



110 West Cliff Avenue
Spokane, WA 99204

509.755.8600
800.541.7891

TEST CHANGE ALERT #364

August 14, 2010

Summary Of Changes

TestCode(s)	Test Description
17HPRG	17-HYDROXYPROGESTERONE (Reference Range)
AMY.ISO (AMYISO)	AMYLASE ISOENZYMES (Specimen Requirements)
ASGAG ASPERGILLUS GALACTOMANNAN AG BY EIA, SERUM [ARUP]	(Description, Specimen Requirements, Delete Interp Note)
BKPCR	BK VIRUS DNA, QUANT REAL TIME PCR (Delete)
BKQPCR	BK VIRUS BY RT-PCR, QUANTITATIVE (New)
CANAG	CANDIDA ANTIGEN (Delete)
CARFTR	CARNITINE, FREE AND TOTAL (Reference Range)
CCFUQ	CORTISOL/CORTISONE, FREE URINE 24HR (CPT Coding)
CHYSBF	CHYLOMICRON SCREEN, BODY FLUID (New)
CMVRTQ	CYTOMEGALOVIRUS BY RT-PCR, QUANT (Reference Range)
CPTH	PTH, C-TERMINAL WITH CALCIUM (Specimen Requirements)
CRYPAG	CRYPTOSPORIDIUM ANTIGEN (Specimen Requirements)
CRYPTO	CRYPTOCOCCUS ANTIGEN, SERUM (Description, Specimen Requirements)
CUFAR	CORTISOL URINE FREE BY LC-MS/MS (Reference Range Note)
CYUQ	CYSTINE, URINE QUANT(Method)
ECHINO ECHINOCOCCUS AB, IGG	(Specimen Requirements, Delete Compliance Statement, Reference Range)
FATQNT	FAT, FECAL QUANTITATIVE, HOMOGENIZED ALIQUOT (Description only)
FL.POLAR (FPOLAF)	FLUORESCENT POLARIZATION, AMNIO (Specimen Requirements)
FXDIAG	FRAGILE X DIAGNOSTIC TEST (New)
FXSCRN	FRAGILE X CARRIER TEST (New)
GABAP	GABAPENTIN (Method)
GLU-C (GLUSF)	GLUCOSE, CSF (Specimen Requirements)
GM1.AB (GM1AB)	GM 1 ANTIBODY PANEL (Reference Range)
HCRIBA	HEPATITIS C AB BY RIBA (Reference Range Note)
HEPEM	HEPATITIS E ANTIBODY, IGM (Reference Range)
HGLYP	HYPOGLYCEMIC PANEL (Delete)
HGUQT	MERCURY, URINE (Reference Range)
HPAIGA	HELICOBACTER PYLORI ANTIBODY IGA (Reference Range Note)
HPYGA	HELICOBACTER PYLORI ABS, IGG & IGA (Reference Range Note)
HSVRTD HSV 1/2 DETECT/DIFF BY REALTIME PCR	(CPT Coding, Specimen Requirements)
KETO (17KSUQ)	17-KETO STEROIDS (Reference Range Note)
KSRPU	KIDNEY STONE RISK PANEL, UR [ARUP] (Reference Range Note)
KSRPU2	KIDNEY STONE RISK PANEL II,UR[ARUP] (Reference Range Note)
LACT.CSF (LASF)	LACTIC ACID, CSF (Specimen Requirements)
LDSF	LD, CSF (Specimen Requirements)

LEGPCR (LEGPCA)LEGIONELLA SPECIES BY PCR (Specimen Requirements)
 MENPANMENINGOENCEPHALITIS COMP PANEL (Specimen Requirements)
 MPSMAYMONOCLONAL PROTEIN STUDY, SERUM (Reference Range)
 MSSFTMATERNAL SCREEN, FIRST TRIMESTER (Specimen Requirements)
 MSSIS2MATERNAL SCRIN, INTEGRATED, SPEC #2 (Method)
 OVA1OVA 1 (New)
 PNEUAB ...STREPTOCOCCUS PNEUMONIAE ABS, IGG (14 SEROTYPES) (Description only)
 PRO-C (TPSF)PROTEIN, CSF (Specimen Requirements, Method)
 REF.FRAGX (FRAGX)FRAGILE X SPECIMEN SENT(Delete)
 SCABPSACCHAROMYCES CEREVISIAE AB, G & A (Specimen Requirements)
 SPAB14STREPTOCOCCUS PNEUMONIAE AB, IGG 14 (Delete)
 STL.PH (STPH)STOOL FOR PH (Specimen Requirements, Method)
 STL.SUGAR (SRS)STOOL FOR REDUCING SUBSTANCES (CPT Coding)
 STONECCALCULI (STONE) ANALYSIS (Specimen Requirements)
 SUHGSULFONYLUREA HYPOGLYCEMICS (New)
 TESTEDTESTOSTERONE, TOTAL & FREE, SERUM (MAYO) (New)
 TRYPSTTRYPSIN, FECAL (Reference Range)
 TSTFEDTESTOSTERONE TOTAL+FREE SERUM MAYO (Delete)
 VIT.C (VITCP)VITAMIN C, PLASMA (Specimen Requirements)



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TEST CHANGE ALERT #364

August 14, 2010

The following tables reflect revisions only; other existing data remain unchanged.

17HPRG
order code

17HPRG
flexilab code

17-HYDROXYPROGESTERONE (Reference Range)

