January 2015 - Monthly Update, Quest Diagnostics Nichols Institute, Valencia

NEW TESTS Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.			
Test Code	**Test Name**	**Effective Date**	**Page #**
92670	**HIV-1 RNA, Quantitative Real-Time PCR with Reflex to Coreceptor Tropism**	1/12/2015	2
95084	**Aldosterone, LC/MS/MS, Adrenal Vein**	2/9/2015	3
92497	**FISH, Myeloma, 17p-, rea 14q32 with Reflexes**	2/9/2015	3
92495	**FISH, Myeloma, Chromosomes CEP 9, 11, 15**	2/9/2015	4

TEST CHANGES Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.				
Test Code	**Former Test Code**	**Test Name**	**Effective Date**	**Page #**
5223	1901	**Apolipoprotein A1**	2/9/2015	5
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7018	1904	**Apolipoprotein Evaluation**	2/9/2015	6
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40083		Factor VIII Inhibitor Panel	2/9/2015	8
3182		Growth Hormone (GH)	2/9/2015	9
91432		**HIV-1/2 Antibody Differentiation (Supplemental Use Only)**	2/9/2015	10
91778		**HIV-1/2 Antibody Differentiation(Supplemental Use Only)Reflex HIV-1 RNA,TMA**	2/9/2015	10
619	S51290	**Lysozyme (Muramidase)**	2/9/2015	10
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DISCONTINUED TESTS Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.			
Test Code	**Test Name**	**Effective Date**	**Page #**
S51712	FISH, Multiple Myeloma, 5, 9, 15	2/9/2015	12
S51713	FISH, Myeloma, 13q,14q, 17p with Reflex to 5,9,15	2/9/2015	12
S50634	Bacterial, Culture, Aerobic, Environmental	2/23/2015	12
S49495	*Schistosoma* IgG Antibody, FMI (CSF)	2/23/2015	12
S49593	Teichoic Acid Antibody, Quantitative, ID	2/23/2015	12

SEND OUTS Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.				
Test Code	**Former Test Code**	**Test Name**	**Effective Date**	**Page #**

The CPT Codes provided in this document are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed. Any Profile/panel component may be ordered separately. Reflex tests are performed at an additional charge.

92535		Mold Susceptibility, 5 Drug		13
19595	S51231	**Hypoglycemic Panel, Serum/Plasma**	2/2/2015	13

New Test Offerings

The following tests will be available through Quest Diagnostics on the dates indicated below.

HIV-1 RNA, Quantitative Real-Time PCR with Reflex to Coreceptor Tropism	
Clinical Significance	**This test may be used to determine whether the patient's HIV-1 viral load is sufficient to perform the HIV-1 RNA tropism test. If the viral load is at least 1000 copies/mL, then the RNA tropism test will be performed.**
Effective Date	**1/12/2015**
Test Code	**92670**
CPT Codes	**87536**
Specimen Requirements	**3 mL (2.5 mL minimum) plasma collected in an EDTA (lavender-top) tube**
Reject Criteria	**Specimen collected using heparin as anticoagulant; frozen plasma received in PPT**
Instructions	**Collect blood in sterile tubes containing EDTA anticoagulant (lavender-top) or PPT (white-top) tube. Separate plasma from the cells by centrifugation within 24 hours after collection, transfer the plasma to a separate plastic screw-cap vial, and ship frozen.**
Transport Temperature	**Frozen**
Specimen Stability	**Room temperature: 24 hours** **Refrigerated: 5 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Mon-Sat; Report available: 2-4 days**
Reference Range	**HIV-1 RNA, QN PCR:** — **<20 Copies/mL** **HIV-1 RNA, QN PCR:** — **<1.30 Log copies/mL** **HIV-1 Coreceptor Tropism with Reflex to Ultradeep Sequencing** — **No reference range available**
Methodology	**Real-Time Polymerase Chain Reaction**
Performing Site	**Focus Diagnostics, Inc.**
Interface Mapping	**Result Code** / **Result Name** / **Unit of Measure** **70011130** / **HIV-1 RNA, QN PCR** / **Copies/mL** **70011135** / **HIV-1 RNA, QN PCR** / **Log copies/mL** ***This is a true reflex. Please build the unit code below separately.*** ***Non-orderable Reflex: 906665 HIV-1 Coreceptor Tropism with Reflex to Ultradeep Sequencing*** **Result Code** / **Result Name** **70000050** / **CXCR4(X4)** **86008044** / **Net Tropism Assessment** **86007072** / **MVC Activity Anticipated** ***This is a true reflex. Please build the unit code below separately.***

