ARUP LABORATORIES

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

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Effective as of 03/04/2024

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
0080011	CITRIC S	Citric Acid, Serum or Plasma			x		x														
2006240	SBDS FGS	Shwachman-Diamond Syndrome (SBDS) Sequencing			x																
2012039	LYSO SER	Lysozyme, Serum				x			x	x											

TEST CHANGE

Citric Acid, Serum or Plasma

0080011, CITRIC S

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST). ~~-~~ Also acceptable: Green (sodium heparin), lavender (EDTA), or plasma preparation tube (PPT~~white (potassium EDTA~~).
Specimen Preparation:	Transfer 2 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 1 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:	Room temperature specimens.
Remarks:	
Stability:	Ambient: 8 hours; Refrigerated: 17~~18~~ days; Frozen: 17 days~~1 month~~
Methodology:	Quantitative Spectrophotometry/Enzymatic Assay
Performed:	Varies
Reported:	3-12~~11~~ days
Note:	
CPT Codes:	82507
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

Shwachman-Diamond Syndrome (SBDS) Sequencing

2006240, SBDS FGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (K2 or K3EDTA). Also acceptable: Pink (K2EDTA) or buccal swabs.
Specimen Preparation:	Transport 5 mL whole blood (Min: 2 mL) or 2 buccal swabs (Min: 2 swabs). Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature. Protect from extreme temperatures.
Unacceptable Conditions:	Prenatal specimens
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Sequencing
Performed:	Varies
Reported:	21-28 days
Note:	
CPT Codes:	81479
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

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Effective Date: March 4, 2024

TEST CHANGE

Lysozyme, Serum

2012039, LYSO SER

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST).
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Hemolyzed, lipemic, icteric, or contaminated specimens.
Remarks:	
Stability:	After separation from cells: Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 1 month.
Methodology:	Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Sun, Tue, Thu
Reported:	1-5 days
Note:	Serum lysozyme levels may be elevated in acute myelomonocytic leukemia (FAB-M4), chronic myelomonocytic leukemia (CMML), and chronic myelocytic leukemia (CML). Increased serum lysozyme activity is present in tuberculosis, sarcoidosis, megaloblastic anemias, acute bacterial infections, ulcerative colitis, regional enteritis, and Crohn disease. Elevated serum lysozyme occurs during severe renal insufficiency, renal transplant rejection, urinary tract infections, pyelonephritis, glomerulonephritis, and nephrosis.
CPT Codes:	85549
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

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

Component	Interpretation
Lysozyme, Serum	2.75 ug/mL or less ..... Negative 2.76 - 4.50 ug/mL ..... Equivocal 4.51 ug/mL or greater ..... Positive

Reference Interval:

Test Number	Components	Reference Interval
Lysozyme, Serum	Less than or equal to 4.50 ug~~2.75 µg~~/mL	

Inserted Cells

Inserted Cells