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TEST ALERT

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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
BAL, LYMPH SUBSETS (REFLEX) BAL.LYMPH / BALSUB			Change in description only. Effective immediately.
BAL PROFILE (REFLEX) BALPR / BALPR			Change in description only. Effective immediately.
BORRELIA HERMSII AB PANEL IFA BHERGM / BHERGM 86619×2 (Focus)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	<i>Borrelia hermsij</i> , IgG LT 1:64 <i>Borrelia hermsii</i> , IgM LT 1:16 Single IgG titers of 1:64 and greater against <i>Borrelia hermsii</i> are considered presumptive evidence of infection by <i>Borrelia</i> . a four-fold or greater change in titer between acute and convalescent sera provides evidence of recent or current infection. Acute sera generally show specific IgM titers equal to or greater than 1:16, while patients with manifestations of later stages of disease display elevated IgG titers only. Cross-reactivity is shown with other <i>Borrelia</i> species and <i>Treponoma</i> ; therefore, positive specimens should be assayed in parallel against these antigens when possible to identify the specific species causing infection.	NEW PROCEDURE Min. amt: 0.25 mL. Stability: 1 week at room temperature, 2 months refrigerated, indefinitely frozen. Effective 8-12-03.
BORRELIA HERMSII AB PANEL BOR.HEM / BHERM	This workpar is being discontinued. Use the workpar BHERGM to order this test.		Effective 8-12-03.
COXSACKIE A ANTIBODY PANEL CF COXAB6 / COXAB6 86658×6 (Focus)	2 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	Coxsackie A, Type 2 LT 1:8 Coxsackie A, Type 4 LT 1:8 Coxsackie A, Type 7 LT 1:8 Coxsackie A, Type 9 LT 1:8 Coxsackie A, Type 10 LT 1:8 Coxsackie A, Type 16 LT 1:8 Interpretive Criteria: LT 1:8 Antibody not detected. 1:8 or more Antibody detected. Single titers of 1:32 or more are indicative of recent infection. Titers of 1:8 or 1:16 may be indicative of either past or recent infection since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. There is considerable cross-reactivity among enteroviruses; however, the highest titer is usually associated with the infecting serotype.	NEW PROCEDURE Min. amt: 1 mL. Effective 8-12-03.
CULTURE, BETA STREP SCREEN (REFLEXIVE) BSS / CBSS			Change in test description only. Effective 8-12-03.
CULTURE, ESBL SCREEN NCCLS Criteria: disk diffusion CESBLS / CESBLS 87184	Pure culture of <i>E. coli</i> or <i>Klebsiella</i> species in a sterile container. Store and transport at room temperature.	Culture, ESBL Screen Report Culture, ESBL Report Status	NEW PROCEDURE Effective 8-12-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
DIFFERENTIAL, BAL (REFLEX) BALDIF / BALDIF			Change in description only. Effective immediately.
HCV RNA QUANT BY BDNA 3.0 HCVBDNA / HCVQBD		<p>Lowest detectable range is 615 IU/mL. All results falling below this level will be reported as not detected.</p> <p>Reportable range is 615-7,000,000 IU/mL (equivalent to 3,200-40,000,000 copies/mL).</p> <p>This test is useful to establish baseline viral load, predict therapeutic response, and guide duration of therapy. Quantitative HCV RNA tests are recommended only if active HCV infection has been confirmed and should not be used to diagnose HCV infection. A negative result does not exclude low-level viremia.</p>	This is now an FDA-approved test. Effective immediately.
HCV RNA BDNA WITH REFLEX TO PCR HCVQTR / HCVQTR		<p>HCV RNA Quant by bDNA Lowest detectable range is 615 IU/mL. All results falling below this level will be reported as not detected.</p> <p>Reportable range is 615-7,000,000 IU/mL (equivalent to 3,200-40,000,000 copies/mL).</p> <p>This test is useful to establish baseline viral load, predict therapeutic response, and guide duration of therapy. Quantitative HCV RNA tests are recommended only if active HCV infection has been confirmed and should not be used to diagnose HCV infection. A negative result does not exclude low-level viremia.</p> <p>HCV by PCR Qualitative Interpretation Comment Comment</p>	This is now an FDA-approved test. Effective immediately.
