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# TEST ALERT

Number 255, August 14, 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
ADRENAL ANTIBODY IFA ADRAB / ADRAB 86255 (Focus)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	LT 1:4 Interpretation  LT 1:4      Antibody not detected. 1:4 or more    Antibody detected. Adrenal antibodies are present in 60% of patients with idiopathic adrenocortical insufficiency (Addison's disease), 5% of patients with tuberculous Addison's disease, and 1-5% of patients with other autoimmune endocrine disease.	NEW PROCEDURE Min. amt: 0.1 mL. Stability: 2 weeks at room temperature, 2 weeks refrigerated, indefinitely frozen. Effective 9-10-03.
ALPHA-GLOBULIN GENE ANALYSIS ALGGA / ALGGA 83891 83892×3 83894×7 83896×2 83897×2 83901 83912			CPT codes changes only. Effective 8-19-03.
CHOLINESTERASE, PLASMA & RBC CHESCR / CHESCR	3 mL EDTA or heparin whole blood (lavender or green top tube). Do not spin down or separate sample. Store and transport refrigerated.		Do not place whole blood directly on cool pack when shipping. Unacceptable conditions: frozen whole blood or hemolyzed samples. Stability: 4 hours at room temperature, 1 week refrigerated, unacceptable frozen. Effective immediately.
DILUTE RUSSELL VIPER VENOM ADRVVT / ADRVVT		31.8-45.7 sec	Effective 8-26-03.
DRUG & ALCOHOL SCR, SERUM (REFLEX) Immunoassay, Enzymatic DRASER / DRASER 80100, 80101 (NMS)	5 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Collect specimen using alcohol-free skin prep. Store and transport at room temperature. Confirmation testing is automatically performed on all positive screens at an additional charge.	Ethanol                    mg/dL Opiates                    ng/mL Cocaine/Metabolites    ng/mL Benzodiazepines        ng/mL Cannabinoids            ng/mL Amphetamines            ng/mL Barbiturates             ng/mL Methadone                ng/mL Phencyclidine            ng/mL Propoxyphene            ng/mL	NEW PROCEDURE Stability: 7 days at room temperature, 7 days refrigerated. Effective 9-10-03.

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DRUG SCREEN, SERUM (REFLEX) Immunoassay DRUSER / DRUSER 80100 (NMS)	5 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport at room temperature. Confirmation testing is automatically performed on all positive screens at an additional charge.	<table border="0"> <tr><td>Opiates</td><td>ng/mL</td></tr> <tr><td>Cocaine/Metabolites</td><td>ng/mL</td></tr> <tr><td>Benzodiazepines</td><td>ng/mL</td></tr> <tr><td>Cannabinoids</td><td>ng/mL</td></tr> <tr><td>Amphetamines</td><td>ng/mL</td></tr> <tr><td>Barbiturates</td><td>ng/mL</td></tr> <tr><td>Methadone</td><td>ng/mL</td></tr> <tr><td>Phencyclidine</td><td>ng/mL</td></tr> <tr><td>Propoxyphene</td><td>ng/mL</td></tr> </table>	Opiates	ng/mL	Cocaine/Metabolites	ng/mL	Benzodiazepines	ng/mL	Cannabinoids	ng/mL	Amphetamines	ng/mL	Barbiturates	ng/mL	Methadone	ng/mL	Phencyclidine	ng/mL	Propoxyphene	ng/mL	NEW PROCEDURE Do not use SST tubes. Stability: 7 days at room temperature, 7 days refrigerated. Effective 9-10-03.
Opiates	ng/mL																				
Cocaine/Metabolites	ng/mL																				
Benzodiazepines	ng/mL																				
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HERPES SIMPLEX VIRUS 1 & 2 AB INDEX HSV.INDEX / HSVGDX	This test is being discontinued.		Effective 9-10-03.																		
HERPESVIRUS 6 AB, IGG & IGM IFA HHV6GM / HHV6GM 86790x2 (Focus)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	<table border="0"> <tr><td>Herpesvirus 6 Ab, IgG</td><td>LT 1:10</td></tr> <tr><td>Herpesvirus 6 Ab, IgM</td><td>LT 1:20</td></tr> </table> <p>Human Herpesvirus 6 (HHV-6) infects T-lymphocytes and has been identified as an etiological agent of exanthema subitum. Rises in antibody titers to HHV-6 have been detected during infection with other viruses. In seroepidemiology studies of the prevalence of exposure using serum screening dilutions of 1:10, the detection of IgG Ab in a mid-life population approaches 100%. Due to this high prevalence of HHV-6 Ab, correlations of single IgG titers with specific diseases are of little clinical value. Evidence of acute infection or reactivation of HHV-6 is demonstrated by a significant rise or seroconversion of IgG and IgM titers.</p>	Herpesvirus 6 Ab, IgG	LT 1:10	Herpesvirus 6 Ab, IgM	LT 1:20	NEW PROCEDURE Min. amt: 0.25 mL. Stability: 3 days at room temperature, 2 weeks refrigerated, indefinitely frozen. Effective 9-10-03.														
