

March 23, 2010

Dear Colleague:

Specialty Laboratories continues to focus attention on finding opportunities for improvements to our service levels. Towards that goal, we have identified a trend of test delays and performance issues when single frozen specimens are submitted for multiple tests. Included at the end of this letter is a list of assays requiring strict frozen specimens. Please review them. We request that, when ordering one or more tests in combination with one of these assays, a second sample be submitted with the order, to prevent delays and requests for additional specimen. In cases where multi-test orders are received with one frozen sample, the test with frozen requirement will be performed first. If the shared specimen and ordered tests include a referral test to another facility, Specialty Client Relations will contact your facility to determine the requested test priority.

Also, the College of American Pathologists has recently issued new instructions for patient sample identification. The following information should be shared with your specimen collection and processing staff:

All specimens should be labeled at the time of collection with at least **two patient identifiers**:

- 1) The patient's name (full last name, then full first name or initial) or a unique ID code is always required.
- 2) The second patient identifier may be one of the following:
 - Date of birth (month/date/year)
 - Other unique patient identifier that is also on the test requisition (e.g., hospital or office ID code or file number)
 - Other barcode labels can be used if barcode matches the unique identifiers on the printed requisition (the barcode does not need to be human readable)

NOTE: Location-based identifiers are NOT acceptable (e.g., hospital room number or street address).

Each specimen must have a securely-affixed label with the following information:

- the patient's name written exactly as it appears on the test requisition (e.g., Doe, Jane)
- a second patient identifier, as noted above
- your account number
- date of collection

If the label is hand-written, use a ballpoint pen -- do not use a felt tip pen. If labeling a sample which is intended to be frozen, secure the label with transparent tape. If glass slides are submitted, use a pencil for labeling the frosted end -- two identifiers are preferred, although patient's name alone is acceptable.

When using a generated Specialty Laboratories' test requisition, place the label lengthwise on the tube. When submitting a specimen in a container other than the tube used to draw the sample (e.g., transfer vials), also indicate specimen type on the label (e.g., serum, plasma, urine, etc.). When submitting specimens for microbiological testing (e.g., cultures, bacterial antigen, microscopic examination) the nature and anatomic source of the sample and the specific organism(s) to be detected, if any, should be specified.

We thank you for choosing *Specialty* and look forward to your continued support. For additional information, please visit our Web site at www.specialtylabs.com or contact Client Relations at 800-421-4449.

Respectfully Yours,

A handwritten signature in black ink that reads "Christopher Lockhart, M.D." in a cursive script.

Christopher Lockhart, M.D.
Laboratory Director

New Tests (*Specialty*):

2042

HE4 & CA 125

(Available April 1)

Component	Method	Reference Range/Units
HE4	EIA	<151 pM
CA 125	ICMA	<21.0 U/mL
Specimen/Stability	Serum 2.0 (1.0) mL: Refrigerated 7 days, Frozen 28 days	
Collection Instructions	Remove serum from the clot or red cells as soon as possible after clotting and separation. SST is acceptable. Rejection criteria: hemolysis, specimens with heavy particulate matter, lipemia, icteric samples.	
Schedule	Tuesday, Friday	
Report	Next day	
CPT Code	86304, 86305	
Regulatory Status	FDA Approved	
Always Statement	HE4: Sixty percent (60%) of patients with a positive change (25% over previous test value) showed disease progression. Seventy-five percent (75%) of the patient serial samples with no significant change in HE4 value correlated with no progression. ¹ The HE4 results should be interpreted in conjunction with other established diagnostic tests or procedures. This test was performed using the Fujirebio EIA method. Values obtained from different assay methods cannot be used interchangeably. HE4 levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease. ¹ HE4 EIA Product Insert, Product Number 404-10US. CA 125: Immunochemiluminometric Assay (ICMA) on the DPC Immulite-2000. Values obtained with different methods or kits cannot be used interchangeably for patient monitoring. Results cannot be interpreted as absolute evidence of the presence or absence of malignancy. The test is not interpretable in pregnancy.	
Note	Diagnostic code required for third party reimbursement.	
Clinical Utility	The HE4 EIA assay is an enzyme immunoassay for the quantitative determination of human HE4 antigen in serum. HE4 is a biomarker for ovarian cancer. Serum CA 125 concentrations are elevated in about 80% of women with carcinoma of the ovary, 26% of women with benign ovarian tumors and 66% of women with non-neoplastic conditions, but in only 3% of normal healthy women. CA 125 should not be used alone to diagnose or screen for cancer, but it is useful for monitoring patients with an established diagnosis of a gynecological malignancy that is associated with elevated CA 125 at diagnosis.	

