ARUP LABORATORIES

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

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Effective as of August 7, 2023

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0092168	NIACIN B3	Niacin (Vitamin B3) (Change effective as of 08/07/23: Refer to 3016752 in the August Hotline)																		x	
2001905	CARD SEED	Allergen, Food, Cardamom Seed IgE (Inactive as of 07/24/23)																			x
2007535	INFAN EPIL	Infantile Epilepsy Panel, Sequence Analysis and Exon-Level Deletion/Duplication (Inactive as of 08/07/23)																			x
2007545	CHILD EPIL	Childhood-Onset Epilepsy Panel, Sequencing and Deletion/Duplication (Inactive as of 08/07/23)																			x
2009214	STREPTO	Antimicrobial Level - Streptomycin by HPLC, Serum or Plasma			x							x									
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3001255	14-3-3 TAU	Prion Markers (CJD), CSF		x	x	x					x										
3001549	PHOSPHA AB	Phosphatidylcholine Antibodies - IgG, IgM and IgA (Inactive as of 08/07/23)																			x
3016752	VITA B3	Vitamin B3 (Niacin and Metabolites), Serum/Plasma	x																		
3016769	DFS70 AB	Anti-Dense Fine Speckled 70 (DFS70) Antibody by ELISA, Serum	x																		

TEST CHANGE

Antimicrobial Level - Streptomycin by HPLC, Serum or Plasma

2009214, STREPTO

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red. Also acceptable: Green (sodium heparin).
Specimen Preparation:	Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~ and freeze immediately. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	Severely hemolyzed or thawed specimens.
Remarks:	~~Include drug dose amount, frequency, method and date and time of last dose prior to draw on requisition form.~~
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
Methodology:	Quantitative High Performance Liquid Chromatography (HPLC)
Performed:	Varies
Reported:	3-10 days
Note:	~~If the exact time of both the dose and the blood draw are not accurately recorded, accurate interpretation of the concentration will not be possible.~~
CPT Codes:	80299
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	

HOTLINE NOTE: There is a component change associated with this test. One or more components

have been added or removed. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Antimicrobial Level - Azithromycin by HPLC, Serum or Plasma

2009359, AZITHRO

Specimen Requirements:	
Patient Preparation:	To collect peak concentrations draw patient 2-3 hours after dose. To test for delayed drug absorption, a second specimen may be collected 4 hours after the peak.
Collect:	Plain red. Also acceptable: Green (sodium heparin).
Specimen Preparation:	Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~ and freeze immediately. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	Severely hemolyzed or thawed specimens.
Remarks:	~~Include drug dose amount, frequency, method, and date and time of last dose prior to draw on requisition form.~~
Stability:	Ambient: Unacceptable~~24 hours~~; Refrigerated: Unacceptable~~24 hours~~; Frozen: 1 month
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	3-10 days
Note:	~~If the exact time of both the dose and the blood draw are not accurately recorded, accurate interpretation of the concentration will not be possible.~~
CPT Codes:	80299
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

HOTLINE NOTE: There is a component change associated with this test. One or more components have been added or removed. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Antimicrobial Level - Rifabutin by HPLC, Serum or Plasma

2009363, RIFABU

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red. Also acceptable: Green (sodium heparin).
Specimen Preparation:	Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~ and freeze immediately. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	Severely hemolyzed or thawed specimens.
Remarks:	~~Include drug dose amount, frequency, method, and date and time of last dose prior to draw on requisition form.~~
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
Methodology:	Quantitative High Performance Liquid Chromatography (HPLC)
Performed:	Varies
Reported:	3-10 days
Note:	~~If the exact time of both the dose and the blood draw are not accurately recorded, accurate interpretation of the concentration will not be possible.~~
CPT Codes:	80299
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	

HOTLINE NOTE: There is a component change associated with this test. One or more components

have been added or removed. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Antimicrobial Level - Cycloserine, Serum or Plasma

2009367, CYCLOS

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red. Also acceptable: Green (sodium or lithium heparin).
Specimen Preparation:	Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~ and freeze immediately. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	Severely hemolyzed or thawed specimens.
Remarks:	~~Include drug dose amount, frequency, method, and date and time of last dose prior to draw on requisition form.~~
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
Methodology:	Quantitative Gas Chromatography-Mass Spectrometry
Performed:	Varies
Reported:	3-10 days
Note:	~~If the exact time of both the dose and the blood draw are not accurately recorded, accurate interpretation of the concentration will not be possible.~~
CPT Codes:	80299
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	

HOTLINE NOTE: There is a component change associated with this test. One or more components

have been added or removed. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Prion Markers (CJD), CSF

3001255, 14-3-3 TAU

Specimen Requirements:	
Patient Preparation:	Patient must be 12 years of age or older.
Collect:	CSF~~.~~
Specimen Preparation:	The first 2 mL of CSF that flows from the tap should be discarded. Transfer 5 mL CSF to ARUP standard transport tubes~~Standard Transport Tubes~~ and freeze immediately. (Min: 2 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN ~~Frozen.~~
Unacceptable Conditions:	
Remarks:	Completed requisition form required. Cloudy or pink specimens may result in partial results for some components.
Stability:	Ambient: Unacceptable~~48 hours~~; Refrigerated: Unacceptable~~2 weeks~~; Frozen: Indefinitely ~~(One freeze/thaw cycle is acceptable.)~~
Methodology:	Qualitative Western Blot/Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/~~/~~Qualitative Real-Time Quaking-Induced Conversion
Performed:	Varies
Reported:	7-17 days
Note:	Repeat testing should be collected no sooner than 2 weeks following last encounter.
CPT Codes:	86317; 84182; 0035U
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	

By report

NEW TEST

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Vitamin B3 (Niacin and Metabolites), Serum/Plasma

3016752, VITA B3

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red, lavender (EDTA), or pink (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.4 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen. Also acceptable: Refrigerated.
Unacceptable Conditions:	Separator tubes.
Remarks:	
Stability:	Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	3-9 days
Note:	
CPT Codes:	84591
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.

NEW TEST

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Anti-Dense Fine Speckled 70 (DFS70) Antibody by ELISA, Serum

3016769, DFS70 AB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen. Also acceptable: Refrigerated.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 6 months
Methodology:	
Performed:	Varies
Reported:	7-14 days
Note:	
CPT Codes:	86038
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:

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 August 7, 2023
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0092168	Niacin (Vitamin B3) (Change effective as of 08/07/23: Refer to 3016752 in the August Hotline)	Vitamin B3 (Niacin and Metabolites), S/P (3016752)
2001905	Allergen, Food, Cardamom Seed IgE (Inactive as of 07/24/23)	
2007535	Infantile Epilepsy Panel, Sequence Analysis and Exon-Level Deletion/Duplication (Inactive as of 08/07/23)	
2007545	Childhood-Onset Epilepsy Panel, Sequencing and Deletion/Duplication (Inactive as of 08/07/23)	
3001549	Phosphatidylcholine Antibodies - IgG, IgM and IgA (Inactive as of 08/07/23)	