

Effective as of **06/01/2026**

**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
0050100	ASPER	Aspergillus Antibodies by Complement Fixation																		x
0050101	ASPER PRO	Aspergillus Antibodies by Complement Fixation and Immunodiffusion																		x
0051394	CYT 12 SE	Cytokine Panel 13, Serum							x											
0060217	MA AFB	Antimicrobial Susceptibility, AFB/Mycobacteria						x												
0060347	MA MTBPRIM	Antimicrobial Susceptibility, AFB/Mycobacterium tuberculosis Primary Panel				x		x									x			
0091586	HEROIN URN	Heroin - Screen with Reflex to Confirmation/Quantitation - Urine			x															
0096048	ANTIDEP U	Antidepressant Panel Quantitative, Urine			x												x			
0097933	OAK RED	Allergen, Tree, Oak Red IgE			x															
0099134	ZUCCHINI	Allergen, Food, Zucchini IgE			x															
0099692	BASS	Allergen, Food, Bass Black IgE			x															

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2002932	COX A AB	Coxsackie A Antibodies (Serotypes 2, 4, 7, 9, 10, and 16), Serum		x	x				x								x			
2005273	BACLO SP	Baclofen Quantitative, Serum or Plasma			x												x			
2007773	MA SUGAR	Allergen, Tree, Maple Sugar IgE			x															
2007775	ASPEN	Allergen, Tree, Aspen IgE			x															
2007876	B WILLOW	Allergen, Tree, Black Willow IgE			x															
2008599	BLACK BEAN	Allergen, Food, Black Bean IgE			x															
2010720	ANNA SEED	Allergen, Food, Annatto Seed IgE			x															
2010726	CORN SMUT	Allergen, Fungi and Molds, Corn Smut IgE (Test on Delay as of 06/13/2025)			x															
2010728	EPI FLOCC	Allergen, Fungi and Molds, Epidermophyton floccosum IgE			x															
2010732	MAHI IGE	Allergen, Food, Mahi Mahi IgE			x															
2010734	NECTAR IGE	Allergen, Food, Nectarine IgE			x															

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2011056	COLL 2 AB	Collagen Type II Antibody by ELISA, Serum			x															
2014003	ASPER FLA	Allergen, Fungi and Molds, Aspergillus flavus IgE			x															
2014005	FUSARIUM	Allergen, Fungi and Molds, Fusarium solani IgE			x															
3000230	FUNG R CSF	Fungal Antibodies with Reflex to Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF																		x
3000235	FUNG R SER	Fungal Antibodies with Reflex to Blastomyces dermatitidis Antibodies by Immunodiffusion, Serum																		x
3002929	PNS PAN2	Paraneoplastic Reflexive Panel																	x	
3003726	PROPOX U	Propoxyphene and Metabolite, Urine			x															
3004517	PNSPAN CSF	Paraneoplastic Reflexive Panel, CSF																	x	

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3020435	VITAMB7 SP	Vitamin B7 (Biotin), Serum or Plasma			x															
3020924	HMW KININ	High Molecular Weight Kininogen (HMWK), Plasma	x																	
3021053	FUNG EXT	Fungal Antibodies Extended Panel, Serum	x																	

**TEST CHANGE**

**Cytokine Panel 13, Serum**

0051394, CYT 12 SE

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Serum separator tube, or plain red.

**Specimen Preparation:** Separate serum cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

**Transport Temperature:** CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered. Ship in an ARUP Standard Transport Tube.

**Unacceptable Conditions:** Refrigerated specimens. Contaminated or heat inactivated specimens.

**Remarks:**

**Stability:** After separation from cells: Ambient: 30 minutes; Refrigerated: Unacceptable; Frozen: 1 year

**Methodology:** Quantitative Multiplex Bead Assay

**Note:** Cytokine levels may demonstrate diurnal variation. For levels be determined at the same time of day.

**CPT Codes:** 83520 x12; 83529

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

**Interpretive Data:**

Results are used to understand the pathophysiology of immune, infectious, or inflammatory disorders, or may be used for research purposes.