4179U

Heroin Metabolites Urine

(Available April 20)

Component	Method	Reference Range/Units
Codeine Urine	LC-MS-MS	ng/mL
Morphine Urine	LC-MS-MS	ng/mL
6-Acetylmorphine Urine	LC-MS-MS	ng/mL
Specimen/Stability	Urine 10 (5) mL: Ambient 72 hours, Refrigerated 7 days, Frozen 2 months	
Collection Instructions	Do not use any preservatives or additives.	
Schedule	Wednesday, Saturday	
Report	Next day	
CPT Code	83925	
Regulatory Status	Laboratory Developed Test	
Always Statement	Limit of quantitation: Codeine 100 ng/mL Morphine 100 ng/mL 6-Acetylmorphine 5 ng/mL	
Note	This panel includes Codeine, Morphine and 6-Acetylmorphine	
Clinical Utility	Confirmation of screen positive results. 6-Acetylmorphine (6-AM) is a metabolite of heroin. Heroin itself is not active, but it is rapidly converted (t _{1/2} <6 min) to 6-acetylmorphine and further to morphine (t _{1/2} <40 min). Both 6-AM and morphine have euphoric effects. 6-AM is rapidly eliminated and excreted into the urine and the "detection window" is <24 hrs. Therefore, 6-AM negative urine does not exclude heroin abuse, but its presence confirms it.	

New Tests (*Specialty*): (cont'd)

3747

Respiratory Allergy Profile Region XIII

(Available Immediately)

Component	Method	Reference Range/Units
<i>Dermatophagoides pteronyssinus</i> IgE	ImmunoCAP	<0.35 kU/L
<i>Dermatophagoides farinae</i> IgE	ImmunoCAP	<0.35 kU/L
Cat epithelium/dander IgE	ImmunoCAP	<0.35 kU/L
Dog dander IgE	ImmunoCAP	<0.35 kU/L
Bermuda grass IgE	ImmunoCAP	<0.35 kU/L
Timothy grass IgE	ImmunoCAP	<0.35 kU/L
Johnson grass IgE	ImmunoCAP	<0.35 kU/L
Cockroach IgE	ImmunoCAP	<0.35 kU/L
<i>Penicillium notatum</i> IgE	ImmunoCAP	<0.35 kU/L
<i>Cladosporium herbarum</i> IgE	ImmunoCAP	<0.35 kU/L
<i>Aspergillus fumigatus</i> IgE	ImmunoCAP	<0.35 kU/L
<i>Alternaria alternata/tenuis</i> IgE	ImmunoCAP	<0.35 kU/L
Grey alder IgE	ImmunoCAP	<0.35 kU/L
Mountain juniper/cedar IgE	ImmunoCAP	<0.35 kU/L
Oak IgE	ImmunoCAP	<0.35 kU/L
Elm IgE	ImmunoCAP	<0.35 kU/L
Olive IgE	ImmunoCAP	<0.35 kU/L
Walnut tree pollen IgE	ImmunoCAP	<0.35 kU/L
Cottonwood IgE	ImmunoCAP	<0.35 kU/L
Mulberry IgE	ImmunoCAP	<0.35 kU/L
Short (common) ragweed IgE	ImmunoCAP	<0.35 kU/L
Mugwort IgE	ImmunoCAP	<0.35 kU/L
Saltwort, russian thistle IgE	ImmunoCAP	<0.35 kU/L
Pigweed IgE	ImmunoCAP	<0.35 kU/L
IgE Total	ImmunoCAP	0 – 6 weeks < 5.2 IU/mL
		7 weeks – 3 months < 9.2 IU/mL
		4 – 6 months < 16.4 IU/mL
		7 – 9 months < 22.6 IU/mL
		10 – 12 months < 29.2 IU/mL
		13 months – 2 years < 51.7 IU/mL
		3 years < 72.0 IU/mL
		4 years < 90.0 IU/mL
		5 years < 108.0 IU/mL
		6 years < 126.0 IU/mL
		7 years < 142.0 IU/mL
		8 years < 160.0 IU/mL
		9 years < 176.0 IU/mL
		10 years < 192.0 IU/mL
		>10 years < 114.0 IU/mL