	Non-orderable Reflex: 90958 Ultradeep Sequencing **Result Code** / **Result Name** **86008043** / **UDS X4**
Additional Information	**If HIV-1 RNA Quantitative PCR is greater than or equal to 1000 copies/mL, then HIV-1 Coreceptor Tropism with Reflex to Ultradeep Sequencing will be performed at an additional charge (CPT code(s): 87906).** **If the HIV-1 Coreceptor Tropism result is Not Detected, then the Ultradeep Sequencing will be performed at an additional charge (CPT code(s): 87906).**
Pricing Message	Negotiated pricing on 40085 will be applied to code 92670.

Aldosterone, LC/MS/MS, Adrenal Vein	
Effective Date	**2/9/2015**
Test Code	**95084**
CPT Codes	**82088**
Specimen Requirements	**1 mL (0.25 mL minimum) serum collected in a red-top tube (no gel)**
Reject Criteria	**Serum separator tubes**
Instructions	**Draw blood in a red-top tube (no gel). Separate serum after clotting. Ship serum refrigerated or frozen. Do not submit glass tubes. Draw "upright" samples at least 1/2 hour after patient sits up.**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 4 days** **Refrigerated : 7 days** **Frozen: 28 days**
Set-up/Analytic Time	**Set up: Sun-Fri; Report available: 4-6 days**
Reference Range	**Accompanies report**
Methodology	**Liquid Chromatography, Tandem Mass Spectrometry**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
Interface Mapping	**Result Code** / **Type** / **Result Name** **86007404** / **Prompt-Result** / **Specimen Source:** **86006585** /	**Aldosterone, Adrenal Vein**

FISH, Myeloma, 17p-, rea 14q32 with Reflexes	
Clinical Significance	**Plasma cell myeloma (PCM) is characterized by the proliferation of malignant monoclonal plasma cells in the bone marrow. Initial FISH testing is performed to detect high risk rearrangements of IGH (14q32) and deletion of TP53 (17p13.1). The prognostic panel also includes probes to detect gains of 1q and monosomy or deletion 13q associated with less favorable outcome and gains of chromosome 9, 11, and 15 associated with more favorable outcome.**
Effective Date	**2/9/2015**
Test Code	**92497**
CPT Codes	**88271 (x4), 88275 (x2) for the FISH, Myeloma, 17p-, rea 14q32 component** **88271 (x7), 88275 (x3) for the FISH, Myeloma, Risk Assessment Panel component**

Specimen Requirements	**Preferred:** **3 mL (1 mL minimum) bone marrow in transport media** **Acceptable:** **Bone marrow submitted in sodium heparin (green-top) or lead-free (tan-top) tube**
Instructions	**Submit 1-3 mL bone marrow aspirate in transport media (preferred) or bone marrow in sodium heparin tubes.** **Ship at room temperature. Do not Freeze.** **Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Do not reject.**
Transport Temperature	**Room temperature**
Specimen Stability	**See instructions**
Set-up/Analytic Time	**Set up: Daily; Report available: 8 days**
Reference Range	**Accompanies Report**
Methodology	**Fluorescence In Situ Hybridization (FISH)**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
Interface Mapping	

Result Code	Type	Result Name
86011345		FISH,Myeloma 17p,14q32
85997860	Prompt-Result (no return)	Specimen Type/Source/Vol:
86007537	Prompt-Result (no return)	Clinical Indication:
86007538	Prompt-Result (no return)	Referring Physician:
85997863	Prompt-Result (no return)	Referring Physician Phone:
85997864	Prompt-Result (no return)	Client/Phone #:
86007469	Prompt-Result (no return)	Client Accession #:
86007539	Prompt-Result (no return)	Patient ID:
86011342		FISH, Myeloma, Risk Panel

This is a true reflex. Please build the unit code below separately.
Non-Orderable Reflex: 92496-1 FISH, Myeloma, IGH Panel (MAFB, MAF, FGFR3, CCND1)

