BioReference® Client Update

Test Name	Test Code	Effective Date
Tramadol and Metabolite, Serum/Plasma	**M504-9**	**Immediately**

Effective immediately, O-desmethyltramadol testing (TT45-3), a component of the Tramadol and Metabolite, Serum/Plasma panel (M504-9), will be temporarily unavailable due to a disruption in reference material availability. Tramadol testing will remain available and will continue to be reported. During this time, O-desmethyltramadol will be reported as Test Not Performed (TNP). Testing will resume once the required reference material becomes available.

Test Name	Test Code	Effective Date
Fecal Fat, Qualitative (Retired)	**1123-9**	**Immediately**

Test code 1123-9 is no longer available effective immediately. The suggested alternate is TV57-3 Fecal Fat, Qualitative (see below).

	New Test Information
Primary Container	STG
Minimum Volume	5 grams or 5 mL
Turnaround Time*	2 Days
Transportation Temp	2-8º C
Stability	5 Days Refrigerated
Methodology	Microscopic examination
Reference Range	Normal
Collection Instructions	STG: Using an applicator stick, place 20-30 grams of stool into the cup; label with patient's name, date of birth, collection date/time.
CPT Code(s)**	82705

Test Name	Test Code	Effective Date
Lupus-Hexagonal Phase	**5749-7**	**Immediately**

Update to the test reference range.

	Previous Test Information	New Test Information
Reference Range	<6 seconds	<8.1 seconds

Test Name	Test Code	Effective Date
Cytomegalovirus (CMV) Ab. IgM	**0461-4**	**Immediately**

Change platform.

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	Previous Test Information	New Test Information
Primary Container	SST	SST
Minimum Volume	1.00mL	1.00mL
Turnaround Time*	2 days	2 days
Transportation Temp	Refrigerate	Refrigerate
Stability	7 days	2 days
Methodology	Enzyme linked Immunoabsorbance	Chemiluminescent immunoassay
Reference Range	<0.91	<30.0 Au/mL Negative
Collection Instructions	SST: Fill tube, invert gently 5 times, label with patient name, date of birth, collection date/time. Let stand for a minimum of 30 minutes and a maximum of 1 hr, then spin for 10-15 minutes.	SST: Fill tube, invert gently 5 times, label with patient name, date of birth, collection date/time. Let stand for a minimum of 30 minutes and a maximum of 1 hr., and spin for 10-15 minutes.
CPT Code(s)**	86645x1	86645x1

Questions? Please get in touch with your Account Executive or Customer Service directly at 201-791-2600.

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.

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