Effective	8/23/10		
Reference Ranges	<i>17-Hydroxy-progesterone</i>		
			<i>ng/dL</i>
	<i>F</i>	<i>Premie 26-28 wks</i>	<i>215-1312</i>
		<i>Premie 29-35 wks</i>	<i>65-894</i>
		<i>Full term-day 3</i>	<i>36-143</i>
		<i>4 days-1 month</i>	<i>36-187</i>
		<i>1-5 months</i>	<i>45-187</i>
		<i>6-35 months</i>	<i>348 or less</i>
		<i>3-6 years</i>	<i>450 or less</i>
		<i>7-9 yrs</i>	<i>134 or less</i>
		<i>10-12 yrs</i>	<i>222 or less</i>
		<i>13-15 yrs</i>	<i>39-343</i>
		<i>16-17 yrs</i>	<i>297 or less</i>
		<i>18+ yrs</i>	<i>342 or less</i>
		<i>Follicular</i>	<i>48-132</i>
		<i>Luteal</i>	<i>79-469</i>
		<i>Tanner Stage I</i>	<i>138 or less</i>
		<i>Tanner Stage II</i>	<i>276 or less</i>
		<i>Tanner Stage III</i>	<i>45-345</i>
		<i>Tanner Stage IV</i>	<i>36-285</i>
	<i>M</i>	<i>Premie 26-28 wks</i>	<i>215-1312</i>
		<i>Premie 29-35 wks</i>	<i>65-894</i>
		<i>Full term day 3</i>	<i>36-143</i>
		<i>4 days-1 month</i>	<i>331 or less</i>
		<i>1-5 months</i>	<i>163 or less</i>
		<i>6-35 months</i>	<i>302 or less</i>
		<i>3-6 years</i>	<i>339 or less</i>
		<i>7-9 yrs</i>	<i>121 or less</i>
		<i>10-12 yrs</i>	<i>146 or less</i>
		<i>13-15 yrs</i>	<i>39-239</i>
		<i>16-17 yrs</i>	<i>62-319</i>
		<i>18+ yrs</i>	<i>238 or less</i>
		<i>Tanner Stage I</i>	<i>120 or less</i>
		<i>Tanner Stage II</i>	<i>184 or less</i>
		<i>Tanner Stage III</i>	<i>256 or less</i>
		<i>Tanner Stage IV</i>	<i>56-290</i>

AMY.ISO
order code

AMYISO
flexilab code

AMYLASE ISOENZYMES (Specimen Requirements)

Effective	08/16/10
Comments	1) Min Amt: 0.5 mL. 2) Unacceptable conditions: hemolyzed specimens. 3) <i>Other acceptable specimens: EDTA or sodium or lithium heparin (lavender or green top tube) or PST tube.</i> 4) Stability: RT-1 week, Refrigerated-1 month, Frozen-1 month. 5) ARUP# 0020804.

ASGAG

ASGAG

ASPERGILLUS GALACTOMANNAN AG BY EIA,
SERUM [ARUP] (Description, Specimen
Requirements, Delete Interp Note)

order code

flexilab code

Effective	08/16/10				
Comments	1) <i>Min Amt: 0.6 mL.</i> 2) <i>Unacceptable conditions: SST or gel tubes or plasma.</i> 3) Stability: RT-unacceptable, Refrigerated-1 week, Frozen-1 week. 4) ARUP# 0060068.				
Reference Ranges	<table border="1"> <tr> <td><i>Aspergillus Galactomannan Antigen Index</i></td> <td></td> <td></td> <td><i>Negative</i></td> </tr> </table>	<i>Aspergillus Galactomannan Antigen Index</i>			<i>Negative</i>
<i>Aspergillus Galactomannan Antigen Index</i>			<i>Negative</i>		

BKPCR
order code

BKPCR
flexilab code

BK VIRUS DNA, QUANT REAL TIME PCR (Delete)

Effective	09/21/10
Delete	<i>This test is being discontinued. Use the order code BKQPCR to order this test.</i>

BKQPCR
order code

BKQPCR
flexilab code

BK VIRUS BY RT-PCR, QUANTITATIVE (New)

Effective	09/21/10				
Method	<i>Real-Time PCR</i>				
CPT4	<i>87799</i>				
Specimen Requirements	<i>1 mL EDTA plasma (lavender top tube). Separate plasma from cells and put in separate plastic tube and freeze. Store and transport frozen. Ship 650. Indicate source.</i>				
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: 0.5 mL frozen urine or serum. Store and transport frozen. 3) Unacceptable conditions: Avoid repeated freeze/thaw cycles. 4) Stability: Refrigerated-3 days, Frozen (-20C)-2 months, Frozen (-70C)-1 year.</i>				
Compliance(ASRA) PAML/SHMC	<i>Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i>				
Reference Ranges	<table border="1"> <tr> <td><i>BKV Source BK DNA Quant RT-PCR</i></td> <td></td> <td></td> <td><i>Not Detected copies/mL</i></td> </tr> </table>	<i>BKV Source BK DNA Quant RT-PCR</i>			<i>Not Detected copies/mL</i>
<i>BKV Source BK DNA Quant RT-PCR</i>			<i>Not Detected copies/mL</i>		

<p><i>BK DNA Quant RT-PCR</i></p>		<p><i>Not Detected</i> <i>Reportable range 500 to 37,500,000 copies/mL</i> <i>(2.7 to 7.6 log10)</i> <i>A negative result does not rule out the presence of PCR reaction inhibitors in the patients specimen or BK Virus DNA in concentrations below the level of detection by this assay.</i> <i>Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food & Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. It has not been approved or cleared by the U.S. Food & Drug Administration. This test should not be regarded as investigational or for research use.</i></p>	<p><i>Log 10</i></p>
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CANAG
order code

CANAG
flexilab code

CANDIDA ANTIGEN (Delete)

Effective	08/16/10
Delete	<i>This test is being discontinued.</i>

CARFTR
order code

CARFTR
flexilab code

CARNITINE, FREE AND TOTAL (Reference Range)

Effective	08/16/10			
Reference				
Ranges	Carnitine, <i>Free</i>	0-31 days <i>32 days-12mo</i>	15-55 <i>29-61</i>	umol/L
		13 mon-6 yrs	25-55	
		7-20 yrs	22-63	
		21 yrs +	25-60	
	Carnitine, <i>Total</i>	0-31 days	21-83	umol/L
		<i>32 days-12 mo</i>	<i>38-73</i>	
		<i>13 mon-6 yrs</i>	<i>35-90</i>	
		7-20 yrs	31-78	
		21 yrs+	34-86	
	Carnitine, <i>Esterified</i>	0-31 days	4-29	umol/L
		<i>32 days-12 mo</i>	<i>7-24</i>	
		13 mon-6 yrs	4-36	
		7-20 yrs	3-38	
		20 yrs +	5-29	

Carn Ester/ <i>Free Ratio</i>	0-31 days	0.2-0.8
	<i>32 days-12 mo</i>	<i>0.1-0.8</i>
	13 mon-6 yrs	0.1-0.8
	7-20 yrs	0.1-0.9
	21 yrs +	0.1-1.0