HELICOBACTER PYLORI AB HELICO.AB / HPGY		<p><i>Helicobacter pylori</i>, IgG</p> <p>LT 0.91 ISR Negative – No significant level of IgG antibody to <i>H. pylori</i> detected.</p> <p>0.91-1.09 ISR Equivocal – Repeat IgG antibody testing in 10-14 days or <i>H. pylori</i> stool antigen testing may be useful.</p> <p>GT 1.09 ISR Positive – The presence of IgG antibody to <i>H. pylori</i> indicates past exposure of active infection.</p> <p><i>H. pylori</i>-specific antibodies are detectable in almost all patients with duodenal ulcer and about 80% of those with gastric ulcer. Antibodies are also present in 50% of healthy individuals over the age of 50. Positive results do not confirm a diagnosis of <i>H. pylori</i>-associated gastric or duodenal ulcer, but negative results provide strong evidence against these diagnoses. The <i>H. pylori</i> IgG antibody test is for screening purposes only. For diagnosis of infection or test of cure, the FDA-approved <i>H. pylori</i> stool antigen assay is suggested.</p>	Effective 8-12-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
HERPES SIMPLEX CULT/TYP (REFLEX) ELVIS HSVETP / HSVETP 87255	Dacron swab from mouth, vesicle or cervical/genital lesion or tissue biopsy in viral transport media (FT). Identify source, and if patient is pregnant, date of delivery. Store and transport refrigerated. For the most sensitive detection of Herpes simplex encephalitis, order Herpes Simplex Virus by PCR (HSVPCR). Specimen requirement: 1 mL frozen CSF. This test may reflex to additional tests depending on the results. If herpes is isolated, it will be typed as 1 or 2 and a fee added.	Herpes Simplex Culture, Report No Herpes simplex virus isolated. Herpes Simplex Culture, Status	NEW PROCEDURE Unacceptable conditions: calcium alginate swabs, wood swabs, dry swabs, or swabs in gel media, and serum or plasma. Also, swabs collected after application of creams, ointments, lotions, ice, alcohol, Betadine solution, zinc, or following sitz baths. Stability: 2 hours at room temperature, 48 hours refrigerated, unacceptable frozen. Effective 8-12-03.
HSV CULTURE AND TYPING HSVCTP / HSVTYP	This workpar is being discontinued. Use the workpar HSVETP to order this test.		Effective 8-12-03.
HERPES SIMPLEX VIRUS CULTURE ELVIS HSVELV / HSVELV 87255	Dacron swab from mouth, vesicle or cervical/genital lesion or tissue biopsy in viral transport media (FT). Identify source, and if patient is pregnant, date of delivery. Store and transport refrigerated. For the most sensitive detection of Herpes simplex encephalitis, order Herpes Simplex Virus by PCR (HSVPCR). Specimen requirement: 1 mL frozen CSF.	Herpes Simplex Culture, Report No Herpes simplex virus isolated. Herpes Simplex Culture, Status	NEW PROCEDURE Unacceptable conditions: calcium alginate swabs, wood swabs, dry swabs, or swabs in gel media, and serum or plasma. Also, swabs collected after application of creams, ointments, lotions, ice, alcohol, Betadine solution, zinc, or following sitz baths. Stability: 2 hours at room temperature, 48 hours refrigerated, unacceptable frozen. Effective 8-12-03.
VIRAL CULTURE, SINGLE HSV-CULT / HSVCUL	This workpar is being discontinued. Use the workpar HSVELV to order this test.		Effective 8-12-03.
