

Volume # 6

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Test # 9277 Vitamin D (25 Hydroxy)

Effective November 1, 2008, Physicians Laboratory Services started performing 25-OH (hydroxy) Vitamin D "in-house". The level of 25-OH Vitamin D is the most accurate indicator of Vitamin D in the human body. Vitamin D is a fat soluble vitamin whose primary role is to maintain normal levels of calcium and phosphorus in our circulation. It also plays an important role in prevention of bone disease, maintaining muscle strength, immune system function, cancer prevention and decreasing cardiovascular risk. Exogenous Vitamin D is comprised of two forms (D₃ and D₂) and is derived from animal and plant sources. The D₃ form normally comprises > 95 % of the total amount of Vitamin D found in the human body. The primary source of Vitamin D₃ is direct exposure to sunlight. Dietary sources of Vitamin D include fish (salmon, mackerel, tuna), milk or other fortified foods. Limited sun exposure, sunscreens, malabsorption disease, pregnancy and melanin content in the skin can affect Vitamin D levels. There is a risk of Vitamin D deficiency from October through March.

Specimen: 1.0 mL serum or plasma
Storage: Refrigerated up to 5 days
Testing: Performed Tues and Fri and reported same day
Reference range: 30-100 pg/mL
CPT code: 82306
Client Price: \$30.00
Questions: Contact Gregory Post, Ph.D. Director of Clinical Services

Test # 1428 Quad Screen

(AFP, Estriol, Inhibin A, HcG)

Effective January 1, 2009, Physicians Laboratory will offer Quad Screening "in-house" to our clients. The Quad screen provides information concerning the risks for open neural tube defects and certain genetic defects (Down syndrome and Trisomy 18) in the developing fetus. The optimal time of collection is between 16 -18 weeks gestation, but testing can be performed on specimens between 14 and 24 weeks gestation. Accurate dating of conception is critical for dependable results. Neural tube defects will occur in human embryos if there is an interference with the closure of the neural tube that occurs around the 28th day after fertilization. The incidence of neural tube defects is 2.6 in 1,000 worldwide. Pregnant women taking medication for epilepsy have a higher chance of having a child with a neural tube defect. Women with folic acid deficiencies also have a higher chance of having a child with a neural tube defect. Taking folic acid does not completely negate the risk of neural tube problems, but it does significantly reduce the risk. In 2006, according to the CDC, the rate of Down syndrome was 1 per 733 live births in the United States (5429 new cases per year). Approximately 95% of these are trisomy 21. Down syndrome occurs in all ethnic groups and among all economic classes. Maternal age influences the chances of conceiving a baby with Down syndrome. At maternal age 20-24, the probability is 1 in 1562, while above age 45, the probability is 1 in 19. A positive screen for either abnormality is typically followed up with high

resolution ultrasound and/or amniocentesis to confirm or rule out a potential abnormality. A negative screen does not, in all cases, rule out an abnormality.

Specimen: 1.0 mL serum. Specimen must be drawn between 14 weeks, 0 days, and 24 weeks, 6 days gestation.
Storage: Refrigerated
Testing: Performed Mon-Fri and reported 1-2 days
Reference range: By report
CPT code: 82105, 84702, 82677, 86336
Client Price: \$90.00
Questions: Contact Jan Nelson Omaha Chemistry Supervisor

Flow Cytometry Testing Updated

Test #8050 Leukemia Screening Panel and test #8051 Lymphoma Screening Panel have been deactivated. Our reference laboratory, Regional Pathology, is now offering the evaluation panels, "Flow Cytometry Initial Diagnostic Evaluation Panel" and "Flow Cytometry Remission Assessment Panel". Both need to be ordered as Test #690 (Reference Test). Please write the name of the test on the requisition or type this information in the "comment" section.

Specimen: 5.0 mL Whole Blood EDTA or 3.0 mL Bone Marrow EDTA (Heparin accepted) AND current CBC results. **Specify source of whole blood or bone marrow.**

Note: *Provide a diagnosis for the Remission Assessment Panel. If not provided, the Initial Diagnostic Panel will be performed.*

Synonyms: Leukemia or Lymphoma Cell Markers, WBC Surface Markers
Storage: Ambient. Must be received within 48 hours of collection.
Testing: Performed Mon-Fri before 1500 and reported within 24 hours
Reference range: By report
CPT codes and Price: Depends on testing
Questions: Contact Crystal Waymire Processing Supervisor

New Test # 1427 Respiratory Viral Panel

Effective December 1, 2008, the Respiratory Viral Panel #9255 sent to Regional Pathology Services will be changed to a qualitative nucleic acid amplified multiplex assay and cell culture methodology; thus creating a new

test # 1427. Due to the difference in methodology, the price for this test has increased.

