serum or Plasma

LAB581

ORDERING INFO

Collect:
Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Synonyms:

- serum zinc level
- ZNS
- Zn
- LAB581-VML
- LAB581VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Diet, medication, and nutritional supplements may introduce interfering substances. Upon the advice of their physician, patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and nonessential over-the-counter medications for one week prior to sample draw.

Collect:
Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Specimen Preparation:
Separate from cells ASAP or within 2 hours of collection Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Unacceptable Conditions:
Specimens that are not separated from the red cells or clot within 2 hours. Specimens collected in containers other than specified. Specimens transported in containers other than specified. Hemolyzed specimens.

Storage/Transport Temperature:
Room temperature. Also acceptable: Refrigerated or frozen.

Stability (from collection to initiation):
Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Performed:
Sun-Sat

ORDERING

Synonyms:

- serum zinc level
- ZNS
- Zn
- LAB581-VML
- LAB581VML

Ordering Recommendations:
May be useful as an indicator of acute deficiency. For acute toxicity, Zinc, Urine (0020462) may be a more reliable indicator of exposure.

Performed:
Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-3 days

RESULTS INTERPRETATION

Reference Interval:
60.0-120.0 µg/dL

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma zinc, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Circulating zinc concentrations are dependent on albumin status and are depressed with malnutrition. Zinc may also be lowered with infection, inflammation, stress, oral contraceptives, and pregnancy. Zinc may be elevated with zinc supplementation or fasting. Elevated zinc concentrations may interfere with copper absorption.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:

84630

Section:

RF-ARUP

Resulting Laboratory:

ARUP Laboratories

FULL VIEW

Collect:

Royal blue (No Additive), Royal blue (K2EDTA), or Royal blue (NaHep).

Specimen Preparation:

Separate from cells ASAP or within 2 hours of collection Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Upon the advice of their physician, patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and nonessential over-the-counter medications for one week prior to sample draw.

Unacceptable Conditions:

Specimens that are not separated from the red cells or clot within 2 hours. Specimens collected in containers other than specified. Specimens transported in containers other than specified. Hemolyzed specimens.

Stability (from collection to initiation):

Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Storage/Transport Temperature:

Room temperature. Also acceptable: Refrigerated or frozen.

Synonyms:

- serum zinc level
- ZNS
- Zn
- LAB581-VML
- LAB581VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-3 days

Ordering Recommendations:

May be useful as an indicator of acute deficiency. For acute toxicity, Zinc, Urine (0020462) may be a more reliable indicator of exposure.

Interpretive Data:

Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma zinc, confirmation with a second specimen collected in a certified metal-free tube is recommended.

Circulating zinc concentrations are dependent on albumin status and are depressed with malnutrition. Zinc may also be lowered with infection, inflammation, stress, oral contraceptives, and pregnancy. Zinc may be elevated with zinc supplementation or fasting. Elevated zinc concentrations may interfere with copper absorption.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

60.0-120.0 µg/dL

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:

RF-ARUP

CPT Codes:

84630

Zinc, Urine

LAB3242

ORDERING INFO

Collect:

24 Hour Urine. Refrigerate during collection. Specimen must be collected in a plastic container. Also acceptable: Random Urine.24 Hour Urine. Refrigerate during collection. Specimen must be collected in a plastic container. Also acceptable: Random Urine.

Synonyms:

- Normalized Urine Zinc
- Zn
- Zn Urine
- urine zinc concentration
- Zinc/Creatinine Ratio, Random, Urine
- ZNU
- LAB3242-VML
- LAB3242VML

SPECIMEN REQUIREMENTS

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). Collection from patients receiving iodinated or gadolinium-based contrast media must be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post contrast media exposure.

Collect:

24 Hour Urine. Refrigerate during collection. Specimen must be collected in a plastic container. Also acceptable: Random Urine.24 Hour Urine. Refrigerate during collection. Specimen must be collected in a plastic container. Also acceptable: Random Urine.

Specimen Preparation:

Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Unacceptable Conditions:

Specimens collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Acid preserved urine. Specimens transported in containers other than specified. Specimen contaminated with blood or fecal material.

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Performed:

Sun-Sat

Remarks:

Record total volume and collection time interval on transport tube and on test request form.

ORDERING

Synonyms:

- Normalized Urine Zinc
- Zn
- Zn Urine
- urine zinc concentration
- Zinc/Creatinine Ratio, Random, Urine
- ZNU
- LAB3242-VML
- LAB3242VML

Ordering Recommendations:

Useful as an indicator of acute toxicity. May be useful as an indicator of deficiency in conjunction with Zinc, Serum or Plasma (0020097).

Performed:

Sun-Sat

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

Reported:
1-5 days

Notes:
High concentrations of iodine or gadolinium may interfere with elemental testing.

