Test Name	Test Code	Effective Date
M. genitalium for SurePath on Hologic Aptima	**TL75-6**	**1/27/2025**

The Aptima Mycoplasma genitalium assay is an *in vitro* nucleic acid amplification test (NAAT) for the qualitative detection of ribosomal RNA (rRNA) from Mycoplasma genitalium on the fully automated Panther® system. It is intended for use as an aid in the diagnosis of M. genitalium urogenital infections in male and female patients suspected of M. genitalium infection.

The assay may be used to test the following specimens: clinician-collected and self-collected vaginal swabs (in a clinical setting), clinician-collected endocervical swabs, female and male urine, clinician-collected urethral swabs, and self-collected penile meatal swabs (in clinical setting). It also may be tested from Hologic ThinPrep and now BD SurePath samples.

	New Test Information
Primary Container	Aptima Swab, ThinPrep, and SurePath
Minimum Volume	
Turn Around Time*	3-5 days
Transportation Temp	Room Temp
Stability	21 days
Methodology	MWH
Reference Range	Not Detected
CPT Code(s)**	87563

Test Name	Test Code	Effective Date
Luteinizing Hormone (LH)	**0342-6**	**1/10/25**

Update to the reference range.

	Previous Test Information	New Test Information	
Reference Range	LH PEDIATRIC REFERENCE RANGES MALES Tanner Stage Age Range (mIU/mL) 1 0-3 mo 0.8-4.2 1 >3-12 mo <3.0 1 >12-24 mo <0.5 1 >24 mo-9 yrs <0.5 Tanner Stage 2 <1.9 LH PEDIATRIC REFERENCE RANGES FEMALES Tanner Stage Age Range (mIU/mL) 1 0-3 mo 0.3-0.9 1 >3-12 mo <0.5 1 >12-24 mo <0.5 1 >24 mo-9 yrs <1.2 Tanner Stage 2 <2.7 3 0.8-7.2 Range (mIU/mL) Female Follicular Phase 2.4-12.6 Ovulation Phase 14.0-95.6 Luteal Phase 1.0-11.4 Postmenopausal 7.7-58.5 Male 1.7-8.6mIU/mL	**MALE**	
		Age	Range (mIU/mL)
		0 to 3 D	Not established
		4D to <3M	<3.9
		3M to <1 YR	<2.9
		1 to <10YR	<0.4
		10 to <13YR	<4.4
		13 to <15YR	<4.2
		15 to <17YR	0.8-4.8
		17 to <19YR	0.9-7.1
		Adult	1.7-8.6
		FEMALE	
		Age	Range (mIU/mL)
		0 to 3 D	Not established
		4D to <3M	<2.5
		3M to <1 YR	<1.2
		1 to <10YR	<0.4
		10 to <13YR	<4.4

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		13 to <15YR	0.4-6.5
		15 to <17YR	<13.2
		17 to <19YR	<8.4
		Follicular Phase	2.4-12.6
		Ovulation Phase	14.0-95.6
		Luteal Phase	1.0-11.4
		Post-menopausal	7.7-58.5
		Tanner Stage	Age Range
		Stage I	Birth - 9-10 years
		Stage II	10-12 years
		Stage III	12-14 years
		Stage IV	14-16 years
		Stage V	16-18 years

Test Name	Test Code	Effective Date
Follicle Stimulating Hormone (FSH)	**0092-7**	**1/10/2025**

Update to the reference range.

	Previous Test Information	New Test Information	
Reference Range	FSH PEDIATRIC REFERENCE RANGES MALES Tanner Stage Age Range (mIU/mL) 1 0-3 mo 0.7-4.1 1 >3-12 mo 0.6-2.2 1 >12-24 mo 0.3-1.5 1 >24 mo-9 yrs 0.3-1.9 Tanner Stage 2 1.3-3.3 FSH PEDIATRIC REFERENCE RANGES FEMALES Tanner Stage Age Range (mIU/mL) 1 0-3 mo 1.4-11.8 1 >3-12 mo 2.0-8.8 1 >12-24 mo 3.0-6.6 1 >24 mo-9 yrs 0.9-4.7 Tanner Stage 2 0.9-4.9 3 3.0-8.8 Range (mIU/mL) Female Follicular Phase 3.5-12.5 Midcycle Peak 4.7-21.5 Luteal Phase 1.7-7.7 Postmenopausal 25.8-134.8	**FSH PEDIATRIC REFERENCE RANGES**	
		MALE	
		age	range (mIU/mL)
		0-<1 year	<3.3
		1 - <9 years	<2.2
		9 to <12 years	0.4-4.2
		12 to <19 years	0.9-7.1
		adult	1.5-12.4
		FSH PEDIATRIC REFERENCE RANGES	
		FEMALE	
		age	range (mIU/mL)
		0-<1 year	1.6-19.0
		1 - <9 years	0.7-5.8
		9 to <12 years	0.5-7.6
		12 to <19 years	0.9-9.1
		Follicular phase	3.5-12.5
		Midcycle peak	4.7-21.5
		Luteal Phase	1.7-7.7