Specimen/Stability Serum 6.0 (4.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 30 days
 Schedule Sunday- Saturday
 Report Same day
 CPT Code 82785, 86003x24
 Regulatory Status FDA Approved
 Always Statement REFERENCE RANGES for Allergen IgE tests:

IgE (kU/L)	Interpretation
< 0.35	Class 0 - Below Detection
0.35 - 0.69	Class 1 - Low
0.70 - 3.49	Class 2 - Moderate
3.50 - 17.49	Class 3 - High
17.50 - 49	Class 4 - Very High
50 - 99	Class 5 - Very High
>=100	Class 6 - Very High

Note: Omalizumab (Xolair, Genentech; humanized IgG1 antihuman IgE Fc) treatment does not significantly interfere with the accuracy of total IgE on the ImmunoCAP (Phadia) platform. J Allergy Clin Immunol 2006;117:759-766.

New Tests (*Specialty*): (cont'd)

3749 Childhood Allergy (Food & Environment) Profile (Available Immediately)

Component	Method	Reference Range/Units
<i>Dermatophagoides pteronyssinus</i> IgE	ImmunoCAP	<0.35 kU/L
<i>Dermatophagoides farinae</i> IgE	ImmunoCAP	<0.35 kU/L
Cat epithelium/dander IgE	ImmunoCAP	<0.35 kU/L
Dog dander IgE	ImmunoCAP	<0.35 kU/L
Egg white IgE	ImmunoCAP	<0.35 kU/L
Cow's milk IgE	ImmunoCAP	<0.35 kU/L
Codfish IgE	ImmunoCAP	<0.35 kU/L
Wheat IgE	ImmunoCAP	<0.35 kU/L
Peanut IgE	ImmunoCAP	<0.35 kU/L
Soybean IgE	ImmunoCAP	<0.35 kU/L
Shrimp IgE	ImmunoCAP	<0.35 kU/L
Walnut IgE	ImmunoCAP	<0.35 kU/L
Cockroach IgE	ImmunoCAP	<0.35 kU/L
<i>Cladosporium herbarum</i> IgE	ImmunoCAP	<0.35 kU/L
<i>Alternaria alternata/tenuis</i> IgE	ImmunoCAP	<0.35 kU/L
IgE Total	ImmunoCAP	
	0 – 6 weeks	< 5.2 IU/mL
	7 weeks – 3 months	< 9.2 IU/mL
	4 – 6 months	< 16.4 IU/mL
	7 – 9 months	< 22.6 IU/mL
	10 – 12 months	< 29.2 IU/mL
	13 months – 2 years	< 51.7 IU/mL
	3 years	< 72.0 IU/mL
	4 years	< 90.0 IU/mL
	5 years	< 108.0 IU/mL
	6 years	< 126.0 IU/mL
	7 years	< 142.0 IU/mL
	8 years	< 160.0 IU/mL
	9 years	< 176.0 IU/mL
	10 years	< 192.0 IU/mL
	>10 years	< 114.0 IU/mL

Specimen/Stability Serum 4.0 (2.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 30 days
 Schedule Sunday- Saturday
 Report Same day
 CPT Code 82785, 86003x15
 Regulatory Status FDA Approved
 Always Statement

REFERENCE RANGES for Allergen IgE tests:

IgE (kU/L)	Interpretation
< 0.35	Class 0 - Below Detection
0.35 - 0.69	Class 1 - Low
0.70 - 3.49	Class 2 - Moderate
3.50 - 17.49	Class 3 - High
17.50 - 49	Class 4 - Very High
50 - 99	Class 5 - Very High
>=100	Class 6 - Very High

Note: Omalizumab (Xolair, Genentech; humanized IgG1 antihuman IgE Fc) treatment does not significantly interfere with the accuracy of total IgE on the ImmunoCAP (Phadia) platform. J Allergy Clin Immunol 2006;117:759-766.