Result Code	Result Name
86011344	FISH, Myeloma, IGH Panel

Additional Information	**When the result for IGH rearrangement is positive during initial FISH analysis, the IGH Panel (MAFB, MAF, FGFR3, CCND1) will be performed at an additional charge (CPT code(s): 88271 (x8), 88275 (x4)). This allows identification of high risk t(14;16) and t(14;20), intermediate risk t(4;14), and standard risk t(11;14).** **Please note that partial reports are issued when the sample is insufficient to perform all components of the FISH panel.**

FISH, Myeloma, Chromosomes CEP 9, 11, 15	
Clinical Significance	**Plasma cell myeloma (PCM) is characterized by the proliferation of malignant monoclonal plasma cells in the bone marrow. Hyperdiploidy with gains of odd numbered chromosomes, including 9, 11, and 15, has been associated with a more favorable outcome in myeloma patients. This test replaces FISH, Multiple Myeloma (5, 9, 15) (test code 19619), which is no longer available.**

Effective Date	**2/9/2015**
Test Code	**92495**
CPT Codes	**88271 (x3), 88275**
Specimen Requirements	**Preferred:** **3 mL (1 mL minimum) bone marrow in transport media** **Acceptable:** **Bone marrow submitted in sodium heparin (green-top) or lead-free (tan-top) tube**
Instructions	**Please submit 1-3 mL bone marrow aspirate in transport media (preferred) or in sodium heparin tubes.** **Ship at room temperature. Do not freeze.** **Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Do not reject.**
Transport Temperature	**Room temperature**
Specimen Stability	**See instructions**
Set-up/Analytic Time	**Set up: Daily**; **Report available: 7 days**
Reference Range	**Accompanies Report**
Methodology	**Fluorescence In Situ Hybridization (FISH)**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
Interface Mapping	

Result Code	Type	Result Name
86011343		**FISH, Myeloma, CEP 9,11,15**
85997860	**Prompt-Result (no return)**	**Specimen Type/Source/Vol:**
86007537	**Prompt-Result (no return)**	**Clinical Indication:**
86007538	**Prompt-Result (no return)**	**Referring Physician:**
85997863	**Prompt-Result (no return)**	**Referring Physician Phone:**
85997864	**Prompt-Result (no return)**	**Client/phone #:**
86007469	**Prompt-Result (no return)**	**Client Accession #:**
86007539	**Prompt-Result (no return)**	**Patient ID:**

Pricing Message	Negotiated pricing on S51712 will be applied to code 92495.

Test Changes

The following test changes will be effective on the dates indicated below. **Please note information that is changing appears in bold text in this update.** *Former test names and test codes have been italicized*.

Apolipoprotein A1	
Clinical Significance	**Apolipoprotein A1 is the primary protein associated with HDL cholesterol. Like HDL cholesterol, increased concentrations are associated with reduced risk of cardiovascular disease.**
Effective Date	**2/9/2015**
Former Test Name	*Apolipoprotein A-1*

Former Test Code	*1901*
Test Code	**5223**
Reject Criteria	**Grossly lipemic**
Instructions	**Remove fasting collection instructions**
Specimen Stability	**Room temperature: 7 days** Refrigerated: 10 days Frozen: 90 days
Reference Range	

Reference Range	**Male**	**Female**
	94-176 mg/dL	101-198 mg/dL
Risk Category	**Male**	**Female**
Optimal	**> or = 115 mg/dL**	**> or = 125 mg/dL**
High	**<115 mg/dL**	**<125 mg/dL**

Performing Site	Quest Diagnostics Nichols Institute, Valencia
Interface Mapping	

Result Code	**Result Name**	**Unit of Measure**
50057600	**Apolipoprotein A1**	mg/dL

Pricing Message	Negotiated pricing on 1901 will be applied to code 5223.

Apolipoprotein B	
Clinical Significance	**Apolipoprotein B (APO B) has been reported to be a powerful indicator of CAD. In some patients with CAD, APO B is elevated even in the presence of normal LDL cholesterol.**
Effective Date	**2/9/2015**
Former Test Code	*1903*
Test Code	**5224**
Reject Criteria	**Grossly lipemic**
Instructions	**Remove fasting and collection instructions**
Specimen Stability	**Room temperature: 7 days** Refrigerated: 10 days Frozen: 90 days
Reference Range	

Reference Range	**Male**	**Female**
	52-109 mg/dL	49-103 mg/dL
Risk Category	**Male**	**Female**
Optimal	**<80 mg/dL**	**<80 mg/dL**
Moderate	**80-119 mg/dL**	**80-119 mg/dL**
High	**> or = 120**	**> or = 120**

Performing Site	Quest Diagnostics Nichols Institute, Valencia

Interface Mapping	

Result Code	Result Name	Unit of Measure
50057700	Apolipoprotein B	mg/dL

Pricing Message	Negotiated pricing on 1903 will be applied to code 5224.

