



NOTICE DATE: June 5, 2013

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REFERENCE LABORATORY CHANGE

DNA Antibody, Single-Stranded

Order Code: SO
Fee Code: 32139
Reference Laboratory: Specialty 1290

MLabs announced in Test Update 497 that the DNA Antibody, Single-Stranded assay would be sent to Mayo Medical Laboratories (Focus) effective June 2, 2013. This test was discontinued effective May 28, 2013, therefore, MLabs will continue to forward testing to Specialty Laboratories.

EFFECTIVE DATE: May 31, 2013

TEST DOWN

Anti-Mullerian Hormone (AMH)

Order Code: AMH
Fee Code: 37994
Reference Laboratory: Mayo AMH (89711)

Due to reagent unavailability, Mayo Medical Laboratories Anti-Mullerian Hormone (AMH) assay is down effective May 31, 2013. Requests for this test will be forwarded to Women and Infants Hospital, Mullerian Inhibiting Substance (MIS) Results (Mayo ID FMIS), until further notice. The fee for this assay is \$177.73 (CPT 83520). Note that Women & Infants does not have an established reference range for males.

EFFECTIVE DATE: June 1, 2013

TESTS DISCONTINUED

Effective June 1, 2013, the MLabs Special Chemistry Laboratory has discontinued Alpha Fetoprotein, Amniotic Fluid and Maternal Serum testing, and the Quad Test Profile. Requests for these tests will be sent to Mayo Medical Laboratories or Warde Medical Laboratory:

Alpha Fetoprotein, Amniotic Fluid

Order Code: FAFP (PDM 7500182)
LOINC: Z256-8
Fee Code: 23354

New Order Code: MMLR
New Fee Code: AA001
Fee: \$43.18 CPT 82106
Reference Laboratory: Mayo AFPA (9950)

Collection Instructions: Gestational age must be between 13 and 24 weeks; 16 to 18 weeks is preferred. Collect amniotic fluid and refrigerate. Please provide the following information: date ultrasound performed, estimated due date by ultrasound, and specimen collection date.

Alpha Fetoprotein, Serum, Maternal

Order Code: MSAFP (PDM 7502000)
LOINC: 48802-3
Fee Code: 22170

New Order Code: AFPMS
New Fee Code: 32050
Fee: \$13.46 CPT 82105
Reference Laboratory: Warde MSAFP

Collection Instructions: Collect specimen in a red top or SST tube from a patient with a maternal gestation of between 15 weeks 0 days and 22 weeks 6 days. Centrifuge, aliquot serum into a plastic vial and refrigerate up to 24 hours or freeze for longer storage. Please provide a completed QUAD/AFP Requisition available online at http://mlabs.umich.edu/files/pdfs/REQ-QUAD_refr.pdf or the following information: gestational age (weeks and days on first ultrasound date >6 weeks 0 days; if ultrasound information is not available record first days of last menstrual period), maternal weight, maternal date of birth, insulin-dependent diabetes status prior to pregnancy, multiple gestation (single, twin, triplets), race, and previous history of Down syndrome or neural tube defect (NTD) pregnancy for the patient.

Quad Test Profile

Order Code: QUAD (PDM 7503071)
Fee Code: 22170 AFP, 23305 hCG, 31508 Estriol, 20537 Inhibin A

New Order Code: MQUAD
New Fee Code: AA003
Fee: \$65.43 CPT 81511
Reference Laboratory: Warde QUAD

Collection Instructions: Collect specimen in a red top or SST tube from a patient with a maternal gestation of between 15 weeks 0 days and 22 weeks 6 days. Centrifuge, aliquot serum into a plastic vial and refrigerate up to 24 hours or freeze for longer storage. Please provide a completed QUAD/AFP Requisition available online at http://mlabs.umich.edu/files/pdfs/REQ-QUAD_refr.pdf or the following information: gestational age (weeks and days on first ultrasound date >6 weeks 0 days; if ultrasound information is not available record first days of last menstrual period), maternal weight, maternal date of birth, insulin-dependent diabetes status prior to pregnancy, multiple gestation (single, twin, triplets), race, and previous history of Down syndrome or neural tube defect (NTD) pregnancy for the patient.

EFFECTIVE DATE: June 24, 2013

TEST METHODOLOGY CHANGE

Itraconazole, Serum

Order Code: ITCON
Fee Code: 22035
Reference Laboratory: Mayo ITCON (81247)

Effective June 24, 2013, there will be a change to the test methodology for the Itraconazole assay from HPLC to Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS). There will be no change to specimen collection and handling requirements or to the reference range.



EFFECTIVE DATE: July 2, 2013

TEST DISCONTINUED

Streptococcus pneumoniae IgG Antibody Panel, 7 Serotypes

Order Code: PN7
Fee Code: 20091
Reference Laboratory: Mayo PN7 (83641)

Effective July 2, 2013, Mayo Medical Laboratories Streptococcus pneumoniae IgG Antibody Panel, 7 Serotypes, will be discontinued. The Prevnar-7 vaccine, on which this test was based, has largely been discontinued and replaced with Prevnar-13. The Streptococcus pneumoniae IgG Antibody Panel, 23 Serotypes (order code PN23) is recommended for assessing the response to active immunization with nonconjugated, 23-valent vaccines or determining the ability of an individual to respond to polysaccharide antigen(s).