

Client Update

June 2022

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Test Name	Test Code	Effective Date
Chromium Urine, 24 Hour	0428	Immediately

Due to changes at our reference laboratory, test information for **Chromium Urine, 24 Hour (Test Code 0428)** have been updated. Please refer to the table below for details.

	Previous Test Information	New Test Information
Turn Around Time*	8 days	7 days
Stability	Ambient: N/A Refrigerated: 14 days Frozen: 180 days	Ambient: 7 days Refrigerated: 14 days Frozen: 365 days
Clinical Utility (If applicable)	N/A	May be used to monitor short-term chromium exposure
Note	N/A	Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post-exposure. Collections from patients with impaired kidney function should be avoided for a minimum of 14 days post contrast media exposure.

Malaria/Babesia/ Other Blood Parasites	J897	May 5, 2022
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Please be reminded to submit a separate lavender tube for **Malaria/Babesia/Other Blood Parasites (Test Code J897)** if the sample has other tests ordered. A separate lavender tube will ensure testing without delay.

O & P, Stool W/Trichrome (1st specimen)	0377	May 4, 2022
O & P, Stool W/Trichrome (2 nd specimen)	0355	
O & P, Stool W/Trichrome (3 rd specimen)	0227	

Please be reminded that unpreserved stool specimens are not acceptable for **Ova and Parasites (O & P) examination**. Preserved stool provides an advantage in terms of recovery and identification of intestinal parasites.

The following specimens are acceptable for Ova and Parasites (O & P) examination:

- O & P Mini
- Eco Pak
- O & P Kit (Total Fix)
- Stool Container with SAF

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Test Name	Test Code	Effective Date
Prenatal 46,XY Disorders of Sex Development Panel	TM75	Immediately
Prenatal Tuberous Sclerosis	TM76	

The GenPath[®] Women's Health Prenatal Requisitions have been updated and now include 2 new send out tests, **Prenatal 46,XY Disorders of Sex Development Panel (Test Code TM75)** and **Prenatal Tuberous Sclerosis (Test Code TM76)**.

Please see below tables for full test information.

New Test Information	
Test Name	Prenatal 46,XY Disorders of Sex Development Panel
Test Code	TM75
Primary Container	AMF – Amniotic Fluid, CVS – Chorionic Villi
Minimum Volume	20mL
Turn Around Time*	21 days
Transportation Temp	Room temp
Methodology	Next Generation Sequencing
Collection Instructions	Sterile Container
Profile Components	AR, ARX, ATRX, CHD7, CYP17A1, DHCR7, DHH, DYNC2H1, NEK1, NR5A1, POR, SOX9, SRD5A2, SRY, WT1, CYP11A1, HSD17B3, HSD3B2
CPT Code(s)**	81406x1, 81407x1
List Price	\$3952.03
Clinical Utility	Full gene sequencing and exon-level deletion/duplication for fetuses with apparent gender discrepancies or genital ambiguity

New Test Information	
Test Name	Prenatal Tuberous Sclerosis
Test Code	TM76
Primary Container	AMF – Amniotic Fluid, CVS – Chorionic Villi
Minimum Volume	20mL
Turn Around Time*	14 days
Transportation Temp	Room temp
Methodology	Next Generation Sequencing
Collection Instructions	Sterile Container
Profile Components	TSC1, TSC2
CPT Code(s)**	81173x1, 81404x2, 81405x2, 81407x1
List Price	\$5384.19
Clinical Utility	Full gene sequencing and exon-level deletion/duplication for fetuses with prenatal ultrasound findings suggestive of TSC

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Test Name	Test Code	Effective Date
Scarlet [®] Test Availability	Multiple	Immediately

The tests in the below table are **now available for at-home collection with Scarlet Health[®]**. Using Scarlet[®] is as easy as adding an extra test code to your electronic laboratory order, or, you may order lab testing, provide the order to your patient and your patient can initiate a Scarlet collection. Patients will receive a text and email to schedule their own Scarlet appointments.

Questions? Please contact your dedicated account representative or email ScarletCS@scarlethealth.com.

