ARUP LABORATORIES

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

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Effective as of 07/06/2026

Additional ordering and billing information

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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
0091116	FLUNITR SP	Flunitrazepam and Metabolites, Serum or Plasma, Screen with Reflex to Confirmation/Quantitation			x												x			
0091203	HEROIN SP	Heroin - Screen with Reflex to Confirmation/Quantitation - Serum or Plasma			x												x			
0091507	KETAMINE S	Ketamine and Metabolite Quantitative, Serum or Plasma			x												x			
0095155	DNA MISC	DNA Cell Cycle Analysis - Ploidy and S-Phase			x															
0099130	COMP 1Q	Complement Component 1Q Level																	x	
2006299	METHAQ UR	Methaqualone Quantitative, Urine			x												x			
2008848	HPE PAN	Holoprosencephaly Panel, Sequencing and Deletion/Duplication			x															
2011810	CHIKM	Chikungunya Antibody, IgM			x			x	x						x	x				

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2011812	CHIKPAN	Chikungunya Antibodies, IgG and IgM			x			x	x						x	x				
3000183	FLUNI URN	Flunitrazepam and Metabolites, Urine Screen with Reflex to Confirmation/Quantitation			x												x			
3000959	AAV5 TAB	AAV5 Detect CDxTM -AAV5 Total Antibody Assay for ROCTAVIAN (valoctocogene roxaparvovec-rvox) Eligibility in Hemophilia A																		x
3019943	WGS PRO	Genome Sequencing			x		x											x		
3019947	RWGS PRO	Rapid Genome Sequencing			x		x											x		
3019951	WGS FM	Genome Sequencing, Familial Comparator			x		x											x		
3019953	RWGS FM	Rapid Genome Sequencing, Familial Comparator			x		x											x		
3021084	COMP1Q	Complement Component 1Q Quantitative	x																	

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TEST CHANGE

Flunitrazepam and Metabolites, Serum or Plasma, Screen with Reflex to Confirmation/Quantitation

0091116, FLUNITR SP

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 3 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 1.4 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:	Polymer gel separation tube (SST or PST)~~Separator tubes.~~
Remarks:	
Stability:	Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 3 months
Methodology:	Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Note:	If screen is positive, then confirmation will be added. Additional charges apply.
CPT Codes:	80307; if reflexed, add 80346 ~~(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

Heroin - Screen with Reflex to Confirmation/Quantitation - Serum or Plasma

0091203, HEROIN SP

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain r~~R~~ed or gray (sodium fluoride/potassium oxalate~~Gray (Sodium Fluoride/Potassium Oxalate~~).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 1.0 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:	Polymer gel separation tube (SST or PST).~~Separator tubes.~~
Remarks:	
Stability:	Ambient: 2 days~~48 hours~~; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Qualitative Enzyme-Linked Immunosorbent Assay (ELISA) / Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Note:	If screen is positive, then confirmation will be added. Additional charges apply.
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

Ketamine and Metabolite Quantitative, Serum or Plasma

0091507, KETAMINE S

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or lavender (EDTA).
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: 0.3 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: 9 months
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Note:	
CPT Codes:	80357 ~~(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

DNA Cell Cycle Analysis - Ploidy and S-Phase

0095155, DNA MISC

Specimen Requirements:	
Patient Preparation:	
Collect:	Tumor tissue. Peripheral blood in lavender (EDTA, pink (K2EDTA), or green (sodium or lithium heparin). Bone marrow in green (sodium or lithium heparin).
Specimen Preparation:	Tissue: Paraffin-embedded tissue block enriched with tumor OR Peripheral Blood: Transport 5 mL (Min: 1 mL) with Wright's stained slide OR Bone marrow: Transport 2 mL (Min: 1 mL) with Wright's stained slide. ~~New York State Clients: Formalin-fixed, paraffin-embedded tissue.~~
Transport Temperature:	Tissue (paraffin embedded), peripheral blood with Wright's stained slide, or bone marrow with Wright's stained slide: Refrigerated or room temperature.
Unacceptable Conditions:	Products of conception. No tumor tissue remaining on block. Specimens fixed in Bouin's solution (picric acid), mercuric chloride containing fixatives (e.g., B5, Zenker's solution) or ethanol-based fixatives containing ethylene glycol, acetic acid, or zinc chloride. Clotted or hemolyzed whole blood or bone marrow. Decalcified specimens.
Remarks:	Provide the clinical information (pathology report) and specimen source. If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.
Stability:	Tissue (paraffin embedded): Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable Peripheral blood with Wright's stained slide or bone marrow with Wright's stained slide: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable
Methodology:	Qualitative Flow Cytometry
Note:	This test is suitable for all tumor tissue specimens (including prostate, colon, and breast) except products of conception. For products of conception testing, please refer to Products of

