



110 West Cliff Avenue
Spokane, WA 99204

**PATHOLOGY ASSOCIATES
MEDICAL LABORATORIES**

509.755.8600
800.541.7891

TEST ALERT

Number 247, March 26, 2003

The following tables reflect revisions only; other existing data remain unchanged.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
B-TYPE NATRIURETIC PEPTIDE Immunofluorescence BTNP / BNPEPR 83880	1 mL frozen EDTA plasma (lavender top tube). Separate plasma from cells, place in separate plastic tube, and freeze. Store and transport frozen.	LT 100 pg/mL	NEW PROCEDURE IN HOUSE Min. amt: 0.5 mL. Unacceptable conditions: hemolyzed samples and samples collected in non-EDTA tubes. Do not freeze whole blood. Stability: 4 hours at room temperature, 4 hours refrigerated, 4 months frozen. Effective 4-15-03.
B-TYPE NATRIURETIC PEPTIDE BNP / BNP	This workpar is being discontinued. Use the workpar BTNP to order this test.		Effective 4-15-03.
CULTURE, BLOOD (2ND SPEC/SAME DATE) Organism Isolation BLOOD2 / CBLD2 87040	This workpar is to be used to order the second set of blood cultures that are drawn on the same date. The specimen requirements are the same as those for the workpar BLOOD.	Culture, Blood Culture, Blood Status	NEW PROCEDURE Effective 4-15-03.
C-REACTIVE PROTEIN CRP / CRP Also: AI / AI TVLARP / TVLARP		1.5 or less mg/dL	Effective 4-15-03.
COPPER, RBC COPRBC / COPRBC	3 mL heparin whole blood (heparin royal blue top tube). Carefully clean skin prior to venipuncture. Avoid hemolysis. Avoid worksite collection. Store and transport refrigerated or at ambient temperature.		Min. amt: 1 mL. Effective 4-15-03.
CORTISOL & CORTISONE, URINE LC-MS/MS CCUQ / CCUQ 82530, 83789 (Mayo)	5-mL aliquot of a well-mixed 24-hour urine collection. Add 10 grams of boric acid at the start of the collection. Store and transport refrigerated.	Collection Period (h) Volume mL Cortisol, Ur LT 2 yrs Not established $\mu\text{g}/24\text{h}$ 3-8 yrs 1.4-20 9-12 yrs 2.6-37 13-17 yrs 4.0-56 18 yrs or more 3.5-45 Cortisone, Ur LT 2 yrs Not established $\mu\text{g}/24\text{h}$ 3-8 yrs 5.5-41 9-12 yrs 15-108 18 yrs or more 17-129	Min. amt: 3 mL. Replaces KETOGENIC, which has been discontinued by Mayo. Other acceptable specimens: the addition of preservative or temp controls must occur within 4 hours of end of collection or acceptable preservative must be added at the start of collection. Other acceptable preservatives: 50% acetic acid, Na ₂ CO ₃ , toluene, and thymol. Unacceptable conditions: random urines and those preserved with 6N HCl or HNO ₃ . Effective 4-15-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
17-KETOGENIC STEROIDS KETOGENIC / KETOUQ	Test has been discontinued by Mayo. Use the workpar CCUQ to order a similar study.		Effective 4-15-03.
CYCLIC CITRULLINATED PEPTIDE AB ELISA CCPAB / CCPAB 83516 (ARUP)	1 mL frozen serum (red top tube). Separate serum from cells ASAP, put in separate plastic tube, and freeze. Store and transport frozen.	Negative LT 20 EU Weak positive 20-39 Moderate positive 40-59 Strong positive 60 or greater Approximately 70% of patients with RA are positive for CCP IgG, while only 2% of random blood donors and disease controls are positive. The diagnostic value of antibodies to CCP in juvenile rheumatoid arthritis patients has not been determined.	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: severely lipemic, contaminated, or hemolyzed samples. Avoid repeated freeze/thaw cycles. Stability: 2 days at room temperature, 2 weeks refrigerated, 1 year frozen. Effective 4-15-03.
CYCLOSPORIN A HPLC CYCLO.HPLC / CYHPLC	3 mL EDTA whole blood (lavender top tube).		Min. amt 2.5 mL. Change in method and required volume only. Effective 4-15-03.
