Acid-Fast Bacillus (AFB) Culture and AFB Stain

*This test performed at ARUP Laboratories
Update to test recommended for respiratory, CSF, and body fluid specimens.

Note: Positive cultures are reported as soon as detected. AFB stain, AFB identification of positives, and susceptibility tests are billed separately from culture. Identification of positive culture is billed by individual DNA probes and tests performed. *Mycobacterium tuberculosis* Complex Detection and Rifampin Resistance by PCR (ARUP test code 2010775) is available for respiratory, CSF or body fluid specimens.

The laboratory should be notified when the presence of *Mycobacterium genavense* is suspected as this organism will not grow on media routinely used for *Mycobacterium* isolation.

Susceptibility will be performed on organisms isolated from a sterile source and isolates of *Mycobacterium chelonae, M. abscesses, M. fortuitum complex, M. immunogenum, M. mucogenicum*. Susceptibility testing will be performed by request only on *M. kansaii* and *M. marinum*. Susceptibility testing of *M. gordonae* is inappropriate.

For AFB susceptibility information, refer to Antimicrobial Susceptibility - AFB Mycobacteria (ARUP test code 0060217). For AFB culture on blood refer to Culture, Acid-Fast Bacillus, Blood (ARUP test code 0060060).

**Acid-Fast Bacillus (AFB) Culture and AFB Stain with Reflex to *Mycobacterium tuberculosis* Complex Detection and Rifampin Resistance by PCR**

*This test performed at ARUP Laboratories
Reflexed test changed to an FDA-approved test offering same-day results for infection and drug resistance.

Note: AFB stain, AFB identification of positives and susceptibility tests are billed separately from culture. Identification of positive culture is billed by individual DNA probes and tests performed. *Mycobacterium tuberculosis* Complex Detection and Rifampin Resistance by PCR will be performed on AFB stain-positive specimens. Additional charges apply.

**CPT Code(s):** 87116. CPT codes for identification and susceptibility vary based on method. If reflexed, add 87556, 87798
HOT LINE NOTE: Delete this test.

HOT LINE NOTE: Delete this test.

HOT LINE NOTE: Delete this test.

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

Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely

Note: For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.

HOT LINE NOTE: There is a component change associated with this test:
Add component 2010915, EER Bullous Pemphigoid Antigens, IgG

CPT Code(s): 83516

New York DOH approval pending. Call for status update.

HOT LINE NOTE: Refer to the Test Mix Addendum for interface build information.
0092572  Cutaneous Direct Immunofluorescence, Biopsy  CUTDIF

HOT LINE NOTE: There is a component change associated with this test:
Add component 2010916, EER Cutaneous Direct IF, Biopsy

0090649  Desmoglein 1 and Desmoglein 3 Antibodies in Pemphigus, IgG  IGG DESMOG

HOT LINE NOTE: There is a component change associated with this test:
Add component 2010912, EER Desmoglein 1 and 3 Antibodies, IgG

Delete 0090648  Eosinophil Granule Major Basic Protein in Tissues  EMBP TISS

HOT LINE NOTE: Delete this test and refer to Eosinophil Granule Major Basic Protein, Tissue (2010921).

New Test 2010921  Eosinophil Granule Major Basic Protein, Tissue  EGMBP TIS

Methodology:  Immunofluorescence/Affinity Chromatography
Performed:  Varies
Reported:  1-3 weeks

Specimen Required:  Collect: Tissue.
Specimen Preparation: Formalin fix or formalin fix and paraffin embed tissue. Transport 5-micron tissue sections on three slides (no specific size requirement available). (Min: 5)
Storage/Transport Temperature: Room temperature.
Unacceptable Conditions: Thawed tissue.
Stability (collection to initiation of testing): Formalin Fix: Ambient: 3 weeks; Refrigerated: 3 weeks; Frozen: Unacceptable
Paraffin Embedded: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Reference Interval:  By report

CPT Code(s):  88342; 88323

New York DOH Approved.

