Hotline Table of Contents

Effective as of 12/01/2025

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	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
0054441	MEASLMCSF	Measles (Rubeola) Antibody, IgM, CSF by IFA		x	x	x		x	x											
2007580	HEP CO 2	Heparin Cofactor II																		x
2014059	4KSCORE	Prostate-Specific Kallikrein, 4Kscore			x		x				x									
2014277	CARBAR PCR	Antimicrobial Susceptibility - Carbapenemase Gene Detection by PCR					x				x									
3002309	OVA1 PLUS	Malignancy Risk Assessment, Pelvic Mass, OVA1 Plus			x	x	x													
3005941	HISTO GAL	Histoplasma Galactomannan Antigen by EIA, Quantitative, Other Body Fluids			x															
3017752	ENCEPH-CSF	Encephalitis Panel With Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, CSF		x		x		x	x											
3018823	AT1R	Anti-Angiotensin Type 1 Receptor (AT1R)					x													

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3019850	GHRELIN	Ghrelin, Total				x											x			
3020479	IMATINIB S	Imatinib, Serum	x																	

TEST CHANGE

Measles (Rubeola) Antibody, IgM, CSF by IFA

0054441, MEASLMCSF

Specimen Requirements:	
Patient Preparation:	
Collect:	CSF.
Specimen Preparation:	Transfer 0.5 mL CSF to an ARUP standard transport tube.~~Standard Transport Tube.~~ (Min: 0.2 mL) New York State Clients: 1 mL (Min: 0.075 mL)
Transport Temperature:	Refrigerated. Also acceptable: Frozen. New York State Clients: Refrigerated
Unacceptable Conditions:	Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.
Remarks:	
Stability:	Ambient: 48~~8~~ hours; Refrigerated: 2 weeks; Frozen: 1 month~~year~~ New York State Clients: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Indirect Fluorescent Antibody (IFA~~Enzyme-Linked Immunosorbent Assay (ELISA~~)
Note:	
CPT Codes:	86765
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:

The detection of antibodies to rubeola in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

~~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.~~

Less than 1:2~~0.79 AU or less~~	Negative: No evidence of recent infection. False-negative results are possible if the specimen was collected too soon after exposure.~~Negative - No significant level of IgM antibodies to measles (rubeola) virus detected.~~

~~0.80-1.20 AU~~	~~Equivocal - Repeat testing in 10-14 days may be helpful.~~
1:2~~.21 AU~~ or greater	Positive: Indicative of recent primary measles infection. ~~Positive - IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.~~

Reference Interval:

Test Number	Components	Reference Interval
	Measles, Rubeola, Antibody IgM CSF	Less than 1:2~~0.79 AU or less~~

TEST CHANGE

Prostate-Specific Kallikrein, 4Kscore

2014059, 4KSCORE

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST).
Specimen Preparation:	Transfer 4 mL serum to an ARUP standard transport tube. (Min: 3 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen.
Unacceptable Conditions:	Frozen serum separator tubes (SST).
Remarks:	Biopsy history~~, digital rectal exam (DRE) results,~~ and clinical indication for ordering are required. Digital Rectal Exam (DRE) result should be provided, if available.
Stability:	Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 1 month
Methodology:	Electrochemiluminescent Immunoassay (ECLIA)
Note:	4 Kallikrein Biomarkers: Total PSA, free PSA, percent free PSA, intact PSA, and hK2. Digital Rectal Exam~~A digital rectal exam~~ (DRE) result~~is required and submissions~~ should indicate "abnormal", "normal",~~nodule"~~ or "unavailable". ~~no nodule."~~ Test should not be ordered if DRE has been performed within the last 4 days or if biopsy history is positive. DREs performed after collection of specimen are acceptable.
CPT Codes:	81539
New York DOH Approval Status:	This test is New York DOH approved.
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.

ARUP LABORATORIES | *A nonprofit enterprise of the University of Utah and its Department of Pathology*

Effective Date: December 1, 2025

TEST CHANGE

Antimicrobial Susceptibility - Carbapenemase Gene Detection by PCR

2014277, CARBAR PCR

Specimen Requirements:	
Patient Preparation:	
Collect:	Actively growing Enterobacteriaceae, Pseudomonas aeruginosa, or Acinetobacter baumannii in pure culture.
Specimen Preparation:	Transport sealed container with pure culture on agar slant/bacterial transport media. Place each specimen in an individually sealed bag.
Transport Temperature:	Room temperature.
Unacceptable Conditions:	Mixed cultures or nonviable organisms.
Remarks:	Isolate identification (for cultures) and specimen source required.
Stability:	Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Qualitative Polymerase Chain Reaction (PCR)
Note:	An additional processing fee will be billed for all isolates not submitted in pure culture, as indicated in the specimen requirements. If species identification is not provided, identification will be performed at ARUP. Additional charges apply. The *bla*IMP family is highly diverse and many variants that diverge from the IMP-1 sequence may not be detected. This assay will generate a negative IMP result when testing samples containing IMP-2, IMP-7, IMP-8, IMP-13, or IMP-14 gene sequences, and may detect IMP-4 at reduced sensitivity. This assay may also generate a false-negative result for uncommon OXA-48-like variants.
CPT Codes:	87150
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

This assay detects five carbapenemase gene families (*bla*KPC, *bla*NDM, *bla*OXA-48, *bla*VIM, *bla*IMP) encoding enzymes that may confer resistance to carbapenem and other beta-lactam antibiotics. This assay is intended for use as an aid to infection control in the detection of carbapenem-resistant bacteria and is not intended to guide or monitor treatment of infection. A negative result does not exclude the presence of other resistance mechanisms or assay-specific nucleic acid in concentrations below the level of detection.