FRUCTOSAMINE Colorimetric FRUCTO / FRUCTO 82985	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	180-280 μ mol/L	NEW PROCEDURE Min. amt: 0.2 mL. Other acceptable specimens: heparin or EDTA plasma. Unacceptable conditions: hemolyzed or icteric samples may cause falsely elevated results. Fructosamine results represent average glucose concentration over 1-3 week period. Under therapeutic concentrations, Levodopa may produce elevated values. Stability: 3 days at room temperature, 2 weeks refrigerated, 2 months frozen. Effective 4-15-03.
FRUCTOSAMINE FRUCT/ FRUCT	This workpar has been discontinued. Use the workpar FRUCTO to order this test.		Effective 4-15-03.
HEREDITARY HEMOCHROMATOSIS HHPCR	This workpar has been discontinued. Use the workpar HHPCR3 to order this test.		Effective immediately.
HIGH SENSITIVITY CRP Nephelometry HCRP / HCRP 86141	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	Low risk LT 1.0 mg/L Average risk 1.0-3.0 High risk GT 3.0 Relative risk categories follow the recommendations of the American Heart Association and the CDC. Measurement of hsCRP should be done twice (averaging results), optimally two weeks apart, in metabolically stable patients. If the hsCRP level is GT 10 mg/L, the test should be repeated and the patient examined for non-cardiovascular sources of inflammation, such as infection.	Min. amt: 0.5 mL. Other acceptable specimens: plasma samples (EDTA, lithium heparin, or sodium heparin). Unacceptable conditions: frozen plasma samples. Very lipemic or turbid specimens should be clarified by centrifugation. Effective 4-15-03.
HIGH SENSITIVITY CRP HSCR / HSCR	This workpar is being discontinued. Use the workpar HCRP to order this test.		Effective 4-15-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
HSCRPP AND CHOLESTEROL PROFILE Enzymatic, Nephelometry HCRPP / HCRPP 86141, 82465, 83718	3 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	High Sensitivity CRP Low risk LT 1.0 mg/L Average risk 1.0-3.0 High risk GT 3.0 Relative risk categories follow the recommendations of the American Heart Association and the CDC. Measurement of hsCRP should be done twice (averaging results), optimally two weeks apart, in metabolically stable patients. If the hsCRP level is GT 10 mg/L, the test should be repeated and the patient examined for non-cardiovascular sources of inflammation, such as infection. Cholesterol LT 200 mg/dL Desirable 200-239 Borderline 240 or more High HDL LT 40 mg/dL Low 40-59 Within normal limits 60 or more High HDL Cholesterol greater than or equal to 60 mg/dL is considered to be a "negative" risk factor, serving to remove one risk factor from the total count.	Min. amt: 2 mL. Stability: 1 day at room temperature, 5 days refrigerated, 3 months frozen. Effective 4-15-03.
HSCRPP AND CHOLESTEROL PROFILE HSCRPP / HSCRPP	This workpar is being discontinued. Use the workpar HCRPP to order this study.		Effective 4-15-03.
HISTOPLASMA ANTIGEN EIA HISAG / HISAG 87385 (MiraVista)	5 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Identify source if other than serum. Store and transport refrigerated.	Equivocal (Units) Result inconclusive after repeated testing. Negative LT 1.0 Weak positive 1.0-2.0 Suggest repeat Positive 2.1-4.0 Repeat if inconsistent with clinical findings. Mod positive 4.1-10.0 High positive GT 10.0	NEW PROCEDURE Min. amt: 0.5 mL. Other acceptable specimens: urine, CSF, or BAL fluid. Replaces HISTAG. Effective 4-15-03.
HISTOPLASMA ANTIGEN HISTAG / HISTAG	This workpar is being discontinued. Use the workpar HISAG to order this test.		Effective 4-15-03.