HOT LINE NOTE: Refer to the Test Mix Addendum for interface build information.
<table>
<thead>
<tr>
<th>New Test</th>
<th>Code</th>
<th>Test Description</th>
<th>Methodology</th>
<th>Performed</th>
<th>Reported</th>
<th>Specimen Required</th>
<th>Specimen Preparation</th>
<th>Storage/Transport Temperature</th>
<th>Unacceptable Conditions</th>
<th>Stability</th>
<th>Note</th>
<th>CPT Code(s)</th>
<th>Reference Interval</th>
<th>HOT LINE NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010902</td>
<td>0092057</td>
<td>Epidermal Transglutaminase (etG/tTG3) Antibody, IgA by ELISA</td>
<td>Enzyme-Linked Immunosorbent Assay</td>
<td>Varies</td>
<td>28-31 days</td>
<td>Collect: Plain red or serum separator tube (SST). Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)</td>
<td>Refrigerated.</td>
<td>Refrigerated: 2 weeks; Frozen: Indefinitely</td>
<td>Hemolyzed or lipemic specimens.</td>
<td>Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely</td>
<td>By report</td>
<td>83516</td>
<td>For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.</td>
<td></td>
</tr>
<tr>
<td>0092056</td>
<td>0092057</td>
<td>Epithelial Basement Membrane Zone Antibody IgA</td>
<td>Collect: Plain red or serum separator tube (SST).</td>
<td>Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely</td>
<td>By report</td>
<td>For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.</td>
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<tr>
<td>0092057</td>
<td>0092056</td>
<td>Epithelial Basement Membrane Zone Antibody IgG</td>
<td>Collect: Plain red or serum separator tube (SST).</td>
<td>Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely</td>
<td>For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.</td>
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</tbody>
</table>

New York DOH approval pending. Call for status update.

HOT LINE NOTE: Refer to the Test Mix Addendum for interface build information.
### Epithelial Cell Surface Antibody IgG

**Immunodermatology Required Clinical Information Form (Serum)**

**Specimen Required:**
- Collect: Plain red or serum separator tube (SST).
- Specimen Preparation: Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)
- Storage/Transport Temperature: Refrigerated.
- Unacceptable Conditions: Hemolyzed or lipemic specimens.
- Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely

**Note:** For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.

**HOT LINE NOTE:** Remove information found in the Remarks field.

### Epithelial Skin Antibody

**Immunodermatology Required Clinical Information Form (Serum)**

**Specimen Required:**
- Collect: Plain red or serum separator tube (SST).
- Storage/Transport Temperature: Refrigerated.
- Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely

**Note:** For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.

**HOT LINE NOTE:** Remove information found in the Remarks field.

### Herpes Gestationis Factor (Complement-Fixing Basement Membrane Zone Antibody IgG)

**Immunodermatology Required Clinical Information Form (Serum)**

**Specimen Required:**
- Collect: Plain red or serum separator tube (SST).
- Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely

**Note:** The methodology is indirect immunofluorescence (IFA) of serum on human split skin substrate for detection of complement-fixing (herpes gestationis factor) and non-complement-fixing IgG basement membrane zone antibodies. For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.

**HOT LINE NOTE:** Remove information found in the Remarks field.

### Mycobacterium tuberculosis Amplified Detection, CSF

**Delete**

**HOT LINE NOTE:** Delete this test and refer to Mycobacterium tuberculosis Complex Detection and Rifampin Resistance by PCR (2010775).

