ARUP LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology

Hotline Table of Contents

Effective as of March 6, 2023

Additional ordering and billing information

Information when ordering laboratory tests that are billed to Medicare/Medicaid

Information regarding Current Procedural Terminology (CPT)

Test Number	Mnemonic	Test Name	New Test	Test Name Change	Specimen Requirements	Methodology	Performed/Reported	Note	Interpretive Data	Reference Interval	Component Charting Name	Component Change	Reflex Pattern	Result Type	Ask at Order Prompt	Numeric Map	Unit of Measure	CPT Code	Pricing Change	Inactivation w/ Replacement	Inactivation w/o Replacement
0070262	ADIP	Adiponectin (Change effective as of 3/6/23: Refer to 3006285 in the March Immediate Change Hotline)																		x	
2005894	ISAC MICRO	Allergen Panel, IgE by ImmunoCap ISAC			x	x	x														
3001858	CLL NGS	Chronic Lymphocytic Leukemia Mutation Panel by Next Generation Sequencing			x																
3003971	MM DARA	Multiple Myeloma, Daratumumab, Immunofixation (Inactive as of 03/06/23)																			x
3006285	ADIPO SP	Adiponectin Quantitative, Serum/Plasma	x																		

TEST CHANGE

Allergen Panel, IgE by ImmunoCap ISAC

2005894, ISAC MICRO

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube~~Separator Tube~~ (SST). Also acceptable: Lavender (EDTA) or green (sodium~~Green (Sodium~~ or lithium heparin~~Lithium Heparin~~).
Specimen Preparation:	Transfer 0.4 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.25 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Frozen.
Unacceptable Conditions:	Ambient specimens.
Remarks:	
Stability:	Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month
Methodology:	Semi-Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay~~Solid-phase Allergen Chip~~
Performed:	Varies
Reported:	4-12~~10~~ days
Note:	Method Description: The method uses solid-phase immunoassays against 112 antigenic epitopes and measures IgE antibody concentrations in patient serum or plasma. The binding of a specific IgE to an immobilized allergen component is detected by the addition of a secondary fluorescence-labeled anti-human IgE antibody. Results are reported in ISAC Standardized Units (ISU).
CPT Codes:	86008 x112
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.
Interpretive Data:	
Reference Interval:	

By report

TEST CHANGE

Chronic Lymphocytic Leukemia Mutation Panel by Next Generation Sequencing

3001858, CLL NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA), Green (sodium heparin), Bone Marrow (EDTA), or Bone Marrow (sodium heparin). Fresh-frozen tissue. New York State Clients: Lavender (EDTA)
Specimen Preparation:	Whole Blood and Bone Marrow: Transport 3 mL. (Min: 1.5 mL) Fresh-frozen Tissue: Transport 5 mg fresh-frozen tissue. (Min: 5 mg) Separate specimens must be submitted when multiple tests are ordered. New York State Clients: Transport 5 mL whole blood (Min: 2 mL) or 2 mL bone marrow (Min: 2 mL).
Transport Temperature:	Whole Blood or Bone Marrow: Refrigerated. Fresh-frozen Tissue: Frozen.
Unacceptable Conditions:	Serum, plasma, grossly hemolyzed specimens, buccal brush or swab, FFPE tissue.
Remarks:	
Stability:	Whole Blood or Bone Marrow: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable Fresh-frozen Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month New York State Clients: Ambient: 72 hours; Refrigerated: 4 days; Frozen: Unacceptable
Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	12-14 days
Note:	Genes tested: ATM; BCL2; BIRC3*; BRAF; BTG1; BTK; CARD11; CD79B; CXCR4; DDX3X; FBXW7; IKZF3; KRAS; MAP2K1; MED12; MGA; MYD88; NOTCH1; NRAS; PLCG2; POT1; RNASEH2A; RNASEH2B; RPS15*; SAMHD1; SF3B1; TP53; XPO1; ZMYM3 *One or more exons are not covered by sequencing for the indicated gene; see Additional Technical Information test fact sheet.
CPT Codes:	81450

New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

Interpretive Data:

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Reference Interval:

By report

NEW TEST

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Adiponectin Quantitative, Serum/Plasma

3006285, ADIPO SP

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red, serum separator tube (SST) or lavender (K2EDTA).
Specimen Preparation:	Transfer 0.3 mL serum or plasma to an ARUP standard transport tube. (Min: 0.1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks
Methodology:	Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	7-11 days
Note:	
CPT Codes:	83520
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Reference Interval:

Test Number	Components	Reference Interval

HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.

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Inactivations

The following will be discontinued from ARUP's test menu on March 6, 2023
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0070262	Adiponectin (Change effective as of 3/6/23: Refer to 3006285 in the March Immediate Change Hotline)	Adiponectin Quantitative, Serum/Plasma (3006285)
3003971	Multiple Myeloma, Daratumumab, Immunofixation (Inactive as of 03/06/23)	