New Tests (*Specialty*): (cont'd)

3748 Food Allergy Profile, Adult

(Available Immediately)

Component	Method	Reference Range/Units
Egg white IgE	ImmunoCAP	<0.35 kU/L
Cow's milk IgE	ImmunoCAP	<0.35 kU/L
Codfish IgE	ImmunoCAP	<0.35 kU/L
Wheat IgE	ImmunoCAP	<0.35 kU/L
Corn IgE	ImmunoCAP	<0.35 kU/L
Sesame seed IgE	ImmunoCAP	<0.35 kU/L
Peanut IgE	ImmunoCAP	<0.35 kU/L
Soybean IgE	ImmunoCAP	<0.35 kU/L
Shrimp IgE	ImmunoCAP	<0.35 kU/L
Clam IgE	ImmunoCAP	<0.35 kU/L
Walnut IgE	ImmunoCAP	<0.35 kU/L
Scallop IgE	ImmunoCAP	<0.35 kU/L

Specimen/Stability Serum 3.0 (1.5) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
 Schedule Sunday- Saturday
 Report Same day
 CPT Code 86003x12
 Regulatory Status Scallop IgE is Analyte Specific Reagent; remainder are FDA Approved
 Always Statement REFERENCE RANGES for Allergen IgE tests:

IgE (kU/L)	Interpretation
< 0.35	Class 0 - Below Detection
0.35 - 0.69	Class 1 - Low
0.70 - 3.49	Class 2 - Moderate
3.50 - 17.49	Class 3 - High
17.50 - 49	Class 4 - Very High
50 - 99	Class 5 - Very High
>=100	Class 6 - Very High

Scallop IgE:

This test(s) was developed and its performance characteristics have been determined by Specialty Laboratories. 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. Performance characteristics refer to the analytical performance of the test.

Test Changes:

3364	Gabapentin Effective Methodology	Immediately LC-MS-MS (NEW)
3547	PSA (Prostate-Specific Antigen), Free & Total Effective Specimen/Stability Also Affected	Immediately Serum 2.0 (1.0) mL: Ambient 5 days, Refrigerated 14 days, Frozen 2 months Note: Increased refrigerated stability. DOS Codes 3545, 3546, 3546SR, 3547SR
4900	Amikacin Effective Specimen/Stability Also Affected	Immediately Serum 1.0 (0.4) mL: Refrigerated 7 days, Frozen 2 months Note: Increased refrigerated stability. DOS Codes 4900P
4925	Topiramate Effective Specimen/Stability	Immediately Serum 2.0 (1.0) mL: Refrigerated 4 days, Frozen 31 days Note: Increased refrigerated stability.
1347	ALT (SGPT) Effective Specimen/Stability Alt Specimen	April 20 Serum 1.0 (0.4) mL: Ambient 3 days, Refrigerated 7 days, Frozen 2 months Plasma Heparinized 1.0 (0.4) mL: Ambient 3 days, Refrigerated 7 days, Frozen 2 months Note: Decreased ambient stability.
3155	Estradiol Effective Reference Ranges Always Statement Also Affected	April 20 Pediatric ranges: please remove, no longer available Males > 17 years < 57 pg/mL (same) Females > 17 years see below Adult Female REFERENCE RANGES: Untreated Postmenopausal < 31 pg/mL (same) Treated Postmenopausal < 94 pg/mL (same) Oral Contraceptives < 103 pg/mL (same) Ovulating, Follicular < 161 pg/mL (NEW) Ovulating, Follicular days 2 to 3 days < 85 pg/mL (NEW) Ovulating, Periovulatory +/- 3 days 34-400 pg/mL (NEW) Ovulating, Luteal 27-246 pg/mL (NEW) DOS Codes 3166

Test Changes: (cont'd)

4170 Cocaine & Metabolites Confirmation Serum

Effective April 20
Component Cocaine (same)
Benzoylecgonine (same)
Cocaethylene (same)
Ecgonine Methylester **(REMOVE)**
Note: Ecgonine Methylester will no longer be reported
Always Statement Peak concentration of cocaine after nasal administration of 100mg is 200-400 ng/mL.
Limit of quantitation
Cocaine 100 ng/mL
Benzoylecgonine 50 ng/mL
Cocaethylene 50 ng/mL
Also Affected Reflex of DOS Code 4252

4183U Phencyclidine (PCP) Confirmation Urine

Effective April 20
Component Phencyclidine (PCP) Confirmation Urine (same)
Always Statement Limit of quantitation
25 ng/mL **(NEW)**
Also Affected Reflex of DOS Codes 4101U, 4129U

4186UR Opiates Confirmation w/6-MAM Urine

Effective April 20
Name Opiates Confirmation w/6-AM Urine
Component 6-Acetylmorphine Urine **(NEW NAME)**

