

Client Update

BioReference® | GenPath®

June 2024

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Test Name	Test Code	Effective Date
CBC with Differential	0053-9	6/24/2024

To be compliant with new laboratory regulatory standards, the WBC differential of the CBC test will now be reported with both percentages (as currently reported) and absolute counts (new). Absolute counts for neutrophils, lymphocytes, monocytes, eosinophils, and basophils have both diagnostic and prognostic value in infections and certain hematologic neoplasms.

It is BioReference policy for any handwritten test order received for a “CBC”, BioReference shall perform a “CBC w/DIFF, Platelet Ct.” due to the stability of the specimen and/or medical necessity requirements. BioReference test requisitions include both CBC w/DIFF, Platelet Ct. (test code 0053-9) and CBC w/o DIFF (Hemogram)/Platelet Ct (test code 0034-9). In addition, both test codes (0053-9 and 0034-9) are also available in InsightDx for your ease of ordering.

Test Name	Test Code	Effective Date
Liver Cytosol (LC-1) Autoantibodies	B608-1	Immediately

Effective immediately, Liver Cytosol (LC-1) Autoantibodies (test code B608-1) is inactive. The recommended alternative is Liver Cytosolic Antigen Type 1 (LC-1) Antibody, IgG (test code TQ77-2) as a send-out.

	Previous Test Information	New Test Information
Primary Container	Serum	Serum
Minimum Volume	0.5mL	0.3mL
Turn Around Time*	11 days	10 days
Transportation Temp	Refrigerate	Refrigerate
Stability	7 days Refrigerate, 30 days frozen	14 days refrigerate, 365 days Frozen
Methodology	Enzyme Immunoassay	Immunoblot
Reference Range	<15 U/mL	Negative
Collection Instructions	SST: Fill tube, invert gently 5 times, label with patient name, let stand for minimum of 30 minutes, maximum of 1 hr, spin for 10-15 minutes	SST: Fill tube, invert gently 5 times, label with patient name, let stand for minimum of 30 minutes, maximum of 1 hr, spin for 10-15 minutes
CPT Code(s)**	86376	84182
Clinical Utility (If applicable)	Liver cytosol autoantibodies (LC-1) can be detected in patients with autoimmune hepatitis type 2 in the presence or absence of Liver-Kidney Microsome (LKM) autoantibodies.	Use to evaluate for autoimmune hepatitis of unknown etiology

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***Healthcare providers should only order panels if each test in the panel is medically necessary.

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Test Name	Test Code	Effective Date
Omega-3 and -6 Fatty Acids	TN06-7	5/20/2024

Omega-3 and -6 Fatty Acids (test code TN06-7) has been discontinued by the referral laboratory. No alternate testing is available at this time.

Test Name	Test Code	Effective Date
Ferritin	0088-5	Immediately

Due to an update in testing platform, the reference ranges for Ferritin (test code 0088-5) have been updated for all locations. Please refer to the table below for details.