Herpesvirus 6 Ab, IgG	LT 1:10																				
Herpesvirus 6 Ab, IgM	LT 1:20																				
HERPESVIRUS 6 DNA, PCR PCR HHV6PC / HHV6PC 87532 (Focus)	1 mL frozen serum (red top tube). Separate serum from cells, put in separate plastic tube, and freeze. Store and transport frozen.	<p>Not detected.</p> <p>The detection of human herpesvirus 6 DNA is based upon the amplification of specific HHV-6 genomic DNA sequences by PCR from total DNA extracted from the specimen. The diagnosis of HHV-6 infection should not rely solely upon the result of a PCR assay. A positive PCR result should be considered in conjunction with clinical presentation and additional established diagnostic tests prior to establishing a diagnosis. A negative PCR result indicates only the absence of HHV-6 DNA in the sample tested and does not exclude the diagnosis of 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. Other acceptable specimens: frozen EDTA or ACD plasma. 5 mL EDTA or ACD whole blood is also acceptable but must be sent at room temperature. Stability: no validation studies have been done on any specimens at this time. Effective 9-10-03.																		

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HISTAMINE, PLASMA EIA HISTP / HISTP 83088 (ARUP)	1 mL frozen EDTA plasma (lavender top tube). Specimens must be collected in a pre-chilled tube. Collect on ice. Separate plasma from cells in a refrigerated centrifuge within 20 minutes of collection. Separate only the upper two-thirds of the plasma, put in separate plastic tube, and freeze. Critical frozen. Separate samples must be submitted when multiple tests are ordered. Store and transport frozen.	0-6 nmol/L This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under CLIA and by all states to perform high-complexity testing.	NEW PROCEDURE Min. amt: 0.2 mL. Unacceptable conditions: non-frozen or hemolyzed specimens. Stability: 1 hour at room temperature, 1 hour refrigerated, 2 weeks frozen. Effective 9-10-03.
LEGIONELLA PNEUMOPHILIA AB 1-6, IGM IFA LEGABM / LEGABM 86713 (ARUP)	1 mL serum (red top tube). Separate serum from the cells ASAP and put in separate plastic tube. Store and transport refrigerated. Acute and convalescent samples must be labeled as such. Parallel testing is preferred, and convalescent samples must be received within 30 days from receipt of acute sample. Mark samples plainly as acute or convalescent.	LT 1:16 IgM antibody to Legionella pneumophila serotypes 1-6 is measured using and IgM-specific conjugate. It is recommended that the IgM test always be performed in conjunction with an IgG antibody test. The IgM response to Legionella tends to develop concurrently with the IgG response and may remain elevated as long as the IgG response remains elevated. Cross-reactions have been described with several species of bacteria and mycoplasma.	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: severely lipemic, contaminated, heat-inactivated, or hemolyzed samples. Stability: 2 days at room temperature, 2 weeks refrigerated, 1 year frozen (avoid repeated freeze/thaw cycles). Effective 9-10-03.
LEGIONELLA SPECIES BY PCR PCR LEGPCR / LEGPCR 87541 (ARUP)	1 mL frozen respiratory specimen: sputum, lung washes, tracheal aspirates, nasopharyngeal swab, bronchoalveolar lavage (BAL), or bronchial brushings in sterile leakproof container or in viral transport media (M4). Critical frozen. Separate samples must be submitted when multiple tests are ordered. Avoid freeze/thaw cycles. Store and transport frozen. Specimen source is required.	Negative Interpretation: Negative – Legionella sp. DNA not detected by PCR. Positive – Legionella sp. DNA detected by PCR. A negative result does not rule out the presence of PCR reaction inhibitors in the patient specimen or Legionella DNA concentration below the level of detection by the assay. The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under CLIA and by all states to perform high-complexity testing. This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: dry swabs and nonsterile or leaking containers. Stability: 4 hours at room temperature, 12 hours refrigerated, 6 months frozen. Effective 9-10-03.
LUPUS ANTICOAGULANT (REFLEX) LUPUS / ACTLUP Also: HYPERC / HYPERC HYPERP / HYPERP		DRVVT 31.8-45.7 sec	Reference range change for DRVVT only. Effective 8-26-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
LYME (B. BURGENDORFERI) ANTIBODY IGG/IGM BY EIA LYME & LYME.WB / LYMAB & LYMWB		LT 0.91 Negative Index Value (IV) 0.91-1.09 Equivocal GT 1.09 Positive RPR Non-reactive	Effective immediately.
