MEDICARE COVERAGE OF LABORATORY TESTING

Please remember when ordering laboratory tests that are billed to Medicare/Medicaid or other federally funded programs, the following requirements apply:

1. Only tests that are medically necessary for the diagnosis or treatment of the patient should be ordered. Medicare does not pay for screening tests except for certain specifically approved procedures and may not pay for non-FDA approved tests or those tests considered experimental.
2. If there is reason to believe that Medicare will not pay for a test, the patient should be informed. The patient should then sign an Advance Beneficiary Notice (ABN) to indicate that he or she is responsible for the cost of the test if Medicare denies payment.
3. The ordering physician must provide an ICD-10 diagnosis code or narrative description, if required by the fiscal intermediary or carrier.
4. Organ- or disease-related panels should be billed only when all components of the panel are medically necessary.
5. Both ARUP- and client-customized panels should be billed to Medicare only when every component of the customized panel is medically necessary.
6. Medicare National Limitation Amounts for CPT codes are available through the Centers for Medicare & Medicaid Services (CMS) or its intermediaries. Medicaid reimbursement will be equal to or less than the amount of Medicare reimbursement.

The CPT Code(s) for test(s) profiled in this bulletin are for informational purposes only. The codes reflect our interpretation of CPT coding requirements, based upon AMA guidelines published annually. CPT codes are provided only as guidance to assist you in billing. ARUP strongly recommends that clients reconfirm CPT code information with their local intermediary or carrier. CPT coding is the sole responsibility of the billing party.

The regulations described above are only guidelines. Additional procedures may be required by your fiscal intermediary or carrier.

2009359 Antimicrobial Level - Azithromycin by HPLC, Serum or Plasma AZITHRO

HOTLINE NOTE: There is a component change associated with this test.
Add component 3000294, Azithromycin – Specimen.

2009367 Antimicrobial Level - Cycloserine, Serum or Plasma CYCLOS

HOTLINE NOTE: There is a component change associated with this test.
Add component 3000293, Cycloserine – Specimen.

2009206 Antimicrobial Level - Isoniazid by HPLC, Serum or Plasma ISON

HOTLINE NOTE: There is a component change associated with this test.
Add component 3000289, Isoniazid – Specimen.

2009363 Antimicrobial Level - Rifabutin by HPLC, Serum or Plasma RIFABU

HOTLINE NOTE: There is a component change associated with this test.
Add component 3000292, Rifabutin – Specimen.

2009210 Antimicrobial Level - Rifampin by HPLC, Serum or Plasma RIFAM

HOTLINE NOTE: There is a component change associated with this test.
Add component 3000290, Rifampin – Specimen.

2009214 Antimicrobial Level - Streptomycin by HPLC, Serum or Plasma STREPTO

HOTLINE NOTE: There is a component change associated with this test.
Add component 3000291, Streptomycin – Specimen.

New Test **3000027** **Bone Marrow Failure Region of Interest Analysis – Add-on Parent** **BMF AOP**

Claritas Exome-Based Test Request Form (Required)

Methodology: Next Generation Sequencing
Performed: Varies
Reported: 42-59 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Light Blue (Sodium Citrate) or Yellow (ACD Solution B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks: Submit with Order: Completed test request form.
Stability (collection to initiation of testing): Ambient: Undefined; Refrigerated: Undefined; Frozen: Unacceptable

Reference Interval: By report

Note: Patients who have received blood transfusions should wait at least one week after the transfusion before submitting a specimen for testing.

CPT Code(s): 81479

New York DOH Approved.

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

New Test **3000028** **Bone Marrow Failure Region of Interest Analysis - Proband** **BMF PRO**

Claritas Exome-Based Test Request Form (Required)

Methodology: Next Generation Sequencing
Performed: Varies
Reported: 42-59 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Light Blue (Sodium Citrate) or Yellow (ACD Solution B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks: Submit with Order: Completed test request form.
Stability (collection to initiation of testing): Ambient: Undefined; Refrigerated: Undefined; Frozen: Unacceptable

Reference Interval: By report

Note: Patients who have received blood transfusions should wait at least one week after the transfusion before submitting a specimen for testing.

CPT Code(s): 81479

New York DOH Approved.

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

New Test **3000030** **Bone Marrow Failure Region of Interest Analysis - Trio** **BMF TRIO**

Claritas Exome-Based Test Request Form (Required)

Methodology: Next Generation Sequencing
Performed: Varies
Reported: 42-59 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Light Blue (Sodium Citrate) or Yellow (ACD Solution B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks: Submit with Order: Completed test request form.
Stability (collection to initiation of testing): Ambient: Undefined; Refrigerated: Undefined; Frozen: Unacceptable

Reference Interval: By report

Note: Patients who have received blood transfusions should wait at least one week after the transfusion before submitting a specimen for testing.