Apolipoprotein Evaluation	
Clinical Significance	**Apolipoprotein A1 is the primary protein associated with HDL cholesterol. Like HDL cholesterol, increased concentrations are associated with reduced risk of cardiovascular disease. Apolipoprotein B-100 is the primary protein associated with LDL cholesterol and other lipid particles. Like LDL cholesterol, increased concentrations are associated with increased risk of cardiovascular disease. The ratio of these two apolipoproteins correlates with risk of cardiovascular disease.**
Effective Date	**2/9/2015**
Former Test Name	*Apolipoprotein A-1 & B*
Former Test Code	*1904*
Test Code	**7018**
Specimen Requirements	**1 mL (0.5 mL minimum) serum**
Reject Criteria	**Grossly lipemic** **Remove gross hemolysis**
Instructions	**Remove fasting and collection instructions**
Specimen Stability	**Room temperature: 7 days** Refrigerated: 10 days Frozen: 90 days
Reference Range	

Reference Range		**Male**	**Female**
Apolipoprotein A1		94-176	101-198
Apolipoprotein B		52-109	49-103
	Risk Category	**Male**	**Female**
Apolipoprotein A1	**Optimal**	**> or = 115 mg/dL**	**>or =125 mg/dL**
	High	**<115 mg/dL**	**<125 mg/dL**
Apolipoprotein B	**Optimal**	**<80 mg/dL**	**<80 mg/dL**
	Moderate	**80-119 mg/dL**	**80-119 mg/dL**
	High	**> or = 120 mg/dL**	**> or = 120 mg/dL**
Apolipoprotein B/A1 Ratio	**Optimal**	**<0.77**	**<0.63**
	Moderate	**0.77-0.95**	**0.63-0.78**
	High	**>0.95**	**>0.78**

Performing Site	Quest Diagnostics Nichols Institute, Valencia
Interface Mapping	

Result Code	Result Name	Unit of Measure
50057600	**Apolipoprotein A1**	mg/dL

	50057700	Apolipoprotein B	mg/dL
	50059900	Apo B/A1 Ratio	
Pricing Message	Negotiated pricing on 1904 will be applied to code 7018.		

Cardio IQ® Advanced Lipid Panel	
Effective Date	**2/9/2015**
Test Code	92145
Reject Criteria	Moderately icteric; grossly icteric; gross hemolysis**; grossly lipemic**
Always Message	**92145-7-Cardio IQ® Apolipoprotein B** **Risk:** **Optimal** — **<80 mg/dL** **Moderate** — **80-119 mg/dL** **High** — **>=120 mg/dL** **Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations - Davidson et al. J Clin Lipidol. 2011;5:338**
Methodology	Enzymatic, Spectrophotometric, Ion Mobility, **Nephelometry**, Immunoturbidometric
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Factor VIII Activity, Chromogenic			
Clinical Significance	**Preferred test in patients with Lupus anticoagulant, on heparin or direct thrombin inhibitors, or on Factor VIII concentrates.**		
Effective Date	**2/9/2015**		
Former Test Code	*S51435*		
Test Code	**16049**		
Transport Temperature	**Frozen**		
Set-up/Analytic Time	**Set up: Wed, Sat; Report available: 1-5 days**		
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano		
Interface Mapping	**Result Code**	**Result Name**	**Unit of Measure**
	86000438	**Factor VIII Activity, Chromogenic**	**% normal**
Pricing Message	Negotiated pricing on S51435 will be applied to code 16049.		