	Conception, Ploidy by Flow Cytometry (ARUP test code 2006178). A thin section of each tissue submitted is stained with H&E to verify the presence of tumor. The DNA content of each tumor is classified as diploid, near-diploid, tetraploid, aneuploid, hypertetraploid, or hypodiploid. The DNA index is the ratio of tumor G0-G1 cells to normal G0-G1 cells. The tumor-specific S-phase is used when possible. An average histogram S-phase is used for diploid, near-diploid, and hypodiploid tumors where the tumor and host S-phases cannot be separated. An average histogram S-phase is also used when the percentage of aneuploid cells in the histogram is low (less than 25 percent).
CPT Codes:	88182
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 diagnostic and prognostic importance of tumor DNA content depends on the tumor type and source of tissue. Interpretative information, if available for the tumor type, is included with the DNA histogram.

Reference Interval:

Refer to report

TEST CHANGE

Methaqualone Quantitative, Urine

2006299, METHAQ UR

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: Room temperature or refrigerated~~frozen~~.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year
Methodology:	Quantitative Gas Chromatography-Mass Spectrometry (GC-MS)
Note:	
CPT Codes:	80368 ~~(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

Holoprosencephaly Panel, Sequencing and Deletion/Duplication

2008848, HPE PAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). ~~New York State Clients: Lavender (EDTA)~~
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL) New York State Clients: 5 mL (Min: 3~~2~~ mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue.
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable New York State Clients: Ambient: 8 days~~24 hours~~; Refrigerated: 8 days~~1 week~~; Frozen: 1 month~~Unacceptable~~
Methodology:	Massively Parallel Sequencing
Note:	GENES TESTED: *CDON*; *FGFR1**; *GLI2*; *PTCH1*; *SHH*; *SIX3*; *TGIF1*; *ZIC2** * One or more exons are not covered by sequencing and/or deletion/duplication analysis for the indicated gene; see Additional Technical Information. When testing cord blood specimens, the presence of maternal cell contamination (MCC) is possible, which may impact result interpretation. If clinically warranted, testing for MCC is available, at a charge, through ARUP Laboratories.
CPT Codes:	81479
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:	
Refer to report.	
Reference Interval:	
Refer to report	

TEST CHANGE

Chikungunya Antibody, IgM

2011810, CHIKM

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST). Also acceptable: Plain red or plasma (heparin, citrate, or EDTA).
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.15 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."
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.
Remarks:	
Stability:	After separation from cells: Ambient: 2 days~~48 hours~~; Refrigerated: 2 weeks; Frozen: 30 days~~1 year~~ (avoid repeated freeze/thaw cycles)
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Note:	
CPT Codes:	86790
New York DOH Approval Status:	Specimens from New York clients will be sent out to a~~This test is~~ New York DOH approved laboratory, if possible.

Interpretive Data:

0.89 ISR~~79 IV~~ or less	Negative - No significant level of Chikungunya IgM antibody detected.
0.90~~80~~-1.09 ISR~~IV~~:	Equivocal - Questionable presence of Chikungunya IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.10 ISR~~IV~~ or greater	Positive: Chikungunya IgM antibody detected.

Reference Interval:

Test Number	Components	Reference Interval
	Chikungunya Antibody, IgM	Less than or equal to 0.89 ISR~~79 IV~~

HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.

HOTLINE NOTE: There is a unit of measure change associated with this test. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Chikungunya Antibodies, IgG and IgM

2011812, CHIKPAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST). Also acceptable: Plain red or plasma (heparin, citrate, or EDTA).
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.15 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."
Transport Temperature:	Refrigerated
Unacceptable Conditions:	Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.
Remarks:	
Stability:	After separation from cells: Ambient: 2 days~~48 hours~~; Refrigerated: 2 weeks; Frozen: 30 days~~1 year~~ (avoid repeated freeze/thaw cycles)
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Note:	
CPT Codes:	86790 x2
New York DOH Approval Status:	Specimens from New York clients will be sent out to a~~This test is~~ New York DOH approved laboratory, if possible.
Interpretive Data:	

Chikungunya Antibody, IgM

0.89 ISR~~79 Index~~ or less	Negative: No significant level of Chikungunya IgM antibody detected.
0.90~~80~~-1.09 ISR~~Index~~	Equivocal: Questionable presence of Chikungunya IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.10 ISR~~Index~~ or greater	Positive: Chikungunya IgM antibody detected.

Chikungunya IgG	
0.79 Index or less	Negative: No significant level of Chikungunya IgG antibody detected.
0.80-1.09 Index	Equivocal: Questionable presence of Chikungunya IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.10 Index or greater	Positive: Chikungunya IgG antibody detected; suggests current or past infection.