RESULTS INTERPRETATION

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Zinc, Urine - per volume</td><td>15.0-120.0 µg/dL</td></tr>
<tr><td>Zinc, Urine - per 24h</td><td>150.0-1200.0 µg/d</td></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Zinc, Urine - ratio to CRT</td><td>110.0-750.0 µg/g CRT</td></tr>
</table>

Interpretive Data:
Zinc is predominantly eliminated in the feces. Elevated urine zinc may suggest excessive zinc supplementation but should be interpreted with a corresponding serum zinc concentration.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Methodology:
Quantitative Inductively Coupled Plasma-Mass Spectrometry

ADDITIONAL INFORMATION

CPT Codes:
84630

Section:
RF-ARUP

Remarks:
Record total volume and collection time interval on transport tube and on test request form.

Notes:
High concentrations of iodine or gadolinium may interfere with elemental testing.

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

Collect:
24 Hour Urine. Refrigerate during collection. Specimen must be collected in a plastic container. Also acceptable: Random Urine.24 Hour Urine. Refrigerate during collection. Specimen must be collected in a plastic container. Also acceptable: Random Urine.

Specimen Preparation:
Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL)

Patient Preparation:

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). Collection from patients receiving iodinated or gadolinium-based contrast media must be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post contrast media exposure.

Unacceptable Conditions:

Specimens collected within 72 hours after administration of iodinated or gadolinium-based contrast media. Acid preserved urine. Specimens transported in containers other than specified. Specimen contaminated with blood or fecal material.

Stability (from collection to initiation):

Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Storage/Transport Temperature:

Refrigerated. Also acceptable: Room temperature or frozen.

Synonyms:

- Normalized Urine Zinc
- Zn
- Zn Urine
- urine zinc concentration
- Zinc/Creatinine Ratio, Random, Urine
- ZNU
- LAB3242-VML
- LAB3242VML

Performed:

Sun-Sat

Resulting Laboratory:

ARUP Laboratories

Reported:

1-5 days

Ordering Recommendations:

Useful as an indicator of acute toxicity. May be useful as an indicator of deficiency in conjunction with Zinc, Serum or Plasma (0020097).

Interpretive Data:

Zinc is predominantly eliminated in the feces. Elevated urine zinc may suggest excessive zinc supplementation but should be interpreted with a corresponding serum zinc concentration.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

<table>
<tr><th>Components</th><th>Reference Interval</th></tr>
<tr><td>Zinc, Urine - per volume</td><td>15.0-120.0 µg/dL</td></tr>
<tr><td>Zinc, Urine - per 24h</td><td>150.0-1200.0 µg/d</td></tr>
<tr><td>Creatinine, Urine - per 24h</td><td>
<table>
<tr><th>Age</th><th>Male (mg/d)</th><th>Female (mg/d)</th></tr>
<tr><td>3-8 years</td><td>140-700</td><td>140-700</td></tr>
<tr><td>9-12 years</td><td>300-1300</td><td>300-1300</td></tr>
<tr><td>13-17 years</td><td>500-2300</td><td>400-1600</td></tr>
<tr><td>18-50 years</td><td>1000-2500</td><td>700-1600</td></tr>
<tr><td>51-80 years</td><td>800-2100</td><td>500-1400</td></tr>
<tr><td>81 years and older</td><td>600-2000</td><td>400-1300</td></tr>
</table>
</td></tr>
<tr><td>Zinc, Urine - ratio to CRT</td><td>110.0-750.0 µg/g CRT</td></tr>
</table>

Methodology:

Quantitative Inductively Coupled Plasma-Mass Spectrometry

Section:

RF-ARUP

CPT Codes:
84630

Remarks:
Record total volume and collection time interval on transport tube and on test request form.

Notes:
High concentrations of iodine or gadolinium may interfere with elemental testing.

Zonisamide

LAB6069

ORDERING INFO

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2 EDTA).

Synonyms:

- Excegran
- Zonegran
- zonegran blood level
- zonisamide blood concentration
- zonegran concentration
- LAB6069-VML
- LAB6069VML

SPECIMEN REQUIREMENTS

Patient Preparation:
Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.

Collect:
Plain red. Also acceptable: Lavender (K_2 or K_3EDTA) or pink (K_2 EDTA).

Specimen Preparation:
Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Unacceptable Conditions:
Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).

Storage/Transport Temperature:
Refrigerated

Stability (from collection to initiation):
After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 6 weeks

Performed:
Sun-Sat

ORDERING

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Ordering Recommendations:
Optimize drug therapy and monitor patient adherence.

Performed:
Sun-Sat

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

Reported:
1-4 days

RESULTS INTERPRETATION

Reference Interval:
Effective February 19, 2013

Therapeutic Range	Not well established
Toxic Level	Greater than 80 µg/mL

Interpretive Data:
The proposed therapeutic range for seizure control is 10-40 µg/mL. Toxic concentrations may cause coma, seizures and cardiac abnormalities. Pharmacokinetics varies widely, particularly with co-medications and/or compromised renal function.

Methodology:
Quantitative Enzyme Multiplied Immunoassay Technique

ADDITIONAL INFORMATION

CPT Codes:
80203

Section:
RF-ARUP

Resulting Laboratory:
ARUP Laboratories

FULL VIEW

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