Reference Interval:

~~Not Detected~~

Deleted Cells

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.

ARUP LABORATORIES | A nonprofit enterprise of the University of Utah and its Department of Pathology

Effective Date: December 1, 2025

TEST CHANGE

Malignancy Risk Assessment, Pelvic Mass, OVA1 Plus

3002309, OVA1 PLUS

Specimen Requirements:	
Patient Preparation:	Testing should not be performed on patients 17 years of age or younger.
Collect:	Serum separator tube~~Separator Tube~~ (SST).
Specimen Preparation:	Transfer 2.2 mL serum to an ARUP standard transport tube.~~Standard Transport Tube.~~ (Min: 1.1 mL)
Transport Temperature:	Frozen. Also acceptable: Refrigerated.
Unacceptable Conditions:	
Remarks:	Menopausal s~~S~~tatus required at time of ordering.
Stability:	Ambient: Unacceptable; Refrigerated: 8 days; Frozen: 9 weeks
Methodology:	Electrochemiluminescent Immunoassay (ECLIA) / Fixed-Rate-Time Nephelometry
Note:	OVA1 Biomarkers: CA-125 II, a~~A~~polipoprotein A1 (Apo A-1), b~~B~~eta-2 m~~M~~icroglobulin (B2M), t~~T~~ransferrin, and p~~P~~realbumin. OVERA Biomarkers: Apolipoprotein A1 (Apo A-1), HE4 (human epididymis~~Human Epididymis~~ protein 4), CA-125 II, FSH (follicle stimulating hormone~~Follicle Stimulating Hormone~~), and t~~T~~ransferrin.
CPT Codes:	81503
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
~~By Report~~	

Deleted Cells

TEST CHANGE

Histoplasma Galactomannan Antigen by EIA, Quantitative, Other Body Fluids

3005941, HISTO GAL

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (K2 or K3EDTA), green (sodium or lithium heparin), light blue (sodium citrate). Also acceptable: BAL or CSF.
Specimen Preparation:	Transfer 2 mL plasma to an ARUP standard transport tube. (Min: 1.2 mL) Transfer 1 mL BAL to an ARUP standard transport tube. (Min: 0.5 mL) Transfer 1 mL CSF to an ARUP standard transport tube. (Min: 0.8 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen~~Refrigerated~~. Also acceptable: Room temperature or refrigerated~~frozen~~.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Indefinitely
Methodology:	Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Note:	For serum specimens refer to Histoplasma Antigen Quantitative by EIA, Serum (ARUP test code 0092522).
CPT Codes:	87385
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Encephalitis Panel With Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, CSF

3017752, ENCEPH-CSF

Specimen Requirements:	
Patient Preparation:	
Collect:	CSF.
Specimen Preparation:	Transfer 5.0mL CSF to an ARUP standard transport tube. (Min: 2.5mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Serum or plasma. Contaminated, heat-inactivated, or hemolyzed specimens.
Remarks:	
Stability:	Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA) / Semi-Quantitative Chemiluminescent Immunoassay (CLIA) / Semi-Quantitative Indirect Fluorescent Antibody (IFA)
Note:	If HSV 1 and/or 2 IgG, CSF is 1.10 IV or greater, then HSV 1 G-specific IgG, CSF and HSV 2 G-specific IgG, CSF will be added. Additional charges apply.
CPT Codes:	86765 x2; 86735 x2; 86787 x2; 86789; 86788; 86694; if reflexed, add 86695; 86696
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:

Component	Interpretation
Measles (Rubeola) Antibody, IgG, CSF	13.4 AU/mL or less: Negative. No significant level of IgG antibody to measles (rubeola) virus detected. 13.5-16.4 AU/mL: Equivocal. Repeat testing in 10-14 days may be helpful. 16.5 AU/mL or greater: Positive. IgG antibody to measles (rubeola) detected, which may indicate a current or past measles (rubeola) infection.
Measles	Less than 1:2:

