**TOPIC:** Avera McKennan Regional Laboratory Test Directory Updates 6-25-11

**EFFECTIVE DATE:** Immediately

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<td>6/25/11: Test inactivated</td>
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*For specific updates refer to attached document*
Methodology: Quantitative ImmunoCAP®
Performed: Sun-Sat
Reported: 1-2 days
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 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered)
Storage/Transport Temperature: Refrigerated.
Unacceptable Condition: Hemolyzed, icteric, or lipemic specimens.
Stability (from collection to initiation): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year
Reference Interval:
- Less than 0.10 kU/L: No significant level detected
- 0.10-0.34 kU/L: Clinical relevance undetermined
- 0.35-0.70 kU/L: Low
- 0.71-3.50 kU/L: Moderate
- 3.51-17.50 kU/L: High
- 17.51 kU/L or Greater: Very High
Interpretive Data: Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Although increasing ranges are reflective of increasing concentrations of allergen-specific IgE, this may not correlate with the degree of clinical response or skin testing when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

CPT Codes: 86003
Compliance & Service Center Alerts: ARUP Test ID: 55377
Test Mnemonic: CURLUN
6 Direct Antiglobulin

Performed: Daily
Reported: Same day
Collect: One 5.0 mL lavender-top (EDTA) or pink-top (K2EDTA) tube. **MANDATORY BLOOD BANK SPECIMEN LABELING REQUIRED.** Also acceptable: Red (serum).

Storage/Transport Temperature: 0.5 mL whole blood (Minimum: 0.5 mL); Refrigerated (2-8°C). Submit specimen in original collection tube.

Unacceptable Condition: Hemolyzed and incorrect or incomplete blood bank labeling.

Remarks: Avoid hemolysis. **MANDATORY BLOOD BANK SPECIMEN LABELING** protocol must be followed. Specimens will not be tested if labeling requirements are not met.

Blood Bank Specimen Labeling and Requisition Requirements:
- Patient Full name (Last Name, First Name, & MI if known)
- Patient Date of Birth
- Social Security Number or facility permanent identification number
- Date/Time Specimen Collected
- Phlebotomist initials

Stability (from collection to initiation): Ambient: 48 hours; Refrigerated: 48 hours

CPT Codes: 86880; if reflexed add 86880x2

Compliance & Service Center Alerts: **Reflex Testing:** If polyspecific (IgG/-C3d) is positive, IgG and C3b-C3d monospecific testing is performed and billed.

Performing Lab: Avera McKennan Regional Laboratory
Test Mnemonic: DAT
Test Update Info: 6/25/11: Reflex testing and CPTs updated

110 Glucose Tolerance, 3 Hour OB Screen Confirmation

Methodology: Enzymatic
Performed: Daily
Reported: Same day
Collect: One 4 mL green-top (lithium heparin) tube for each timed draw. Refer to remarks for patient instructions.

Note: Exact draw times are critical.

Collect: One 4 mL green-top (lithium heparin) tube for each timed draw. Refer to remarks for patient instructions.

Also acceptable: Grey-top (potassium oxalate/sodium fluoride); Red (serum).

Storage/Transport Temperature: 0.5 mL plasma (Minimum: 0.25 mL) for each timed draw; Refrigerated (2-8°C). Submit specimen in plastic transport tube. **Mark each tube with the specific timed specimen identifier.**
Remarks:

Centrifuge & separate plasma from cells ASAP after specimen is drawn.

Label each specimen transport tube specifically to identify what specimen it contains.

Submit all test specimens with 1 requisition.

**Patient Preparation:**

1. Discontinue, when possible, medications known to affect glucose tolerance.

2. Perform testing in the morning after 3 days of unrestricted diet (contain at least 150 gm of carbohydrate per day) and activity.

3. Perform the test after a 10-16 hr. fast in ambulatory patient (bed rest impairs glucose tolerance), who should remain seated at all possible times.

4. Patient should not smoke, eat or drink anything except water during the test.

**Performance Summary:**

1. Draw Fasting glucose specimen.

2. Give patient 100 g. glucose drink; begin timing; determine post-ingestion specimen collection times; glucose drink should be consumed within 5 minute time frame.

