# **Laboratory Test Updates**

(effective on April 29, 2024)

	Test Code	Test Name	Name Change	Methodology	Performed/Reported Schedule	Specimen Requirements	Reference Interval	New Tests	Additional Information	Internalized Tests	Reactivated Tests	Inactive
1	C8387303	Anti-MOG IgG (Live Cell Based Assay- Flow Cytometry)										X
2	C8625627	Anti-NMO (Anti-Aquaporin 4) IgG (Live Cell Based Assay-Flow Cytometry)										X
3	C8599903	Fibronectin				x						
4	C8661108	Tumor Markers, Female						X				
5	C8661109	Tumor Markers, Male						X				
6	C8661107	Lupus Panel						X				
7	C8661106	Synovial Fluid Panel						X				
8	C8661110	Pediatri Tumor Markers Panel						X				
9	C8661111	Pediatri Thyroid Panel						X				
10	C8217515	NMR Lipoprotein Profile							X			
11	C8029953	PLAC test (Ip-PLA2)									X	

Fibronectin Test Code : <b>8599903</b> - Laboratory Services						
Methodology: NEPHELOMETRY - Performed: Tue 08:00 - Reported: 1 weeks						
Methodology: NEPHELOME	TRY - Performed: Tue 08:00 - R	eported : 1 weeks				
Methodology : <b>NEPHELOME</b> Specimen Type	Container	eported : 1 weeks  Volume	Transport			

4	Tumor Markers, Female Test Code: 8661108 - Laboratory Services  Methodology: - Performed: Mon-Sat 12:00 - Reported: Mon-Sat 18:00							
4	Methodology: - Performed	: Mon-Sat 12:00 - Reported : N	lon-Sat 18:00					
4	Methodology: - Performed  Specimen Type	: Mon-Sat 12:00 - Reported : N  Container	lon-Sat 18:00 Volume	Transport				

Tumor Markers, Male Test Code: 8661109 - Laboratory Services							
Method: - Performed: Mon-Sat 12:00 - Reported: Mon-Sat 18:00							
Sample Name Container Amount Transfer							
Sample Name	Container	Amount	Transfer				

#### Lupus Panel

Test Code: 8661107 - Laboratory Services

Method: - Performed: Mon 08:00 Wed 08:00 Fri 08:00 - Reported: Thu 18:00 Mon 18:00 Tue 18:00

Sample Name	Container	Amount	Transfer
Serum	Separator Tube	3mL	2-8°C
Plasma (Citrate), Frozen	Blue (Sodium citrate)	1mL	<0°C

### Additional Information

Test countains; ENA Profile, Anti-Phospholipid Antibody, IgG, Lupus Anticoagulant (LA), Mitochondria Antibody (AMA), Complement C4, Complement C3, Anti-ds DNA, EIA, Anti-ENA Sm Antibody. All sample types defined in the test panel are required.

## Synovial Fluid Panel

Test Code: 8661106 - Laboratory Services

Method: - Performed: Mon-Fri 12:00 - Reported: 54 days 18:00

Sample Name	Container	Amount	Transfer
Biologic Fluid	Biologic Fluid Tube	10mL	2-8°C
Biologic Fluid	Biologic Fluid Tube	1mL	18-24°C

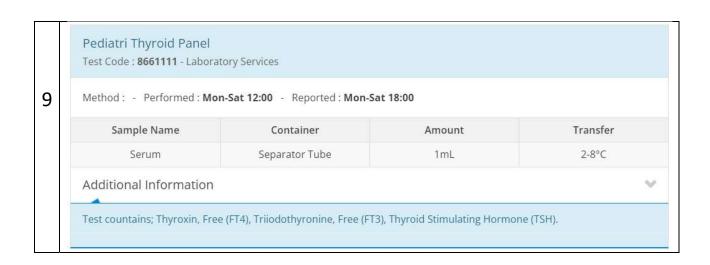
#### Additional Information

Test countains; AFB Examination and Tuberculosis Culture, Culture, Aerobic (All Sample Types), Cell Count, Biologic Fluids, Microscopic Examination, Uric acid Crystal. All sample types defined in the test panel are required.

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Method: - Performed: Mon 08:00 Thu 08:00 - Reported: Tue 18:00 Fri 18:00				
Sample Name	Container	Amount	Transfer	
Serum	Separator Tube	3mL	2-8°C	
Urine, Random	Plastic Collection Cup	5mL	2-8°C	



## NMR Lipoprotein Profile Test Code: 8217515 - Laboratory Services Method: NMR - Performed: Mon-Fri 08:00 - Reported: 3 days 10 Sample Name Container Amount Transfer Plain Tube 1,5mL 2-8°C Serum Additional Information Test countains; Cholesterol, LDL, Cholesterol, HDL, Cholesterol, Total, Triglycerides, Apolipoprotein A1, Apolipoprotein A2, Apolipoprotein B100, Total Particle Number, LDL Subfractions (LDL 1-6), VLDL Subfractions (VLDL 1-5), HDL Subfractions (HDL 1-4). Serum Overnight fasting (12 hours) is required. On night before sampling, evening meal should be eaten before 6 p.m. and should not contain fatty foods. Patient must not drink any alcohol for 24 hours before blood collection. Grossly hemolytic, lipemic or icteric samples are rejected.

PLAC test (Ip-PLA2) Test Code : 8029953 - Laboratory Services					
Method: ENZYMATIC - Performed: Wed 08:00 - Reported: Wed 18:30					
Sample Name	Container	Amount	Transfer		
Serum, Frozen	Separator Tube	0,5mL	<0°C		
Additional Information					