(Rubeola) Antibody, IgM, CSF by IFA	Negative. No evidence of recent infection. False-negative results are possible if the specimen was collected too soon after exposure. 1:2 or greater: Positive. Indicative of recent primary measles infection. ~~0.79 AU or less: Negative. No significant level of IgM antibodies to measles (rubeola) virus detected. 0.80-1.20 AU: Equivocal. Repeat testing in 10-14 days may be helpful. 1.21 AU or greater: Positive. IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post infection or immunization.~~
Mumps Virus Antibody IgG, CSF	8.9 AU/mL or less: Negative. No significant level of detectable IgG mumps virus antibody. 9.0-10.9 AU/mL: Equivocal. Repeat testing in 10-14 days may be helpful. 11.0 AU/mL or greater: Positive. IgG antibody to mumps virus detected, which may indicate a current or past

	mumps virus infection.
Mumps Virus Antibody IgM, CSF	0.79 IV or less: Negative. No significant level of detectable IgM antibody to mumps virus. 0.80-1.20 IV: Equivocal. Borderline levels of IgM antibody to mumps virus. Repeat testing in 10-14 days may be helpful. 1.21 IV or greater: Positive. Presence of IgM antibody to mumps virus detected, which may indicate a current or recent infection. However, low levels of IgM antibody may occasionally persist for more than 12 months post infection or immunization.
Varicella-Zoster Virus Antibody, IgG, CSF	Less than or equal to <=0.99 S/CO: Negative: No significant level of IgG antibody to varicella-zoster virus detected. Greater than or equal to >=1.00 S/CO: Positive: IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-zoster infection.
Varicella-Zoster Virus Antibody, IgM by ELISA (CSF)	0.90 ISR or less: Negative. No significant level of IgM antibody to varicella-zoster virus detected. 0.91-1.09 ISR: Equivocal. Repeat testing in 10-14

	days may be helpful. 1.10 ISR or greater: Positive. Significant level of IgM antibody to varicella-zoster virus detected, which may indicate current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post infection.	
Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG, CSF	0.89 IV or less: Negative. No significant level of detectable HSV IgG antibody. 0.90-1.09 IV: Equivocal. Questionable presence of IgG antibodies. Repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Positive. IgG antibody to HSV detected which may indicate a current or past HSV infection.	
West Nile Virus Antibody, IgG by ELISA, CSF	1.29 IV or less: Negative. No significant level of West Nile virus IgG antibody detected. 1.30-1.49 IV: Equivocal. Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful. 1.50 IV or greater: Positive. Presence of IgG antibody to West Nile virus detected,	

	suggestive of current or past infection.
West Nile Virus Antibody, IgM by ELISA, CSF	0.89 IV or less: Negative. No significant level of West Nile virus IgM antibody detected. 0.90-1.10 IV: Equivocal. Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive. Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

Reference Interval:

Test Number	Components	Reference Interval
	HSV 1/2 Antibody Screen IgG, CSF	0.89 IV or less
	Measles, Rubeola, Antibody IgG CSF	16.4 AU/mL or less
	Measles, Rubeola, Antibody IgM CSF	Less than 1:20.79 AU or less
	Mumps Virus Antibody IgG CSF	10.9 AU/mL or less
	Mumps Virus Antibody IgM CSF	0.79 IV or less
	VZV Antibody IgG CSF	0.99 S/CO or less
		<=0.99 S/CO: Negative - No significant level of IgG antibody to varicella-zoster virus detected. >=1.00 S/CO: Positive - IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-zoster infection.
	VZV Antibody IgM CSF	0.90 ISR or less
	West Nile Virus Antibody IgG CSF	1.29 IV or less
	West Nile Virus Antibody IgM CSF	0.89 IV or less

TEST CHANGE

Anti-Angiotensin Type 1 Receptor (AT1R)

3018823, AT1R

Specimen Requirements:	
Patient Preparation:	Collect specimen prior to hemodialysis.
Collect:	Plain red.
Specimen Preparation:	Transfer 3 mL serum to an ARUP standard transport tube. (Min: 0.5) 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: 1 week; Frozen: 6 months
Methodology:	Enzyme-Linked Immunosorbent Assay (ELISA)
Note:	Order must indicate transplant type and whether the specimen is pre- or post-transplant.
CPT Codes:	86316
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	

TEST CHANGE

Ghrelin, Total

3019850, GHRELIN

Specimen Requirements:	
Patient Preparation:	Fast 10-12 hours prior to specimen collection. Discontinue any medications or supplements that may influence cholecystokinin (CCK), glucose, growth hormone, insulin, or somatostatin levels, if possible, for 48 hours prior to collection.
Collect:	GI preservative tube (ARUP supply #47531). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.
Specimen Preparation:	Separate from cells ASAP. Transfer 5 mL plasma to ARUP standard transport tubes and freeze immediately. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 6 months
Methodology:	Quantitative Radioimmunoassay (RIA~~Enzyme-Linked Immunosorbent Assay (ELISA~~)
Note:	
CPT Codes:	835191~~920~~
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	

NEW TEST

Click for Pricing

Imatinib, Serum

3020479, IMATINIB S

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red
Specimen Preparation:	Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.2 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen. Also acceptable: Room temperature or refrigerated.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 5 days; Refrigerated: 5 days; Frozen: 1 year
Methodology:	Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Note:	
CPT Codes:	80299
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
Refer to report	

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 December 1, 2025
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
2007580	Heparin Cofactor II	