Specimen: 2.0 -3.0 mL nasopharyngeal washings, 2.0 -3.0 mL BAL or nasopharyngeal swab in M4 media.

Storage: Refrigerated. Must be received in lab within 72 hrs. of collection.

Testing: Performed Mon, Thurs and Sat. During respiratory viral season. more testing days will be added..

Reference range: Negative. Preliminary report of multiplex PCR for Influenza A, Influenza A subtype H1, Influenza A subtype H3, Influenza B, Respiratory Syncytial Virus (RSV) subtype B, Human metapneumovirus, Rhinovirus, Adenovirus, and Parainfluenza viruses (1, 2, & 3) will be sent within 3 days of specimen receipt in lab. Final culture report at 14 days.

CPT codes: 87252, 87253, 87798x8

Client Price: \$400.00

Questions: Contact Crystal Waymire Processing Supervisor

Mycoplasma pneumoniae and Chlamydia pneumoniae Cultures

Effective immediately, we will no longer be offering Test #9731 Mycoplasma pneumoniae culture or test #9086 Chlamydia pneumoniae culture. Our reference laboratory, ARUP, will now be performing these tests by PCR methodology, which is more sensitive than culture based methods.

Test # 1707 Mycoplasma pneumoniae by PCR

Specimen: 2.0 mL sputum, lung wash, tracheal aspirate, BAL nasopharyngeal swab, pleural fluid, bronchial brushings in sterile container or M4 media or 1.0 mL CSF, frozen.

Storage: Refrigerated 3 days, Frozen 1 year.

Testing: Performed Mon, Wed, and Fri and reported 1-4 days.

Reference range: Negative

CPT code: 87581

Cost: \$125.00

Test # 1708 Chlamydia pneumoniae by PCR

Specimen: 2.0 mL nasal wash, nasopharyngeal swab, BAL, or pleural fluid, frozen.

Storage: Refrigerated 3 days, Frozen 1 month

Testing: Performed Mon, Wed, and Fri and reported 1-5 days.

Reference range: Negative

CPT code: 87486

Client Price: \$230.00

Questions: Contact Crystal Waymire Processing Supervisor

Test #7696 Chloride, Urine

Specimen: 1.0 mL aliquot of 24 hr. urine or random urine

Storage: Ambient 1 day, Refrigerated 1 week, Frozen 6 months

Testing: Performed daily at ARUP and reported within 24 hrs.

Reference range: By report.

CPT code: 82436

Cost: \$25.00

Questions: Contact Crystal Waymire Processing Supervisor

Test #636 Ova and Parasites

In order for Microbiology to perform test #636 Ova & Parasites, the client must provide a travel history (indicate any country or area where an exposure might have taken place) or indicate "Per Doctor's Request" on the requisition. If the patient was exposed to a certain parasite please indicate. If a travel history and/or "Per Doctor Request" is **not provided**, test #699 Giardia/Cryptosporidium will be performed.

Questions: Shari Talbert
Microbiology Supervisor

"Estimated Average Glucose" and Hemoglobin A1C

Effective January 1, 2009, Physicians Laboratory Services will start reporting an "Estimated Average Glucose" with every Hemoglobin A1C. This is in response to recommendations from the American Diabetic Association and the International Diabetes Federation. The eAG result is used to explain the relationship between Hemoglobin A1C and the levels of glucose in the patient's blood over time. Currently we report "average plasma glucose", but this has demonstrated results that are higher than the actual average glucose and does not correlate with the A1C values and clinical control of diabetes. eAG values will run lower when compared to the average plasma glucose calculation.

Questions: Contact Gregory Post, Ph.D.
Director of Clinical Services.

THANK YOU

Physicians Laboratory Services, Inc. thanks you for choosing PLS as your reference laboratory. We value you as a client and will continue to strive to provide the most accurate and precise testing in a timely and cost efficient manner. A special thank you is also extended for your patience and cooperation as we worked through our major computer upgrade. This upgrade included clinical testing as well as adding Cytology and Anatomic Pathology. The upgrade will provide results to you in a timelier manner. We look forward to new and exciting developments for our laboratory in 2009 and always value your comments and suggestions. All of the pathologists and employees at Physicians Laboratory Services, Inc. wish you and your family a very Happy Holiday