INSULIN AB INSAB / INSAB 86337 (Mayo)	1 mL frozen serum (red top tube). Draw from fasting patient. Separate serum from cells, put in separate plastic tube, and freeze. Store and transport frozen.	LT 3% Binding	NEW PROCEDURE Min. amt: 0.3 mL. Unacceptable conditions: grossly hemolyzed specimens. Effective 4-15-03.
INSULIN AB INSULIN AB / INSABC	This workpar is being discontinued. Use the workpar INSAB to order this test.		Effective 4-15-03.
MELANIN, URINE Colorimetry MELURS / MELURS 84999 (ARUP)	10-mL frozen aliquot of a well-mixed random urine collection. This is a critical frozen specimen. Separate samples must be submitted when multiple tests are ordered. Protect from light at all times. Store and transport frozen.	Negative	NEW PROCEDURE Min. amt: 5 mL. Unacceptable conditions: refrigerated or ambient samples. Effective 4-15-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
MELANIN, URINE MEL.SCR / MELNUR	This workpar is being discontinued. use the workpar MELURS to order this test.		Effective 4-15-03.
OCCULT BLOOD, FLUID OCB.FLD / OBFL	This test is being discontinued.		Effective 4-15-03.
PHENOLPHTHALEIN, FECAL Colorimetry PHENST / PHENST 84999 (ARUP)	5 grams frozen random collection of feces. This is a critical frozen sample. Separate samples must be submitted when multiple tests are ordered. Store and transport frozen ASAP.	Negative	NEW PROCEDURE Min. amt: 1 gram. Unacceptable conditions: ambient, refrigerated, and specimens in preservative. Stability: 24 hours or less refrigerated. Non-frozen samples may produce false-negative results. Effective 4-15-03.
PHENOLPHTHALEIN, STOOL PHEN.STL / PHENPH	This workpar is being discontinued. Use the workpar PHENST to order this test.		Effective 4-15-03.
PORPHYRIN REFLEXIVE PANEL POR.UW / POPQUW	3 mL heparinized whole blood (green top tube) AND 24-hour urine collected in a dark bottle with 5 g NaHCO ₃ , adjust pH to 6 or 7, AND a random stool specimen. Collect these specimens preferably on the same day; if not on the same day, within the same 5-day period. Please indicate suspected diagnosis, total volume, and collection interval for urine sample. Protect specimens from light. Send stool specimen frozen and all others refrigerated.		First morning void urine collected in a dark bottle with 1 g of NaHCO ₃ is also an acceptable urine specimen. Effective 4-15-03.
RAPID STREP SCREEN RSGA / RSGA 87430			CPT code change only. Effective immediately.
TIAGABINE TIAGA / TIAGA		(ng/mL) Trough levels of 5-70 ng/mL have been reported as most probable range for seizure control. Peak concentrations and elimination half-life are affected by fat content of food, time of day, and concomitant medications.	Effective 3-31-03.
TISSUE TRANSGLUTAMINASE AB, IGA ELISA TIGABA / TIGABA 83516 (ARUP)	1 mL serum (red top tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.	0-1 year LT 5.0 AU Negative 5.0 or greater Positive 2 years or more LT 7.0 Negative 7.0 or greater Positive	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: plasma, severely lipemic, contaminated, or hemolyzed samples. Avoid repeated freeze/thaw cycles. Stability: 2 days at room temperature, 2 weeks refrigerated, 1 year frozen. Effective 4-15-03.
TRYPSIN, FECAL Film Digestion TRYPST / TRYPST 84488 (ARUP)	5 grams frozen feces from random collection. Store and transport frozen.	Normal	NEW PROCEDURE Min. amt: 5 grams. Unacceptable conditions: refrigerated and ambient samples and samples kept in preservatives. Stability: unacceptable at room temperature, unacceptable refrigerated, 24 hours or more frozen. Effective 4-15-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
TRYPSIN, STOOL TRYPS / TRPST	This workpar has been discontinued. Use the workpar TRYPST to order this test.		Effective 4-15-03.
