



**NOTICE DATE:** April 3, 2013

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**EFFECTIVE DATE:** March 14, 2013

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**TEST DOWN**

**NTx-Telopeptide, Serum**

Order Code: ML MISC (PDM 9003005)  
Fee Code: 34923  
Reference Laboratory: Mayo FNTPX (57308) (ARUP 0070500)

Due to national reagent backorder, ARUP Laboratories is temporarily unable to perform the NTx-Telopeptide, Serum, assay. Samples will be stored at ARUP Laboratories, until testing resumes.

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**EFFECTIVE DATE:** March 26, 2013

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**TEST RESUMED**

**Inhibin B, Serum**

Order Code: ML MISC (PDM 9003005)  
LOINC: 56940-0  
Fee Code: 36148  
Reference Laboratory: Mayo INHB (88722)

**Inhibin A and B, Tumor Marker**

Order Code: ML MISC (PDM 9003005)  
Fee Code: 36147  
Reference Laboratory: Mayo INHAB (86336)

Please note that Mayo Medical Laboratories has resumed performing Inhibin B testing effective March 26, 2013.

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**EFFECTIVE DATE:** March 29, 2013

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**TEST DOWN**

**Herpes simplex DNA by PCR, Qualitative, CSF**

Order Code: PCRHSV (PDM 6004354)  
LOINC: 5014-6  
Fee Code: 32307

Effective March 29, 2013, the MLabs Microbiology Laboratory's Herpes simplex DNA by PCR, CSF, assay is down due to instrument issues. Requests for this test will be sent to Mayo Medical Laboratories test ID LHSV (80575) (order code ML MISC) until further notice. The fee for this assay is \$43.86 (CPT 87529).

Collection Instructions: Collect spinal fluid. Send 0.5 mL in a sterile vile; refrigerate.

**EFFECTIVE DATE:** April 3, 2013

**PERFORMING LABORATORY CHANGE**

**Vitamin K1**

Order Code: VITK (PDM 9010840)  
 Fee Code: 37992  
 Reference Laboratory: Mayo FVIK1 (57320) (ARUP 0099225)  
 New Reference Lab: Mayo VITK1

Effective April 3, 2013, Vitamin K1, Serum testing will be performed by Mayo Medical Laboratories New England using a Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS) test methodology. The fee for this test is \$95.00 (CPT 84597).

Collection Instructions: Patient should abstain from alcohol for 24 hours prior to specimen collection. Collect specimen in a red top (preferred) or SST tube from a fasting patient (12-hour fast). Centrifuge, aliquot 2 mL of serum into a plastic vial and refrigerate. Protect specimen from light.

Reference Range: <18 years: not established. ≥18 years: 0.10 – 2.20 ng/mL.

**EFFECTIVE DATE:** April 18, 2013

**TRANSPORT TEMPERATURE CHANGE**

**G-6-PD, Quantitative**

Order Code: ML MISC (PDM 9003005)  
 LOINC: 2357-2  
 Fee Code: 22033  
 Reference Laboratory: Mayo G6PD (8368)

Please note that effective April 18, 2013, ambient (room) temperature will no longer be an acceptable transport temperature for Glucose-6-Phosphate Dehydrogenase (G-6-PD), Erythrocytes, specimens.

Collection Instructions: Collect specimen in a yellow top (ACD) solution B tube. Send 4.0 mL of intact whole blood. Refrigerate. Do not transfer blood to other containers.

**EFFECTIVE DATE:** March 20, 2013

**FEE REVISIONS**

Please note the following fee revisions effective March 20, 2013:

Test	Order Code	Reference Lab	Fee Code	Fee
HE4	FHE4 (PDM 9013050)	Mayo FHE4 (57164) (Women and Infants)	37966	\$147.00
Inhibin, Total	ML MISC (PDM 9003005)	Mayo FFTIH (91594) (Women and Infants)	36161	\$177.73