

## Test Changes

All changes effective immediately, unless otherwise noted.

<b>Test#</b>	<b>Order Code</b>	<b>Test Description</b>
<b>4614</b>	<b>OHD</b>	<b>VITAMIN D, 25-HYDROXY</b>
	This test has a new reference range effective immediately: <b>&gt;30 ng/mL</b>	
<b>883</b>	<b>HHGA</b>	<b>HEMOCHROMATOSIS GENOTYPR</b>
	The CPT codes for this test have been updated. They are as follows: 83891, 83892x4, 83896x10, 83903x2, 83908x2, 83912	
<b>219</b>	<b>DIG</b>	<b>DIGOXIN, SERUM</b>
	The website catalog listed the proper specimen type as 1 Red Top Plain. The preferred specimen is however 1 SST tube, refrigerated. The website has been updated as well.	
<b>9144</b>	<b>C9144</b>	<b>CYSTIC FIBROSIS 70 GENOTYPR CARRIER STUDY</b>
	The CPT codes for this test have been updated. They are as follows: 83891, 83892x2, 83900, 83901x19, 83914x70, 83909, 83912	
<b>1844</b>	<b>M1844</b>	<b>MTHFR C667T/A1298C GENOTYPR</b>
	The CPT codes for this test have been updated. They are as follows: 83891, 83894x4, 83896x10, 83903x2, 83908x2, 83912	

## Test Additions

Effective immediately unless otherwise noted.

<b>1774</b>	<b>TESTF</b>	<b>TESTOSTERONE, FREE</b>	
<b>Component</b>	<b>Method</b>	<b>Reference Range</b>	<b>Units</b>
Testosterone, Free	RIA	See Below	pg/mL
<b>Specimen Required</b>	1 SST tube/1.0mL of serum. Separate and refrigerate for up to 2 days. After 2 days specimen should be frozen.		
<b>Reference Range</b>	<b>Male:</b>		
	Age	Range	
	20-29 Years	9.3-26.5 pg/mL	
	30-39 Years	8.7-25.1 pg/mL	
	40-49 Years	6.8-21.5 pg/mL	
	50-59 Years	7.2-24.0 pg/mL	
	60 Years & Over	6.6-18.1 pg/mL	
	The free testosterone assay is intended strictly for use as an aid in the clinical diagnosis and management of Hirsutism due to Hyperandrogenism. For the diagnosis of Hypoandrogenism in adult males, bioavailable testosterone is recommended.		
	<b>Female:</b>		
	Age	Range	
	20-59 Years	0.2-2.2 pg/mL	
	60 Years & Over	0.0-1.8 pg/mL	

**1774 TESTF TESTOSTERONE, FREE (continued)**

**Performing Lab** Warde Medical Laboratory  
**Schedule** Sunday, Tuesday, Thursday  
**Turnaround Time** 3 Days  
**Ordering Code** TESTF  
**CPT** 84402

**7584 CHHBM CHROMOSOME ANALYSIS, FOR HEMATOLOGIC DISORDERS, BONE MARROW**

<b>Component</b>	<b>Method</b>	<b>Reference Range</b>	<b>Units</b>
N/A	Includes 2 banded Karyotypes, analysis of 20 or more metaphases, and other techniques as required.	46,XX or 46,XY No apparent chromosome abnormality.	N/A

**Effective Date** May 1st, 2006  
**Specimen Required** Please provide a reason for referral with each specimen. The laboratory will not delay or reject testing if this information is not provided, but appropriate testing and interpretation may be compromised.  
**Bone Marrow**  
Obtain 1.0-2.5 mL of bone marrow in a green-top (sodium heparin) tube. Invert several times to mix bone marrow. **(Clotted bone marrow is not acceptable.)** Other anticoagulants are not recommended and are harmful to the viability of the cells. Properly label patient's tube. Forward promptly at ambient temperature. **Specimen cannot be frozen.** Minimum volume is 2.0 mL  
**Schedule** M-F, 6-9 AM; S/S 6AM-4PM  
**Analytic Time** 10 Days  
**CPT 's** 88237, 88264, 88291.