**Reference Interval:**

Test Number	Components	Reference Interval
	Interferon gamma, Serum	<del>5.8 pg/mL</del> 4.2 or less
	Interleukin 1 beta, Serum	<del>6.7.1 pg/mL</del> or less
	Interleukin 10, Serum	<del>6.0 pg/mL</del> 2.8 or less
	Interleukin <del>12</del> 13, Serum	2.6 pg/mL <del>3</del> or less
	<b>Interleukin 13, Serum</b>	<b>7.8 pg/mL or less</b>
	Interleukin 17, Serum	<del>2.1 pg/mL</del> 4 or less
	Interleukin 2 Receptor, Soluble, Serum	<del>353.5 - 1019.8 pg/mL</del> 175.3-858.2
	Interleukin 2, Serum	2.1 pg/mL or less
	Interleukin 4, Serum	2.2 pg/mL or less
	Interleukin 5, Serum	2.1 pg/mL or less
	Interleukin 6, Serum	2.0 pg/mL or less
	Interleukin 8, Serum	3.0 pg/mL or less
	Tumor Necrosis Factor - alpha, Serum	<del>11.5 pg/mL</del> 7.2 or less



**TEST CHANGE**

**Antimicrobial Susceptibility, AFB/Mycobacteria**

0060217, MA AFB

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Actively growing isolate in pure culture.

**Specimen Preparation:** Transport sealed container with pure isolate on solid or liquid media. Place each isolate in an individually sealed bag.

**Transport Temperature:** Room temperature  
Submit M. tuberculosis complex isolates according to Infectious Substance, Category A shipping guidelines.

**Unacceptable Conditions:** Mixed isolates or nonviable organisms. M. tuberculosis complex isolates submitted on an agar plate.

**Remarks:**

**Stability:** Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: unacceptable

**Methodology:** Broth Macrodilution / Broth Microdilution

**Note:** AFB susceptibility testing is billed at the panel level. Charges will vary based on organism identified. An additional handling fee will be billed for all organisms submitted that are not in pure culture as indicated in the specimen requirements.

If species identification is not provided or if incorrect identification is provided, identification will be performed at ARUP. Additional charges apply.

An additional charge will be added for drug requests that are not tested at ARUP and require sendout.

**CPT Codes:** CPT codes vary based on method

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

**Interpretive Data:**

Test Name	Methodology	Drugs Tested	CPT Code
Antimicrobial Susceptibility - AFB/Mycobacterium tuberculosis Primary Panel	Broth Microdilution MGIT960 Broth Macrodilution (Isoniazid 0.4) Macro dilution	Drugs tested: Isoniazid, rifampin, ethambutol The interpretation provided is based on results for the following drugs at the stated concentrations: Drugs tested: Ethambutol: 5.0 ug/mL; Isoniazid: 0.1 ug/mL (0.4 ug/mL if resistant to 0.1 ug/mL); Rifampin: 1.0 ug/mL. This procedure screens isolates of M. tuberculosis complex for drug resistance. The procedure does not use serial dilutions to	87186 87188 x4