Test Category	Test Name	Test Code
Oncology & Hematology	Acute 10 Color Flow Cytometry Leukemia/Lymphoma Panel (Global)	TH61-5
Oncology & Hematology	Acute Leukemia PNL PC	B504-2
Oncology & Hematology	AML Diagnostic Panel by FISH	P261-1
Oncology & Hematology	JAK2 (including V617F and exon 12), MPL, and CALR if negative, reflex to MPN Panel	J632-1
Oncology & Hematology	Lymphoma - B-Cell, IGH by PCR	5278-7
Oncology & Hematology	Lymphoma - Mantle Cell (MCL), BCL1/IGH by FISH	5026-0
Oncology & Hematology	Lymphoma - T-Cell, TCR Gamma by PCR	5031-0
Oncology & Hematology	OneCheck Plus Genomics	A500-1
Oncology & Hematology	OnkoSight [®] Advanced Chronic Lymphoid Neoplasm NGS Panel	TH55-7
Oncology & Hematology	OnkoSight [®] MDS Panel Sequencing	B893-9
Oncology & Hematology	OnkoSight [®] Myeloid Disorder Panel	B823-6
Oncology & Hematology	OnkoSight [®] NGS CALR Sequencing	TJ42-1
Oncology & Hematology	OnkoSight [®] NGS JAK2 V617F Sequencing	TJ43-9
Sexually Transmitted Infections	Chlamydia Trachomatis DNA	TM71-3
Sexually Transmitted Infections	Male/Female STI Profile	M264-0
Sexually Transmitted Infections	Mycoplasma Genitalium DNA	TM74-7
Sexually Transmitted Infections	Neisseria Gonorrhoea DNA	TM72-1
Sexually Transmitted Infections	Trichomonas Vaginalis DNA	TM73-9

Vitamin B1, Blood (RBC)	1333	Immediately
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Please be advised Lavender top has been removed as an appropriate specimen type for **Vitamin B1, Blood (RBC) (Test Code 1333)** since specimen is required to be light protected. Specimens should arrived in an amber tube or be foil wrapped.

Full collection instructions are as follows: Collect whole blood in an EDTA (lavender top) tube and transfer the whole blood to an amber transport tube. If amber tube is not available, wrap lavender EDTA tube in aluminum foil to protect from light. Label on top of foil and/or on top of amber transport tube with patient's name and handwrite EDTA whole blood on the tube.

REGIONAL: PTH Intact (Melbourne)	0598	May 25, 2022
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Due to instrumentation changes, the reference range for **PTH Intact (Test Code 0598)** has been updated when performed at our Melbourne, FL laboratory location. Please refer to the table below for details.

Previous Test Information	New Test Information
Reference Range	18.4-80.1 pg/mL
	15.0-65.0 pg/mL

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Test Name	Test Code	Effective Date
REMINDER: Male/Female STI Profile	M264	May 10, 2022

Due to the national supply shortage of BD Urine Preservative Tubes, a **new Male/Female STI Profile (Test Code M264)** using a Roche Urine Preservative Tube (Speedy #466) is now available to order and includes testing for CT,GC, Trich, and M.gen. This new profile can be used as an alternative option for the Female and Male Urine STI Profiles (P863 and P310), when BD Urine UPTs are unavailable.

If the patient is having persistent or recurrent symptoms of urethritis, a culture can be performed to test for ureaplasma sp. using an M4 swab (Test code-2523).

Please see below for additional test information.

	Previous Test Information	Previous Test Information	New Test Information
Test Name	Female Urine STI Profile	Male Urine STI Profile	Male/Female STI Profile
Test Code	P863	P310	M264
Primary Container	BD Urine Preservative Tube	BD Urine Preservative Tube	Roche Urine Preservative Tube
Turn Around Time*	5 days	5 days	3 days
Transportation Temp	Refrigerate	Refrigerate	Room Temperature
Collection Instructions	ULCR: Patient should not have urinated for at least 1 hour prior to specimen collection. Collect the specimen in a sterile specimen collection cup. The patient should collect the first 20-60mL of urine (the first part of the stream, NOT midstream) into the urine collection cup. Pipette urine into the tube until the fluid is between the purple lines of the fill window (2-3 mL).	ULCR: Patient should not have urinated for at least 1 hour prior to specimen collection. Collect the specimen in a sterile specimen collection cup. The patient should collect the first 20-60mL of urine (the first part of the stream, NOT midstream) into the urine collection cup. Pipette urine into the tube until the fluid is between the purple lines of the fill window (2-3 mL).	UCOB: Patients should not urinate 1 hour prior to specimen collection. Approximately 10-15 mL of urine should be collected from the beginning of the stream. Once collected the urine should be transferred to the Cobas PCR media tube within 24 hrs. Use transfer pipette to add urine to the Cobas PCR tube. Final volume of the tube should be between fill lines. Replace and tighten the cap and invert the tube 5 times to mix.
Profile Components	CT, GC, Trich, M. gen	CT, GC, Trich, M. gen, Urea	CT, GC, Trich, M. gen
CPT Code(s)**	87491, 87591, 87563, 87661	87491, 87591, 87563, 87661, 87798	87491, 87591, 87761, 87563
List Price	\$250	\$250	\$492

* TAT is based upon receipt of the specimen at the laboratory.

**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 coding to the payer being billed.