CPT Code(s): 81479

New York DOH Approved.

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

New Test **3000029** **Bone Marrow Failure Region of Interest Analysis with Deletion/Duplication – Proband** **BMF PRODD**

Claritas Exome-Based Test Request Form (Required)

Methodology: Next Generation Sequencing
Performed: Varies
Reported: 42-59 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Light Blue (Sodium Citrate) or Yellow (ACD Solution B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks: Submit with Order: Completed test request form.
Stability (collection to initiation of testing): Ambient: Undefined; Refrigerated: Undefined; Frozen: Unacceptable

Reference Interval: By report

Note: Patients who have received blood transfusions should wait at least one week after the transfusion before submitting a specimen for testing.

CPT Code(s): 81479

New York DOH Approved.

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

New Test **3000031** **Bone Marrow Failure Region of Interest Analysis with Deletion/Duplication - Trio** **BMF TRIODD**

Claritas Exome-Based Test Request Form (Required)

Methodology: Next Generation Sequencing
Performed: Varies
Reported: 42-59 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Light Blue (Sodium Citrate) or Yellow (ACD Solution B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks: Submit with Order: Completed test request form.
Stability (collection to initiation of testing): Ambient: Undefined; Refrigerated: Undefined; Frozen: Unacceptable

Reference Interval: By report

Note: Patients who have received blood transfusions should wait at least one week after the transfusion before submitting a specimen for testing.

CPT Code(s): 81479

New York DOH Approved.

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

New Test Available Now **3000061** ***Coccidioides* Antibodies Panel, CSF by CF, ID, ELISA** **COCCIABCSF**

Methodology: Semi-Quantitative Complement Fixation/Qualitative Immunodiffusion/Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Sun-Sat
Reported: 2-5 days

Specimen Required: Collect: CSF.
Specimen Preparation: Transfer 2.5 mL CSF to an ARUP Standard Transport Tube. (Min: 1 mL) Parallel testing is preferred and convalescent specimens **must** be received within 30 days from receipt of the acute specimens.
Storage/Transport Temperature: Refrigerated.
Remarks: **Mark specimens plainly as "acute" or "convalescent."**
Unacceptable Conditions: Other body fluids. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval:

Test Number	Components	Reference Interval	
3000058	*Coccidioides* by Immunodiffusion, CSF	None Detected	
3000059	*Coccidioides* Antibody by CF, CSF	Less than 1:2	
3000055	*Coccidioides* Antibody, IgG ELISA, CSF	0.9 IV or less	Negative- No significant level of *Coccidioides* IgG antibody detected.
		1.0-1.4 IV	Equivocal - Questionable presence of *Coccidioides* IgG antibody detected. Repeat testing in 10-14 days may be helpful.
		1.5 IV or greater	Positive - Presence of IgG antibody to *Coccidioides* detected, suggestive of current or past infection.
3000056	*Coccidioides* Antibody, IgM ELISA, CSF	0.9 IV or less	Negative - No significant level of *Coccidioides* IgM antibody detected.
		1.0-1.4 IV	Equivocal - Questionable presence of *Coccidioides* IgM antibody detected. Repeat testing in 10-14 days may be helpful.
		1.5 IV or greater	Positive - Presence of IgM antibody to *Coccidioides* detected, suggestive of current or recent infection.

Interpretive Data: Refer to report.
See Compliance Statement B: www.aruplab.com/CS

Note: For *Coccidioides*, immunodiffusion (ID) measures IgM antibody, while complement fixation (CF) measures both IgG and IgM. ELISA tests can be used to detect both coccidioidal IgG and IgM antibodies. While elevated single antibody titers may be diagnostic, paired specimens are preferred. Acute and convalescent specimens (drawn at least 21 days apart), showing a fourfold or greater rise in titer, are diagnostic.

Negative fungal serology does not rule out the possibility of current infection.

CPT Code(s): 86635 x4

New York DOH Approved.

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

New Test **3000057** ***Coccidioides* Antibodies, IgG and IgM by ELISA, CSF** **COCCIGMCSF**
Available Now

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Sun-Sat
Reported: 1-3 days

Specimen Required: Collect: CSF.
Specimen Preparation: Transfer 2 mL CSF 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.
Storage/Transport Temperature: Refrigerated.
Remarks: **Please Mark specimens plainly as "acute" or "convalescent."**
Unacceptable Conditions: Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.
Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval:

Test Number	Components	Reference Interval	
3000055	*Coccidioides* Antibody, IgG ELISA, CSF	0.9 IV or less	Negative- No significant level of *Coccidioides* IgG antibody detected.
		1.0-1.4 IV	Equivocal - Questionable presence of *Coccidioides* IgG antibody detected. Repeat testing in 10-14 days may be helpful.
		1.5 IV or greater	Positive - Presence of IgG antibody to *Coccidioides* detected, suggestive of current or past infection.
3000056	*Coccidioides* Antibody, IgM ELISA, CSF	0.9 IV or less	Negative - No significant level of *Coccidioides* IgM antibody detected.
		1.0-1.4 IV	Equivocal - Questionable presence of *Coccidioides* IgM antibody detected. Repeat testing in 10-14 days may be helpful.
		1.5 IV or greater	Positive - Presence of IgM antibody to *Coccidioides* detected, suggestive of current or recent infection.