METANEPHRINES, PLASMA LC-MS/MS PMET / PMET 83835 (Mayo)	4 mL frozen EDTA plasma (lavender top tube). Separate plasma from cells, put in separate plastic tube, and freeze. Store and transport frozen. Discontinue epinephrine and epinephrine-like drugs at least 1 week before testing. Patient must refrain from using acetaminophen for 48 hours before specimen is drawn. Also refrain from using caffeine, medications, and tobacco, and from drinking coffee, tea, or alcoholic beverages for at least 4 hours before specimen collection.	Normetanephrine LT 0.90 nmol/L Metanephrine LT 0.50 nmol/L	NEW PROCEDURE Unacceptable conditions: specimens at room temperature. Effective 9-10-03.
MYCOPLASMA PNEUMONIAE BY PCR PCR MYCPCR / MYCPCR 87581 (ARUP)	1 mL frozen respiratory specimen: sputum, lung washes, tracheal aspirates, nasopharyngeal swab, bronchoalveolar lavage (BAL), bronchial brushings in a sterile leakproof container or in viral transport media (M4). Critical frozen. Separate samples must be submitted when multiple tests are ordered. Store and transport frozen. Specimen source is required.	Source <i>Mycoplasma pneumoniae</i> by PCR Negative  Interpretation Negative – <i>Mycoplasma pneumoniae</i> DNA not detected. Positive – <i>Mycoplasma pneumoniae</i> DNA detected.  A negative result does not rule out the presence of PCR inhibitors in the patient specimen or <i>Mycoplasma pneumoniae</i> DNA concentrations below the level of detection by the assay.  The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.  ARUP is authorized under CLIA and by all states to perform high-complexity testing.  This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.	NEW PROCEDURE Min. amt: 0.5 mL respiratory specimens. Other acceptable specimens: 1 mL CSF frozen in sterile container. Unacceptable conditions: nonsterile or leaking containers. Avoid freeze/thaw cycles. Stability: 4 hours at room temperature, 12 hours refrigerated, 6 months frozen. Effective 9-10-03.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
NEURON SPECIFIC ENOLASE ELISA NSEN / NSEN 86316 (ARUP)	1 mL frozen serum (red top tube). Separate serum from cells, put in separate plastic tube, and freeze. Store and transport frozen.	3.7-8.9 µg/L This assay is performed using the ALPCO Diagnostics Neuron Specific Enolase EIA.  This test uses a kit designated by the manufacturer as "for research use only." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.  ARUP is authorized under CLIA and by all states to perform high-complexity testing.  This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: plasma and hemolyzed samples. Stability: unacceptable at room temperature, 24 hours refrigerated, indefinitely frozen. Effective 9-10-03.
OXALATE, SERUM Enzymatic OXASER / OXASER 83945 (NMS)	4 mL serum (red top tube). Separate serum from cells and put in separate plastic tubes. Store and transport refrigerated.	Normally up to 27 µmol/L	NEW PROCEDURE Min. amt: 2 mL. Unacceptable conditions: fluoride oxalate (gray top tube). Stability: 5 days at room temperature, 7 days refrigerated, 7 days frozen. Effective 9-10-03.
PML/RARa T(15;17) BY RT-PCR RT-PCR PMLRPC / PMLRPC 83891, 83902, 83898×5, 83894×3, 83912 (ARUP)	5 mL whole blood, EDTA, ACD Solution A, or sodium heparin (lavender, yellow, or green top tube) or 3 mL bone marrow. Store and transport refrigerated. Samples must be received at ARUP within 48 hours of collection due to lability of RNA.	PML/RARa Negative – PML/RARa fusion transcript is not detected. Positive – PML/RARa fusion transcript is detected.  The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.  ARUP is authorized under CLIA and by all states to perform high-complexity testing.	NEW PROCEDURE Stability: 1 hour at room temperature, 48 hours refrigerated, unacceptable frozen. Effective 9-10-03.
PNEUMOCOCCAL ANTIBODY PANEL EIA PNEIBT / PNEIBT 86609×12 (IBT)	1 mL serum (red top tube) each for the prevaccination and postvaccination samples. Separate serum from cells, put each in a separate plastic tube, and label as pre- and post-vaccination samples. Store and transport refrigerated or at room temperature. Indicate date of pre- and post-vaccinations samples.	"See separate report." (Reference ranges remain unchanged.)	NEW PROCEDURE Min. amt: 0.5 mL. Stability: 4 weeks at room temperature, 4 weeks refrigerated, 1 year frozen. Effective 9-10-03.