CCFUQ

CCFUQ

CORTISOL/CORTISONE, FREE URINE 24HR (CPT Coding)

order code

flexilab code

Effective	08/17/10
CPT4	<i>82530 83789</i>

CHYSBF

CHYSBF

CHYLOMICRON SCREEN, BODY FLUID (New)

order code

flexilab code

Effective	09/21/10		
Method	<i>Electrophoresis</i>		
CPT4	<i>82664</i>		
Specimen Requirements	<i>1 mL body fluid. Specify type of body fluid. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.2 mL. 2) Unacceptable conditions: frozen or heparinized plasma. 3) Stability: RT-unacceptable, Refrigerated-1 week, Frozen- unacceptable. 4) ARUP# 0098457.</i>		
Reference Ranges	<i>Source Chylomicron Screen</i>		<i>Absent</i>

CMVRTQ

CMVRTQ

CYTOMEGALOVIRUS BY RT-PCR, QUANT (Reference Range)

order code

flexilab code

Effective	09/21/10		
Reference Ranges	CMV Source Cytomegalo- <i>virus DNA</i> Quant PCR	<i>Reportable Range</i>	LT 326 copies/mL <i>326 to 67,500,000 copies/mL</i> A result of LT 326 copies/mL does not rule out the presence of PCR inhibitors in patient specimens, or Cytomegalovirus concentrations below the level of detection of the assay. Analyte Specific Reagents are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food

			and Drug Adm. approval. This test was developed and its performance characteristics determined by PAML Laboratories. It has not been approved by the U.S. Food & Drug Adm. This test should not be regarded as investigational or for reserach use. This test is performed pursuant with an agreement with Roche Molecular Systems, Inc.
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CPTH

CPTH

PTH, C-TERMINAL WITH CALCIUM (Specimen Requirements)

order code

flexilab code

Effective	09/21/10
Comments	1) Min Amt: 0.4 mL. 2) <i>Unacceptable conditions: samples received at RT or refrigerated. No freeze/thaw cycles.</i> 3) Stability: <i>RT-unacceptable, Refrigerated-unacceptable</i> , Frozen-2 months. 4) Specialty# 3945.

CRYPAG

CRYPAG

CRYPTOSPORIDIUM ANTIGEN (Specimen Requirements)

order code

flexilab code

Effective	08/16/10
Comments	1) Min Amt: 1 gram. 2) <i>Unacceptable conditions: sample in Ecofix, Prototfix, Unafix, Total Fix, PVA, MIF, & any preservative containing alcohol.</i> 3) Stability: RT-9 months, Refrigerated-9 months, Frozen-unacceptable. 4) ARUP# 0060045.

CRYPTO

CRYPTO

CRYPTOCOCCUS ANTIGEN, SERUM (Description, Specimen Requiements)

order code

flexilab code

Effective	08/16/10
Specimen Requirements	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport <i>refrigerated</i> . Ship 650. Positive specimens are titered.
Comments	1) <i>Min Amt: 0.25 mL.</i> 2) Unacceptable conditions: samples collected in anticoagulants. 3) <i>Other acceptable specimens: SST tube.</i> 4) Stability: RT-1 hour, Refrigerated-30 days, Frozen-indefinitely. 5) ARUP# 0050196.

CUFAR

CUFAR

CORTISOL URINE FREE BY LC-MS/MS (Reference Range Note)

order code

flexilab code

Effective	08/16/10
Reference Ranges	Collection Time
	hrs

Volume				mL
Creatinine, Ur				mg/dl
Creatinine, Ur	M	0-2 yrs	Not established	mg/d
		3-8 yrs	140-700	
		9-12 yrs	300-1300	
		13-17 yrs	500-2300	
		18-50 yrs	1000-2500	
		51-80 yrs	800-2100	
		81 yrs+	600-2000	
	F	0-2 yrs	Not established	
		3-8 yrs	140-700	
		8-12 yrs	300-1300	
		13-17 yrs	400-1600	
		18-50 yrs	700-1600	
		51-80 yrs	500-1400	
		81 yrs+	400-1300	
Cortisol, Ur	F	Prepubertal	LT 25	ug/gCR
Free		18 yrs+	LT 25	
		Pregnancy	LT 59	
	M	Prepubertal	LT 25	
		18 yrs+	LT 32	
Cortisol, Ur				ug/L
Free				
Cortisol, Ur	F	3-8 yrs	LT 18	u/d
		9-12 yrs	LT 37	
		13-17 yrs	LT 56	
		18 yrs+	LT 45	
	M	3-8 yrs	LT 18	
		9-12 yrs	LT 37	
		13-17 yrs	LT 56	
		18 yrs+	LT 60	
			<i>Ratios to creatinine may be useful for evaluation when the urine collection is random, other than 24 hours, or the urine volume is less than 400 mL/24hr. Low urinary cortisol concentrations may be consistent with adrenal insufficiency.</i>	

CYUQ
order code

CYUQ
flexilab code

CYSTINE, URINE QUANT(Method)

Effective	08/16/10
Method	<i>LC-MS/MS</i>

ECHINO

ECHINO

ECHINOCOCCUS AB, IGG (Specimen Requirements, Delete Compliance Statement, Reference Range)

order code

flexilab code

Effective	08/16/10		
Comments	1) <i>Min Amt: 0.15 mL. 2) Unacceptable conditions: severely lipemic or contaminated samples. Avoid repeated freeze/thaw cycles.</i> 3) Stability: RT-2 days, Refrigerated-2 weeks, Frozen-1 year. 4) ARUP# 0050250.		
Reference Ranges	<i>Echinococcus Ab, IgG</i>	<i>0.235 or less</i> <i>0.236-0.299</i> <i>0.300 or more</i>	<i>Negative-No significant</i> level of Echinococcus IgG Ab detected. <i>Equivocal-Questionable</i> presence of Echinococcus IgG Ab detected. Repeat testing in 10-14 days may be helpful. <i>Positive-Presence of IgG Ab</i> to Echinococcus detected, suggestive of current or past infection.
			<i>OD</i>