Factor VIII Activity, Clotting	
Clinical Significance	**Bleeding disorders may be due to inherited or acquired deficiencies of a clotting factor.**
Effective Date	**2/9/2015**
Test Code	347

Transport Temperature	**Frozen**
Specimen Stability	Room temperature and Refrigerated: Unacceptable **Frozen -20° C: 14 days** Frozen -70° C: 1 year
Set-up/Analytic Time	**Set up: Mon-Sat; Report available: 1-3 days**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
Interface Mapping	**Result Code** / **Result Name** / **Unit of Measure** 30016700 / **Factor VIII Activity, Clotting** / % normal

Factor VIII Inhibitor Panel	
Effective Date	**2/9/2015**
Test Code	40083
Specimen Requirements	2 mL (1 mL minimum) plasma **collected in each of 3 separate 3.2% sodium citrate (light blue-top) tubes**
Transport Temperature	**Frozen**
Set-up/Analytic Time	**Set up: Sun, Tues, Thurs; Report available: 1-4 days, if reflexed 2-5 days**
Reference Range	Factor VIII Inhibitor, EIA: Negative Factor VIII Activity: 50-180 % normal Nijmegen Assay: **<0.6 Bethesda unit**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
Interface Mapping	**Result Code** / **Result Name** **86002308** / Factor VIII Inhibitor, EIA **30016700** / **FVIII Act, Clotting** *This is a true reflex. Please build the unit code below separately.* *Non-Orderable Reflex:* 4344-4 Nijmegen Assay **Result Code** / **Result Name** **86002311** / Nijmegen Assay
Additional Information	**Update report format to remove Factor VIII Human Inhibitor component from this test.** **If Factor VIII Inhibitor, EIA Screen is positive, then the Nijmegen Assay will be performed at an additional charge (CPT code(s): 85335).**

Growth Hormone (GH)	
Effective Date	**2/9/2015**
Test Code	3182
Specimen Stability	Room temperature: 7 days **Refrigerated: 14 days** Frozen: 28 days

Reference Range	<table><tr><td>< 20 years</td><td>**< or = 10.1**</td><td>ng/mL</td></tr><tr><td>> or = 20years</td><td>**< or = 7.1**</td><td>ng/mL</td></tr></table>
Always Message	Because of a pulsatile secretion pattern, random (unstimulated) growth hormone (GH) levels are frequently undetectable in normal children and adults and are not reliable for diagnosing GH deficiency. Regarding suppression tests, failure to suppress GH is diagnostic of acromegaly. Typical GH response in healthy subjects: Using the glucose tolerance (GH suppression) test, acromegaly is ruled out if the patient's GH level is **<1.0** ng/mL at any point in the timed sequence. **[Katznelson L, Laws Jr ER, Melmed S, et al. Acromegaly: an Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab 2014; 99: 3933-3951].** Using GH stimulation testing, the following result at any point in the timed sequence makes GH deficiency unlikely: Adults (> or = 20 years): Insulin Hypoglycemia > or = 5.1 ng/mL Arginine/GHRH > or = 4.1 ng/mL **Glucagon > or = 3.0 ng/mL** Children (<20 years): All Stimulation Tests > or = 10.0 ng/mL **This growth hormone assay (Beckman Coulter DxI) produces results approximately 20% lower than the previously-used assay (Siemens Immulite). Interpret results accordingly relative to the provided clinical thresholds, all of which have been prescribed by endocrine professional societies without regard to any specific growth hormone assay.**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Tests Affected	<table><tr><th>Test Codes:</th><th>Name:</th></tr><tr><td>3171</td><td>Growth Hormone, 2 specimens</td></tr><tr><td>3175</td><td>Growth Hormone, 3 specimens</td></tr><tr><td>3185</td><td>Growth Hormone, 4 specimens</td></tr><tr><td>3195</td><td>Growth Hormone, 5 specimens</td></tr></table>

HIV-1/2 Antibody Differentiation (Supplemental Use Only)	
Effective Date	**2/9/2015**
Former Test Name	*HIV-1/2 Antibody Differentiation*
Test Code	91432
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Tests Affected	<table><tr><th>Test Codes:</th><th>Name:</th></tr><tr><td>P50079A</td><td>Custom MMC HIV-1/2 Antibody Differentiation</td></tr><tr><td>91432-2, RRS</td><td>Non-orderable Reflex HIV-1/2 Antibody Differentiation</td></tr></table>

HIV-1/2 Antibody Differentiation(Supplemental Use Only)Reflex HIV-1 RNA,TMA	
Effective Date	**2/9/2015**
Former Test Name	*HIV-1/2 Antibody Differentiation with Reflex to HIV-1 RNA, Qualitative, TMA*

Test Code	91778
Performing Site	Focus Diagnostics, Inc.