3. Draw glucose 1 hour post-ingestion.

4. Draw glucose 2 hour post-ingestion.

5. Draw glucose 3 hour post-ingestion.

**Stability (from collection to initiation):**

Ambient: 8 hours; Refrigerated 72 hours; Flouide plasma Ambient: 24 hours

**CPT Codes:**

82951; 82952

**Performing Lab:**

Avera McKennan Regional Laboratory

**Test Mnemonic:**

GTT3.MCK

**Test Update Info:**

6/25/11: CPT code update - 82950 incorrect; update to 82952
592 Hepatitis C Virus (HCV) RNA Quantitative by RT-PCR with Reflex to Genotype

Methodology: Quantitative Real-Time Polymerase Chain Reaction/Nucleic Acid Sequencing

Performed: Sun-Sat

Reported: 6-11 days

Collect: Two 6 mL serum separator tubes, two plasma preparation tubes, or two 5 mL lavender (EDTA), or pink (K[SV:2]EDTA).

Storage/Transport Temperature: 3.5 mL serum or plasma, frozen. (Min: 1.5 mL) Submit specimen in an ARUP Standard Transport Tube. Specimens collected in a Plasma Preparation Tube should be submitted in original container.

Submit specimen according to Biological Substance, Category B, shipping guidelines.

Pediatric Collection Transport: Submit specimen according to Biological Substance, Category B, shipping guidelines.

Unacceptable Condition: Heparinized specimens

Remarks: Separate specimens must be submitted when multiple tests are ordered. Separate plasma or serum from cells within six hours.

Stability (from collection to initiation): Ambient: 6 hours (on cells); Serum or plasma removed from cells: Refrigerated: 72 hours; Frozen: 4 months

Interpretive Data: Refer to individual components.

Notes: If Hepatitis C Virus RNA Quantitative Real-Time PCR result is greater than or equal to 2.8 log IU/mL, then Hepatitis C Virus Genotyping by PCR & Sequencing will be added.

The limit of quantification for the HCV Quantitative RNA assay is 1.6 log IU/mL (43 IU/mL). If the assay DID NOT DETECT the virus, the test result will be reported as "<1.6 log IU/mL (<43 IU/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."

CPT Codes: 87522 Hep C quantitative; if reflexed, add 87902 Genotype

Compliance & Service Center Alerts: ARUP Test ID: 2002685

Test Mnemonic: HCVRXGENO

Test Update Info: 6/25/11: ARUP test number update

Print Date: 6/27/2011
Methodology: CMIA
Performed: Daily
Reported: Same day
Collect: One 5.0 mL red-top. Also acceptable: lavender-top (EDTA), dark green-top (sodium heparin), grey-top (NA fluoride).
Storage/Transport Temperature: 1.0 mL serum (Minimum: 0.5 mL); Refrigerated. Submit specimen in plastic transport tube.
Unacceptable Condition: Hemolyzed.
Remarks: Allow serum to clot completely at room temperature. Separate serum or plasma from cells as soon as possible. If specimen is being drawn as a timed specimen or in the fasting state, order the correct specific test and not as a Random test. Avoid multiple freeze/thaw cycles.
Stability (from collection to initiation): Refrigerated: 7 days; Frozen: 1 month
Interpretive Data: For diagnostic purposes, results should be used in conjunction with other data; e.g., symptoms, results of other tests, clinical impressions, etc. Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits which employ mouse monoclonal antibodies. Insulin levels may be measured lower in patients with insulin autoimmune syndrome or familial high pro-insulinemia. Hemolyzed samples should not be used, since enzymatic degradation of insulin may occur and result in lower assay values. However, purified hemoglobin up to 500 mg/dL has been shown not to interfere. Specimens from patients treated with bovine or porcine insulin may contain insulin antibodies which could show interference in the assay.

CPT Codes: 83525
Performing Lab: Avera McKennan Regional Laboratory
Test Mnemonic: INSFAST
**Methodology:**
Direct Fluorescent Antibody Stain

**Performed:**
Sun-Sat

**Reported:**
Within 24 hours

**Collect:**
Respiratory tract specimens (secretions, aspirates, BAL, tissue, fluids, sputum, abscess material) or pericardial fluid.