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	Males Adult 1.5-12.4 mIU/mL	Postmenopausal: 25.8-134.8 Tanner Stage / Age range: Stage I: birth - 9-10years Stage II: 10-12 years Stage III: 12-14 years Stage IV: 14-16 years Stage V: 16-19 years

Test Name - RETIRED	Test Code	Effective Date
Salicylates, serum	**0526-4**	**2/4/2025**
Procainamide, serum	**1846-5**	
NAPA (n-acetylproc)	**0383-0**	
Quinidine, serum	**0140-4**	
Primidone	**1494-4**	
Anti-Zika Virus Elisa IgM Serum	**J497-9**	**3/3/2025**

Test codes 0526, 1846, 0383, 0140, and 1494 are no longer offered, effective 2/4/2025. Test code J497 will be retired effective 3/3/2025. We do not provide replacements for all these codes.

Test Name	Test Code	Effective Date
Fungal Stain, Miscellaneous	**R164-5**	**7/2/2025**

Test code R164 will be retired on 7/2/2025. The new test code will be TP52-7 Fungal Stain, Calcofluor, Miscellaneous.

	Previous Test Information	New Test Information
Primary Container	CUP - Cup Plain	ES - Swab-E (CUP is acceptable)
Minimum Volume	1mL	1mL
Turn Around Time*	6 days	6 days
Transportation Temp	Refrigerate	Refrigerate
Stability	3 days	3 days
Methodology	Calcofluor White Stain	Calcofluor White Stain
Collection Instructions	CUP: Place sample in sterile cup label with patient's name and source. Do not collect/submit on Fridays.	ES: Collect specimen with swab then place swab into transport carrier; Label with name and source. Do not submit on Friday, Saturday, or Sunday.
CPT Code(s)**	87206	87206
Clinical Utility	N/A	Fungi can infect body fluids and tissue. These infections occur more commonly among patients who are immunocompromised. Early diagnosis and effective treatment can reduce the likelihood of severe sequalae.

Test Name	Test Code	Effective Date
EBV Nuclear Antigen Ab, IgG	**0583-5**	**2/17/2025**
EBV Early Antigen Ab	**0582-7**	
EBV Capsid Ab, IgG	**0234-5**	
EBV Capsid Ab, IgM	**0580-1**	
CMV IgG	**0400-2, 2377-0**	

Update to the reference range.

Test Code	Previous Reference Range	New Reference Range
0583-5	<18.0 U/mL	Negative
0582-7	< 9.0 U/mL	Negative
0234-5	<18.0 U/mL	Negative
0580-1	<36.0 U/mL	Negative
0400-2, 2377-0	Neg <0.9	Non-Reactive

Test Name	Test Code	Effective Date
Kappa/Lambda Light Chains, Serum	**3425-6**	**3/15/2025**

Test code 3425 will be retired on 3/15/2025. The alternate suggested test code is 3893-5 Kappa + Lambda Free Light Chain (serum).

	Previous Test Information	New Test Information
Primary Container	SST	SST
Minimum Volume	1mL	1mL
Turn Around Time*	10 Days	2 Days
Transportation Temp	Refrigerate	Refrigerate
Stability	7 days refrigerate	7 days refrigerate
Methodology	Nephelometry	Immunoturbidimetric
Reference Range	Kappa 176-443 mg/dL Lambda 176-443 mg/dL Kappa/Lambda Ratio 1.29-2.55	Kappa 3.30-19.40 mg/L Lambda 5.71-26.30 mg/L Kappa/Lambda Ratio0.26-1.65
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__
Profile Components	Kappa Light Chains Lambda Light chains Kappa/Lambda Ratio	Kappa Free Light Chains Lambda Free Light Chains Kappa/Lambda Ratio
CPT Code(s)**	83521	83521
Clinical Utility		Useful in monitoring of Plasma Cell Myeloma.

Test Name	Test Code	Effective Date
Thyroglobulin by LC/MS/MS	**B724-6**	**Immediately**

Due to instrument/supply issues at referral lab ARUP, test code B724-6 has an extended TAT of 2 months. If no clinical indication for thyroid cancer, please order test code 0577-7 Thyroglobulin, Serum.

Test Name	Test Code	Effective Date
Ureaplasma and Cervicitis Panel	**6339-6 and M440-6**	**2/14/2025**

Test code 6339-6 Ureaplasma spp, which tests for Ureaplasma urealyticum and parvum will be re-activated for ThinPrep and SurePath molecular testing. For the PID/Infertility/Pregnancy Loss Panel (M418-2), ThinPrep or SurePath will be the only acceptable sample source for Ureaplasma testing.

Mycoplasma/Ureaplasma culture testing (2523-9) will still be available for culture and sensitivity. This assay tests for *M. hominis* and *U. urealyticum*.

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Cervicitis (M440-6) if submitted in ThinPrep or SurePath, require: One (1) ThinPrep plus one (1) Aptima tube (for HSV), or One (1) SurePath plus one (1) Aptima tube (for HSV). Alternatively, two (2) Aptima tubes could be submitted.

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

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

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