Test Name	Test Code	Effective Date
Cryptococcus Antibody	**0928-2**	**Immediately**

Test code 0928-2 will no longer be offered effective immediately. The suggested alternate test code is 0722-9 Cryptococcal Antigen, Latex Screen with Reflex to Titer.

	Previous Test Information	New Test Information
Primary Container	Serum	Serum
Minimum Volume	1mL	0.5mL
Turn Around Time*	8 days	8 days
Transportation Temp	Refrigerate	Refrigerate
Stability	7-14 days refrigerate, 30 days frozen	7 days refrigerate, 60 days frozen
Methodology	Agglutination	Latex Agglutination (LA)
Reference Range	<1:2 titer	Not detected
Collection Instructions	SST: Fill tube, invert gently 5 times, label with patient name, let stand for a minimum of 30 minutes, maximum of 1 hr., spin for 10-15 minutes	SST: Fill tube, invert gently 5 times, label with patient name and date of birth (DOB), let stand for a minimum of 30 minutes, maximum of 1 hr., spin for 10-15 minutes
Profile Components	N/A	N/A - If Cryptococcal Antigen Screen is detected, then Cryptococcal Antigen, Latex Titer will be performed at an additional charge (CPT code: 86406)
CPT Code(s)**	86403	86403

Test Name	Test Code	Effective Date
Bordetella Pertussis (BP)	**TS42-2**	**Immediately**

BioReference is now offering a new molecular assay for Bordetella Pertussis (BP), which is the cause of whooping cough. [https://www.cdc.gov/pertussis/about/index.html]

	New Test Information
Primary Container	Swab-Viral Culturette
Turn Around Time*	24 hours
Transportation Temp	Refrigerate 2-8˚C
Stability	Sample may be stored for 49 hours at 2-25˚C followed by 6 days at 2-8 ˚C (UTM)
Methodology	Helicase Dependent Amplification
Reference Range	Not Detected
Collection Instructions	SV: Collect sample, place in holder, and label with patient name and date of birth (DOB). Not to be used for bacterial transport
CPT Code(s)**	87798

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Test Name	Test Code	Effective Date
Trichomonas vaginalis confirmations	**A533-2, TL76-4, A861-7**	**Immediately**

Samples that are Trichomonas Vaginalis "Detected" in initial Hologic assays for *Trichomonas vaginalis* will be repeated for confirmation on an alternate Hologic assay. The samples will then be reported as:

Result Field: Detected
Comment will be: The initial detected result was confirmed on an alternate Hologic methodology.

Result Field: Indeterminate
Comment will be: The initial detected result was not confirmed on an alternate Hologic methodology. Recommend re-submitting a new sample in 3 weeks, and/or if the patient is symptomatic, earlier submission, if clinically indicated.

ClariTest® Core cfDNA Collection Tube

Please note that the next lot of ClariTest® Core cfDNA collection tubes is set to expire on **July 31, 2025**.

To avoid canceled test reports, please ensure that your phlebotomists or medical assistant check the expiration date on each tube prior to blood collection. We recommend not collecting blood within 2–3 days of the expiration date, as the tube must remain valid during transit and through the time of plasma isolation in our laboratory.

If a sample arrives at our laboratory on or after the expiration date, we will be unable to proceed with testing. A cancellation test report will be issued, noting that the sample arrived in an expired tube. This will require the patient to return for a second draw.

HIV Geenius Reagent Issue

In case you missed the previous communication sent, please be informed that the HIV Geenius reagent vendor issue has been resolved, and BioReference® has resumed HIV testing following the testing algorithm stated below:

1. The Elecsys HIV Duo HIV Antigen/Antibody test will be run as a screening test.
2. A Negative HIV Duo will be reported as negative for HIV.
3. A Positive HIV Duo will be reflexed to HIV Geenius.
    a. If the HIV Geenius is positive, the result will be reported as either HIV-1 Positive or HIV-2 Positive, or both.

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b. If the HIV Geenius is negative, the Aptima HIV-1 Qualitative Assay will be run.
i. If the Aptima HIV-1 Qualitative Assay is positive, it will be reported as HIV-1 positive.
ii. If the HIV antigen and/or antibody results did not confirm by orthogonal testing with the HIV Geenius Assay and the Aptima HIV-1 Qualitative viral load testing, the most likely explanation is a false positive 4th-generation HIV test in a low-risk patient. If there is a strong suspicion of HIV, repeat testing in 3-6 months is suggested, as clinically appropriate.

Test Name	Test Code	Effective Date
Varicella-Zoster Virus (VZV) Antibody IgG w/ Reflex	**T008-2**	**Immediately**

Updated reference range. See sample test results below.

	Previous Test Information	New Test Information
Reference Range	Immune	>or=1.00 S/CO

CLINICAL REPORT

CLINICAL ABNORMALITIES SUMMARY: (May not contain all abnormal results: narrative results may not have abnormal flags. Please review entire report.)

Varicella Zos(IgG)Rfx 0.56 L

Initial Receipt Date:

PATIENT FASTING

MISCELLANEOUS

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
Varicella Zos(IgG)Rfx		*0.56 L*	>or=1.00	S/CO			

NOTE: May indicate the absence, or a level of IgG antibodies to VZV below the threshold.

NOTE: The result is reported in arbitrary units and requires the below chart for interpretation and clinical relevance.

INTERPRETATION OF RESULTS FOR VARICELLA IgG ANTIBODIES

Range (S/CO)	Interpretation	
<1.00	Negative	Non-Immune
> or=1.00	Positive	Immune

NOTE: New reference range for VARICELLA ZOS.(IgG) implemented on 7-15-2025.

VZV Ab, IgM	Negative		Negative		MM/DD/YYYY		

NOTE: A negative result indicates no active infection with VZV. However, specimens taken too early during a primary infection may not have detectable levels of IgM antibody. If primary infection is suspected, another specimen should be taken within 7 days and tested concurrently in the same assay with the original specimen to look for seroconversion.

Final Report

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Test Name	Test Code	Effective Date
Varicella-Zoster Virus (VZV) Antibody IgG	**0597-5**	**Immediately**

Updated reference range. See sample test results below.

	Previous Test Information	New Test Information
Reference Range	Immune	>or=1.00 S/CO

CLINICAL REPORT

CLINICAL ABNORMALITIES SUMMARY: (May not contain all abnormal results: narrative results may not have abnormal flags. Please review entire report.)

VARICELLA ZOS. (IgG) 0.06 L

Initial Receipt Date:

PATIENT FASTING

MISCELLANEOUS

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
VARICELLA ZOS.(IgG)		*0.06 L*	>or=1.00	S/CO			

NOTE: May indicate the absence, or a level of IgG antibodies to VZV below the threshold.

NOTE: The result is reported in arbitrary units and requires the below chart for interpretation and clinical relevance.

INTERPRETATION OF RESULTS FOR VARICELLA IgG ANTIBODIES

Range (S/CO)	Interpretation	
<1.00	Negative	Non-Immune
> or=1.00	Positive	Immune

NOTE: New reference range for VARICELLA ZOS.(IgG) implemented on 7-15-2025.

Final Report

Questions? Please contact your Account Executive or Customer Service directly at 800-229-5227 x1557.

*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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