

Effective as of **01/05/2026**

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
0060024	MC BLDAF	Blood Culture, AFB and Fungal			x		x													
0060060	MC BAFB	Blood Culture, Acid-Fast Bacillus (AFB)			x															
0060070	MC BFUNG	Blood Culture, Fungal			x															
0060159	MC BRUC	Brucella Culture			x															
0060243	CTAMD	Chlamydia trachomatis by Transcription-Mediated Amplification (TMA)																	x	
0060244	GCAMD	Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA)																	x	
0091260	PHENOL U	Phenol Exposure Quantitative, Urine			x	x														
0098421	ETHYLENE	Allergen, Occupational, Ethylene Oxide IgE																		x
0098862	ORRIS	Allergen, Food, Orris Root IgE																		x

Effective as of **01/05/2026**

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
3020542	CT TMA	Chlamydia trachomatis by Transcription-Mediated Amplification (TMA)	x																	
3020543	NG TMA	Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA)	x																	

TEST CHANGE

Blood Culture, AFB and Fungal

0060024, MC BLDAF

Specimen Requirements:

Patient Preparation: Aseptic draw.

Collect: Whole blood or bone marrow in Bactec Myco/F Lytic bottle (ARUP supply # 31916) ~~or yellow (SPS ARUP Supply #24964).~~ Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.

Specimen Preparation: Whole Blood: Transport 1-5 mL in Bactec Myco/F Lytic bottle or transport 1-7mL ~~in SPS yellow tube.~~
Bone Marrow: Transport 1-5 mL (Min: 0.5 mL) in Bactec Myco/F Lytic bottle ~~or transport 1-7 mL (Min 0.5 mL) in SPS tube.~~

Transport Temperature: Room temperature

Unacceptable Conditions:

Remarks:

Stability: Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable

Methodology: Continuous Monitoring Blood Culture / Culture

Note: Identification and susceptibility testing is performed on positive cultures at an additional charge.

A single ~~SPS or~~ Myco/F Lytic bottle is collected for both AFB and fungal cultures.

CPT Codes: 87103; 87116; CPT codes vary based on method.

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Reference Interval:

~~No growth~~

Deleted Cells

TEST CHANGE

Blood Culture, Acid-Fast Bacillus (AFB)

0060060, MC BAFB

Specimen Requirements:	
Patient Preparation:	Aseptic draw.
Collect:	Whole blood or bone marrow in Bactec(R) Myco/F Lytic bottle (ARUP supply # 31916 1) or yellow (SPS) tube (ARUP supply # 24964). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.
Specimen Preparation:	Whole Blood: Transport 1-5 mL in Bactec(R) Myco/F Lytic bottle. or transport 1-7 mL in SPS yellow tube. Bone Marrow: Transport 1-5 mL (Min: 0.5 mL) in Bactec(R) Myco/F Lytic bottle or transport 1-7 mL (Min 0.5 mL) in SPS tube.
Transport Temperature:	Room temperature
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
Methodology:	Continuous Monitoring Blood Culture / Culture
Note:	Identification and susceptibility testing is performed on positive cultures at an additional charge.
CPT Codes:	87116; CPT codes vary based on method.
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
No growth	

Deleted Cells

TEST CHANGE

Blood Culture, Fungal

0060070, MC BFUNG

Specimen Requirements:	
Patient Preparation:	Aseptic draw.
Collect:	Whole blood or bone marrow in Bactec(R) Myco/F Lytic bottle (ARUP supply # 31916) or yellow (SPS) tube (ARUP supply # 24964). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.
Specimen Preparation:	Whole Blood: Transport 1-5 mL in Bactec(R) Myco/F Lytic bottle. or transport 1-7 mL in SPS yellow tube. Bone Marrow: Transport 1-5 mL (Min: 0.5 mL) in Bactec(R) Myco/F Lytic bottle or transport 1-7 mL (Min 0.5 mL) in SPS tube.
Transport Temperature:	Room temperature
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
Methodology:	Continuous Monitoring Blood Culture / Culture
Note:	Identification and susceptibility testing is performed on positive cultures at an additional charge.
CPT Codes:	87103; CPT codes vary based on method.
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
No growth	

Deleted Cells

TEST CHANGE

Brucella Culture

0060159, MC BRUC

Specimen Requirements:

Patient Preparation:

Collect:

Blood in **blood culture** sterile SPS Vacutainer tube for microbiology (ARUP Supply #24964) or BACT/ALERT Blood Culture bottles. BioMerieux Aerobic and Anaerobic blood bottles (items #33626 and #48213) are available. Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. OR abscess, aspirate, body fluid, CSF, or tissues.