VZV RAPID SCREEN VZV.SCR / VZVSCR 87252, 87290, 87300, 87254×2			CPT code change only. Effective immediately.
WEST NILE VIRUS AB, CSF ELISA WNVCSF / WNVCSF 86317×2 (Focus)	1 mL CSF. Store and transport refrigerated.	<p>West Nile Virus, IgG, CSF LT 0.90 West Nile Virus, IgG, CSF LT 2.00 Interpretation</p> <p>West Nile virus is a flavivirus recently associated with an outbreak of encephalitis. In acute infection, antibodies are sometimes detectable in CSF before they are in serum. Antibodies induced by West Nile virus infection show extensive cross-reactivity with other flaviviruses, including Dengue fever virus and St. Louis encephalitis virus. A positive IgM or IgG in a West Nile virus ELISA is not diagnostically conclusive of West Nile virus infection. A plaque reduction neutralization test using paired sera, and including other flaviviruses, must be performed to confirm the identity of the infecting agent.</p> <p>Diagnosis of central nervous system infections can be accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpretation of results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps.</p>	NEW PROCEDURE Min. amt: 0.5 mL. Stability: 2 days at room temperature, 3 months refrigerated, 7 years frozen. Effective 4-15-03.
WEST NILE VIRUS AB PANEL ELISA WNVML / WNVML 86317×2 (Focus)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	<p>West Nile Virus, IgG LT 0.90 West Nile Virus, IgM LT 2.00 Interpretation</p> <p>West Nile virus is a flavivirus recently associated with an outbreak of encephalitis. West Nile virus IgM is usually detectable by the time symptoms appear, but IgG may not be detectable until day 4 or day 5 of the illness. Antibodies induced by West Nile virus infection show extensive cross-reactivity with other flaviviruses, including Dengue fever virus and St. Louis encephalitis virus. A positive IgM or IgG in a West Nile virus ELISA is not diagnostically conclusive of West Nile virus infection. A plaque reduction neutralization test using paired sera, and including other flaviviruses, must be performed to confirm the identity of the infecting agent.</p>	NEW PROCEDURE Min. amt: 0.5 mL. Stability: 2 days at room temperature, 3 months refrigerated, 7 years frozen. Effective 4-15-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
WEST NILE VIRUS RNA BY RT-PCR RT-PCR WNVPCR / WNVPCR 87798 (Focus)	3 mL frozen serum or 1 mL frozen CSF. Separate serum from cells, put in separate plastic tube, and freeze. Store and transport frozen. This is a critical frozen specimen.	<p>Not detected</p> <p>The detection of West Nile virus (WNV) RNA is based upon reverse transcription of specific WNV genomic RNA sequences followed by PCR amplification. The diagnosis of WNV infection should not rely solely upon the result of a RT-PCR assay. A positive RT-PCR result should be considered in conjunction with clinical presentation and additional established diagnostic tests prior to establishing a diagnosis. A negative RT-PCR result indicates only the absence of WNV RNA in the sample tested and does not exclude the diagnosis of the disease.</p> <p>This test or one or more of its components was developed and its performance characteristics determined by Focus Technologies. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.</p>	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: specimens that are not frozen. Effective 4-15-03.

Test Alert 243 Revisions:

TORCH, IGG TORCHG / TORCHG 86644, 86695, 86696, 86762, 86777			CPT codes. Effective 4-1-03.
TORCH, IGG AND TORCH, IGM TORHGM / TORGM 86644, 86645, 86694, 86695, 86696, 86762×2, 86777, 86778			CPT codes. Effective 4-1-03.