HIT ANTIBODY EIA HITA / HITA 86022	1 mL frozen buffered sodium citrate plasma (blue top tube). Spin 10 minutes in refrigerated centrifuge at 3000 rpm. Separate into a plastic tube and re-spin. Separate into 2 plastic tubes and freeze at -70°C. Store and transport frozen. Separate samples must be submitted when multiple tests are ordered.	Heparin-Induced Thrombocytopenia Antibody Negative Interpretation: Negative – Immunoassays for heparin antibodies are considered sensitive (GT 90%); however, false-negatives can occur. If clinically indicated, repeat testing with a new sample in several days is suggested. When negative immunoassays occur within a strong clinical setting, functional testing for HIT may be indicated. Positive – Immunoassays for heparin antibodies are considered sensitive (GT 90%); however, the presence of antibody alone does not determine clinical heparin-induced thrombocytopenia. Results of this assay should be used in conjunction with clinical findings and to assess management. Equivocal – If clinically indicated, repeat immunoassay testing for heparin antibodies with a new sample in several days is suggested.	NEW PROCEDURE Min. amt: 0.5 mL. Blood/anticoagulant volume is critical. Unacceptable conditions: hemolyzed, short sample considerably below 9:1 ratio and clotted samples. Stability: 24 hours at room temperature, 24 hours refrigerated, 6 months frozen. Effective 8-12-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
HIT FUNCTIONAL Indirect Platelet Aggregation HITFUN / HITFUN 85576×5	4 mL buffered sodium citrate plasma (blue top tube). Draw 6 hours after heparin dose. Blood/anticoagulant volume is critical. Spin 10 minutes in refrigerated centrifuge at 3000 rpm. Separate into a plastic tube and re-spin. Separate into into 2 plastic tubes and freeze at -70°C. Store and transport frozen.	Heparin-Induced Thrombocytopenia, Functional Negative The HIT test is specific, but has a sensitivity of only about 36%. A positive test supports the diagnosis of HIT, but a negative result does not exclude it.	NEW PROCEDURE Min. amt: 1.5 mL. Unacceptable conditions: hemolyzed, clotted and short specimens. Separate samples must be submitted when multiple tests are ordered. Effective 8-12-03.
HEPARIN-INDUCED THROMBOCYTOPENIA HAT / HIT	This workpar is being discontinued. Use the workpar HITA to order this test.		Effective 8-12-03.
LIPASE, URINE Enzymatic/Colorimetric LIPAU / LIPAU 83690	2 mL urine, random collection. Put in sterile plastic urine container and refrigerate. Store and transport refrigerated.	4 or less U/L	NEW PROCEDURE Min. amt: 1 mL. Unacceptable conditions: urines containing preservatives. Stability: 1 week at room temperature, 1 month refrigerated, 4 days frozen. Effective 8-12-03.
LIPASE, URINE LIPU / LIPU	This workpar is being discontinued. Use the workpar LIPAU to order this test.		Effective 8-12-03.
LUPUS ANTICOAGULANT (REFLEX) LUPUS / ACTLUP	2 mL frozen citrated plasma (liquid blue top tube). Centrifuge and separate plasma and re-spin. Use plastic pipette and transfer platelet-poor plasma into 2 separate plastic tubes and freeze. Store and transport frozen. This test may reflex to additional tests depending on the results. Additional charges will be added. Separate samples must be submitted when multiple tests are ordered.		Min. amt: 2 mL. Stability: 4 hours refrigerated. Unacceptable conditions: May not be able to interpret testing in the presence of heparin, LMWH, direct thrombin inhibitors, or oral anticoagulants. Effective 8-12-03.
NEFAZODONE QUANTITATION NEFAZQ / NEFAZQ		Nefazodone (mcg/L) Steady-state peak levels (at approximately 1.2 hours post-dose) following a daily regimen: 50 mg bid 0.08-0.39 100 mg bid 0.46-1.2 200 mg bid 1.6-3.9	Effective immediately.
PSA, FREE PERCENT [ARUP] PSAFAR / PSAFAR	This workpar is being discontinued. Use the workpar FPSA to order this test.		Effective 8-12-03.
PSA, POST RADICAL ICMA PSAPR / PSAPR 84153	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	LT 0.05 ng/mL After radical prostatectomy, a PSA value of less than 0.05 ng/mL indicates no detectable residual disease. The minimum detectable concentration is 0.01 ng/mL.	NEW PROCEDURE Now performed in-house. Min. amt: 0.5 mL. Stability: 14 days refrigerated. Serum is the only acceptable specimen. Effective 8-12-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
THYROID STIMULATING IMMUNOGLOBULIN Bioassay/Lumo TSIG / TSIG 84445	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	Normal LT 130% of control % Interpretive Criteria: Normal LT 130% of control Elevated Equal to or GT 130% of control Thyroid Stimulating Immunoglobulin (TSI) are autoantibodies that recognize the thyroid stimulating hormone receptor, leading to activation of adenylate cyclase. TSI activity is measured by the ability of serum immunoglobulins to stimulate cyclic adenosine monophosphate (cAMP) production by a thyroid cell line expressing TSH receptors. Results are expressed as the % of basal activity, defined as the response to immunoglobulins from healthy controls. TSI are responsible for hyperthyroidism associated with Graves disease. The performance characteristics of this test were validated by Pathology Associates Medical Laboratories. The U.S. Food & Drug Administration (FDA) has not approved this test. FDA approval is not required for clinical use of this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. PAML is authorized under the Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity testing.	NEW PROCEDURE Now performed in-house. Min. amt: 0.3 mL. Other acceptable specimens: lipemic, hemolyzed, and icteric serum samples are acceptable. Unacceptable conditions: plasma. Stability: 7 days refrigerated, 1 month frozen. Effective 8-12-03.
