ARUP LABORATORIES

*A nonprofit enterprise of the University of Utah and its Department of Pathology*

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**Effective as of 07/01/2024**

**Additional ordering and billing information**

Information when ordering laboratory tests that are billed to Medicare/Medicaid

Information regarding Current Procedural Terminology (CPT)

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TEST CHANGE

# Benzene Quantitative - Whole Blood

3000136, BENZE BLD

| | |
|---|---|
| Specimen Requirements: | |
| Patient Preparation: | |
| Collect: | Gray (potassium oxalate/sodium fluoride~~Potassium Oxalate/Sodium Fluoride~~) |
| Specimen Preparation: | Transport 5~~2~~ mL whole blood. (Min: 2.2~~0.7~~ mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered. |
| Transport Temperature: | Refrigerated. Also acceptable: Frozen. |
| Unacceptable Conditions: | |
| Remarks: | |
| Stability: | Ambient: Unacceptable; Refrigerated: 2 months; Frozen: 3 weeks |
| Methodology: | Quantitative Gas Chromatography-Mass Spectrometry (GC-MS) |
| Performed: | Varies |
| Reported: | 3-10~~5-8~~ days |
| Note: | |
| CPT Codes: | 84600 |
| New York DOH Approval Status: | This test is New York DOH approved. |
| Interpretive Data: | |
| Reference Interval: | |
| By report | |

## TEST CHANGE

# Bladder Cancer by FISH

3016627, BC REQUEST

| | |
|---|---|
| Specimen Requirements: | |
| Patient Preparation: | |
| Collect: | Second-morning, clean-catch voided urine specimen collected in PreservCyt collection vial included in UroCyte Urine Collection Kit (ARUP Supply #41440). Collection kit is available online through eSupply using ARUP Connector contact Client Services at 800-522-2787. For specific instructions refer to Specimen Collection & Handling. |
| Specimen Preparation: | Specimens must be transported in PreservCyt fixative. Acceptable source is~~sources are~~ voided urine.~~, bladder washings, ureteral washings, or urethral washings.~~ (Min: 35 mL) |
| Transport Temperature: | Ambient or refrigerated |
| Unacceptable Conditions: | Unfixed specimens not in PreservCyt fixative. Frozen specimens. Specimens submitted in expired collection vials. |
| Remarks: | Submit source information with the specimen. |
| Stability: | Ambient: 1 week from collection; Refrigerated: 1 week from collection; Frozen: Unacceptable |
| Methodology: | Qualitative Fluorescence in situ Hybridization (FISH)/Computer Assisted Analysis/Microscopy |
| Performed: | Mon-Fri |
| Reported: | 4-14 days |
| Note: | |
| CPT Codes: | 88121 |
| New York DOH Approval Status: | Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. |

Interpretive Data:

NEGATIVE results indicate a lack of evidence for the presence of numeric chromosomal abnormalities commonly associated with urothelial carcinoma within the cells collected in this specimen. Negative results in the presence of other symptoms/signs of urothelial carcinoma may suggest the possibility of a false negative test. In this circumstance, additional clinical studies to

exclude urothelial carcinoma should be pursued, as clinically indicated. Although this test was designed to detect genetic abnormality associated with most urothelial cancers, there will be some urothelial cancers whose genetic changes cannot be detected by this test.

POSITIVE results indicate the presence of one or more numeric chromosomal abnormalities commonly associated with urothelial carcinoma within the cells collected in this specimen. Positive results in the absence of clinical documentation of urothelial carcinoma within the bladder suggest the possibility of urothelial carcinoma or other urologic malignancy from another site (including ureter, kidney, urethra, and prostate). In this circumstance, further clinical evaluation to exclude these as a source of the abnormal cells is justified.

The UroVysion Bladder Cancer Kit~~Oxford Gene Technology, Inc.~~ probes were used to detect aneuploidy for chromosomes 3, 7, 17, and/or loss of 9p21 locus~~and 17~~ via fluorescence in situ hybridization (FISH). Results from this test are intended for use~~,~~ in conjunction with, and not in lieu of, current standard diagnostic procedures, as an aid for initial diagnosis of urothelial carcinoma and for monitoring for tumor recurrence in conjunction with cystoscopy in patients with previously diagnosed bladder cancer.

Reference Interval:

Negative: No evidence of numeric chromosomal aberrations associated with urothelial carcinoma identified.
Positive: Numeric chromosomal aberrations associated with urothelial carcinoma identified.

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# Inactivations

**The following will be discontinued from ARUP's test menu on July 1, 2024**
**Replacement test options are indicated when applicable.**

| Test Number | Test Name | Refer to Replacement Test |
|---|---|---|
| 0099435 | Vasoactive Intestinal Peptide (Inactive as of 07/01/2024) | |