New and Improved InsightDx®

BioReference is pleased to introduce a new and improved version of InsightDx®, a simple, intuitive online tool designed to streamline ordering and reporting of testing for healthcare providers. The new and improved InsightDx features and advantages include:

- Simplified design and workflow for test ordering and test reporting
- Improved patient management tool
- New front-end tool for supply orders

IMPORTANT:

- **New InsightDx URL: https://brh.insightdx.com/login**
- Clients with an existing InsightDx account can use their existing login credentials to access the new InsightDx platform
- InsightDx is available to all BioReference clients. Please contact your Sales Rep **or** **techsupport@bioreference.com** if you haven't signed up for InsightDx. Account information, full name of user, and email address are required
- Learn more about the new and improved InsightDx by visiting the BioReference website https://www.bioreference.com/physicians/diseases-testing/insightdx/

Test Name	Test Code	Effective Date
HCV, HBV, and CMV PCR Testing	**3376-1, 3389-4, and 1161-9**	Immediately

The following changes have been implemented to the reporting of the HCV, HBV, and CMV PCR Assays:

HCV:
Previously reported < 15 Not Detected will now be reported as Not Detected.
Previously reported < 15 Detected will now be reported as <15 Detected as abnormal in RED.

HBV:
Previously reported < 10 Not Detected will now be reported as Not Detected.
Previously reported < 10 Detected will now be reported as <10 Detected as abnormal in RED.

CMV:
Previously reported < 34.5 Not Detected will now be reported as Not Detected.
Previously reported < 34.5 Detected will now be reported as <34.5 Detected as abnormal in RED.

481 Edward H. Ross Drive, Elmwood Park, NJ 07407 | tel 800.229.5227 | fax 201.791.1941 | www.bioreference.com

Test Name	Test Code	Effective Date
a-Thalassemia DNA Analysis (Retired)	**8707-2**	Immediately

Test code 8707-2 a-Thalassemia DNA Analysis will no longer be offered, effective immediately. The suggested alternative test is TS18-2 a-Thalassemia Analysis.

	Previous Test Information	New Test Information
Primary Container	LAV - Lavender top- EDTA	LAV - Lavender top- EDTA
Minimum Volume	7 mL	7 mL
Turn Around Time*	15 Days	11-16 Days
Transportation Temp	Refrigerate	Refrigerate
Stability	28 Days Ambient, 28 Days Refrigerate	14 days Ambient, 30 Days Refrigerate
Methodology	Polymerase Chain Reaction	Polymerase Chain Reaction
Reference Range	Negative	Negative
Collection Instructions	2 full whole blood Lavender EDTA tubes	2 full whole blood Lavender EDTA tubes
CPT Code(s)**	81257	81257
Clinical Utility		This test is used for diagnostic or carrier testing for alpha-thalassemia

Test Name	Test Code	Effective Date
Diuretic Hormone (Arginine Vasopressin) (Retired)	**0871-4**	Immediately

Test code 0871-4 Diuretic Hormone (Arginine Vasopressin) will no longer be offered, effective immediately. The suggested alternative test is TR98-6 Copeptin proAVP, Plasma.

	Previous Test Information	New Test Information
Primary Container	ALQE - Aliquot Plasma-EDTA-Lavender Top	ALQE - Aliquot Plasma-EDTA-Lavender Top Alternate – LAV - Lavender top- EDTA, PINK - Pink Tube-EDTA
Minimum Volume	2.5 ml	2 ml
Turn Around Time*	13 days	2-6 days
Transportation Temp	Strict Frozen	Refrigerate
Stability	30 days Frozen	7 days Ambient, 7 days Refrigerate, 30 days Frozen
Methodology	Radio Immuno Assay	IFCA- Immunoflourescence Assay
Reference Range	0.0-6.9 pg/mL	1.0-13.0 pmol/L
Collection Instructions	ALQE: Centrifuge lavender-top at high speed for 15 minutes. Transfer plasma into a plastic transfer tube. Label with date/time collected, EDTA PLASMA and patient's name	ALQE: Centrifuge lavender-top at high speed for 15 minutes. Transfer plasma into a plastic transfer tube. Label with date/time collected, EDTA PLASMA and patient's name
CPT Code(s)**	84588	84588

481 Edward H. Ross Drive, Elmwood Park, NJ 07407 | tel 800.229.5227 | fax 201.791.1941 | www.bioreference.com

Test Name	Test Code	Effective Date
Insulin, Total/Random	0113-1	6/10/2025

Update to the reference range.