Specimen Preparation:

Adult Blood: Transport 8-10 mL whole blood.
Pediatric Blood: Transport 4 mL whole blood.
Abscess, Aspirate, Body Fluid, CSF: Transfer to a sterile container. Place each specimen in an individually sealed bag.
Tissue: Transfer tissue to a sterile container and place on gauze moistened with sterile nonbacteriostatic saline to prevent drying.
*Low volume will result in decreased recovery of pathogens.

Transport Temperature:

Room temperature.

Unacceptable Conditions:

Swabs. Clotted blood specimens.

Remarks:

Specimen source preferred.

Stability:

Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Methodology:

Culture / Culture

Note:

An additional fee will be added to blood specimens for confirming a negative result.

CPT Codes:

87081; Identification CPT codes may vary based on method

New York DOH Approval Status:

This test is New York DOH approved.

Interpretive Data:

Reference Interval:

~~Culture negative for Brucella species.~~

Deleted Cells

TEST CHANGE

Phenol Exposure Quantitative, Urine

0091260, PHENOL U

Specimen Requirements:

Patient Preparation:

Collect: Urine.

Specimen Preparation: Transfer **24** mL urine to an ARUP standard transport tube. (Min: **1.9** mL) Preservative-free urine specimens are recommended. Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: **Frozen**~~Refrigerated~~. Also acceptable: ~~Refrigerated~~**Frozen**.

Unacceptable Conditions: Specimens preserved with benzoic acid. Specimens received room temperature.

Remarks:

Stability: Ambient: 4 days; Refrigerated: 1 week; Frozen: 22 months

Methodology: Quantitative Gas Chromatography-~~Mass Spectrometry (GC-MS)~~
/ Colorimetry

Note:

CPT Codes: 84600; 82570

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Reference Interval:

~~Refer to~~**By** report

NEW TEST

[Click for Pricing](#)

***Chlamydia trachomatis* by Transcription-Mediated Amplification (TMA)**

3020542, CT TMA

Specimen Requirements:

Patient Preparation: ThinPrep Collection: Patient must be 14 years of age or older.

Collect: Vaginal, throat, eye, or rectal specimen collected with pink swab from Aptima MultiTest Swab Specimen Collection kit (ARUP supply #65761 single collection kit or #55224 pack of 50 collection kits) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. Also acceptable: Cervical, eye, or male urethral specimen collected with blue swab from Aptima Unisex Swab Specimen Collection kit (ARUP supply #65759 single collection kit or #28907 pack of 50 collection kits), first-catch urine in sterile container then transferred to Aptima urine tube or cervical brush in ThinPrep Pap Test Collection Kit. Refer to "Sample Collection for the Diagnosis of STD" under Specimen Handling at www.aruplab.com for specific specimen collection and transport instructions.

Specimen Preparation: Swab: Place swab in swab specimen transport tube, break shaft off at scoreline, then recap tube.
Urine: Transfer 2 mL urine within 24 hours to Aptima Urine Specimen Transport Tube (ARUP supply #65760 single collection kit or #28908 pack of 50 collection kits). Liquid level must be between fill lines on tube.
ThinPrep: Vortex ThinPrep PreservCyt solution and transfer 1 mL to an Aptima Specimen Transfer Tube (ARUP supply #42711) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. To reduce the potential for contamination, ThinPrep specimens should be poured off, using sterile technique, into the Aptima Specimen Transfer Tube prior to cytology testing.

Transport Temperature: Refrigerated.

Unacceptable Conditions: Large white swab included in Aptima Unisex Swab Specimen Collection kit is for preparatory cleaning of the endocervix and is unacceptable for testing. Specimens in any transport media other than indicated above. Specimens in swab transport media without a swab.

Remarks: Specimen source is required.