THYROID STIMULATING IMMUNOGLOBULIN LATS / TGI	This workpar is being discontinued. Use the workpar TSIG to order this test.		Effective 8-12-03.
WEST NILE VIRUS AB, CSF WNVCSF / WNVCSF		West Nile Virus, IgG, CSF LT 1.30 West Nile Virus, IgM, CSF LT 0.90 Interpretation Interpretive Criteria for IgG: LT 1.30 Antibody not detected 1.30-1.50 Equivocal GT 1.50 Antibody detected Interpretive Criteria for IgM: LT 0.90 Antibody not detected 0.90-1.10 Equivocal GT 1.10 Antibody detected In the very early stages of acute West Nile Virus (WNV) infection, IgM may be detectable in CSF before it becomes detectable in serum. Antibodies induced by WNV infection show extensive cross-reactivity with other flaviviruses (Dengue, St. Louis encephalitis); thus, antibody detection using this panel is not diagnostically conclusive for WNV infection. Final diagnosis should be based on confirmatory assays, such as the plaque reduction neutralization test. WNV antibody results for CSF should be interpreted with caution. Complicating factors include low antibody levels found in the CSF, passive transfer of antibody from blood, and contamination via bloody taps.	Effective 7-14-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
WEST NILE VIRUS AB PANEL WNVML / WNVML		West Nile Virus, IgG LT 1.30 West Nile Virus, IgM LT 0.90 Interpretation Interpretive Criteria for IgG: LT 1.30 Antibody not detected 1.30-1.50 Equivocal GT 1.50 Antibody detected Interpretive Criteria for IgM: LT 0.90 Antibody not detected 0.90-1.10 Equivocal GT 1.10 Antibody detected West Nile Virus (WNV) IgM is usually detectable by the times symptoms appear, but IgG may not be detectable until day 4 or day 5 of illness. Although WNV IgM persists for more than a year in some patients with WNV encephalitis, detection of WNV IgM remains a reliable indicator of recent infection for most patients. Antibodies induced by WNV infection show extensive cross-reactivity with other flaviviruses (Dengue, St. Louis encephalitis); thus, antibody detection using this panel is not diagnostically conclusive for WNV infection. Final diagnosis should be based on confirmatory assays, such as the plaque reduction neutralization test.	Effective 7-14-03.

BILL ONLY Code(s)			
BILL ONLY ELVIS HSV TYPE 1 STAINING BELV1 / BELV1 87140×2			NEW PROCEDURE New bill only code for ELVIS HSV 1 Typing, will be added to HSVETP when Herpes Simplex Virus Type 1 is isolated. Effective 8-12-03.
BILL ONLY ELVIS HSV TYPE 2 STAINING BELV2 / BELV2 87140			NEW PROCEDURE New bill only code for ELVIS HSV 2 Typing, will be added to HSVETP when Herpes Simplex Virus Type 2 is isolated. Effective 8-12-03.

Description	GA Workpar	SQ Code	Effective Date
Requirements for the following tests will now include the statement “Separate samples must be submitted when multiple tests are ordered.”			
FIBRIN MONOMER FIBRINOLYSIS HYPERCOAGULATION PANEL (REFLEX) HYPERCOAGULATION PANEL EXT (REFLEX) PLASMINOGEN VON WILLEBRAND PANEL	FIB.MONOMER FIBLYS HYPERC HYPERP PLASMINOGEN VONP	FIBMON FIBLYS HYPERC HYPERP PLASM VONP	Effective 8-12-03.
The required volumes for the following test are changing to 3 mL sodium citrated whole blood preferred, 2 mL minimum. Also acceptable is 1 mL plasma (0.5 mL minimum).			
PROTIME PT MIXING STUDY PTT PTT MIXING STUDY PTT (PRESURGICAL)	PT PTMIX PTT PTTMIX PTT.SURG	PT PTMIX PTT PTTMIX PTT	Effective 8-12-03.