Reference Interval:

Test Number	Components	Reference Interval
	Chikungunya Antibody, IgG	Less than or equal to 0.79 IV
	Chikungunya Antibody, IgM	Less than or equal to 0.89 ISR~~79 IV~~

HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.

HOTLINE NOTE: There is a unit of measure change associated with this test. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Flunitrazepam and Metabolites, Urine Screen with Reflex to Confirmation/Quantitation

3000183, FLUNI URN

Specimen Requirements:	
Patient Preparation:	
Collect:	UrineRandom urine
Specimen Preparation:	Transfer 3 mL urine to an ARUP standard transport tubeStandard Transport Tube. (Min: 1.4 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	FrozenRefrigerated. Also acceptable: RefrigeratedFrozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 2 days48 hours; Refrigerated: 2 weeks; Frozen: 3 months
Methodology:	Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Note:	If screen is positive, then confirmation will be added. Additional charges apply.
CPT Codes:	80307; if reflexed, add 80346 (Reflexed Alt Code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
Refer toBy report	

TEST CHANGE

Genome Sequencing

3019943, WGS PRO

Specimen Requirements:	
Patient Preparation:	
Collect:	Preferred: Whole blood in lavender (EDTA) or pink (EDTA) Acceptable: Oragene(TM) saliva collection kit (ARUP Supply #66513, available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800)522-2787)~~,~~ or equivalent saliva collection device suitable for human DNA extraction, collected in accordance with manufacturer instructions. ~~Saliva in collection device suitable for human DNA extraction.~~ New York State Clients: ARUP cannot facilitate testing for New York patients. Please work directly with a New York-approved laboratory.
Specimen Preparation:	Transport 2 mL whole blood (Min: 0.5 mL) or 2 mL saliva.
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	Refer to Genome Sequencing, Familial Comparator (ARUP test code 3019951) for comparator specimen requirements. Parental comparator samples are recommended for optimal whole genome analysis. Comparator samples must be submitted within 7 days of the proband's sample. Secondary findings are reported for the proband and comparators unless "opt out" is selected on the proband's Genome Sequencing Intake Form.
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Qualitative Massively Parallel Sequencing
Note:	The ability to identify causative variant(s) for the patient's presentation is strongly influenced by the quality of the clinical information provided. Contact ARUP's genetic counselors at 800-242-2787 ext. 2141 with questions about test submission. When testing cord blood specimens, the presence of maternal cell contamination (MCC) is possible, which may impact result interpretation. If clinically warranted, testing for MCC is available, at a charge, through ARUP Laboratories.

CPT Codes:	81425; 81460; add 81426; 81460 per familial comparator
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: Refer to report	
Reference Interval:	

HOTLINE NOTE: There is a price change associated with this test. Please contact ARUP Client Services at (800) 522-2787 for additional information.

TEST CHANGE

Rapid Genome Sequencing

3019947, RWGS PRO

Specimen Requirements:	
Patient Preparation:	
Collect:	Preferred: Whole blood in lavender (EDTA) or pink (EDTA) Acceptable: Oragene(TM) saliva collection kit (ARUP Supply #66513, available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800)522-2787)~~,~~ or equivalent saliva collection device suitable for human DNA extraction, collected in accordance with manufacturer instructions. ~~Saliva in collection device suitable for human DNA extraction.~~ New York State Clients: ARUP cannot facilitate testing for New York patients. Please work directly with a New York-approved laboratory.
Specimen Preparation:	Transport 2 mL whole blood (Min: 0.5 mL) or 2 mL saliva.
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	Refer to Rapid Genome Sequencing, Familial Comparator (ARUP test code 3019953) for comparator specimen requirements. Parental comparator samples are required for optimal whole genome analysis. Comparator sample(s) should be submitted at the same time as the proband's specimen to ensure best possible turnaround time. Comparator samples MUST be submitted within 3 days of the proband's sample to be included in analysis. Secondary findings are reported for the proband and comparators unless "opt out" is selected on the proband's Genome Sequencing Intake Form.
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Qualitative Massively Parallel Sequencing
Note:	The ability to identify causative variant(s) for the patient's presentation is strongly influenced by the quality of the clinical information required. Contact ARUP's genetic counselors at 800-242-2787 ext. 2141 with questions about test submission. When testing cord blood specimens, the presence of maternal

	cell contamination (MCC) is possible, which may impact result interpretation. If clinically warranted, testing for MCC is available, at a charge, through ARUP Laboratories.
CPT Codes:	81425; 81460; add 81426; 81460 per familial comparator
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: Refer to report	
Reference Interval:	

HOTLINE NOTE: There is a price change associated with this test. Please contact ARUP Client Services at (800) 522-2787 for additional information.

