NOTICE DATE: January 31, 2018

EFFECTIVE DATE: January 10, 2018

TEST RESUMED

Proinsulin
Order Code: PINS
Fee Code: 23362
Reference Laboratory: Mayo PINS (80908)

Mayo Medical Laboratories has redeveloped their Proinsulin assay and resumed testing effective January 10, 2018. Please note the following updated test information:

Collection Instructions: Collect specimen in a chilled lavender top tube from a fasting patient. Chill the whole blood on ice for at least 10 minutes, spin down in a refrigerated centrifuge, aliquot 0.5 mL (minimum 0.25 mL) of plasma into a plastic vial and freeze.

Reference Range: 3.6 - 22 pmol/L

HEPATITIS A RESULTS COMMENTS

Hepatitis A Antibody, IgG & IgM
Order Code: HAAB
CPT Code: 86708
Fee Code: 23383

Effective January 25, 218, due to the rise in Hepatitis A screening, the following result comments will report with Non-Reactive and Reactive Hepatitis A, Total (IgG and IgM) results:

Non-Reactive result comment:
“This assay detects the presence of Hepatitis A specific antibodies (IgG + IgM). A non-reactive result indicates a lack of immunity to Hepatitis A infection.”

Reactive result comment:
“This assay detects the presence of Hepatitis A specific antibodies (IgG + IgM). A reactive result indicates either vaccination, past infection, or current infection. To screen for current infection, the Hepatitis A IgM antibody assay should be ordered.” (order code HAMAB).
MLABS – DEPARTMENT OF PATHOLOGY
ATTN: IMPORTANT TEST INFORMATION
TEST UPDATE 634

EFFECTIVE DATE: January 30, 2018

NEW TEST

Uniparental Disomy for Chromosome 6, 7, or 14
Order Code: UPD
CPT Code: 81402, G0452-26
Fee Code: DA138

Effective January 30, 2018, the MLabs Michigan Molecular Genetics Laboratory (MMGL) began offering Uniparental Disomy for chromosome 6, 7, or 14.

This test is used to determine methylation status and copy number changes within 6q24.2, 7p12.1, 7q32.2, and 14q32.2. Maternal uniparental disomy 6q24.2 (UPD(6)mat) is associated with transient neonatal diabetes. Maternal uniparental disomy 7 (UPD(7)mat) is associated with pre- and postnatal growth retardation and with Russell-Silver syndrome (RSS). Maternal uniparental disomy 14q32.2 (UPD(14) mat) is associated with Temple syndrome that is characterized by growth failure, muscular hypotonia, precocious puberty, feeding difficulties, and small hands and feet, while paternal uniparental disomy 14q32.2 (UPD(14)pat) is associated with Kagami-Ogata syndrome that is characterized with facial ‘gestalt’ with full cheeks and protruding philtrum, small bell-shaped thorax with coat-hanger appearance of the ribs, abdominal wall defects, placentomegaly, and polyhydramnios.

Collection Instructions: Collect 5 mL (minimum 1 mL) EDTA whole blood specimen in a lavender top tube. Send intact specimen within 24 hours if stored at room temperature or within 5 days if stored refrigerated. Include the patient's family history, pedigree, and ethnicity on the test requisition. Obtaining informed consent from the patient prior to genetic testing is strongly recommended. If desired, a UMHS Request and Consent for Genetic Testing form can be obtained from the MMGL Molecular Genetics Laboratory by contacting the MLabs Client Services Center at 800-862-7284 or online at http://mlabs.umich.edu/files/pdfs/PCI-MMGL_InformedConsent.pdf.

EFFECTIVE DATE: January 31, 2018

REFERENCE LABORATORY CHANGE

Borrelia (Lyme Disease) Antibody, CSF
Order Code: LYMEC
Fee Code: AA085
Reference Laboratory: Mayo CLYME (83856)
New Reference Lab: Mayo LNBAB

Effective January 31, 2018, Mayo Medical Laboratories will replace the Borrelia (Lyme Disease) Antibody, CSF assay with a Borrelia (Lyme Disease) CNS Infection IgG assay with reflex to Antibody Index. The Lyme Antibody Index assay is designed to differentiate between true intrathecal synthesis of antibodies to Borrelia burgdorferi sensu lato (Bbsl) genospecies (e.g., B. burgdorferi, B. garinii and B. afzelii) versus the presence of anti-Bbsl antibodies in CSF due to permeability of the blood-brain barrier or as a result of a traumatic lumbar puncture.
Both cerebrospinal fluid (CSF) and serum are required for this test. CSF and serum must be collected within 24 hours maximum of each other.

Collection Instructions: Collect CSF specimen in sterile tube or container. Send 1.5 mL (minimum 1.2 mL) CSF specimen refrigerated (preferred) or frozen in a screw-capped plastic vial. Label as spinal fluid or CSF. Collect blood specimen in an SST tube within 24 hours of the CSF specimen, preferably at the same time. Centrifuge, aliquot 1.5 mL (minimum 1.2 mL) of serum into a plastic vial and refrigerate (preferred) or freeze. Label as serum. Band CSF and serum specimens together.

Reference Range: Negative

If this test is reactive, the antibody index (Mayo LNBAI) is performed at an additional charge to compare the level of anti-Borrelia IgG-class antibodies in CSF versus serum.

EFFECTIVE DATE: February 20, 2018

NEW TEST

NT-Pro B-type Natriuretic Peptide (BNP)

Order Code: PRBNP
CPT Code: 83880
Fee Code: 36906

MLabs will begin performing the NT-Pro B-type Natriuretic Peptide (BNP) assay in-house effective February 20, 2018. This test will replace the NT-Pro BNP assay currently sent to Mayo Medical Laboratories (order code MBNP). B-type Natriuretic Peptide (BNP) (order code BNP) will remain available.

This test is used as an aid in the diagnosis and assessment of severity of congestive heart failure. Both BNP and NT-proBNP are markers of atrial and ventricular distension due to increased intracardiac pressure. Both markers increase in circulating concentration as the severity of heart failure increases, making them equally good markers of the functional stage of heart failure. NT-proBNP is a larger molecule and has a longer half-life than BNP, so its concentration in serum during heart failure will be considerably higher than that of BNP. NT-proBNP is more stable than BNP, so no special precautions such as keeping the sample on ice prior to analysis is required. Also, NT-proBNP is the appropriate assay for those patients being treated with the drug Entresto. This drug is an inhibitor of the protease that degrades the active hormone BNP and thus prolongs its half-life. Patients receiving this drug should be monitored with the NT-proBNP assay to get an accurate assessment of the severity of their heart failure.

Collection Instructions: Collect specimen in an SST or red top tube. Centrifuge, aliquot 0.5 mL (minimum 0.3 mL) of serum into a plastic vial and refrigerate.

Reference Range: age 0 – 75 years: <125 pg/mL; age >75 years: <450 pg/mL.