

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

**PHENYLALANINE & TYROSINE, PLASMA**  
 Marquette General Health System

**General Info**

Alpha Code	PHTYP
MGH LIS Test No	3704
Schedule	Monday - Friday
Testing Lab	Mayo Labs
QORR Test Code	PHTYP

**Specimen Info**

Type	Plasma Heparinized
Volume	0.5 mL
Temperature	Frozen
Preservative	
Collection Info	Patient must be fasting (4 hours or more for infants).

**Methods**

Ion-Exchange Chromatography

**Clinical Utilities**

Phenylketonuria: Evaluation of patients with hyperphenylalaninemia or monitoring effectiveness of dietary therapy. Not sufficient follow-up for abnormal newborn screening results, because other causes of hyperphenylalaninemia (eg, BH4 deficiency) cannot be excluded by this test alone. Tyrosinemia, type I: For medical management.

Name	PHENYLALANINE (PHALA)
Method	IEC
CPT Code	84030
Units	umol/L
Ref Range	35-85
Reflex	
Reason	

Name	TYROSINE (TYSNE)
Method	IEC
CPT Code	84510
Units	umol/L
Ref Range	34-112

\*New test.

**MULTIPLE SCLEROSIS (MS) PROFILE**  
 Marquette General Health System

**General Info**

Alpha Code	MSE
MGH LIS Test No	868
Schedule	Monday - Saturday
Testing Time	
Testing Lab	Mayo Labs
QORR Test Code	MSE

**Specimen Info**

Type	Serum and CSF
Volume	1 mL each
Temperature	Refrigerate

**Preservative  
Collection Info**

Serum and spinal fluid are required for this test.

Spinal fluid must be obtained within 1 week of serum draw.

**Serum**

Draw blood in a plain, red-top tube(s) or a serum gel tube(s).

Spin down and send 1 mL of serum refrigerated.

Note: Label specimen appropriately (serum).

**Spinal Fluid**

1 mL of spinal fluid. Send specimen refrigerated.

Note: Label specimen appropriately (spinal fluid).

**Specimen Acceptability**

**Methods**

Isoelectric Focusing (IEF) with IgG Immunoblot Detection Nephelometry

**Clinical Utilities**

Useful in the diagnosis of MS. Especially helpful in patients with equivocal clinical or radiological findings.

**CPT Codes**

82040/Albumin, serum 82042/Albumin, spinal fluid 82784/x2 IgG, serum and spinal fluid 83916/Oligoclonal band, spinal fluid 83916/Oligoclonal band, serum (if appropriate)

**Reference Range**

**OLIGOCLONAL BANDS**

<4 bands

**CSF INDEX:**

CSF IgG index: < or =0.85

CSF IgG: < or =8.1 mg/dL

CSF albumin: < or =27.0 mg/dL

Serum IgG: 600-1,500 mg/dL

Serum albumin: 3,200-4,800 mg/dL

CSF IgG/albumin: < or =0.21

Serum IgG/albumin: < or =0.4

CSF IgG synthesis rate: < or =12 mg/24 h

\*New Test. Reference Lab Clients please call for prices.

**STREPTOCOCCUS PNEUMONIAE AG DETECTION**

Marquette General Health System

**General Info**

Alpha Code	SPAGD
MGH LIS Test No	3684
Schedule	Monday - Saturday
Testing Time	2-3 Days
Testing Lab	Specialty Labs, Inc.
QORR Test Code	SPAGD

**Specimen Info**

Type	Serum, Urine or CSF
Volume	1.0 mL (0.25 Min)
Temperature	Ambient/Refrig/Frozen

**Specimen Acceptability**

Ambient - 48 Hour(s), Refrigerated - 21 Day(s), Frozen - 12 Month(s)

**Clinical Utilities**

This is a presumptive test for the direct qualitative detection of bacterial antigen. This test is not intended as a substitute for a Gram stain and bacterial culture. Confirmatory diagnosis of bacterial meningitis is only possible with appropriate culture procedures. Samples with extremely low levels of antigen may yield negative results. Nonspecific reactions are known to occur, especially with urine specimens. Cross-reactions and interference by rheumatoid factor and other substances have also been reported.

**Component Information**

Name	SOURCE (SRCE)
Name	STREPTOCOCCUS PNEUMONIAE AG DETECTION (SPAGN)
CPT Code	86403
Ref Range	Negative

\*New test.

### PROSTATIC ACID PHOSPHATASE

Marquette General Health System

#### General Info

Alpha Code	PAP
MGH LIS Test No	8840
Schedule	Tues - Sat
Testing Time	3-5 Days
Testing Lab	Specialty Labs, Inc.
QORR Test Code	PAP

#### Specimen Info

Type	Serum
Volume	2.0 mL
Temperature	Refrigerate
Preservative	
Collection Info	1 SST Tube/2.0 mL serum (0.8 mL minimum). Separate and refrigerate serum.

#### Specimen Acceptability

Room Temperature: 1 week; Refrigerated: 1 week; Frozen: 2 months

#### Methods

Immunoehiluminometric Assay

#### Clinical Utilities

#### CPT Codes

84066

#### Reference Range

<3.5 ng/mL

\*Replaces PAP previously done at MGHS lab. Reference Lab Clients please call for pricing.

### FISH ANALYSIS LYMPHOMA PANEL

Marquette General Health System

#### General Info

Alpha Code	CYTGREQ.
MGH LIS Test No	1384
Schedule	Monday - Friday
Testing Time	4-7 Days
Testing Lab	Marquette General Hospital
QORR Test Code	CYTGREQ.

#### Specimen Info

Type	Bone Marrow or Malignant Blood
Volume	3.0 mL Bone Marrow or 5.0 mL Blood
Temperature	Ambient
Preservative	
Collection Info	Prefer a minimum of 3.0 mL of bone marrow or 5.0 mL of malignant blood. Draw into green-top (sodium heparin) tube(s), invert several times to mix (clotted specimens may not work and can compromise results). Label vial with the patient's name and a unique identifying number (MGHS encounter #

or MR #). Maximum time from collection should be 24 hours.

**SPECIMENS CANNOT BE FROZEN**

**Specimen Acceptability**

**Methods**

Interphase set-up and analysis of 200 cells for ALK, BCL6, MYC, IGH; 500 cells for MYC/IGH, AP12/MALT1, BCL2/IGH and CCND1/IGH fusion.

**Clinical Utilities**

Detection of abnormalities involving ALK, BCL6, MYC, IGH, t(8;14), t(11;14), t(11;18), and t(14;18) most commonly associated with B cell lymphoma.

**CPT Codes**

88271 x 17 DNA probe,each 88275 x 10 Interphase in situ Hybridization 88291 x 8 - Interpretation and Reporting  
As needed CPT codes: 88237- Cell Culture-BM/Malignant Blood

**Reference Range**

An interpretive report will be provided

\*BCL6 added to panel. Reference Clients please call for pricing. Also applies to FISH Lymphoma Panel, Tissue (#1394).