PROSTATIC SPECIFIC AG (WITH REFLEX) ECLIA PSAR / PSAR	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. THIS TEST REFLEXES TO A FREE PSA IF THE TOTAL PSA IS BETWEEN 4.0-10.0 NG/ML. AN ADDITIONAL FEE WILL BE ADDED.	This is now an FDA-approved procedure.	Min. amt: 0.5 mL. Other acceptable specimens: lithium heparin or EDTA plasma. Unacceptable conditions: heat-inactivated and samples stabilized with azide. Minimum detectable concentration is 0.03 ng/mL for PSA and 0.02 ng/mL for Free PSA. Stability: 5 days refrigerated, 3 months frozen. Effective immediately.

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PTT.SURG / PTT PTT / PTT COAG-BAT / COAGB		Deep venous thrombosis or pulmonary embolism therapeutic heparin levels of 0.3 to 0.7 Units/mL anti-factor Xa levels usually correspond to an aPTT of 60 to 85 seconds. Acute cardiac syndrome therapeutic range based on heparin levels of 0.14 to 0.34 usually correspond to an aPTT of 45 to 60 seconds.	Effective 8-26-03.
SOLUBLE LIVER ANTIGEN ANTIBODY, IGG ELISA SLAIGG / SLAIGG 83516 (ARUP)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	0.0-20.0 EU    Negative 20.1-24.9    Equivocal 25.0 or more    Positive  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.	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: hemolyzed, lipemic, contaminated, or heat-inactivated samples. Stability: 2 days at room temperature, 2 weeks refrigerated, 1 year frozen (avoid repeated freeze/thaw cycles). Effective 9-10-03.

# BILL ONLY

<b>Test Method</b> <b>GA Workpar / SQ Code</b> <b>CPT Code(s)</b>	<b>Specimen Requirements</b>	<b>Reference Ranges</b>	<b>Comments</b> <b>Effective Date</b>
BILL ONLY FOR ALCOHOL (NMS) BALCC / BALCC 82055			NEW PROCEDURE Bill only for Alcohol confirmation, for use with DRASER. Effective 9-10-03.
BILL ONLY AMPHETAMINE CONFIRMATION (NMS) BAMPH / BAMPH 82145			NEW PROCEDURE Bill only for Amphetamine confirmation, for use with DRASER and DRUSER. Effective 9-10-03.
BILL ONLY FOR BARBITURATE CONFIRMATION (NMS) BBARB / B BARB 82205			NEW PROCEDURE Bill only for Barbiturate confirmation, for use with DRASER and DRUSER. Effective 9-10-03.
BILL ONLY FOR BENZODIAZEPINE CONFIRMATION (NMS) BBENZ / B BENZ 80154			NEW PROCEDURE Bill only for Benzodiazepine confirmation, for use with DRASER and DRUSER. Effective 9-10-03.
BILL ONLY FOR CANNABINOIDS CONFIRMATION (NMS) BCANN / BCANN 82542			NEW PROCEDURE Bill only for Cannabinoids confirmation, for use with DRASER and DRUSER. Effective 9-10-03.
BILL ONLY FOR COCAINE CONFIRMATION (NMS) BCOC / BCOC 82520			NEW PROCEDURE Bill only for Cocaine confirmation, for use with DRASER and DRUSER. Effective 9-10-03.
BILL ONLY FOR METHADONE CONFIRMATION (NMS) BMETH / BMETH 83840			NEW PROCEDURE Bill only for Methadone confirmation, for use with DRASER and DRUSER. Effective 9-10-03.
BILL ONLY FOR OPIATES – FREE CONFIRMATION (NMS) BOPIAF / BOPIAF 83925			NEW PROCEDURE Bill only for Opiates – Free confirmation, for use with DRASER and DRUSER. Effective 9-10-03.
BILL ONLY FOR OPIATES – TOTAL CONFIRMATION (NMS) BOPIAT / BOPIAT 83925			NEW PROCEDURE Bill only for Opiates – Total confirmation, for use with DRASER and DRUSER. Effective 9-10-03.
BILL ONLY FOR PHENCYCLIDINE CONFIRMATION (NMS) BPHEN / B PHEN 83992			NEW PROCEDURE Bill only for Phencyclidine confirmation, for use with DRASER and DRUSER. Effective 9-10-03.
BILL ONLY FOR PROPOXYPHENE CONFIRMATION (NMS) BPROP / BPROP 82542			NEW PROCEDURE Bill only for Propoxyphene confirmation, for use with DRASER and DRUSER. Effective 9-10-03.