

MGHS Test Change Implementation Notice
 Effective immediately or as otherwise noted
 Test Changes

CARBOHYDRATE DEFICIENT TRANSFERIN, SERUM
 Marquette General Health System

General Info

Alpha Code	C3174
MGH LIS Test No	3174
Schedule	Monday and Thursday
Testing Time	3 Days
Testing Lab	Mayo Labs
QORR Test Code	C3174

Reference Range

Reason for referral: congenital disorders of glycosylation

MONO-OLIGOSACCHARIDE/DI-OLIGOSACCHARIDE
 < or =0.10
A-OLIGOSACCHARIDE/DI-OLIGOSACCHARIDE
 < or =0.05

Reason for referral: evaluation of alcohol abuse

MONO-OLIGOSACCHARIDE/DI-OLIGOSACCHARIDE
 < or =0.074
 0.075-0.109 (Indeterminate)
A-OLIGOSACCHARIDE/DI-OLIGOSACCHARIDE
 < or =0.022

Profile Components

Description	Code
Specimen	SPTYP
Specimen ID	SPEID
Source	SRCE
Order Date	ODATE
Reason for Referral	R4REF
MO/DO	MO/DO
AO/DO	AO/DO
Interpretation	INTRP

*Reference Range and file definition (components) changes.

BIOTINIDASE, PLASMA

Marquette General Health System

General Info

Alpha Code	B8824
MGH LIS Test No	8824
Schedule	Tuesday, Friday
Testing Time	4 days
Testing Lab	Mayo Labs
QORR Test Code	B8824

Specimen Info

Type	Whole Blood EDTA
Volume	3.0 mL Whole Blood
Temperature	Refrigerate
Preservative	
Collection Info	Draw blood in a lavender top (EDTA) tube(s) and send 3.0 mL of EDTA whole blood refrigerated. Forward promptly.

Reference Range

3.5 - 13.8 U/L

Profile Components

Description	Code
Specimen Type	PREF
Specimen ID	SPEID
Order Date	ODATE

Reason For Referral R4REF
Method METHO
Biotinidase BIOTN
Comment COMMT

*Name changed to Biotinidase, Plasma from Biotinidase , Blood. Also, the profile components were revised.

HEAVY METALS SCREEN WITH DEMOGRAPHICS, BLOOD

Marquette General Health System

General Info

Alpha Code	HEMSB
MGH LIS Test No	914
Schedule	Monday through Saturday
Testing Time	1 day
Testing Lab	Mayo Labs
QORR Test Code	HEMSB

Reference Range

LEAD
< 10 mcg/dL

Critical Values

Pediatrics (< or = 15 years): > or = 20 mcg/dL
Adults (> or = 16 years): > or = 70 mcg/dL

MERCURY

Normal: <10 ng/mL
Toxic concentration: >50 ng/mL

CADMIUM

<5.0 ng/mL

ARSENIC

<0.07 mcg/mL

*Reference Range change.

RAPID ENTEROVIRUS BY PCR, CSF

Marquette General Health System

General Info

Alpha Code	MICROREQ
MGH LIS Test No	3641
Schedule	Daily
Testing Time	1 Day
Testing Lab	Marquette General Hospital
QORR Test Code	REV

Specimen Info

Type	CSF in Sterile Screw Capped Tube
Volume	1 mL
Temperature	Refrigerate
Preservative	
Collection Info	Freeze specimen if testing not performed within 72 hours. DO NOT CENTRIFUGE SPECIMEN. Extremely bloody specimens are rejected.

Specimen Acceptability

Methods

Real Time PCR- Reverse Transcriptase RNA

Clinical Utilities

Detection of Enterovirus in CSF.

CPT Codes

87498

Reference Range

Negative

*New test available.

