



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

I
II
III
IV
V

IGF-1

Females (ng/mL)

Males (ng/mL)

49-342 63-279
115-428 75-420
145-760 95-765
244-787 192-861
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.
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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.
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Effective Immediately