Interpretive Data: Refer to report.
See Compliance Statement B: www.aruplab.com/CS

Note: Negative fungal serology does not rule out the possibility of current infection.

CPT Code(s): 86635 x2

New York DOH Approved.

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

New Test Available Now **3000059** ***Coccidioides* Antibody by CF, CSF** **COCCICFCSF**

Methodology: Semi-Quantitative Complement Fixation
Performed: Sun-Sat
Reported: 1-3 days

Specimen Required: Collect: CSF.
Specimen Preparation: Transfer 1 mL CSF 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 acute specimens.
Storage/Transport Temperature: Refrigerated.
Remarks: **Mark specimens plainly as "acute" or "convalescent."**
Unacceptable Conditions: Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval: Less than 1:2

Interpretive Data: Any titer suggests past or current infection. However, greater than 30 percent of cases with chronic residual pulmonary disease have negative Complement Fixation (CF) tests. Titers of less than 1:32 (even as low as 1:2) may indicate past infection or self-limited disease anticoccidioidal CF antibody titers in excess of 1:16 may indicate disseminated infection. CF serology may be used to follow therapy. Antibody in CSF is considered diagnostic for coccidioidal meningitis, although 10 percent of patients with coccidioidal meningitis will not have antibody in CSF.

See Compliance Statement B: www.aruplab.com/CS

Note: CF measures both IgM and IgG. As single antibody titers are generally not diagnostic, paired specimens are preferred. Acute and convalescent specimens (drawn at least 21 days apart) showing at least a fourfold rise in titer are diagnostic.

Negative fungal serology does not rule out the possibility of current infection.

CPT Code(s): 86635

New York DOH Approved.

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

New Test Available Now **3000055** ***Coccidioides* Antibody IgG ELISA, CSF** **COCCIG CSF**

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Sun-Sat
Reported: 1-3 days

Specimen Required: Collect: CSF.
Specimen Preparation: Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.15 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval:

0.9 IV or less	Negative- No significant level of *Coccidioides* IgG antibody detected.
1.0-1.4 IV	Equivocal - Questionable presence of *Coccidioides* IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.5 IV or greater	Positive - Presence of IgG antibody to *Coccidioides* detected, suggestive of current or past infection.

Interpretive Data: IgG antibodies usually appear by the third week of infection and may persist for years. Both tube precipitin (TP) and CF antigens are represented in the ELISA tests.

See Compliance Statement B: www.aruplab.com/CS

Note: Negative fungal serology does not rule out the possibility of current infection.

CPT Code(s): 86635

New York DOH Approved.

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

New Test Available Now **3000056** ***Coccidioides*** **Antibody IgM ELISA, CSF** **COCCIM CSF**

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Sun-Sat
Reported: 1-3 days

Specimen Required: Collect: CSF.
Specimen Preparation: Transfer 1 mL CSF 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.
Storage/Transport Temperature: Refrigerated.
Remarks: **Mark specimens plainly as acute or convalescent.**
Unacceptable Conditions: Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval:

0.9 IV or less	Negative - No significant level of *Coccidioides* IgM antibody detected.
1.0-1.4 IV	Equivocal - Questionable presence of *Coccidioides* IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.5 IV or greater	Positive - Presence of IgM antibody to *Coccidioides* detected, suggestive of current or recent infection.

Interpretive Data: In most symptomatic patients, IgM antibodies usually appear by the second week of infection and disappear by the fourth month. Both tube precipitin (TP) and CF antigens are represented in the ELISA tests.

See Compliance Statement B: www.aruplab.com/CS

Note: Negative fungal serology does not rule out the possibility of current infection.

CPT Code(s): 86635

New York DOH Approved.

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

New Test Available Now **3000058** ***Coccidioides immitis*** **by Immunodiffusion, CSF** **COCCIP CSF**

Methodology: Qualitative Immunodiffusion
Performed: Sun-Sat
Reported: 2-4 days

Specimen Required: Collect: CSF.
Specimen Preparation: Transfer 0.5 mL CSF to an ARUP Standard Transport Tube (Min: 0.15 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.
Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval: None detected.

Interpretive Data: *Coccidioides* infection is demonstrated by the detection of IgM antibody to the Immunodiffusion Tube Precipitin (IDTP) antigen. IgM antibody may be detected 1 to 3 weeks after the onset of primary infection and may suggest active or recent infection. IgM antibody is rarely detected 6 months after infection but may reappear with relapse and may persist in disseminated cases.