**Specimen Preparation:**
Prepare two duplicate slides or transfer 1 mL fluid to a sterile container. To prevent drying, submit tissue specimen in sterile, non-bacteriostatic water or physiologic saline. Source of specimen is preferred.

**Storage/Transport Temperature:**
Refrigerated. If transport occurs more than 48 hours after draw: Frozen.

Submit specimen according to Biological Substance, Category B, shipping guidelines.

**Pediatric Collection Transport:**
Submit specimen according to Biological Substance, Category B, shipping guidelines.

**Unacceptable Condition:**
Specimens submitted in formalin or viral transport medium. Stool, urine, wounds, or other non-respiratory specimens. Dry specimens. Leaking or non-sterile containers.

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

**Reference Interval:**
Negative

**Notes:**
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 PCR (ARUP test code 0056105) for amplified DNA testing of respiratory specimens, or *Legionella pneumophila* Antigen, Urine (ARUP test code 0070322) for urine specimens.

**CPT Codes:**
87278

**Compliance & Service Center Alerts:**
ARUP Test ID: 2004598

**Test Mnemonic:**
LEGDFA
1286 OB Panel with CBC

Methodology: Multiple
Performed: Daily
Reported: Same day
Collect: Three Specimens Required:
Two 5.0 mL lavender-top (EDTA) or pink-top (K2EDTA) tubes;
One 7.0 mL red-top (Serum) tube.
Storage/Transport Temperature: Submit three specimens; Refer to remarks for MANDATORY Blood Bank specimen labeling requirements:
-5.0 mL EDTA whole blood (Minimum: 3.0 mL); Refrigerated (2-8°C).
-5.0 mL EDTA whole blood (Minimum: 3.0 mL); Ambient (20-25°C).
-4.0 mL serum (Minimum: 1.5 mL); Refrigerated (2-8°C).

Remarks: MANDATORY BLOOD BANK SPECIMEN LABELING protocol must be followed.
Specimens will not be tested if labeling requirements are not met.

Blood Bank Specimen Labeling and Requisition Requirements:
- Patient Full name (Last Name, First Name, & MI if known)
- Patient Date of Birth
- Social Security Number or facility permanent identification number
- Date/Time Specimen Collected
- Phlebotomist initials

Stability (from collection to initiation): Refer to individual panel components.

CPT Codes: 80055; if antibody screen reflexed add 86870 antibody identification; if HBsAg is reactive add 87341 HBsAg confirmation

Compliance & Service Center Alerts: Panel Components: CBC; Hepatitis B Surface Antigen; Rubella Antibody; RPR; Antibody Screen; ABO & Rh Blood Group.
Reflex testing: Antibody identification will be performed and billed if screen is positive; HBsAg confirmation will be performed and billed if HBsAg is reactive.
MANDATORY BLOOD BANK SPECIMEN LABELING protocol must be followed.

Performing Lab: Avera McKennan Regional Laboratory
Test Mnemonic: OBPANEL
Test Update Info: 6/25/11: CPT coding update to include reflex coding information

1367 OB Panel without CBC

Methodology: Multiple
Performed: Daily
Reported: Same day
Collect:
Two Specimens Required:
- One 5.0 mL lavender-top (EDTA) or pink-top (K2EDTA) tubes
- One 7.0 mL red-top (Serum) tube.

Storage/Transport Temperature:
Submit two specimens; Refer to remarks for MANDATORY Blood Bank specimen labeling requirements:
- 5.0 mL EDTA whole blood (Minimum: 3.0 mL); Ambient (20-25°C).
- 4.0 mL serum (Minimum: 1.5 mL); Refrigerated (2-8°C).

Unacceptable Condition:

Remarks:
Avoid hemolysis.

MANDATORY BLOOD BANK SPECIMEN LABELING protocol must be followed.
Specimens will not be tested if labeling requirements are not met.

