

## MGHS Test Change Implementation Notice

Effective immediately or as otherwise noted

### Test Deletions

| Test # | Code  | Test Name   |
|--------|-------|---|
| 598    | ALAD  | AMINO ACID DEHYDRATASE (ALA-D) AND UROPRPHYRINOGEN SYNTHASE (UPG-S) |
| 9214   | F9214 | FRAGILE X DNA PROBE   |
| 9524   | V9524 | VOLTAGE GATED CALCIUM CHANNEL AUTOABS                               |
| 8554   | I8554 | INTERLEUKIN-2 RECEPTOR, SOLUBLE                                     |
| 8784   | I8784 | INTERLEUKIN-6   |
| 5994   | B5994 | BRUCELLA IGG AND IGM ABS  |
| 5674   | E5674 | ECHINOCOCCUS IGG AB   |
| 9364   | PTHC  | PTH TERMINAL & CA   |

### Test Additions

(Reference Lab Clients please call for pricing)

#### PTH, C TERMINAL, INCLUDING TOTAL CALCIUM ONLY

Marquette General Health System

##### General Info

|                 |                      |
|-----------------|----------------------|
| Alpha Code      | P9364                |
| MGH LIS Test No | 9364                 |
| Schedule        | Tuesday              |
| Testing Time    | 2-9 days             |
| Testing Lab     | Specialty Labs, Inc. |
| QORR Test Code  | P9364                |

##### Specimen Info

|                 |  |
|-----------------|--|
| Type            | Serum  |
| Volume          | 1.0 (0.4) mL   |
| Temperature     | Frozen   |
| Collection Info | A frozen specimen is preferred.                                      |
| Name            | PTH (C TERMINAL)   |
| Method          | RIA  |
| CPT Code        | 83970  |
| Units           | ng/mL  |
| Ref Range       | < 0.9 ng/mL  |
| Component Code  | PTHC   |
| Name            | CALCIUM (TOTAL)  |
| Method          | CM   |
| CPT Code        | 82310  |
| Units           | mg/dL  |
| Ref Range       | <2years 7.6 - 11 <19 years 8.4-10.5 ng/dL >= 19 years 8.7-10.4 ng/dL |
| Component Code  | +CA  |

#### INTERLEUKIN-6, HIGHLY SENSITIVE ELISA

Marquette General Health System

##### General Info

|                 |                      |
|-----------------|----------------------|
| Alpha Code      | INLE6                |
| MGH LIS Test No | 8784                 |
| Schedule        | Friday               |
| Testing Time    | 5-7 Days             |
| Testing Lab     | Specialty Labs, Inc. |
| QORR Test Code  | INLE6                |

##### Specimen Info

|             |                       |
|-------------|-----------------------|
| Type        | Plasma EDTA           |
| Volume      | 1 mL (0.5 mL minimum) |
| Temperature | Frozen/Refrig/Ambient |

##### Specimen Acceptability

Frozen - 7 Months, Refrigerated - 48 Hours, Ambient- 24 Hours

##### Methods

ELISA

**CPT Codes**  
83520

**Reference Range**  
0.31 - 5.00 pg/mL

## INTERLEUKIN-2 RECEPTOR, EIA

Marquette General Health System

### General Info

|                 |                      |
|-----------------|----------------------|
| Alpha Code      | INLE2                |
| MGH LIS Test No | 8554                 |
| Schedule        | Wed                  |
| Testing Time    | 2-3 Days             |
| Testing Lab     | Specialty Labs, Inc. |
| QORR Test Code  | INLE2                |

### Specimen Info

|             |                               |
|-------------|-------------------------------|
| Type        | Serum                         |
| Volume      | 1.0 mL                        |
| Temperature | Frozen-30 Days/Refrig- 24 hrs |

**Methods**  
EIA

**CPT Codes**  
84238

**Reference Range**  
406-1100 U/mL

## VOLTAGE-GATED CALCIUM CHANNEL (VGCC) ANTIBODY ASSAY

Marquette General Health System

### General Info

|                 |                      |
|-----------------|----------------------|
| Alpha Code      | VGCC                 |
| MGH LIS Test No | 9524                 |
| Schedule        | Wed                  |
| Testing Time    | 3-5 Days             |
| Testing Lab     | Specialty Labs, Inc. |
| QORR Test Code  | VGCC                 |

### Specimen Info

|                 |                           |
|-----------------|---------------------------|
| Type            | Serum                     |
| Volume          | 1.0 mL                    |
| Temperature     | Refrigerated              |
| Preservative    |                           |
| Collection Info | SST tubes are acceptable. |