### Mycobacterium tuberculosis Amplified Direct Detection

**Delete**

**HOT LINE NOTE:** Delete this test and refer to Mycobacterium tuberculosis Complex Detection and Rifampin Resistance by PCR (2010775).
**New Test** 2010775 *Mycobacterium tuberculosis Complex Detection and Rifampin Resistance by PCR*  
*This test performed at ARUP Laboratories\nNew FDA-approved assay offering same-day results for infection and drug resistance.*

**Methodology:** Qualitative Polymerase Chain Reaction  
**Performed:** Sun-Sat  
**Reported:** Within 3 days

**Specimen Required:**  
- Collect: Respiratory specimen, CSF or body fluid.  
- **Unprocessed specimens:** Transport 5-10 mL respiratory specimen, CSF or body fluid in a sterile container. (Min: 1 mL) Label as unprocessed.  
- **Processed specimens:** Transport 2-5 mL digested/decontaminated respiratory specimen, CSF or body fluid in a sterile container. (Min: 1 mL) Identify method used for digestion and provide smear results.  
- Place each specimen in an individually sealed bag.  
- **Storage/Transport Temperature:** Refrigerated.  
- **Unacceptable Conditions:** Blood, paraffin blocks, stool, swabs, tissue, and urine.  
- **Stability (collection to initiation of testing):**  
  - **Unprocessed:** Ambient: 3 days; Refrigerated: 1 week; Frozen: 1 month  
  - **Processed:** Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month

**Note:** Specimen source required. To perform this test it is essential to know whether or not the submitted specimen has been processed (digestion and decontamination procedure). If processed, smear results must be provided as a comment on the test order or requisition. Delayed turnaround time will occur if the required information is not provided.

**CPT Code(s):** 87556, 87798

New York DOH approved.  

**HOT LINE NOTE:** Refer to the Test Mix Addendum for interface build information.

<table>
<thead>
<tr>
<th>New Test</th>
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<tbody>
<tr>
<td>0092107</td>
<td>Paraneoplastic Pemphigus Antibody Screen</td>
<td>PARA PEMPH</td>
</tr>
<tr>
<td>0092001</td>
<td>Pemphigoid Antibody Panel - Epithelial Basement Membrane Zone Antibodies, IgG and IgA, BP180 and BP230 Antibodies, IgG</td>
<td>PGOID PAN</td>
</tr>
</tbody>
</table>

**Specimen Required:**  
- Collect: Plain red or serum separator tube (SST).  
- **Storage/Transport Temperature:** Refrigerated.  
- **Stability (collection to initiation of testing):** Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely

**Note:** The methodology is indirect immunofluorescence (IFA) of patient serum on substrates from rodents including mouse heart, liver, bladder and rat bladder to detect characteristic staining: intercalated discs in heart; portal tracts in liver; and simple columnar epithelium cell surface and basement membrane zone in bladders. For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.

**HOT LINE NOTE:** Remove information found in the Remarks field.

**Specimen Required:** Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely

**Note:** For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.

**HOT LINE NOTE:** Remove information found in the Remarks field, and there is a component change associated with this test:  
Add component 2010914, EER Pemphigoid Antibody Panel
0092106  Pemphigus Antibody IgA

Immunodermatology Required Clinical Information Form (Serum)

Specimen Required: Collect: Plain red or serum separator tube (SST).
Storage/Transport Temperature: Refrigerated.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely

Note: The methodology is indirect immunofluorescence (IFA) of serum on substrates with known epidermal (epithelial) cell surface antigens (both intact human skin and monkey esophagus substrate). For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.

HOT LINE NOTE: Remove information found in the Remarks field.

0090650  Pemphigus Antibody Panel - Epithelial Cell Surface Antibodies and Desmoglein 1 and Desmoglein 3 Antibodies, IgG

Immunodermatology Required Clinical Information Form (Serum)

Specimen Required: Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Indefinitely

Note: For specimens less than 0.5 mL, call the Immunodermatology Laboratory at (866) 266-5699.

HOT LINE NOTE: Remove information found in the Remarks field, and there is a component change associated with this test:
Add component 2010913, EER Pemphigus Antibody Panel, IgG

2005631  Serotonin Release Assay (Heparin Dependent Platelet Antibody), Unfractionated Heparin

*Vendor reagent change.
This test will be performed at ARUP Laboratories effective June 16, 2014

Performed: Mon-Fri
Reported: 3-7 days

New York DOH approval pending. Call for status update.