Blood Bank Specimen Labeling and Requisition Requirements:
- Patient Full name (Last Name, First Name, & MI if known)
- Patient Date of Birth
- Social Security Number or facility permanent identification number
- Date/Time Specimen Collected
- Phlebotomist initials

Stability (from collection to initiation):
Refer to individual panel components.

CPT Codes:
86900;86901;86850, if reflexed add 86870 for antibody identification;86762;86592;87340, if reflexed, add 87341 for HBsAg confirmation

Compliance & Service Center Alerts:
Panel Components: Hepatitis B Surface Antigen; Rubella Antibody; RPR; Antibody Screen; ABO & Rh Blood Group.

Reflex testing: Antibody identification will be performed and billed if screen is positive; Hepatitis B confirmation will be performed and billed on HBsAg reactive results.

MANDATORY BLOOD BANK SPECIMEN LABELING protocol must be followed.

Performing Lab:
Avera McKennan Regional Laboratory

Test Mnemonic:
MKOBNOCBC

Test Update Info:
6/25/11: CPT code update to clarify reflexed testing
183 Tricyclic Antidepressant, Total

Methodology: Enzyme Immunoassay
Performed: Sun-Sat
Reported: Within 24 hours
Collect: One 5 mL plain red.
Storage/Transport Temperature: 1 mL serum at 2-8°C. (Min: 0.5 mL) Submit specimen in an ARUP Standard Transport Tube.
Unacceptable Condition: Separator tubes.
Remarks: Separate serum from cells ASAP.
Stability (from collection to initiation): After separation from cells: Ambient: 2 days; Refrigerated: 2 days; Frozen: 2 months
Reference Interval: Negative
Interpretive Data: This result represents the total level of all detectable tricyclic antidepressants present. Tricyclic antidepressants detectable with this assay include: amitriptyline, clomipramine, desipramine, doxepin, imipramine, nortriptyline, protriptyline, and trimipramine.

Levels of tricyclic antidepressants in the therapeutic range may not be detectable.

False-positive results may occur with the following drugs: Seroquel® (quetiapine fumarate), Trileptal® (oxcarbazepine), Benadryl® (diphenhydramine) at toxic concentrations, Flexeril (cyclobenzaprine), Thoridazine, and Thorazine® (chlorpromazine).

CPT Codes: 80101
Compliance & Service Center Alerts: ARUP Test ID: 90307
Test Mnemonic: TAS
**480 WBC Count with Automated Differential**

<table>
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<tr>
<th>Methodology:</th>
<th>Automated Cell Count</th>
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<tr>
<td>Performed:</td>
<td>Daily</td>
</tr>
<tr>
<td>Reported:</td>
<td>Same day</td>
</tr>
<tr>
<td>Collect:</td>
<td>One 5.0 mL lavender-top (EDTA) or pink-top (K2EDTA) tube.</td>
</tr>
<tr>
<td>Storage/Transport Temperature:</td>
<td>1.0 mL whole blood (Minimum: 0.25 mL); Refrigerated (2-8°C). <em>DO NOT centrifuge specimen.</em> Submit specimen in original collection tube.</td>
</tr>
<tr>
<td>Unacceptable Condition:</td>
<td>Hemolyzed, clotted.</td>
</tr>
<tr>
<td>Stability (from collection to initiation):</td>
<td>Ambient: 24 hours; Refrigerated: 48 hours</td>
</tr>
<tr>
<td>CPT Codes:</td>
<td>85025; 85048</td>
</tr>
</tbody>
</table>

**Compliance & Service Center Alerts:**
- **Panel Components:** WBC and automated WBC Differential.
- **Medical Necessity Comments:** Only order tests in this panel format if all test components are medically necessary. Each component may be ordered individually as clinically indicated.
- **Medicare Coverage Notice:** Test covered under Medicare NCD or LCD. Medical necessity documentation, evaluation and appropriate Advance Beneficiary Notice (ABN) use/assessment is required for Medicare patients. If an ABN is required, it must be submitted with the test requisition.

**Performing Lab:** Avera McKennan Regional Laboratory

**Test Mnemonic:** WBCD

**Test Update Info:** 6/25/11: CPT code update - 85048 added