FATQNT

FATQNT

FAT, FECAL QUANTITATIVE, HOMOGENIZED ALIQUOT (Description only)

order code

flexilab code

Effective	08/16/10
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FL.POLAR

FPOLAF

FLUORESCENT POLARIZATION, AMNIO (Specimen Requirements)

order code

flexilab code

Effective	08/16/10
Specimen Requirements	1 mL amniotic fluid. Amniocentesis fluid preferred. Do not centrifuge. <i>Store and transport refrigerated.</i>

FXDIAG

FXDIAG

FRAGILE X DIAGNOSTIC TEST (New)

order code

flexilab code

Effective	09/21/10
Method	<i>PCR & Restriction Digest/Southern Blot</i>
CPT4	<i>83891, 83894, 83898, 83912, 83892 X 2, 83896, 83897, 83909</i>
Specimen Requirements	<i>7 mL EDTA or Na citrate whole blood (lavender or blue top tube). Submit original & unopened tube only. Do not transfer from original tube. Store & transport at RT or Refrig. Include patient family history & clinical indication. THIS TEST MUST BE ORDERED ON A PAPER REQUISITION THAT ACCOMPANIES THE SPECIMEN. IT IS NOT AN ORDERABLE TEST ON THE PAML COMPUTER SYSTEM. This test is only appropriate for patients with a family history of fragile x syndrome, premature ovarian failure or older males with tremor. If chromosome analysis is ordered or desirable also see ordercode PBCYTO.</i>
Comments	<i>1) Min Amt: 5 mL. 2) Unacceptable conditions: plasma, serum, heparin or ACD whole blood, frozen whole</i>

	<i>blood, severely hemolyzed samples, samples in leaking containers or over 5 days old, samples not received in the original collection tubes. 3) Stability: RT-72 hours, Refrigerated-5 days, Frozen-unacceptable. 4) PSHMC-Molecular Diagnostics Department.</i>		
Compliance(LD TB) PAML/SHMC	<i>This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. However, FDA approval or clearance is currently 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/PSHMC is authorized under Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity testing.</i>		
Reference Ranges	<i>Fragile X Mutation Analysis Result</i>		<i>~5 to ~44 Repeats</i>

FXSCRN
order code

FXSCRN
flexilab code

FRAGILE X CARRIER TEST (New)

Effective	09/21/10		
Method	<i>PCR & Restriction Digest/Southern Blot</i>		
CPT4	<i>83891, 83894, 83898, 83912, 83892 x 2, 83896, 83897, 83909</i>		
Specimen Requirements	<i>7 mL EDTA or Na citrate whole blood (lavender or blue top tube). Submit original & unopened tube only. Do not transfer from original draw tube. Store & transport at RT or refrigerated. Include patient family history & clinical indication. THIS TEST MUST BE ORDERED ON A PAPER REQUISITION THAT ACCOMPANIES THE SPECIMEN. IT IS NOT AN ORDERABLE TEST ON THE PAML COMPUTER SYSTEM. This test is appropriate for asymptomatic individuals with a family history of fragile X syndrome or for females of reproductive age with an interest in family planning.</i>		
Comments	<i>1) Min Amt: 5 mL. 2) Unacceptable conditions: plasma, serum, heparin or ACD whole blood, frozen whole blood, severely hemolyzed samples, samples in leaking containers or over 5 days old, samples not received in the original collection tubes. 3) Stability: RT-72 hours, Refrigerated-5 days, Frozen-unacceptable. 4) PSHMC-Molecular Diagnostics Department.</i>		
Compliance(LD TB) PAML/SHMC	<i>This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. However, FDA approval or clearance is currently 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/PSHMC is authorized under Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity testing.</i>		
Reference Ranges	<i>Fragile X Carrier Screen Result</i>		<i>~5 to ~44 Repeats</i>

GABAP
order code

GABAP
flexilab code

GABAPENTIN (Method)

Effective	08/16/10
Method	<i>LC-MS/MS</i>

GLU-C
order code

GLUSF
flexilab code

GLUCOSE, CSF (Specimen Requirements)

Effective	09/21/10
Specimen Requirements	1 mL spinal fluid in a sterile container. <i>Centrifuge & separate immediately into separate plastic tube. Store & transport refrigerated.</i>
Comments	1) Min Amt: 0.2 mL. 2) <i>Stability: RT-3 days if separated from cells, Refrigerated-1 month if separated from cells, Frozen-acceptable but not preferred.</i> 3) PSHMC-Chemistry Department.

GM1.AB
order code

GM1AB
flexilab code

GM 1 ANTIBODY PANEL (Reference Range)

Effective	08/16/10			
Reference Ranges				
<i>GM1 Ab IgG</i>	<i>30 or less</i>	<i>Negative</i>	<i>IV</i>	
	<i>31-50</i>	<i>Weak positive</i>		
	<i>51-100</i>	<i>Positive</i>		
	<i>101 or more</i>	<i>Strong positive</i>		
<i>GM1 Ab IgM</i>	<i>30 or less</i>	<i>Negative</i>	<i>IV</i>	
	<i>31-50</i>	<i>Weak positive</i>		
	<i>51-100</i>	<i>Positive</i>		
	<i>101 or more</i>	<i>Strong positive</i>		
<i>Asialo GM1 Ab IgG</i>	<i>30 or less</i>	<i>Negative</i>	<i>IV</i>	
	<i>31-50</i>	<i>Weak positive</i>		
	<i>51-100</i>	<i>Positive</i>		
	<i>101 or more</i>	<i>Strong positive</i>		
<i>Asialo GM1 Ab IgM</i>	<i>30 or less</i>	<i>Negative</i>	<i>IV</i>	
	<i>31-50</i>	<i>Weak positive</i>		
	<i>51-100</i>	<i>Positive</i>		
	<i>101 or more</i>	<i>Strong positive</i>		
		<p>Elevated antibody levels to ganglioside-monosialic acid (GM1), and the neutral glycolipid, asialo GM1 are associated with motor or sensorimotor neuropathies, particularly multifocal motor neuropathy. Anti-GM1 may occur as IgM (polyclonal or monoclonal) or IgG antibodies. These antibodies may also be found in patients with diverse connective tissue diseases as well as normal individuals. These tests by themselves are not diagnostic and should be used in conjunction with other clinical parameters to confirm disease. This test uses a kit designated by</p>		