**CPT Codes**  
83519

**Reference Range**  
<23000 fmol/L

## ECHINOCOCCUS GRANULOSIS ANTIBODY IGG

Marquette General Health System

### General Info

|                 |                      |
|-----------------|----------------------|
| Alpha Code      | ECHAB                |
| MGH LIS Test No | 5674                 |
| Schedule        | Thursday             |
| Testing Time    | 4-10 Days            |
| Testing Lab     | Specialty Labs, Inc. |
| QORR Test Code  | ECHAB                |

### Specimen Info

|             |                       |
|-------------|-----------------------|
| Type        | Serum                 |
| Volume      | 1.0 mL                |
| Temperature | Frozen/Refrig/Ambient |

**Methods**  
ELISA

**CPT Codes**  
86682

**Reference Range**  
< or = 0.80 Antibody Not Detected

0.81-1.20 Equivocal; submission of a second specimen (collected 3-4 weeks after initial specimen) suggested if clinically warranted.

>1.20 Antibody detected.

## **XSENSE™, FRAGILE X W/REFLEX**

Marquette General Health System

### **General Info**

|                 |                      |
|-----------------|----------------------|
| Alpha Code      | FRGXR                |
| MGH LIS Test No | 9214                 |
| Schedule        | Tues-Sat             |
| Testing Time    | 2-3 Days             |
| Testing Lab     | Specialty Labs, Inc. |
| QORR Test Code  | FRGXR                |

### **Specimen Info**

|                 |  |
|-----------------|--|
| Type            | Whole Blood EDTA                                 |
| Volume          | 5mL Whole Blood                                  |
| Temperature     | Refrigerate                                      |
| Collection Info | ACD and Heparin Whole Blood are also acceptable. |

### **Methods**

Methodology: PCR with Detection by Capillary Electrophoresis, Capillary Southern Analysis, Southern Blot Analysis

**CPT Codes**  
83891,83894,83900,83909,83912

**Reference Range**  
Separate Report Sent

## **BRUCELLA ABORTUS AB PANEL, IFA**

Marquette General Health System

### **General Info**

|                 |                      |
|-----------------|----------------------|
| Alpha Code      | BRUAB                |
| MGH LIS Test No | 5994                 |
| Schedule        | Monday-Saturday      |
| Testing Time    | 5-7 Days             |
| Testing Lab     | Specialty Labs, Inc. |
| QORR Test Code  | BRUAB                |

### **Specimen Info**

|             |                             |
|-------------|-----------------------------|
| Type        | Serum                       |
| Volume      | 1.0 mL Serum                |
| Temperature | Ambient/Refrigerated/Frozen |

### **Methods**

IFA

### **Component Information**

|           |                      |
|-----------|----------------------|
| Name      | BRUCELLA ABORTUS IGG |
| Method    | IFA                  |
| CPT Code  | 86622                |
| Ref Range | <1:160               |
| Code      | BAIGG                |

|           |                      |
|-----------|----------------------|
| Name      | BRUCELLA ABORTUS IGM |
| Method    | IFA                  |
| CPT Code  | 86622                |
| Ref Range | <1:160               |
| Code      | BAIGM and INTER      |

# Test Changes

## TRANSFERRIN RECEPTOR, SOLUBLE

Marquette General Health System

### General Info

|                 |                      |
|-----------------|----------------------|
| Alpha Code      | TFR                  |
| MGH LIS Test No | 907                  |
| Schedule        | Tuesday              |
| Testing Time    | 1-7 days             |
| Testing Lab     | Specialty Labs, Inc. |
| QORR Test Code  | TFR                  |
| *CPT Code       | 84238                |

### \*CPT Change

## IMIPRAMINE AND DESIPRAMINE, PLASMA

Marquette General Health System

### General Info

|                 |                         |
|-----------------|-------------------------|
| Alpha Code      | IMIP                    |
| MGH LIS Test No | 645                     |
| Schedule        | Monday through Saturday |
| Testing Time    | 1 day                   |
| Testing Lab     | Mayo Labs               |
| QORR Test Code  | IMIP                    |

### Reference Range

IMIPRAMINE and DESIPRAMINE

Total therapeutic concentration: 125-275 ng/mL

**Total toxic concentration (automatic call-back): > or = 1,000 ng/mL**

DESIPRAMINE ONLY

Total therapeutic concentration: 75-225 ng/mL

**Total toxic concentration (automatic call-back): >= 500 ng/mL**

NOTE: Plasma reference values generally apply to serum specimens if they are not obtained from serum separator tubes.

### \*Reference Range Change