		provide quantitative MIC values. Single-critical concentrations for each antimycobacterial agent used have been defined by the United States Public Health Service.	
Antimicrobial Susceptibility - AFB/Mycobacterium tuberculosis Secondary Panel	Agar P proportion and Broth D dilution	Note: If M. tuberculosis complex isolate is resistant to rifampin or any two primary drugs, a secondary panel is available as a <b>send-out</b> test. The interpretation provided is based on testing for the following drugs at the stated concentrations: Drugs tested: Amikacin: 6 ug/mL; capreomycin: 10 ug/mL; cycloserine: 60 ug/mL; ethionamide: 10 ug/mL; kanamycin: 6 ug/mL; PAS: 8 ug/mL; streptomycin at a low level (2.0 ug/mL) and a high level (4.0 ug/mL). Levofloxacin and moxifloxacin are tested at 2, 4 and 8 ug/mL	87190 x6, 87188 x3
Antimicrobial Susceptibility - AFB/Mycobacteria	Broth Microdilution	See organism-specific panels below.	87186
Mycobacterium aviumintracellularae Complex	Broth Microdilution	Drugs tested: Amikacin, clarithromycin, linezolid, moxifloxacin. Clofazimine at request only Clarithromycin results predict azithromycin. Because MIC results do not predict clinical response and may be misleading, rifampin, rifabutin, and ethambutol MICs are not tested.	87186
Rapid Growing Mycobacteria	Broth Microdilution	Drugs tested: Amikacin, cefoxitin, ciprofloxacin, clarithromycin, clofazimine, doxycycline, imipenem, linezolid, moxifloxacin, tigecycline, tobramycin (M. chelonae only), and trimethoprim/sulfamethoxazole (TMP/SXT). Extended 14-day incubation is performed on isolates initially susceptible to clarithromycin to detect Erm-dependent inducible macrolide resistance. Extended drugs at an additional charge: bedaquiline, omadacycline, and eravacycline	87186
Miscellaneous Slowly Growing Non-tuberculosis	Broth Microdilution	Drugs tested: Amikacin, ciprofloxacin, clarithromycin, doxycycline, linezolid,	

<p>Mycobacteria (NTM, non-fastidious species)</p>	<p>moxifloxacin, rifabutin, rifampin, streptomycin and trimethoprim/sulfamethoxazole (TMP/SXT). Selective reporting by organism. CLSI recommends that isolates of <i>M. kansasii</i> be tested against rifampin and clarithromycin only. Rifampin-susceptible isolates are also susceptible to rifabutin. If the isolate is rifampin-resistant, the following secondary drugs will also be reported: Amikacin, ciprofloxacin, linezolid, moxifloxacin, rifabutin, streptomycin and trimethoprim-sulfamethoxazole. <i>M. marinum</i> isolates are tested against amikacin, ciprofloxacin, clarithromycin, doxycycline, moxifloxacin, rifabutin, rifampin, and trimethoprim-sulfamethoxazole. Slowly-growing NTM other than <i>M. kansasii</i> and <i>M. marinum</i> are tested against amikacin, ciprofloxacin, clarithromycin, linezolid, moxifloxacin, rifabutin, rifampin, streptomycin, and trimethoprim-sulfamethoxazole.</p>	
<p>Miscellaneous Slowly Growing Non-tuberculosis Mycobacteria (NTM, fastidious species)</p>	<p>Susceptibility testing is not available for <i>M. haemophilum</i>, <i>M. genavense</i>, and <i>M. ulcerans</i></p>	

Reference Interval:

**TEST CHANGE**

Antimicrobial Susceptibility, AFB/*Mycobacterium tuberculosis* Primary Panel

0060347, MA MTBPRIM

Specimen Requirements:

Patient Preparation:

Collect: Actively growing isolate of *Mycobacterium tuberculosis* in pure culture.

Specimen Preparation: Transport sealed container with pure culture on solid or liquid media. Place each specimen in an individually sealed bag.

Transport Temperature: Room temperature.  
Submit specimen according to Infectious Substance, Category A, shipping guidelines.

Unacceptable Conditions: Mixed cultures or ~~nonviable~~~~non-viable~~ organisms. Organisms submitted on agar plate.

Remarks:

Stability: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Unacceptable

Methodology: Broth Microdilution / Broth Macrodilution

Note:

CPT Codes: Variable~~87188 x4. CPT codes vary based on method.~~

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

Interpretive Data:

Drugs tested by broth microdilution: Ethambutol, isoniazid, and rifampin.

Drugs tested by broth macrodilution: Isoniazid 0.4 ug/mL if broth microdilution MIC is >0.25ug/mL and <=0.5 ug/mL. The interpretation provided is based on results for the following drugs at the stated concentrations:

Drugs tested: Ethambutol: 5.0 ug/mL, isoniazid: 0.1 ug/mL (0.4 ug/mL if resistant to 0.1 ug/mL), and rifampin: 1.0 ug/mL.