			<p>the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Lab The U.S. Food and Drug Administration (FDA) has not approved or cleared 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.</p>
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HCRIBA

order code

HCRIBA

flexilab code

HEPATITIS C AB BY RIBA (Reference Range Note)

Effective	08/16/10		
Reference Ranges	<p>Hepatitis C <i>Ab (RIBA 3.0)</i></p>		<p>Negative <i>This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues & Cellular and Tissue-Blood Products (HCT/P).</i></p>

HEPEM

order code

HEPEM

flexilab code

HEPATITIS E ANTIBODY, IGM (Reference Range)

Effective	08/16/10		
Reference Ranges	<p><i>Hepatitis E Virus, IgM</i></p>		<p><i>Not detected</i> <i>Hepatitis E Virus (HEV) is a major cause of enteric non-A hepatitis worldwide. HEV is typically detected within 2-4 weeks after infection, and then declines rapidly during convalescence.</i> This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Focus Diagnostics. This test should not be used for diagnosis without confirmation by other medically established means.</p>

HGLYP
order code

HGLYP
flexilab code

HYPOGLYCEMIC PANEL (Delete)

Effective	09/21/10
Delete	<i>This test is being discontinued. Use the order code SUHG to order this test.</i>

HGUQT
order code

HGUQT
flexilab code

MERCURY, URINE (Reference Range)

Effective	08/16/10			
Reference				
Ranges	Collect time			hr
	Total volume			mL
	Creatinine, Urine			mg/dl
	Creatinine, Urine			mg/d
		M	3-8 yrs:	140-700 mg/d
			9-12 yrs:	300-1300 mg/d
			13-17 yrs:	500-2300 mg/d
			18-50 yrs:	1000-2500 mg/d
			51-80 yrs:	800-2100 mg/d
			81 yrs +:	600-2000 mg/d
		F	3-8 yrs:	140-700 mg/d
			9-12 yrs:	300-1300 mg/d
			13-17 yrs:	400-1600 mg/d
			18-50 yrs:	700-1600 mg/d
			51-80 yrs:	500-1400 mg/d
			81 yrs +:	400-1300 mg/d
	<i>Mercury, Urine</i>		<i>0-10</i>	<i>ug/L</i>
	<i>Mercury, Urine</i>		<i>0-15</i>	<i>ug/day</i>
	<i>Mercury, Urine</i> per gm creat		<i>35.0 or less</i>	<i>ug/gCR</i>
			Urine mercury concentration may correlate better with inorganic mercury exposure than blood concentrations since organic mercury is eliminated primarily in the feces. Urine mercury levels may also be used to monitor chelation therapy.	

HPAIGA

HPAIGA

HELICOBACTER PYLORI ANTIBODY IGA (Reference Range Note)

order code

flexilab code

Effective	08/16/10			
Reference Ranges	Helicobacter pylori AB IgA	1.7 or less 1.8 - 2.2 2.3 or greater	Negative: no significant level of IgA antibody to H. pylori detected. Equivocal: Repeat testing in 10-14 days may be helpful. Positive: IgA antibody to H. pylori detected, suggestive of active infection. Helicobacter pylori IgG and IgA antibody seroconversion occur together after 60 days. Samples which have a high titer of both IgG and IgA antibodies to H. pylori in symptomatic individuals may be considered to represent an active infection. However, a positive H. <i>pylori</i> IgA result can only suggest active infection and should be confirmed by bacterial isolation or other diagnostic testing.	EV EV EV

HPYGA

HPYGA

HELICOBACTER PYLORI ABS, IGG & IGA (Reference Range Note)

order code

flexilab code

Effective	08/16/10			
Reference Ranges	Helicobacter Pylori Ab IgA	Negative Equivocal Positive	1.7 or less No significant level of IgA Ab to H. pylori detected. 1.8-2.2 Repeat testing in 10-14 days may be helpful. 2.3 or greater IgA ab to H. pylori detected, suggestive of active infection. Helicobacter pylori IgG and IgA Ab serconversion occur together after 60 days. Samples which have a high titer of both IgG and IgA Abs to H. pylori in symptomatic individuals may be considered to represent an active infection. However, a positive H. pylori IgA result can only suggest active infection and should be confirmed by bacterial isolation or other diagnostic testing.	EV

Helicobacter pylori, IgG	Negative	1.7 or less No significant level of IgG Ab to H. pylori detected.	EV
	Equivocal	1.8-2.2 Repeat testing in 10-14 days may be helpful.	
	Positive	2.3 or greater IgG Ab to H. pylori detected, suggestive of previous exposure or active infection. Previously known as Campylobacter pylori, Helicobacter pylori-specific Abs are detectable in almost all adult patients with duodenal ulcer and about 80% of patients with gastric ulcer. The prevalence of H. pylori Abs increases with age and can be found in a significant percentage of healthy individuals over the age of 50. Positive results do not confirm the diagnosis of H. pylori-associated gastritis or duodenal ulcer, but negative results are strong evidence against these diagnoses.	

HSVRTD

HSVRTD

HSV 1/2 DETECT/DIFF BY REALTIME PCR (CPT Coding, Specimen Requirements)

order code

flexilab code

Effective	09/21/10
CPT4	<i>87529 x 2</i>
Specimen Requirements	1 mL frozen CSF, serum or EDTA plasma (sterile container, red top or lavender top tube). Separate serum or plasma from the cells and put in sterile plastic tube. <i>Ocular fluid, or</i> swabs (flocked preferred) from lesions, frozen in viral transport media. Send all specimens frozen, indicate source. Not recommended for testing serum/plasma on patients older than 30 days, unless viremia present. For routine exposure screening, order HSVG for HSV antibodies. Dedicated Specimen Only. Separate samples must be submitted when multiple tests are ordered. Cotton & polyester swabs also acceptable.
Comments	1) Min Amt: 0.5 mL. 2) Unacceptable conditions: CSF, serum or plasma samples older than 24 hours that have not been frozen. Unsterile or leaking containers, heparinized or hemolyzed samples. 3) Stability: RT-8 hours, Refrigerated-24 hours except swabs in viral transport media-3 days, Frozen- 3 months. A dedicated sample is required for molecular testing. This test cannot be ordered as an add-on test on samples previously tested. <i>Do not order on serum or plasma for routine HSV screening of asymptomatic patients, refer to HSVG Antibody.</i> Ship 650.