4494UR 6-Monoacetylmorphine (6-MAM) Urine AccuQuant®

Effective April 20
Name 6-Acetylmorphine (6-AM) Urine AccuQuant®
Component 6-Acetylmorphine Urine **(NEW NAME)**

9426 *Toxoplasma gondii* IgG Abs

Effective April 20
Name *Toxoplasma gondii* IgG Abs w/Reflex IgM Abs
Component *Toxoplasma gondii* IgG Abs (same)
Reference Range <0.91 Index (same)
Note **(NEW)** Abnormal *Toxoplasma* IgG Abs EIA results will automatically reflex to *Toxoplasma* IgM Abs EIA for an additional fee (CPT Code 86778).
Also Affected DOS Code 9911

M1 Allergen – *Penicillium notatum* IgE

Effective April 27
Name Allergen – *Penicillium chrysogenum* IgE
Component *Penicillium chrysogenum* IgE **(NEW NAME)**
Also Affected DOS Code 3704, 3705, 3726, 3727, 3729

Test Changes: (cont'd)

M1G	Allergen – <i>Penicillium notatum</i> IgG
Effective	April 27
Name	Allergen – <i>Penicillium chrysogenum</i> IgG
Component	<i>Penicillium chrysogenum</i> IgG (NEW NAME)
M8	Allergen – <i>Helminthosporium halodes</i> IgE
Effective	April 27
Name	Allergen – <i>Setomelanomma rostrata</i> IgE
Component	<i>Setomelanomma rostrata</i> IgE (NEW NAME)
M8G	Allergen – <i>Helminthosporium halodes</i> IgG
Effective	April 27
Name	Allergen – <i>Setomelanomma rostrata</i> IgG
Component	<i>Setomelanomma rostrata</i> IgG (NEW NAME)
M9	Allergen – <i>Fusarium moniliforme</i> IgE
Effective	April 27
Name	Allergen – <i>Fusarium proliferatum</i> IgE
Component	<i>Fusarium proliferatum</i> IgE (NEW NAME)
M10	Allergen – <i>Stemphylium botryosum</i> IgE
Effective	April 27
Name	Allergen – <i>Stemphylium herbarum</i> IgE
Component	<i>Stemphylium herbarum</i> IgE (NEW NAME)

The CPT Codes provided 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 CPT Coding to the payer being billed.

New Referral Tests:

The following tests are now available from Quest Diagnostics and may be referred through Specialty Laboratories.

- S52048 Clopidogrel CYP2C19 Genotype (*1,*2,*3,*4,*5) [16924]**
Test performed at Quest Diagnostics, San Juan Capistrano
- S52115 ONTAK® Sensitivity (CD25) [11237X]**
Test performed at Quest Diagnostics, San Juan Capistrano
- S52041 Hypersensitivity Pneumonitis Screen [14978X]**
Test performed at Quest Diagnostics, San Juan Capistrano
- S52042 CD55 and CD59 Expression, Red Cells & Granulocytes [19835X]**
Test performed at Quest Diagnostics, San Juan Capistrano
- S52119 *Brucella* Antibody, Agglutination [40020]**
Test performed at Focus Diagnostics
- S52117 OVA1™ [16991]**
Test performed at Quest Diagnostics, Chantilly
- S52118 OVA1™ (includes FSH and LH) [16992]**
Test performed at Quest Diagnostics, Chantilly
- S52120 Fondaparinux Sodium (Xa Inhibition) [16103X]**
Test performed at Quest Diagnostics, Chantilly

Please call client relations at 800-421-4449 or visit our website at www.specialtylabs.com for ordering information.

Discontinued Tests:

Effective Immediately:

S48635 Netilmicin [51950]
No replacement

Effective April 20:

1014 Rheumatoid Arthritis Comprehensive
Recommended replacements: 1540 – Rheumatoid Factor, 1535 – C-Reactive Protein (CRP) (Inflammation), 3133 – Cyclic Citrullinated Peptide (CCP) IgG Abs AND S52040-Cartilage Oligomeric Matrix Protein (COMP) (157)
S52040 is performed at Rheumatology Diagnostics Lab

3130 Cartilage Oligomeric Matrix Protein (COMP)
Recommended replacement: S52040-Cartilage Oligomeric Matrix Protein (COMP) (157)
Test performed at Rheumatology Diagnostics Lab