This procedure screens isolates of *M. tuberculosis* complex for drug resistance. The procedure does not use serial dilutions to provide quantitative MIC values. Single critical concentrations for each antimycobacterial agent used have been defined by the United States Public Health Service.

Reference Interval:

Refer to report

**TEST CHANGE**

**Heroin - Screen with Reflex to Confirmation/Quantitation - Urine**

0091586, HEROIN URN

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Random urine.

**Specimen Preparation:** Transfer 2 mL urine 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:** [CRITICAL FROZEN](#)~~Frozen~~

**Unacceptable Conditions:** Thawed specimens.

**Remarks:**

**Stability:** Ambient: 24 hours; Refrigerated: [2 days](#)~~48 hours~~; Frozen: 3 months

**Methodology:** ~~Qualitative~~ Enzyme Immunoassay (EIA) / ~~Quantitative~~ High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Note:** If screen is positive, then confirmation will be added. Additional charges apply.  
~~Compare to Pain Management, Heroin Metabolite, Quantitative, with medMATCH, Urine and Pain Management, Heroin Metabolite, with Confirmation, with medMATCH, Urine~~

**CPT Codes:** 80307; if reflexed, add 80356; 80361 (~~Reflexed Alt Code: G0480~~)

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

**Interpretive Data:**

**Reference Interval:**

[Refer to](#) ~~By~~ report

**TEST CHANGE**

**Antidepressant Panel Quantitative, Urine**

0096048, ANTIDEP U

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** ~~Urine~~ ~~Random urine.~~

**Specimen Preparation:** Transfer 2 mL urine to an ARUP standard transport tube. (Min: 0.7 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: 1 week; Refrigerated: 11 days; Frozen: 2 weeks

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

**Note:** Panel includes: Amitriptyline, amoxapine, clomipramine, desmethylclomipramine, desipramine, doxepin, desmethyldoxepin, desmethyltrimipramine, fluoxetine, norfluoxetine, imipramine, maprotiline, mirtazapine, nortriptyline, protriptyline, trazodone, and trimipramine.

Desmethylsertraline (sertraline metabolite) and norcyclobenzaprine (cyclobenzaprine metabolite) are known interferences for protriptyline.

**CPT Codes:** 80332; 80337; 80338 (~~Alt code: G0480~~)

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

**Interpretive Data:**

**Reference Interval:**

**TEST CHANGE**

Allergen, Tree, Oak Red IgE

0097933, OAK RED

Specimen Requirements:	
Patient Preparation:	<del>N/A</del>
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP <del>standard transport tube.</del> <a href="#">Standard Transport Tube</a> . (Min: 0.34 mL plus 0.04 mL for each allergen ordered) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	<del>Frozen.</del> <a href="#">Room temperature</a> . Also acceptable: <a href="#">Room temperature</a> <del>Refrigerated</del> or <del>refrigerated</del> <a href="#">frozen</a> .
Unacceptable Conditions:	<del>Hemolyzed, icteric, or lipemic specimens.</del>
Remarks:	
Stability:	Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year
Methodology:	Quantitative Enzyme Immunoassay <a href="#">(EIA)</a>
Note:	
CPT Codes:	86003
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
<del>N/A</del>	
Reference Interval:	
<a href="#">Refer to</a> <a href="#">By</a> report	

Deleted Cells  
Deleted Cells

**TEST CHANGE**

Allergen, Food, Zucchini IgE

0099134, ZUCCHINI

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP standard transport tube. Standard Transport Tube. (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Frozen. Room temperature. Also acceptable: Room temperature Refrigerated or refrigerated frozen.

Unacceptable Conditions: Hemolyzed, icteric, or lipemic specimens.

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay (EIA)

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

Refer to By report

**TEST CHANGE**

Allergen, Food, Bass Black IgE

0099692, BASS

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube ~~(SST)~~.