KETO
order code

17KSUQ
flexilab code

17-KETO STEROIDS (Reference Range Note)

Effective	08/16/10			
Reference Ranges				
Coll Period Volume 17 Keto Steroids 17 Keto Steroids				Hr mL mg/L
		Up to 1 yr	0.0-1.0	mg/d
		1-5 yrs	1.0-2.0	
	M	6-10 yrs	1.0-4.4	
		11-12 yrs	1.3-8.5	
		13-16 yrs	3.4-9.8	
		17-50 yrs	5.3-17.6	
		50+ yrs	4.1-12.1	
	F	6-10 yrs	1.4-3.9	
		11-12 yrs	3.8-9.5	
		13-16 yrs	4.5-17.1	
		17-50 yrs	4.4-14.2	
		50+ yrs	3.2-10.6	
Creatinine, Ur Creatinine, Ur	M	0-2 yrs	not established	mg/dL mg/d
		3-8 yrs	140-700	
		9-12 yrs	300-1300	
		13-17 yrs	500-2300	
		18-50 yrs	1000-2500	
		51-80 yrs	800-2100	
		GT 80 yrs	600-2000	
	F	0-2 yrs	not established	
		3-8 yrs	140-700	
		9-12 yrs	300-1300	
		13-17 yrs	400-1600	
		18-50 yrs	700-1600	
		51-80 yrs	500-1400	
		GT 80 yrs	400-1300	
			<i>Reference intervals for random urine samples in mg/L are not available.</i>	

KSRPU

KSRPU

KIDNEY STONE RISK PANEL, UR [ARUP]
(Reference Range Note)

order code

flexilab code

Effective	08/16/10			
Reference Ranges				
Collection Time Total Volume Creatinine, Urine Creatinine, Urine (24hr)				hr mL mg/dL
	M	3-8 yrs	140-700	mg/d
		9-12 yrs	300-1300	mg/d

Citric Acid, Urine	F	13-17 yrs	500-2300	mg/d
		18-50 yrs	1000-2500	mg/d
		51-80 yrs	800-2100	mg/d
		81+ yrs	600-2000	mg/d
		3-8 yrs	140-700	mg/d
		9-12 yrs	300-1300	mg/d
		13-17 yrs	400-1600	mg/d
		18-50 yrs	700-1600	mg/d
		51-80 yrs	500-1400	mg/d
		81+ yrs	400-1300	mg/d
Citric Acid, Urine		18+ yrs	320-1240	mg/d
Calcium, Urine				mg/dL
Calcium, Urine			Calcium free diet: 5-40 mg/d Low calcium diet (800 mg/d or less) 50-150 mg/d Average calcium diet (about 800 mg/d) 100-250 mg/d High calcium diet (800 mg/d or greater) GT 250 mg/d	
Oxalate, Urine				mg/L
Oxalate, Urine		0-12 yrs	13-38	mg/d
	M	13+ yrs	7-44	mg/d
	F	13+ yrs	4-31	mg/d
Uric Acid, Urine				mg/dL
Uric Acid, Urine			250-750	mg/d
<i>Reference ranges for random urine samples (mg/L) are not available.</i>				

KSRPU2

KSRPU2

KIDNEY STONE RISK PANEL II,UR[ARUP]
(Reference Range Note)

order code

flexilab code

Effective	08/16/10			
Reference Ranges	Collection Time			hr
	Total Volume			mL
	Creatinine, Urine			mg/dL
	Creatinine, Urine	M	3-8 yrs	140-700
			9-12 yrs	300-1300
			13-17 yrs	500-2300
			18-50 yrs	1000-2500
			51-80 yrs	800-2100
			81+ yrs	600-2000
		F	3-8 yrs	140-700
			9-12 yrs	300-1300
			13-17 yrs	400-1600

Citric Acid, Urine	18-50 yrs	700-1600	mg/d
	51-80 yrs	500-1400	mg/d
	81+ yrs	400-1300	mg/d
Citric Acid, Urine	18+ yrs	320-1240	mg/d
Calcium, Urine			mg/dL
Calcium, Urine		Calcium free diet: 5-40 mg/d Low calcium diet (800 mg/d or less): 50-150 mg/d Average calcium diet (about 800 mg/d): 100-250 mg/d High calcium diet (800 mg/d or greater): GT 250 mg/d	
Oxalate, Urine			mg/L
Oxalate, Urine	0-12 yrs	13-38	mg/d
	M 13+ yrs	7-44	mg/d
	F 13+ yrs	4-31	mg/d
Uric Acid, Urine			mg/dL
Uric Acid, Urine		250-750	mg/d
Cystine, Urine	0-5 mths	62-345	uM/gCR
	6-11 mths	53-133	uM/gCR
	1-3 yrs	53-186	uM/gCR
	4-12 yrs	35-106	uM/gCR
	13+ yrs	27-151	uM/gCR
Magnesium, Urine			mg/dL
Magnesium, Urine		12-199	mg/d
Phosphorus, Urine			mg/dL
Phosphorus, Urine		400-1300	mg/d
Potassium, Urine			mmol/L
Potassium, Urine		25-125	mmol/d
Chloride, Urine			mmol/L
Chloride, Urine		140-250	mmol/d
Sodium, Urine			mmol/L
Sodium, Urine		51-286	mmol/d
		<i>Reference intervals for random urine samples (mg/L) are not available.</i>	

LACT.CSF

order code

LASF

flexilab code

LACTIC ACID, CSF (Specimen Requirements)

Effective	09/21/10
Specimen Requirements	0.2 mL of CSF in plastic tube. <i>Not stable at room temperature. Deliver to lab ASAP. Promptly separate from cells if present. Promptly refrigerate or freeze.</i>
Comments	1) Min Amt: 0.1 mL. 2) <i>RT-unacceptable, Refrigerated-1 day if separated from cells, Frozen-1 month if separated from cells.</i> 3) PSHMC-Chemistry Department.