TEST CHANGE

Genome Sequencing, Familial Comparator

3019951, WGS FM

Specimen Requirements:	
Patient Preparation:	
Collect:	Preferred: Whole blood in lavender (EDTA) or pink (EDTA) Acceptable: Oragene(TM) saliva collection kit (ARUP Supply #66513, available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800)522-2787)~~,~~ or equivalent saliva collection device suitable for human DNA extraction, collected in accordance with manufacturer instructions. ~~Saliva in collection device suitable for human DNA extraction.~~ New York State Clients: ARUP cannot facilitate testing for New York patients. Please work directly with a New York-approved laboratory.
Specimen Preparation:	Transport 2 mL whole blood (Min: 0.5 mL) or 2 mL saliva.
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	Refer to Genome Sequencing (ARUP test code 3019943) for proband specimen requirements. This test is used for parental or other familial comparator samples associated with a proband sample submitted for Genome Sequencing (ARUP test code 3019943). Comparator samples must be submitted within 7 days of the proband's sample. Please list the name/DOB of submitted familial comparators on the proband's Genome Sequencing Intake Form.
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Qualitative Massively Parallel Sequencing
Note:	Parental or other familial comparator samples are used to aid interpretation of the proband's genome sequencing data. Contact ARUP's genetic counselors at 800-242-2787 ext. 2141 with questions about test submission. When testing cord blood specimens, the presence of maternal cell contamination (MCC) is possible, which may impact result interpretation. If clinically warranted, testing for MCC is

	available, at a charge, through ARUP Laboratories.
CPT Codes:	NA
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: Refer to report.	
Reference Interval:	

HOTLINE NOTE: There is a price change associated with this test. Please contact ARUP Client Services at (800) 522-2787 for additional information.

TEST CHANGE

Rapid Genome Sequencing, Familial Comparator

3019953, RWGS FM

Specimen Requirements:	
Patient Preparation:	
Collect:	Preferred: Whole blood in lavender (EDTA) or pink (EDTA) Acceptable: Oragene(TM) saliva collection kit (ARUP Supply #66513, available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800)522-2787)~~,~~ or equivalent saliva collection device suitable for human DNA extraction, collected in accordance with manufacturer instructions. ~~Saliva in collection device suitable for human DNA extraction.~~ New York State Clients: ARUP cannot facilitate testing for New York patients. Please work directly with a New York-approved laboratory.
Specimen Preparation:	Transport 2 mL whole blood (Min: 0.5 mL) or 2 mL saliva.
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	Refer to Rapid Genome Sequencing (ARUP test code 3019947) for proband specimen requirements. This test is used for parental or other familial comparator samples associated with a proband sample submitted for Rapid Genome Sequencing (ARUP test code 3019947). Comparator sample(s) should be submitted at the same time as the proband's specimen to ensure best possible turnaround time. Comparator samples MUST be submitted within 3 days of the proband's sample to be included in analysis. Please list the name/DOB of submitted familial comparators on the proband's Genome Sequencing Intake Form.
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Qualitative Massively Parallel Sequencing
Note:	Parental or other familial comparator samples are used to aid interpretation of the proband's genome sequencing data. Contact ARUP's genetic counselors at 800-242-2787 ext. 2141 with questions about test submission. When testing cord blood specimens, the presence of maternal cell contamination (MCC) is possible, which may impact result

	interpretation. If clinically warranted, testing for MCC is available, at a charge, through ARUP Laboratories.
CPT Codes:	NA
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: Refer to report.	
Reference Interval:	

HOTLINE NOTE: There is a price change associated with this test. Please contact ARUP Client Services at (800) 522-2787 for additional information.

NEW TEST

Click for Pricing

Complement Component 1Q Quantitative

3021084, COMP1Q

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA) or pink (K2EDTA).
Specimen Preparation:	Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP standard transport tube and freeze immediately. (Min: 0.1 mL)
Transport Temperature:	CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	Grossly hemolyzed, hyperlipemic, or room temperature specimens. Serum or non-EDTA plasma.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: 2 weeks
Methodology:	Quantitative Immunoturbidimetry
Note:	For the C1q Binding assay, refer to ARUP test code 0050301. The C1q Binding assay detects circulating immune complexes. The Complement Component 1q Level assay quantifies the active fraction component, C1q, of the C1 complement protein complex.
CPT Codes:	86160
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
	Complement Component 1q Level	106.6-187.8 mg/L

HOTLINE NOTE: 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

Inactivations

The following will be discontinued from ARUP's test menu on July 6, 2026
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0099130	Complement Component 1Q Level	Complement Component 1Q Quantitative (3021084)
3000959	AAV5 Detect CDxTM -AAV5 Total Antibody Assay for ROCTAVIAN (valoctocogene roxaparvovec-rvox) Eligibility in Hemophilia A	