

Laboratory Test Updates

(effective on September 12, 2022)

	Test Code	Test Name	Name Change	Methodology	Performed/Reported Schedule	Specimen Requirements	Reference Interval	Update In Additional	New Tests	Internalized Tests	Reactivated Tests	Inactive
1	C8504401	Reticulocyte Count						X				
2	C8458601	Vasoactive Intestinal Polypeptide (VIP)			X	X		X				
3	C8675001	Malaria Antibody										X
4	C8349803	17-Hydroxyprogesterone (17OHP) (Capillary Blood)			X							
5	C8392738	Spinocerebellar Ataxia NGS Panel (Excluding Triple Repeat Length Analysis)	X									
6	C8389206	Fragile X FMR1 Gene CGG Triplet Repeat Status Analysis, Postnatal	X									

1	Reticulocyte Count Test Code : 8504401 - Laboratory Services			
	Method : DC, FC - Performed : Mon-Sat 12:00 - Reported : Mon-Sat 18:00			
	Sample Name	Container	Amount	Transfer
	Whole Blood (EDTA)	Lavender (EDTA) (CBC)	2mL	2-8°C
	Additional Information ▼			
Whole Blood (EDTA) Grossly hemolyzed or clotted specimens.				

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Vasoactive Intestinal Polypeptide (VIP)
 Test Code : **8458601** - Laboratory Services

Method : **RIA** - Performed : **Tue 08:00** - Reported : **2 weeks**

Sample Name	Container	Amount	Transfer
Plasma (EDTA)	Call the Laboratory	1 mL	<0°C

Additional Information

Plasma (EDTA)
 Patient should fast overnight. Request a tube prepared with Trasylol®, fill in 4 ml of EDTA blood, centrifuge, and transfer the supernatant to another tube. Send frozen to the laboratory.

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17-Hydroxyprogesterone (17OHP) (Capillary Blood)
 Test Code : **8349803** - Laboratory Services

Method : **LC-MS/MS** - Performed : **Mon08:00 Wed08:00 Fri08:00** - Reported : **Wed18:00 Fri18:00 Mon18:00**

Sample Name	Container	Amount	Transfer
Capillary Blood	Filter Paper	ng/mL	18-24°C

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Spinocerebellar Ataxia NGS Panel (Excluding Triple Repeat Length Analysis)
 Test Code : **8392738** - Genetic Diagnosis Tests

Method : **NEXT GENERATION SEQUENCING (NGS)** - Performed : **Mon-Sat** - Reported : **6-8 weeks**

Sample Name	Container	Amount	Transfer
Whole Blood	Lavender (EDTA)	3mL	18-24°C

*Genetic Approval Form must be filled in for this test.

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Fragile X FMR1 Gene CGG Triplet Repeat Status Analysis, Postnatal
 Test Code : **8389206** - Genetic Diagnosis Tests - GEN : **FMR1** - OMIM NO : [309550](#)

Method : **PCR-FRAGMENT ANALYSIS** - Performed : **Mon-Sat** - Reported : **2 weeks**

Sample Name	Container	Amount	Transfer
Whole Blood	Lavender (EDTA)	3mL	18-24°C

*Genetic Approval Form must be filled in for this test.