5847 HercepTest® (HER-2/*neu*)
No Replacement

Specialty Laboratories – Strict Frozen Assays

<u>DOS CODE</u>	<u>TEST NAME</u>
3102	ADRENOCORTICOTROPIC HORMONE (ACTH)
5855	ANEUPLOIDY 13-18-21-X-Y DETECTR (PCR)
3116	ANTIDIURETIC HORMONE (ADH)
1081	ANTIPHOSPHOLIPID SYNDROME EVALUATR
5952	ANTITHROMBIN III EVALUATION
3253	ANTITHROMBIN III PLASMA ANTIGEN
5951	ANTITHROMBIN III, FUNCTIONAL
5040	B-CELL & T-CELL GENE REARRANGEMENT DETECTR
5044	B-CELL GENE REARRANGEMENT DETECTR
7533	BNP EVALUATR
1531	C1 ESTERASE INHIBITOR, FUNCTIONAL
3126	CALCITONIN
5991	CARDIOVASCULAR THROMBOTIC RISK ASSESSR
4163	CARNITINES EVALUATION
3304	CATECHOLAMINES, FRACTIONATED PLASMA
5859	CHROMOSOMES X & Y ANEUPLOIDY DETECTR
1021	COMPLEMENT EVALUATION PLUS CH50
1600	COMPLEMENT FUNCTIONAL ACTIVITY CH50
9430C	CYTOMEGALOVIRUS DNA ULTRARAPID CSF
4200	D-DIMER
4202	D-DIMER QUANTITATIVE
3127	DISACCHARIDASES
1941	FACTOR II ACTIVITY
1949	FACTOR IX ACTIVITY
1943	FACTOR V ACTIVITY
1945	FACTOR VII ACTIVITY
1947	FACTOR VIII ACTIVITY
1967	FACTOR VIII INHIBITOR
1951	FACTOR X ACTIVITY
1953	FACTOR XI ACTIVITY
1955	FACTOR XII ACTIVITY
3347	FATTY ACIDS, FREE (NON-ESTERIFIED)
1440	FETAL FIBRONECTIN
1426	FIBRINOGEN
4208	FIBRINOLYTIC DEGRADATION PRODUCT
3176	GASTRIN
5943	HEPARIN (ANTI-XA ACTIVITY), UNFRACTIONATED
5947	HEPARIN (ANTI-XA), LOW MOLECULAR WEIGHT (LMWH)
5945	HEPARIN-PF4 ANTIBODIES (HIT)
8144	HEPATITIS B VIRUS CORE/PRECORE MUTANT DETECTR
8132	HEPATITIS B VIRUS DRUG RESISTANCE DETECTR