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP ~~standard transport tube~~. ~~Standard Transport Tube~~. (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~. ~~Room temperature~~. Also acceptable: ~~Room temperature~~ ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: ~~Hemolyzed, icteric, or lipemic specimens.~~

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay ~~(EIA)~~

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

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

**TEST CHANGE**

Coxsackie A Antibodies ( Serotypes 2, 4, 7, 9, 10, and 16), Serum  
2002932, COX A AB

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Transfer 2 mL serum to an ARUP standard transport tube. (Min: 1 mL)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen.~~~~Room temperature.~~ Also acceptable: ~~Room temperature~~~~Refrigerated~~ or ~~refrigerated~~~~frozen~~.

Unacceptable Conditions:

Remarks:

Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Methodology: Semi-Quantitative Complement Fixation

Note:

CPT Codes: ~~86317~~~~86658~~ x6

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

Interpretive Data:

Reference Interval:

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

**TEST CHANGE**

**Baclofen Quantitative, Serum or Plasma**

2005273, BACLO SP

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Plain red, lavender (K2EDTA), 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~~Refrigerated. Also acceptable: Room temperature or ~~refrigerated~~frozen.

**Unacceptable Conditions:** ~~Polymer gel separation tube (SST or PST). Separator tubes.~~

**Remarks:**

**Stability:** Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 4 months

**Methodology:** Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Note:**

**CPT Codes:** 80369 (~~Alt code: G0480~~)

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

**Interpretive Data:**

**Reference Interval:**

Refer to report

**TEST CHANGE**

Allergen, Tree, Maple Sugar IgE

2007773, MA SUGAR

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP [standard transport tube](#). [Standard Transport Tube](#). (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~. ~~Room temperature~~. Also acceptable: [Room temperature](#) ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: ~~Hemolyzed, icteric, or lipemic specimens.~~

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay [\(EIA\)](#)

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

[Refer to](#) [By](#) report

**TEST CHANGE**

Allergen, Tree, Aspen IgE

2007775, ASPEN

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP [standard transport tube](#). [Standard Transport Tube](#). (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~. ~~Room temperature~~. Also acceptable: [Room temperature](#) ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: ~~Hemolyzed, icteric, or lipemic specimens.~~

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay [\(EIA\)](#)

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

[Refer to](#) [By](#) report

**TEST CHANGE**

Allergen, Tree, Black Willow IgE

2007876, B WILLOW

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP [standard transport tube](#). [Standard Transport Tube](#). (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~. ~~Room temperature~~. Also acceptable: [Room temperature](#) ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: ~~Hemolyzed, icteric, or lipemic specimens.~~

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay (EIA)

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

Refer to report

**TEST CHANGE**

Allergen, Food, Black Bean IgE

2008599, BLACK BEAN

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP [standard transport tube](#). [Standard Transport Tube](#). (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~. ~~Room temperature~~. Also acceptable: [Room temperature](#) ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: ~~Hemolyzed, icteric, or lipemic specimens.~~

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay [\(EIA\)](#)

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

[Refer to](#) [By](#) report

**TEST CHANGE**

Allergen, Food, Annatto Seed IgE

2010720, ANNA SEED

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP [standard transport tube](#). [Standard Transport Tube](#). (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~. ~~Room temperature~~. Also acceptable: [Room temperature](#) ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: ~~Hemolyzed, icteric, or lipemic specimens.~~

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay [\(EIA\)](#)

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

[Refer to](#) [By](#) report

## TEST CHANGE

Allergen, Fungi and Molds, Corn Smut IgE (Test on Delay as of 06/13/2025)

2010726, CORN SMUT

### Specimen Requirements:

#### Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP [standard transport tube](#). [Standard Transport Tube](#). (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~. ~~Room temperature~~. Also acceptable: [Room temperature](#) ~~Refrigerated~~ or ~~refrigerated~~. ~~frozen~~

Unacceptable Conditions: [Hemolyzed, icteric, or lipemic specimens](#)

#### Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay [\(EIA\)](#)