Stability: MultiTest or Unisex Swab: Ambient: 2 months; Refrigerated: 2 months; Frozen: 1 year
Aptima Urine Specimen Transport Tube: Ambient: 1 month; Refrigerated: 1 month; Frozen: 3 months
Aptima Specimen Transfer Tube: Ambient: 2 weeks;

Refrigerated: 1 month; Frozen: 1 year
ThinPrep: Ambient: 1 month; Refrigerated: 1 month; Frozen:
Unacceptable

Methodology: Qualitative Transcription-Mediated Amplification (TMA)

Note:

CPT Codes: 87491

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes. In certain contexts, culture may be required to meet applicable laws and regulations for diagnosis of *C. trachomatis* and *N. gonorrhoeae* infections. Per 2014 CDC recommendations, this test does not include confirmation of positive results by an alternative nucleic acid target.

Reference Interval:

Test Number	Components	Reference Interval
	C. trachomatis by TMA	Negative

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

NEW TEST

[Click for Pricing](#)

***Neisseria gonorrhoeae* by Transcription-Mediated Amplification (TMA)**

3020543, NG TMA

Specimen Requirements:

Patient Preparation: ThinPrep Collection: Patient must be 14 years of age or older.

Collect: Vaginal, throat, eye, or rectal specimen collected with pink swab from Aptima MultiTest Swab Specimen Collection kit (ARUP supply #65761 single collection kit or #55224 pack of 50 collection kits) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. Also acceptable: Cervical, eye, or male urethral specimen collected with blue swab from Aptima Unisex Swab Specimen Collection kit (ARUP supply #65759 single collection kit or #28907 pack of 50 collection kits), first-catch urine in sterile container then transferred to Aptima urine tube or cervical brush in ThinPrep Pap Test Collection Kit. Refer to "Sample Collection for the Diagnosis of STD" under Specimen Handling at www.aruplab.com for specific specimen collection and transport instructions.

Specimen Preparation: Swab: Place swab in swab specimen transport tube, break shaft off at scoreline, then recap tube.
Urine: Transfer 2 mL urine within 24 hours to Aptima Urine Specimen Transport Tube (ARUP supply #65760 single collection kit or #28908 pack of 50 collection kits). Liquid level must be between fill lines on tube.
ThinPrep: Vortex ThinPrep PreservCyt solution and transfer 1 mL to an Aptima Specimen Transfer Tube (ARUP supply #42711) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. To reduce the potential for contamination, ThinPrep specimens should be poured off, using sterile technique, into the Aptima Specimen Transfer Tube prior to cytology testing.

Transport Temperature: Refrigerated.

Unacceptable Conditions: Large white swab included in Aptima Unisex Swab Specimen Collection kit is for preparatory cleaning of the endocervix and is unacceptable for testing. Specimens in any transport media other than indicated above. Specimens in swab transport media without a swab.

Remarks: Specimen source is required.

Stability: MultiTest or Unisex Swab: Ambient: 2 months; Refrigerated: 2 months; Frozen: 1 year
Aptima Urine Specimen Transport Tube: Ambient: 1 month; Refrigerated: 1 month; Frozen: 3 months
Aptima Specimen Transfer Tube: Ambient: 2 weeks;

Refrigerated: 1 month; Frozen: 1 year
ThinPrep: Ambient: 1 month; Refrigerated: 1 month; Frozen:
Unacceptable

Methodology: Qualitative Transcription-Mediated Amplification (TMA)

Note:

CPT Codes: 87591

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes. In certain contexts, culture may be required to meet applicable laws and regulations for diagnosis of *C. trachomatis* and *N. gonorrhoeae* infections. Per 2014 CDC recommendations, this test does not include confirmation of positive results by an alternative nucleic acid target.

Reference Interval:

Test Number	Components	Reference Interval
	N. gonorrhoeae by TMA	Negative

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

Inactivations

The following will be discontinued from ARUP's test menu on **January 5, 2026**

Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0060243	Chlamydia trachomatis by Transcription-Mediated Amplification (TMA)	Chlamydia trachomatis by Transcription-Mediated Amplification (TMA) (3020542)
0060244	Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA)	Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA) (3020543)
0098421	Allergen, Occupational, Ethylene Oxide IgE	
0098862	Allergen, Food, Orris Root IgE	