Lysozyme (Muramidase)	
Clinical Significance	**Lysozyme in the serum is primarily due to the degradation of granulocytes and monocytes and its concentration reflects the turnover of these cells. Increases are seen in benign and malignant processes. Serum lysozyme is elevated in patients with acute or chronic granulocytic or monocytic leukemias and levels decrease with successful treatment. Conversely, patients with lymphocytic leukemia may have depressed plasma lysozyme levels.**
Effective Date	**2/9/2015**
Former Test Name	*Muramidase (Lysozyme), Serum*
Former Test Code	*S51290*
Test Code	**619**
Specimen Requirements	**1 mL** (0.5 mL minimum) serum
Reject Criteria	**Room temperature samples older than 24 hours; plasma collection in citrate or heparin; moderate to gross hemolysis; grossly lipemic**
Instructions	Centrifuge serum specimens within 1 hour of collection. Transfer serum to sterile, plastic, screw-cap vial. **Delayed separation of the serum can result in spuriously high levels of lysozyme, presumably because of the breakdown of leukocytes.**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 24 hours** **Refrigerated: 15 days** **Frozen: 18 days**
Set-up/Analytic Time	**Set up: Mon-Sat; Report available: Next day**
Reference Range	**5.0-11.0 mcg/mL**
Performing Site	Quest Diagnostics Nichols Institute, Chantilly
Interface Mapping	**Result Code**: **85988350** — **Result Name**: **Lysozyme (Muramidase)**
Pricing Message	Negotiated pricing on S51290 will be applied to code 619.

IGF-I, LC/MS	
Effective Date	**2/16/2015**
Test Code	S51997

Reference Range

Pediatric Reference Ranges			
Age	**Male**	**Female**	**Unit of Measure**
<1 year:	**16-142**	**17-185**	ng/mL
1-1.9 years:	**16-134**	**16-175**	ng/mL
2-2.9 years:	**16-135**	**16-178**	ng/mL
3-3.9 years:	30-155	38-214	ng/mL

	4-4.9 years:	28-181	34-238	ng/mL
	5-5.9 years:	31-214	37-272	ng/mL
	6-6.9 years:	38-253	45-316	ng/mL
	7-7.9 years:	48-298	58-367	ng/mL
	8-8.9 years:	62-347	76-424	ng/mL
	9-9.9 years:	80-398	99-483	ng/mL
	10-10.9 years:	100-449	125-541	ng/mL
	11-11.9 years:	123-497	152-593	ng/mL
	12-12.9 years:	146-541	178-636	ng/mL
	13-13.9 years:	168-576	200-664	ng/mL
	14-14.9 years:	187-599	214-673	ng/mL
	15-15.9 years:	201-609	218-659	ng/mL
	16-16.9 years:	209-602	208-619	ng/mL
	17-17.9 years:	207-576	185-551	ng/mL
	Adult Reference Ranges			
	Age	**Male and Female**		**Unit of Measure**
	18-19.9 years:	108-548		ng/mL
	20-24.9 years:	83-456		ng/mL
	25-29.9 years:	63-373		ng/mL
	30-39.9 years:	53-331		ng/mL
	40-49.9 years:	52-328		ng/mL
	50-59.9 years:	50-317		ng/mL
	60-69.9 years:	41-279		ng/mL
	70-79.9 years:	34-245		ng/mL
	>80 years:	34-246		ng/mL
	Z-Score:	-2.0 - +2.0		SD
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano			

Discontinued Tests

FISH, Multiple Myeloma, 5, 9, 15	
Effective Date	**2/9/2015**
Test Code	S51712
Additional Information	**Please note:** Orders for S51712 will automatically be replaced with test code 92495 - FISH, Myeloma, Chromosomes CEP 9, 11, 15, in the New Test Offerings section.
Pricing Message	Negotiated pricing on S51712 will be applied to code 92495.

FISH, Myeloma, 13q,14q, 17p with Reflex to 5,9,15	
Effective Date	**2/9/2015**
Test Code	S51713
Additional Information	The recommended alternative is test code 92497 - FISH, Myeloma, 17p-, rea 14q32 with Reflexes, in the New Test Offering section.
Pricing Message	Due to the suggested replacement, negotiated fees will not be copied.