	Previous Test Information	New Test Information																						
Primary Container	SST	SST																						
Minimum Volume	1mL	1mL																						
Turn Around Time*	1 day	1 day																						
Transportation Temp	Refrigerate	Refrigerate																						
Stability	7 days	7 days																						
Methodology	Electrochemiluminescence Immunoassay	Electrochemiluminescence Immunoassay																						
Reference Range	NJ1 and CA3 FERRITIN REFERENCE RANGE Range (ng/mL) Newborn 25-200 1 mo 200-600 2-5 mo 50-200 6 mo-15 yrs 7-140 Male (yrs) Range (ng/mL) 16-19 Not Estab. 20-60 30-400 >60 20-250 Female (yrs) Range (ng/mL) 16 Not Estab. 17-60 13-150 >60 12-250 FL1 FERRITIN REFERENCE RANGE Range (ng/mL) Newborn 25-200 1 mo 200-600	<p style="text-align: center;">Male:</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Reference Interval (ng/mL)</th> <th>Source</th> </tr> </thead> <tbody> <tr> <td>Newborn</td> <td>25-200</td> <td rowspan="6">Mosby's 16th Ed. 2023</td> </tr> <tr> <td>4-30 d</td> <td>200-600</td> </tr> <tr> <td>1-2 m</td> <td>Not estab.</td> </tr> <tr> <td>2-5 m</td> <td>50-200</td> </tr> <tr> <td>6 m-15y</td> <td>7-142</td> </tr> <tr> <td>16-19 y</td> <td>12-300</td> </tr> <tr> <td>20-60 y</td> <td>30-400</td> <td>Roche PI</td> </tr> <tr> <td>60+ y</td> <td>12-300</td> <td>Mosby's 16th Ed. 2023</td> </tr> </tbody> </table>	Age	Reference Interval (ng/mL)	Source	Newborn	25-200	Mosby's 16th Ed. 2023	4-30 d	200-600	1-2 m	Not estab.	2-5 m	50-200	6 m-15y	7-142	16-19 y	12-300	20-60 y	30-400	Roche PI	60+ y	12-300	Mosby's 16th Ed. 2023
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	2-5 mo 50-200 6 mo-15 yrs 7-140 Adult Male 20-250 Female 16-40 yrs 12-122 Female >40 yrs 12-250 TX3 FERRITIN REFERENCE RANGE Range (ng/mL) Newborn 25-200 1 mo 200-600 2-5 mo 50-200 6 mo-15 yrs 7-140 Adult Male 22-322 Female 10-291	<p style="text-align: center;">Female:</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Reference Interval (ng/mL)</th> <th>Source</th> </tr> </thead> <tbody> <tr> <td>Newborn</td> <td>25-200</td> <td rowspan="4" style="text-align: center;">Mosby's 16th Ed. 2023</td> </tr> <tr> <td>4-30 d</td> <td>200-600</td> </tr> <tr> <td>1-2 m</td> <td>Not estab.</td> </tr> <tr> <td>2-5 m</td> <td>50-200</td> </tr> <tr> <td>6 m -15 y</td> <td>7-142</td> <td rowspan="3" style="text-align: center;">Roche PI Mosby's 16th Ed. 2023</td> </tr> <tr> <td>16-60 y</td> <td>13-150</td> </tr> <tr> <td>60+</td> <td>10-150</td> </tr> </tbody> </table>	Age	Reference Interval (ng/mL)	Source	Newborn	25-200	Mosby's 16th Ed. 2023	4-30 d	200-600	1-2 m	Not estab.	2-5 m	50-200	6 m -15 y	7-142	Roche PI Mosby's 16th Ed. 2023	16-60 y	13-150	60+	10-150
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CPT Code(s)**	82728x1	82728x1																			
Clinical Utility (If applicable)	This test measures the level of ferritin, a primary iron storage in the body. Low levels of ferritin are indicative of iron deficiency, a cause of anemia.	This test measures the level of ferritin, a primary iron storage in the body. Low levels of ferritin are indicative of iron deficiency, a cause of anemia.																			

Test Name	Test Code	Effective Date
Hepatitis B Surface Antigen, Hepatitis B Surface Antibody	0106-5, 0107-3	6/6/2024

Due to an update in testing platform, the stability has been updated for Hepatitis B Surface Antigen (test code 0106-5) and Hepatitis B Surface Antibody (test code 0107-3) have been updated. Please refer to the table below for details.

	Previous Test Information	New Test Information
Primary Container	SST	SST
Minimum Volume	1mL	1mL
Turn Around Time*	1 day	1 day
Transportation Temp	Refrigerate	Refrigerate
Stability	7 days	6 days
Methodology	Chemiluminescence	Chemiluminescence
Reference Range	Non-Reactive	Non-Reactive
Collection Instructions	SST: Fill tube, invert gently 5 times, label with patient name, let stand for minimum of 30 minutes, maximum of 1 hr, spin for 10-15 minutes	SST: Fill tube, invert gently 5 times, label with patient name, let stand for minimum of 30 minutes, maximum of 1 hr, spin for 10-15 minutes
CPT Code(s)**	87340x1	87340x1

Questions? Please contact your Account Executive or Customer Service directly.

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