<u>DOS CODE</u>	<u>TEST NAME</u>
8134	HEPATITIS B VIRUS GENOTYPR
7486	HEPATITIS C VIRUS RNA ACCUQUANT [BDNA]
7476	HEPATITIS C VIRUS RNA ACCUQUANT [BDNA] W/REFLEX SUBTYPR
7486SR	HEPATITIS C VIRUS RNA ACCUQUANT [BDNA] W/SERIAL REPORTING
7516	HEPATITIS C VIRUS RNA DETECTR
7518	HEPATITIS C VIRUS RNA DETECTR W/REFLEX ACCUQUANT
7489	HEPATITIS C VIRUS RNA QUANTITATION (PCR) W/REFLEX SUBTYPR
7577	HEPATITIS C VIRUS RNA QUANTITATION [PCR]
7578	HEPATITIS C VIRUS RNA ULTRAQUANT [BDNA] W/REFLEX SUBTYPR
7576	HEPATITIS C VIRUS RNA ULTRAQUANT [BDNA] W/REFLEX TMA
7576SR	HEPATITIS C VIRUS RNA ULTRAQUANT [BDNA] W/SR W/REFLEX TMA
7473	HEPATITIS C VIRUS SUBTYPR
5965	HEREDITARY THROMBOSIS SCREEN A, NO HEPARIN OR COUMADIN
7581	HERPES SIMPLEX VIRUS DNA DETECTR
7480	HIV-1 GENOTYPR PLUS (REV TRANS & PROT INHIB)
7480NY	HIV-1 GENOTYPR PLUS (REV TRANS & PROT INHIB) [NY]
7485A	HIV-1 RNA QUANTITATION [REAL TIME PCR]
7482A	HIV-1 RNA QUANTITATION [REAL TIME PCR] W/RFX GENOTYPR PLUS
9874	HIV-1 RNA ULTRAQUANT [BDNA]
9872	HIV-1 RNA ULTRAQUANT [BDNA] & CD4 CELL COUNT
9872SR	HIV-1 RNA ULTRAQUANT [BDNA] & CD4 CELL COUNT W/SERIAL REPORT
7482	HIV-1 RNA ULTRAQUANT [BDNA] W/REFLEX GENOTYPR PLUS (RTI+PI)
9874SR	HIV-1 RNA ULTRAQUANT [BDNA] W/SERIAL REPORTING
1820	HUMAN PAPILLOMAVIRUS DETECTR
1822	HUMAN PAPILLOMAVIRUS HIGH & LOW RISK DETECTR
1821	HUMAN PAPILLOMAVIRUS HIGH RISK DETECTR
1824	HUMAN PAPILLOMAVIRUS W/REFLEX HIGH & LOW RISK DETECTR
1827	HUMAN PAPILLOMAVIRUS W/REFLEX HIGH RISK DETECTR
1230	IMMUNE COMPLEX ASSAY, RAJI CELL
3982	INHIBIN B
1910	LUPUS ANTICOAGULANT ASSESSR
1911	LUPUS ANTICOAGULANT: DRVVT W/REFLEX CONFIRMATION
1915	LUPUS ANTICOAGULANT: HEXAGONAL PHASE
5963	LUPUS ANTICOAGULANT: SCREEN 1
5976	LUPUS ANTICOAGULANT: SCREEN 2
5962	LUPUS ANTICOAGULANT: SCREEN 3
5046	MICROSATELLITE INSTABILITY (MSI) DETECTR
5046BK	MICROSATELLITE INSTABILITY (MSI) DETECTR - PARAFFIN
4266	N-TELOPEPTIDE SERUM
3605	PERNICIOUS ANEMIA EVALUATR W/REFLEX
3296	PLASMINOGEN ACTIVATOR INHIBITOR-1
1492	PLASMINOGEN ACTIVITY
6104	PLATELET ASSOCIATED GLYCOPROTEIN (DIRECT) ABS

<u>DOS CODE</u>	<u>TEST NAME</u>
6100	PLATELET GLYCOPROTEIN (DIRECT & INDIRECT) ABS
6102	PLATELET GLYCOPROTEIN (INDIRECT) AUTOABS
5957	PLATELET GLYCOPROTEIN IA/IIA TOTAL AUTOABS
5955	PLATELET GLYCOPROTEIN IB/IX TOTAL AUTOABS
5956	PLATELET GLYCOPROTEIN IIB/IIIA TOTAL AUTOABS
5992	PROTEIN C & S ACTIVITY
3836	PROTEIN C ACTIVITY
5932	PROTEIN C AG
5933	PROTEIN C EVALUATION 1
3837	PROTEIN S ACTIVITY
5935	PROTEIN S AG, FREE
5937	PROTEIN S AG, TOTAL
5938	PROTEIN S EVALUATION
3892	PROTHROMBIN TIME
3893	PROTHROMBIN TIME MIXING STUDIES
3213	PTH, C TERMINAL & INTACT, INCL IONIZED & TOTAL CALCIUM
3208	PTH, C TERMINAL, INCLUDING IONIZED & TOTAL CALCIUM
3945	PTH, C TERMINAL, INCLUDING TOTAL CALCIUM
3941	PTH, INTACT
3990	PTH-RELATED PROTEIN
3214	RENIN ACTIVITY PLASMA
1871	RISTOCETIN COFACTOR FUNCTION
5042	T-CELL GENE REARRANGEMENT DETECTR
4210	THROMBIN TIME
5990	THROMBOTIC RISK ASSESSR
5972	THROMBOTIC RISK EVALUATION 1
5971	THROMBOTIC RISK EVALUATION 2
5973	THROMBOTIC RISK EVALUATION 3
5857	TRISOMY 13, 18, AND 21 DETECTR (PCR)
3515	VITAMIN B1 (THIAMINE)
5981	VON WILLEBRAND EVALUATION WITH MULTIMERS
5984	VON WILLEBRAND EVALUATION WITHOUT MULTIMERS
1907	VON WILLEBRAND FACTOR AG
1905	VON WILLEBRAND FACTOR MULTIMERS PANEL
1906	VON WILLEBRAND MULTIMERS
5961	VON WILLEBRAND PROFILE