#### Note:

CPT Codes: 86003

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

#### Interpretive Data:

#### Reference Interval:

[Refer to](#) [By](#) report

**TEST CHANGE**

Allergen, Fungi and Molds, *Epidermophyton floccosum* IgE

2010728, EPI FLOCC

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP [standard transport tube](#). [Standard Transport Tube](#). (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~. ~~Room temperature~~. Also acceptable: [Room temperature](#) ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: ~~Hemolyzed, icteric, or lipemic specimens.~~

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay [\(EIA\)](#)

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

[Refer to](#) [By](#) report

**TEST CHANGE**

Allergen, Food, Mahi Mahi IgE

2010732, MAHI IGE

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP [standard transport tube](#). [Standard Transport Tube](#). (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~. ~~Room temperature~~. Also acceptable: [Room temperature](#) ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: ~~Hemolyzed, icteric, or lipemic specimens.~~

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

[Refer to](#) [By](#) report

**TEST CHANGE**

Allergen, Food, Nectarine IgE

2010734, NECTAR IGE

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP [standard transport tube](#). [Standard Transport Tube](#). (Min: 0.34 mL plus 0.04 mL for each allergen ordered)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~. ~~Room temperature~~. Also acceptable: [Room temperature](#) ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: ~~Hemolyzed, icteric, or lipemic specimens.~~

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay [\(EIA\)](#)

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

[Refer to](#) [By](#) report

**TEST CHANGE**

Collagen Type II Antibody by ELISA, Serum

2011056, COLL 2 AB

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Transfer 3 mL serum to an ARUP standard transport tube. (Min: 1 mL)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Frozen. Also acceptable: ~~Refrigerated~~ ~~Room temperature or refrigerated~~.

Unacceptable Conditions:

Remarks:

Stability: Ambient: ~~Unacceptable~~ ~~1-week~~; Refrigerated: 1 week; Frozen: 1 year

Methodology: Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Note:

CPT Codes: 83520

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

Interpretive Data:

Reference Interval:

~~Refer to report~~ ~~By Report~~

**TEST CHANGE**

Allergen, Fungi and Molds, *Aspergillus flavus* IgE

2014003, ASPER FLA

Specimen Requirements:

Patient Preparation:

Collect: Plain ~~r~~Red or serum separator tube~~Serum Separator Tube~~ (SST).

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.34 mL plus 0.04 mL for each allergen ordered)  
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~~~Room temperature~~. Also acceptable: Room temperature~~Refrigerated~~ or refrigerated~~frozen~~.

Unacceptable Conditions: Lipemic specimens.

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay (EIA)

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

Refer toBy report

**TEST CHANGE**

Allergen, Fungi and Molds, *Fusarium solani* IgE

2014005, FUSARIUM

Specimen Requirements:

Patient Preparation:

Collect: Plain Red or ~~serum separator tube~~ ~~Serum Separator Tube~~ (SST).

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP ~~standard transport tube~~ ~~Standard Transport Tube~~. (Min: 0.34 mL plus 0.04 mL for each allergen ordered)  
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~ ~~Room temperature~~. Also acceptable: ~~Room temperature~~ ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: ~~Lipemic specimens~~

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay ~~(EIA)~~

Note:

CPT Codes: 86003

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

Interpretive Data:

Reference Interval:

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

**TEST CHANGE**

**Propoxyphene and Metabolite, Urine**

3003726, PROPOX U

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Urine

**Specimen Preparation:** Transfer 2 mL urine to an ARUP [standard transport tube](#)~~Standard Transport Tube~~. (Min: 0.7 mL)  
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:**

**Remarks:**

**Stability:** Ambient: [3 days](#)~~72 hours~~; Refrigerated: 1 week; Frozen: 3 months

**Methodology:** Quantitative Gas Chromatography-Mass Spectrometry (GC-MS)

**Note:** Amitriptyline is a known interference.

**CPT Codes:** 80367 (~~Alt code: G0480~~)

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

**Interpretive Data:**

**Reference Interval:**

[Refer to](#)~~By~~ report

**TEST CHANGE**

**Vitamin B7 (Biotin), Serum or Plasma**

3020435, VITAMB7 SP

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Plain red, lavender (K2EDTA), or pink (K2EDTA)

**Specimen Preparation:** Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 0.7 mL)  
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Transport Temperature:** ~~Refrigerated~~Frozen. Also acceptable: Room temperature or ~~frozen~~refrigerated.