IgG antibody may also be demonstrated in response to the Immunodiffusion Complement Fixation (IDCF) antigen and may represent active or past infection. Negative fungal serology does not rule out current infection.

See Compliance Statement B: www.aruplab.com/CS

Note: This test uses culture filtrates of C*occidioides immitis* and includes IDCF and IDTP antigens.

CPT Code(s): 86635

New York DOH Approved.

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

New Test **3000032** **Pediatric Neurology Region of Interest Analysis – Add-on Parent** **PRI AOP**

Claritas Exome-Based Test Request Form (Required)

Methodology: Next Generation Sequencing
Performed: Varies
Reported: 42-59 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Light Blue (Sodium Citrate) or Yellow (ACD Solution B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks: Submit with Order: Completed test request form.
Stability (collection to initiation of testing): Ambient: Undefined; Refrigerated: Undefined; Frozen: Unacceptable

Reference Interval: By report

Note: Patients who have received blood transfusions should wait at least one week after the transfusion before submitting a specimen for testing.

CPT Code(s): 81479

New York DOH Approved.

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

New Test **3000033** **Pediatric Neurology Region of Interest Analysis - Proband** **PRI PRO**

Claritas Exome-Based Test Request Form (Required)

Methodology: Next Generation Sequencing
Performed: Varies
Reported: 42-59 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Light Blue (Sodium Citrate) or Yellow (ACD Solution B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks: Submit with Order: Completed test request form.
Stability (collection to initiation of testing): Ambient: Undefined; Refrigerated: Undefined; Frozen: Unacceptable

Reference Interval: By report

Note: Patients who have received blood transfusions should wait at least one week after the transfusion before submitting a specimen for testing.

CPT Code(s): 81479

New York DOH Approved.

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

New Test **3000035** **Pediatric Neurology Region of Interest Analysis - Trio** **PRI TRIO**

Claritas Exome-Based Test Request Form (Required)

Methodology: Next Generation Sequencing
Performed: Varies
Reported: 42-59 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Light Blue (Sodium Citrate) or Yellow (ACD Solution B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks: Submit with Order: Completed test request form.
Stability (collection to initiation of testing): Ambient: Undefined; Refrigerated: Undefined; Frozen: Unacceptable

Reference Interval: By report

Note: Patients who have received blood transfusions should wait at least one week after the transfusion before submitting a specimen for testing.

CPT Code(s): 81479

New York DOH Approved.

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

New Test **3000034** **Pediatric Neurology Region of Interest Analysis with Deletion/Duplication - Proband** **PRI PRODD**

Claritas Exome-Based Test Request Form (Required)

Methodology: Next Generation Sequencing
Performed: Varies
Reported: 42-59 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Light Blue (Sodium Citrate) or Yellow (ACD Solution B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks: Submit with Order: Completed test request form.
Stability (collection to initiation of testing): Ambient: Undefined; Refrigerated: Undefined; Frozen: Unacceptable

Reference Interval: By report

Note: Patients who have received blood transfusions should wait at least one week after the transfusion before submitting a specimen for testing.

CPT Code(s): 81479

New York DOH Approved.

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

New Test **3000036** **Pediatric Neurology Region of Interest Analysis with Deletion/Duplication - Trio** **PRI TRIODD**

Claritas Exome-Based Test Request Form (Required)

Methodology: Next Generation Sequencing
Performed: Varies
Reported: 42-59 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Light Blue (Sodium Citrate) or Yellow (ACD Solution B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks: Submit with Order: Completed test request form.
Stability (collection to initiation of testing): Ambient: Undefined; Refrigerated: Undefined; Frozen: Unacceptable

Reference Interval: By report

Note: Patients who have received blood transfusions should wait at least one week after the transfusion before submitting a specimen for testing.

CPT Code(s): 81479

New York DOH Approved.

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

Delete **0050642** ***Streptococcus pyogenes*, Group A Antibody (Streptozyme) with Reflex to Titer** **STZ R**

HOTLINE NOTE: Delete this test and refer to DNase-B Antibody (0050220) and Streptolysin O Antibody (ASO) (0050095).

2014484 **Thiopurine Metabolites by LC-MS/MS** **THIOPMETAB**

Performed: Varies
Reported: 3-7 days

Specimen Required: Patient Prep: Trough collection (within 1 hour prior to the next dose.)
Collect: Lavender (EDTA) or Pink (K_2EDTA).
Specimen Preparation: Transport 5 mL whole blood. (Min: 2.5 mL)
Storage/Transport Temperature: Refrigerated. Send Sunday - Wednesday only.
Unacceptable Conditions: Hemolyzed specimens.
Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 5 days; Frozen: Unacceptable