	Previous Test Information	New Test Information
Reference Range	Not established	2.5-40.6 u [IU]/mL

Test Name	Test Code	Effective Date
Varicella Zoster Virus (VZV) Ab, IgM	**TR79-6**	**5/21/2025**

BioReference is pleased to offer TR79 – Varicella Zoster Virus (VZV) Ab, IgM.

	New Test Information
Primary Container	SST
Minimum Volume	1ml
Turn Around Time*	2 days
Transportation Temp	Refrigerated
Stability	2 days refrigerated, 14 days Frozen
Methodology	Enzyme Immunoassay
Reference Range	Negative
CPT Code(s)**	86787x1
Clinical Utility	Detect IgM antibodies specific for VZV. These IgM antibodies, if present, can help confirm a diagnosis of VZV acute infection. The IgM response to VZV can be detected at seven days post-infection and usually peaks at 14 days. If a patient presents more than nine days after the appearance of a rash, this assay should not be used

Test Name	Test Code	Effective Date
Herpes Simplex Virus (HSV-1/HSV-2) Subtypes by PCR	**J549-7**	**Immediately**

Test code J549 Herpes Simplex Virus (HSV-1/HSV-2) Subtypes by PCR will no longer be offered, effective immediately. The suggested alternative test is B866-5 HSV I/II DNA PCR, Qual.

	Previous Test Information	New Test Information
Primary Container	ALQE - Aliquot Plasma-EDTA-Lavender Top	LAV - Lavender top- EDTA
Minimum Volume	0.5 mL	0.3 mL
Turn Around Time*	5 days	6 days
Transportation Temp	Refrigerate	Refrigerate
Stability	3 days refrigerate, 90 days frozen	7 days refrigerated, 30 days frozen, Whole blood unacceptable frozen
Methodology	Polymerase Chain Reaction	Polymerase Chain Reaction

481 Edward H. Ross Drive, Elmwood Park, NJ 07407 | tel 800.229.5227 | fax 201.791.1941 | www.bioreference.com

Reference Range	Not Detected	Not Detected
Collection Instructions	ALQE: Centrifuge lavender-top at high speed for 15 minutes. Transfer plasma into a plastic transfer tube. Label with date/time collected, EDTA PLASMA, and patient's name.	LAV: Fill lavender-top (EDTA) tube completely, invert 8-10 times. DO NOT SHAKE TUBE!
CPT Code(s)**	87529x2	87529x2

FOBT – Colorectal Cancer Screening

As a friendly reminder, BioReference must receive a completed test requisition form (including full name and date of birth of the patient, demographics, diagnosis (DX) codes to the highest level of specificity, insurance information, etc.) and a properly labeled specimen bottle with the patient's name, date of birth, and specimen collection date, when ordering tests for colorectal cancer screening.

At BioReference, we offer clients the option to send specimens for colorectal cancer screening via:

1. **Courier pick-up***
    - The healthcare provider must send the completed test requisition form and the properly labeled specimen bottle
2. **Patient mailers**
    - In instances where patient mailers are preferred or more appropriate, please ensure that patients are:
        - Provided with the completed test requisition form
        - Instructed to label the specimen bottle with their Full Name, Date of Birth (DOB), and the specimen's Collection Date
        - **Instructed to send BioReference the issued patient mailer with the labeled specimen bottle and completed test requisition form issued by your office**

BioReference is committed to providing test results on time every time. Submission of a completed test requisition form, complete patient information, and properly labeled specimen collection bottles will help avoid delays in specimen processing and test results release.

*NY/NJ clients can request courier pickup. Please call the laboratory and use the phone tree option to request specimen pick-up and transportation.

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

Sincerely,
BioReference® Team

**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.*