

BioReference® Client Update

May 2026

Page 1 of 3

Test Name	Test Code	Effective Date
Aldosterone - Renin Ratio (ARR)	M575 -9	Immediately
New profile test to screen for primary aldosteronism.		
New Test Information		
Primary Container	ALQE SST	
Minimum Volume	ALQE - 3ml SST - 2mL	
Turn Around Time*	4 days	
Transportation Temp	Strict Frozen -ALQE Refrigerate - SST	
Stability	ALQE: 30 days SST: 7 days	
Methodology	Calculation	
Reference Range	</=30	
Collection Instructions	ALQE: Centrifuge lavender-top at high speed for 15 minutes. Transfer plasma into plastic transfer tube. Label with PLASMA, patient's name, date of birth, and collection date/time. Must be submitted frozen. SST: Fill tube, invert gently 5 times, label with patient name, date of birth, and collection date/time. Let stand for a minimum of 30 minutes and a maximum of 1 hr., then spin for 10-15 minutes. Storage/Transport Instruction: ALQE: Strictly frozen SST: Refrigerated, not frozen	
Profile Components	Renin (Direct) - Test code J877-2; CPT code 84244x1 Aldosterone, Serum - Test code 0302-0; CPT code 82088x1	
CPT Code(s)**	84244x1 82088x1	

Test Name	Test Code	Effective Date
Fecal Fat, Qualitative	1123-9	6/1/2026
Test code 1123-9 Fecal Fat, Qualitative will no longer be offered starting 6/1/2026. The suggested alternate test is TV57-3 Fecal Fat, Qualitative (see below).		
New Test Information		
Primary Container	STG	
Turn Around Time*	2 Day	
Transportation Temp	2-8° C	
Stability	5 days	
Methodology	Microscopic examination	
Reference Range	Normal	

BioReference® Client Update

May 2026

Page 2 of 3

Collection Instructions	STG: Using an applicator stick, place 20-30g of stool into the cup, label with the patient's name, date of birth, and collection date/time.
CPT Code(s)**	82705x1

Test Name	Test Code	Effective Date
UScreen Cup (USC) for Urinalysis, Routine	0159-4; 0459-8 B518-2	Immediately

Please be advised of the additional comment on Clinical Reports when a USC is submitted for urinalysis testing:

“Sample received unpreserved and may not meet optimal transport/storage conditions. Results may be affected by cellular degradation (falsely decreased WBC/RBC counts) and/or bacterial proliferation (falsely elevated colony counts). Interpret with caution. Repeat testing, if clinically indicated.”

CLINICAL REPORT							
Referring Physician: TEST MARY ANYTHING							
Initial Receipt Date: 05/04/2026							
PATIENT FASTING							
Sample received unpreserved and may not meet optimal transport/storage conditions.							
Results may be affected by cellular degradation (falsely decreased WBC/RBC counts) and/or bacterial proliferation (falsely elevated colony counts). Interpret with caution. Repeat testing, if clinically indicated.							
URINALYSIS							
Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
Color	TO FOLLOW		YELLOW		05/04/26		
Character	TO FOLLOW		CLEAR		05/04/26		
Specific Gravity Ur	TO FOLLOW		1.003-1.030		05/04/26		
pH Urine	TO FOLLOW		5.0-8.0		05/04/26		
Protein, Urine	TO FOLLOW		NEGATIVE		05/04/26		
Glucose, Urine	TO FOLLOW		NEGATIVE		05/04/26		

REMINDER: Intended Use of Phospho-Tau (181P) for Alzheimer’s Disease (test code TU65-8)

- The pTau181 test measures phosphorylated Tau (pTau) 181 protein in human plasma, a key biomarker for Alzheimer’s pathology, including amyloid plaque and tau aggregate pathology.
- The pTau181 test is intended for **patients ages 55 and older who present with signs, symptoms, or complaints of cognitive decline.**
- The pTau181 test is not recommended for patients with signs, symptoms, or complaints of cognitive decline who are already referred to a specialist.

Source: <https://diagnostics.roche.com/us/en/products/lab/electsys-phospho-tau-181p-plasma-pid00001042.html>

BioReference® Client Update

May 2026

Page 3 of 3

	New Test Information
Primary Container	EDTA - Lavender Top <i>Alternate container: ALQE- Aliquot Plasma</i>
Minimum Volume	1.0 mL
Turn Around Time*	1 day
Transportation Temp	Refrigerated
Stability	7 days Refrigerated
Methodology	Electrochemiluminescence Immunoassay
Reference Range	< or = 0.722 pg/mL
Collection Instructions	LAV: Fill lavender-top (EDTA) tube completely, invert 8-10 times. DO NOT SHAKE TUBE. Label the tube with patient name, date of birth, and collection date/time.
CPT Code(s)**	84393x1

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

Best regards,
The 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.