LDSF

order code

LDSF

flexilab code

LD, CSF (Specimen Requirements)

Effective	09/21/10
Specimen Requirements	0.5 mL CSF in leakproof plastic container. <i>Separate from cells if necessary. Store and transport immediately at room temperature.</i>
Comments	1) Mim Amt: 0.2 mL. 2) <i>RT-1 week separated, Refrigerated-4 days separated, Frozen-unacceptable.</i> 3) <i>Limitations: RBCs contain LD so hemolysis may elevated results.</i> 4) PSHMC-Chemistry Department.

LEGPCR

order code

LEGPCA

flexilab code

LEGIONELLA SPECIES BY PCR (Specimen Requirements)

Effective	08/16/10
Comments	1) Min Amt: 1 mL. 2) Unacceptable conditions: dry swabs and nonsterile or leaking containers. <i>Respiratory aspirates in collection containers with tubing because of leaking.</i> 3) Stability: <i>RT-8 hours, Refrigerated-3 days, Frozen-6 months.</i> 4) ARUP# 0056105.

MENPAN

order code

MENPAN

flexilab code

MENINGOENCEPHALITIS COMP PANEL (Specimen Requirements)

Effective	Immediately
Specimen Requirements	<i>5 mL</i> serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport room temperature.
Comments	1) <i>Min Amt: 4 mL.</i> 2) Stability: RT-1 week, Refrigerated-2 weeks, Frozen-30 days. 3) FOCUS# 2030.

MPSMAY

order code

MPSMAY

flexilab code

MONOCLONAL PROTEIN STUDY, SERUM (Reference Range)

Effective	Immediately			
Reference Ranges	Total Protein		6.3-7.9	g/dL
	Protein Electrophoresis			
	Albumin		3.4-4.7	g/dL
	Alpha-1 Globulin		0.1-0.3	g/dL

Alpha-2 Globulin		0.6-1.0	g/dL
Beta-Globulin		0.7-1.2	g/dL
Gamma-Globulin		0.6-1.6	g/dL
A/G Ratio			
<i>M Spike</i>			<i>g/dL</i>
<i>M Spike</i>			<i>g/dL</i>
Impression			
Immunofixation		No monoclonal protein detected.	

MSSFT

MSSFT

MATERNAL SCREEN, FIRST TRIMESTER
(Specimen Requirements)

order code

flexilab code

Effective	08/16/10
Comments	1) Min Amt: 1 mL. 2) Unacceptable conditions: repeat freeze/thaw cycles, hemolyzed specimens, heparin, EDTA or citrated plasma & CRL GT 7.9 cm. 3) Stability: RT-8 hrs, Refrigerated-2 wks, <i>Frozen-2 mo</i> . 4) This test is used to screen for fetal risk of Down Syndrome and Trisomy 18. 5) ARUP# 0081150.

MSSIS2

MSSIS2

MATERNAL SCRIN, INTEGRATED, SPEC #2
(Method)

order code

flexilab code

Effective	08/16/10
Method	<i>Chemiluminescent Immunoassay</i>

OVA1

OVA1

OVA 1 (New)

order code

flexilab code

Effective	09/21/10		
Method	<i>see below</i>		
CPT4	<i>84999</i>		
Specimen Requirements	<i>2.2 mL serum (SST tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. Method: Fixed Rate Time Neph/Electrochemiluminescence.</i>		
Comments	<i>1) Min Amt: 1.1 mL. 2) Other acceptable samples. serum (plain red top tube). 3) Unacceptable conditions: samples received at room temperature. 4) Stability: RT-unacceptable, Refrigerated-5 days, Frozen-63 days. 5) Quest/Nichols# 16991.</i>		
Reference Ranges	<i>OVA 1 Test Value</i>	<i>Premenopausal</i>	<i>Postmenopausal</i>
		<i>Low LT 5.0 High 5.0 or more</i>	<i>Low LT 4.4 High 4.4 or more</i>
		<i>Criteria for probability of Malignancy</i>	

PNEUAB

order code

PNEUAB

flexilab code

STREPTOCOCCUS PNEUMONIAE ABS, IGG (14
SEROTYPES) (Description only)

Effective	08/16/10
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PRO-C

order code

TPSF

flexilab code

PROTEIN, CSF (Specimen Requirements, Method)

Effective	09/21/10
Method	<i>Turbidimetric</i>
Specimen Requirements	1 mL spinal fluid in a sterile container. <i>Separate promptly from cells. Store and transport refrigerated. Samples should be collected before fluorescein is given, or at least 24 hours later.</i>
Comments	1) Min Amt: 0.2 mL. 2) <i>Stability: RT-1 day if separated from cells, Refrigerated-6 days if separated from cells, Frozen-1 year if separated from cells.</i> 3) PSHMC-Chemistry Department.

REF.FRAGX

order code

FRAGX

flexilab code

FRAGILE X SPECIMEN SENT(Delete)

Effective	09/21/10
Delete	<i>This test is being discontinued. Use the order code FXSCRN or FXDIAG to order this test.</i>

SCABP

order code

SCABP

flexilab code

SACCHAROMYCES CEREVISIAE AB, G & A
(Specimen Requirements)

Effective	08/16/10
Specimen Requirements	<i>0.5 mL</i> serum (red top tube). Separate serum from cells ASAP & put in separate plastic tube. Store and transport refrigerated.
Comments	1) Min Amt: <i>0.3 mL</i> . 2) Unacceptable conditions: severely lipemic, contaminated, heat-inactivated, or hemolyzed samples. 3) <i>Stability: RT-2 days</i> , Refrigerated-2 weeks, Frozen-1 year. Avoid repeated freeze/thaw cycles. 4) ARUP# 0050564.

