



Test Changes

Test# Order Code Test Description
772 VMA VANILLYLMANDELIC ACID, 24 HR, URINE

Components	Reference Range	Units
24VOL (Total Volume)	NA	NA
WCR24 (24 Hour Urine Crea.)	Males: 1.0- 2.0 Females: 0.8- 1.8	g/24 HR g/24 HR
WVMAU (VMA Urine)	< 6.0	g/24 HR

Specimen Required 10 mL aliquot of 24-Hour urine collection. Refrigerate. Collect urine with 25 mL of 6N HCL to maintain pH between 2-3. Record total volume on test request form and container label.

Testing Time 4 Days

CPT(s)..... 84585, 82570

Performing Lab Warde Medical Lab

Test Order Code..... VMA

Test Number..... 772

Effective Date..... February 20, 2006

*Please note changes in Ref. Range, components, specimen requirements, performing lab and CPT codes.

691 PAB PREALBUMIN

Components	Method	Reference Range	Units
N/A	Nephelometry	20-40	mg/dL

Specimen Required..... 1 SST Tube/1.0 mL Serum (0.5 mL Minimum)

Testing Time..... 1 Day

Performing Lab..... Warde Medical Laboratory

CPT(s)..... 84134

Test Order Code..... PAB

Effective Date..... February 20, 2006

* Please note changes to performing lab, reference range and testing time.

713 ALU ALUMINUM, SERUM

Component	Method	Reference Range	Units
N/A	ICP/Mass Spectrometry	0-15	ug/L

Specimen Required..... 1 Dark blue (no additives)/2.0 mL serum. Transfer centrifuged serum into a plastic vial ASAP. Do not allow serum to remain on cells. Room Temperature.

Testing Time..... 3-5 Days

CPT(s)..... 82108

Performing Lab..... ARUP via Warde Medical Lab

Test Order Code..... ALU

Effective Date..... 2/20/06

* Please note changes in specimen collection, Testing time, performing lab and reference range.

Test# Order Code Test Description
679 ZNPRO ZINC PROTOPORPHYRIN

Component Method Reference Range Units
N/A Fluorimetry 0-69 umol ZPP/mol heme

Specimen Required..... Dark Blue EDTA/1.0 mL whole blood (EDTA) (0.5 mL minimum).
Refrigerate. Transfer to amber tubes to protect from light. Frozen or
hemolyzed samples are unacceptable.

Testing Time..... 3-5 Days

CPT(s)..... 84202

Performing Lab..... Warde Medical Lab

Test Order Code..... ZNPRO

Effective Date..... 2/20/2006

*Please note changes in performing lab, reference range, units, specimen requirements, and testing time.

4674 ILGF1 INSULIN LIKE GROWTH FACTOR 1

* The reference range for this test has been changed due to a reagent change. See below. Effective Immediately.

Reference Range

Age (YR)	Male/Female (ng/mL)	Age (YR)	Male/Female (ng/mL)
1-2	55-237	18-19	163-584
2-3	51-303	19-20	141-483
3-4	49-289	20-21	127-424
4-5	49-283	21-26	116-358
5-6	50-286	26-31	117-329
6-7	52-297	31-36	115-307
7-8	57-316	36-41	109-284
8-9	64-345	41-46	101-267
9-10	74-388	46-51	94-252
10-11	88-452	51-56	87-238
11-12	111-551	56-61	91-225
12-13	143-693	61-66	75-212
13-14	183-850	66-71	69-200
14-15	220-972	71-76	64-188
15-16	237-996	76-81	59-177
16-17	226-903	81-150	55-166
17-18	193-731		

Children: Tanner Stages	IGF-1	
	Females (ng/mL)	Males (ng/mL)
I	49-342	63-279
II	115-428	75-420
III	145-760	95-765
IV	244-787	192-861
V	143-859	171-814

**8934 HSCRIP C-REACTIVE PROTEIN, HIGH SENSITIVITY
(HS-CRP) SERUM**

An interpretive text has been added to this test to highlight a recent change in reference range and reporting units due to a a method change. See Below for interpretive text:

“Note: New risk category ranges and new reporting units (mg/L) due to method change. Effective 1-9-2006.”

Test #	Code	Description
949	BNP	B-TYPE NATRIURETIC PEPTIDE

*Change in specimen storage requirements. See Below.

Specimen Storage Whole blood or plasma samples may be stored at room temperature or refrigerated at 4 Deg. C for up to 24 hrs. For longer storage, separate and freeze plasma at -20 deg. C or colder.

Effective Immediately

840	COTIN	NICOTINE AND METABOLITES, URINE
1996	N1996	NICOTINE AND METABOLITES, SERUM

*Due to reagent unavailability, the trans-3-OH Cotinine component (**T3OHC**) of COTIN- Nicotine and Metabolites, Urine and N1996- Nicotine and Metabolites, Serum will no longer be performed or reported. All other test components will continue to be performed and reported.

Effective Immediately

8644	THROM	THROMBOSIS/HYPERCOAGULABILITY PANEL
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*Due to some recent confusion regarding specimen collection for this panel MGHS lab has updated the specimen requirements for this panel. See below.

Specimen Required.....2 Blue top Citrate tubes. 4.0 mL of plasma. Frozen. Patient should not be receiving coumadin or heparin. Platelet poor plasma is required. Spin specimen with a sure-sep II or double spin by first spinning and removing plasma, then spin again, removing plasma and freezing immediately in at least 3 separate aliquot tubes.

Effective Immediately