**Unacceptable Conditions:** Polymer gel separation tube (SST or PST).

**Remarks:**

**Stability:** Ambient: ~~1 month~~2-weeks; Refrigerated: ~~1 month~~2-weeks; Frozen: ~~1 month~~2-weeks

**Methodology:** Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

**Note:**

**CPT Codes:** 84591

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

**Interpretive Data:**

**Reference Interval:**

Refer to report

**NEW TEST**

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**High Molecular Weight Kininogen (HMWK), Plasma**

3020924, HMW KININ

**Specimen Requirements:**

Patient Preparation:	Do not draw from an arm with a heparin lock or heparinized catheter.
Collect:	Light blue (sodium citrate).
Specimen Preparation:	Separate from cells within 4 hours of collection. Transfer 1 mL plasma to an ARUP standard transport tube and freeze immediately. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen.

**Unacceptable Conditions:**

**Remarks:**

Stability: Ambient: 4 hours; Refrigerated: Unacceptable; Frozen: 6 months

Methodology: Clotting

**Note:**

CPT Codes: 85293

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.**

**NEW TEST**

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**Fungal Antibodies Extended Panel, Serum**

3021053, FUNG EXT

<b>Specimen Requirements:</b>	
<b>Patient Preparation:</b>	
<b>Collect:</b>	Serum separator tube (SST) or plain red
<b>Specimen Preparation:</b>	Separate from cells ASAP or within 2 hours of collection. Transfer 2.5 mL serum to an ARUP standard transport tube. (Min: 1.5 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."
<b>Transport Temperature:</b>	Preferred transport temp: Refrigerated. Also acceptable: Frozen.
<b>Unacceptable Conditions:</b>	Contaminated, hemolyzed, or severely lipemic specimens.
<b>Remarks:</b>	
<b>Stability:</b>	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)
<b>Methodology:</b>	Semi-Quantitative Complement Fixation / Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA) / Qualitative Immunodiffusion
<b>Note:</b>	This test detects antibodies to <i>Coccidioides</i> and Histoplasma by complement fixation, <i>Blastomyces</i> by immunoassay, and <i>Coccidioides</i> , <i>Blastomyces</i> , Histoplasma, and <i>Aspergillus</i> by immunodiffusion.
<b>CPT Codes:</b>	86635 x2, 86698 x3, 86606, 86612 x2
<b>New York DOH Approval Status:</b>	This test is New York DOH approved.
<b>Interpretive Data:</b>	
<b>Reference Interval:</b>	

Refer to report

Test Number	Components	Reference Interval
	Aspergillus Antibodies by ID	Not detected
	Blastomyces Antibodies by ID	Not detected.
	Blastomyces Antibodies EIA, SER	0.9 IV or less
	Coccidioides Antibody by CF	Less than 1:2
	Coccidioides by Immunodiffusion, Serum	Not detected.
	Histoplasma Antibodies by ID	Not detected.
	Histoplasma Mycelia Antibodies by CF	Less than 1:8
	Histoplasma Yeast Antibodies by CF	Less than 1:8

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

## Inactivations

The following will be discontinued from ARUP's test menu on **June 1, 2026**

Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0050100	Aspergillus Antibodies by Complement Fixation	
0050101	Aspergillus Antibodies by Complement Fixation and Immunodiffusion	
3000230	Fungal Antibodies with Reflex to Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF	
3000235	Fungal Antibodies with Reflex to Blastomyces dermatitidis Antibodies by Immunodiffusion, Serum	
3002929	Paraneoplastic Reflexive Panel	Autoimmune Encephalopathy/Dementia Panel, Serum (3006201)
3004517	Paraneoplastic Reflexive Panel, CSF	Autoimmune Encephalopathy/Dementia Panel, CSF (3006202)