Bacterial, Culture, Aerobic, Environmental	
Effective Date	**2/23/2015**
Test Code	S50634
Additional Information	The recommended alternatives are: - 39489-Fungal Identification, Molds - 34118-Bacterial Identification, Aerobic
Pricing Message	Due to the suggested replacement, negotiated fees will not be copied.

***Schistosoma* IgG Antibody, FMI (CSF)**	
Effective Date	**2/23/2015**
Test Code	S49495
Additional Information	There is no recommended alternative.

Teichoic Acid Antibody, Quantitative, ID	
Effective Date	**2/23/2015**
Test Code	S49593
Additional Information	The recommended alternative is 36568X {65383N} [798]-Teichoic Acid Antibody Screen with Reflex to Titer.
Pricing Message	Due to the suggested replacement, negotiated fees will not be copied.

Test Send Outs (Referrals)

Mold Susceptibility, 5 Drug	
Message	*****This test is now available for New York patient testing.*****
Test Code	92535
Performing Site	University of Texas Health Science Center

Hypoglycemic Panel, Serum/Plasma	
Effective Date	**2/2/2015**
Former Test Name	*Hypoglycemic Panel, Qualitative Serum/Plasma*

Former Test Code	*S51231*
Test Code	**19595**
Specimen Requirements	1 mL **(0.3 mL minimum)** serum collected in a red-top tube (no gel) or plasma collected in a sodium fluoride/potassium oxalate (gray-top) tube
Reject Criteria	**Received room temperature**; polymer gel separation tube; serum separator tube
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated and Frozen: 28 days**
Set-up/Analytic Time	Set up: Tues, Thurs; **Report available: 5 days**
Reference Range	**Rosiglitazone:** **Peak plasma concentrations of approximately 70 - 430 ng/mL and 240 - 830 ng/mL were achieved 1 hour after administration of 4 mg and 8 mg daily doses, respectively.** Chlorpropamide: Peak plasma concentrations of approximately 75 - 360 mcg/mL were achieved 2 hours following chronic daily doses of 250 - 1000 mg. Tolbutamide: Peak plasma concentrations of approximately 50 - 100 mcg/mL were achieved 3 -5 hours following chronic daily doses. **Tolazamide:** **No plasma concentrations have been reported in the literature.** Glipizide: Peak plasma concentrations of approximately 310 - 610 ng/mL were achieved after administration of a single 5 mg dose of both immediate and extended release formulations. Maximum concentrations were reached in approximately 1.5 - 4.5 and 3.5 - 7 hours after immediate and extended release dosing, respectively. Pioglitazone: Peak plasma concentrations of approximately 130 - 200 ng/mL following a single 5 mg dose have been reported. A group of ten diabetic patients given daily oral 2.5 mg doses for 6 weeks attained peak plasma glyburide concentrations averaging 140 ng/mL at 3 hours after the first dose and 240 ng/mL at 2.4 hours after the last dose. Glyburide: Peak plasma concentrations of approximately 130 - 200 ng/mL following a single 5 mg dose have been reported. A group of ten diabetic patients given daily oral 2.5 mg doses for 6 weeks attained peak plasma glyburide concentrations averaging 140 ng/mL at 3 hours after the first dose and 240 ng/mL at 2.4 hours after the last dose. Glimepiride: Peak plasma concentrations of approximately 60 - 340 ng/mL were achieved 2 - 3 hours after administration of 4 mg of glimepiride. Nateglinide: Peak plasma concentrations of approximately 1.3 - 7.5 mcg/mL were achieved 0.5 hours following a single 60 mg dose. Repaglinide: Peak plasma concentrations of approximately <10 - 180 ng/mL were achieved 1 hour after administration of 4 mg of repaglinide.
Interface Mapping	

Result Code	Result Name	Unit of Measure

	86011846	**Rosiglitazone**	**ng/mL**
	86002707	Chlorpropamide	mcg/mL
	86002714	Tolbutamide	mcg/mL
	86002713	Tolazamide	mcg/mL
	86002709	Glipizide	ng/mL
	86011847	**Pioglitazone**	**ng/mL**
	86002710	Glyburide	ng/mL
	86002708	Glimepiride	ng/mL
	86002711	Nateglinide	mcg/mL
	86002712	Repaglinide	ng/mL
Additional Information	**Update report format: Remove result code 86002706 Acetohexamide**		

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