SPAB14

order code

SPAB14

flexilab code

STREPTOCOCCUS PNEUMONIAE AB, IGG 14
(Delete)

Effective	08/16/10
Delete	<i>This test is being discontinued. Use the order code PNEUAB to order this test.</i>

STL.PH
order code

STPH
flexilab code

STOOL FOR PH (Specimen Requirements, Method)

Effective	09/21/10
Method	<i>pH Indicator</i>
Specimen Requirements	<i>5 grams stool, random collection in a sterile leakproof plastic container. If transport time will exceed 1 hour from time of collection, specimen should be refrigerated or frozen. Ship 650.</i>
Comments	<i>1) Min Amt: 1 gram. 2) Unacceptable conditions: specimens collected following a barium enema. Formed stool. Stool in preservatives or transport media. 3) Stability: RT-1 hour, Refrigerated-36 hours, Frozen-1 week. 4) PSHMC-Microbiology Department.</i>

STL.SUGAR

SRS

STOOL FOR REDUCING SUBSTANCES (CPT Coding)

order code

flexilab code

Effective	Immediately
CPT4	<i>84376</i>

STONEC

STONEC

CALCULI (STONE) ANALYSIS (Specimen Requirements)

order code

flexilab code

Effective	08/16/10
Specimen Requirements	<i>Submit air-dried calculi specimen for analysis in DRY container (urine cup with lid). Indicate source (renal, bladder or bile stone on request). Calculi transported in liquid or contaminated with blood will require special handling to be processed which will delay analysis. Blood & moisture interfere with this methodology. Samples wrapped in tape (adhesive tape) or embedded in wax, will delay or prevent analysis & should not be submitted.</i>

SUHG

order code

SUHG

flexilab code

SULFONYLUREA HYPOGLYCEMICS (New)

Effective	09/21/10																												
Method	<i>See below</i>																												
CPT4	<i>82486</i>																												
Specimen Requirements	<i>5 mL serum (plain red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.</i>																												
Comments	<i>1) Min Amt: 1.2 mL. 2) Other acceptable specimens: sodium or lithium heparin plasma (green top tube). 3) Unacceptable conditions: SST tubes. 4) Stability: RT-2 weeks, Refrigerated-2 weeks, Frozen-1 year. 5) Method: HPLC with fluorescence /HPLC with ultraviolet detection. 6) ARUP# 0090944.</i>																												
Reference Ranges	<table border="1"> <tr> <td><i>Acetohexamide</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Chlorpropamide</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Glipizide</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Glyburide</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Sulfonylurea Screen</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Tolazamide</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Tolbutamide</i></td> <td></td> <td></td> <td></td> </tr> </table>	<i>Acetohexamide</i>				<i>Chlorpropamide</i>				<i>Glipizide</i>				<i>Glyburide</i>				<i>Sulfonylurea Screen</i>				<i>Tolazamide</i>				<i>Tolbutamide</i>			
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<i>Tolazamide</i>																													
<i>Tolbutamide</i>																													

TESTED

TESTED

TESTOSTERONE, TOTAL & FREE, SERUM (MAYO) (New)

order code

flexilab code

Effective	09/21/10			
Method	<i>Equilibrium Dialysis/LC-MS/MS</i>			
CPT4	<i>84402, 84403</i>			
Specimen Requirements	<i>2.5 mL serum (plain red top tube). Separate serum from cells and put in a separate plastic tube. Include the age and gender of the patient with the sample request. Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 2 mL. 2) Unacceptable conditions: hemolysis, lipemia, icteric samples. Samples collected in SST or gel tubes. 3) Stability: RT-unacceptable, Refrigerated-2 weeks, Frozen-2 weeks. 4) MAYO# 8508.</i>			
Reference Ranges	<i>Testosterone, Free, Serum</i>	<i>M 16+ yrs</i>	<i>9-30</i>	<i>ng/mL</i>
		<i>F 16+ yrs</i>	<i>0.3-1.9</i>	
	<i>Testosterone Total, Serum</i>	<i>M 0-5 mo</i>	<i>75-400</i>	<i>ng/dL</i>
		<i>6 mo-9 yrs</i>	<i>LT 7-20</i>	
		<i>10-11 yrs</i>	<i>LT 7-130</i>	
		<i>12-13 yrs</i>	<i>LT 7-800</i>	
		<i>14 yrs</i>	<i>LT 7-1200</i>	
		<i>15-16 yrs</i>	<i>100-1200</i>	
		<i>17-18 yrs</i>	<i>300-1200</i>	
		<i>19+ yrs</i>	<i>240-950</i>	
		<i>Tanner Stage I</i>	<i>LT 7-20</i>	<i>ng/dL</i>
		<i>Tanner Stage II</i>	<i>8-66</i>	
		<i>Tanner Stage III</i>	<i>26-800</i>	
		<i>Tanner Stage IV</i>	<i>85-1200</i>	
		<i>Tanner Stage V</i>	<i>300-950</i>	
		<i>F 0-5 mo</i>	<i>20-80</i>	
		<i>6 mo-9 yrs</i>	<i>LT 7-20</i>	
		<i>10-11 yrs</i>	<i>LT 7-44</i>	
		<i>12-16 yrs</i>	<i>LT 7-75</i>	
		<i>17-18 yrs</i>	<i>20-75</i>	
		<i>19+ yrs</i>	<i>8-60</i>	
		<i>Tanner Stage I</i>	<i>LT 7-20</i>	
		<i>Tanner Stage II</i>	<i>LT 7-47</i>	
		<i>Tanner Stage III</i>	<i>17-75</i>	
		<i>Tanner Stage IV</i>	<i>20-75</i>	
		<i>Tanner Stage V</i>	<i>12-60</i>	

TRYPST

order code

TRYPST

flexilab code

TRYPSIN, FECAL (Reference Range)

Effective	08/16/10			
Reference Ranges	<i>Trypsin, Fecal</i>		<i>1:96 or greater</i>	

TSTFED

order code

TSTFED

flexilab code

TESTOSTERONE TOTAL+FREE SERUM MAYO
(Delete)

Effective	09/21/10
Delete	<i>This test is being discontinued. Use the order code TESTED to order this test.</i>

VIT.C

order code

VITCP

flexilab code

VITAMIN C, PLASMA (Specimen Requirements)

Effective	08/16/10
Comments	1) Min Amt: <i>1.3 mL</i> . 2) Unacceptable conditions: nonfrozen samples, samples that are not preserved with oxalic acid, serum and hemolyzed plasma. 3) Stability: RT-unacceptable, Refrigerated-unacceptable, Frozen- 2 months. 4) Vitamin C concentrations between 0.2 -0.4 mg/dL indicate risk of deficiency. Concentrations LT 0.2 mg/dL are consistent with deficiency. 5) ARUP# 0080380. 6) <i>Other acceptable samples: 10 mL EDTA plasma (lavender top tube).</i>

[PAML Web Test Directory](#)