ARUP LABORATORIES

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

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Effective as of 08/05/2024

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0060024	MC BLDAF	Blood Culture, AFB and Fungal			x																
0060060	MC BAFB	Blood Culture, Acid-Fast Bacillus (AFB)			x																
0060070	MC BFUNG	Blood Culture, Fungal			x																
0091234	FLUVOXAM	Fluvoxamine Quantitative, Serum or Plasma			x	x	x														
0091260	PHENOL U	Phenol Exposure Quantitative, Urine			x		x														
0091308	DIPHENHYDR	Diphenhydramine Quantitative, Serum or Plasma			x		x														
0092399	HIVPHENOGT	HIV PhenoSense GT			x	x	x														
0096048	ANTIDEP U	Antidepressant Panel Quantitative, Urine					x														
0098378	17 OHprog U RT	17-Hydroxyprogesterone, Urine			x	x	x														
0098818	MSH Beta RT	Melanocyte Stimulating Hormone, Beta (b-MSH)			x	x	x														
0098819	MSH Alpha RT	Melanocyte Stimulation Hormone, Alpha (a-MSH)			x	x	x														
0099772	Secretin RT	Secretin			x		x														
2004672	HER2 QUANT	HER2/neu by Immunoassay, Serum		x	x	x					x										
2005273	BACLO SP	Baclofen Quantitative, Serum or Plasma					x														

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2010170	THROM IHC	Thrombomodulin by Immunohistochemistry			x		x														
2011164	CTNG CONF	Chlamydia trachomatis and Neisseria gonorrhoeae (CTNG) by Transcription-Mediated Amplification (TMA) with Reflex to CT/NG Confirmation			x		x														
2013011	SELENI RBC	Selenium, RBCs			x	x	x														
2014043	AMP DLDIFF	Amphetamines (D/L Differentiation), Urine			x		x														
2014059	4KSCORE	Prostate-Specific Kallikrein, 4Kscore					x														
2014686	TRAMADOL	Tramadol and Metabolite, Quantitative, Serum or Plasma					x														
3000248	MEPERI U	Meperidine and Metabolite Quantitative, Urine			x	x	x														
3000508	SYN CAN U	Synthetic Cannabinoid Metabolites, Qualitative, Urine			x		x	x													
3000721	ZIPRA SP	Ziprasidone Quantitation, Serum or Plasma			x		x														
3000882	HIV PHENO	Human Immunodeficiency Virus Type 1 (HIV-1) PhenoSense			x	x	x														

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3001186	HIVPS PLUS	Human Immunodeficiency Virus Type 1 (HIV-1) PhenoSense GT Plus Integrase			x	x	x														
3001234	HCV NS3/4A	Hepatitis C Virus (HCV) GenoSure NS3 and NS4A			x	x	x														
3002503	HIV GSARCH	Human Immunodeficiency Virus Type 1 (HIV-1) GenoSure Archive			x	x	x														
3002913	FTULARG R	Francisella tularensis Antibody, IgG with Reflex to Agglutination (Change effective as of 08/05/24: Refer to 3002912)																		x	
3002914	FTULARM R	Francisella tularensis Antibody, IgM with Reflex to Agglutination (Change effective as of 08/05/24: Refer to 3002912)																		x	
3003039	CYANI WB	Cyanide, Whole Blood			x		x														
3003041	THIOCY SP	Thiocyanate Quantitative, Serum or Plasma			x		x														
3003043	NIPT NGSAN	Non-Invasive Prenatal Aneuploidy Screen by cell-free DNA Sequencing			x			x	x												

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3003913	ORTHO PAN	Orthopedic Metals Panel (Chromium, Cobalt, Titanium), Body Fluid			x		x														
3005636	HYPO PAN	Hypoglycemia Panel (Sulfonylureas), Serum or Plasma			x		x														

TEST CHANGE

Blood Culture, AFB and Fungal

0060024, MC BLDAF

Specimen Requirements:	
Patient Preparation:	Aseptic draw.
Collect:	Whole blood ~~in yellow (SPS) (ARUP supply #24964)~~ or bone marrow in Bactec Myco/F Lytic bottle (ARUP supply # 31916). ~~OR bone marrow in yellow (SPS) (ARUP supply # 24964).~~ Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at ~~(~~800~~-)~~ 522-2787.
Specimen Preparation:	Whole Blood: Transport 7 mL ~~in tube or 5 mL bottle.~~ (Min: 1 mL) Place in Bactec Myco/F Lytic bottle Bone Marrow: Transport 7 mL ~~in tube.~~ (Min: 0.5 mL) Place in Bactec Myco/F Lytic bottle
Transport Temperature:	Room Temperature
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
Methodology:	Continuous Monitoring Blood Culture/Culture~~Identification~~
Performed:	Sun-Sat
Reported:	1-43 days
Note:	Identification and susceptibility testing is performed on positive cultures at an additional charge. A single SPS or Myco/F Lytic bottle is collected for both AFB and fungal cultures.
CPT Codes:	87103; 87116; CPT codes vary based on method.
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
No growth	

TEST CHANGE

Blood Culture, Acid-Fast Bacillus (AFB)

0060060, MC BAFB

Specimen Requirements:	
Patient Preparation:	Aseptic draw.
Collect:	Whole blood ~~in yellow (SPS) (ARUP supply #24964)~~ or bone marrow in Bactec~~(R)~~ Myco/F Lytic bottle (ARUP supply # 31916). ~~OR bone marrow in yellow (SPS) (ARUP supply # 24964).~~ Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at ~~(~~800~~-)~~ 522-2787.
Specimen Preparation:	Whole Blood: Transport 7 mL ~~in tube or 5 mL bottle.~~ (Min: 1 mL) in Bactec Myco/F Lytic bottle Bone Marrow: Transport 7 mL ~~in tube.~~ (Min: 0.5 mL) in Bactec Myco/F Lytic bottle
Transport Temperature:	Room Temperature
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
Methodology:	Continuous Monitoring Blood Culture/Culture~~Identification~~
Performed:	Sun-Sat
Reported:	1-43 days
Note:	Identification and susceptibility testing is performed on positive cultures at an additional charge.
CPT Codes:	87116; CPT codes vary based on method.
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
No growth	

TEST CHANGE

Blood Culture, Fungal

0060070, MC BFUNG

Specimen Requirements:	
Patient Preparation:	Aseptic draw.
Collect:	Whole blood ~~in yellow (SPS) (ARUP supply #24964)~~ or bone marrow in Bactec~~(R)~~ Myco/F Lytic bottle (ARUP supply # 31916). ~~OR bone marrow in yellow (SPS) (ARUP supply # 24964).~~ Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at ~~(~~800~~-)~~ 522-2787.
Specimen Preparation:	Whole Blood: Transport 7 mL ~~in tube or 5 mL bottle.~~ (Min: 1 mL) in Myco/F Lytic bottle OR Bone Marrow: Transport 7 mL ~~in tube.~~ (Min: 0.5 mL) in Myco/F Lytic bottle
Transport Temperature:	Room Temperature
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
Methodology:	Continuous Monitoring Blood Culture/Culture~~Identification~~
Performed:	Sun-Sat
Reported:	1-43 days
Note:	Identification and susceptibility testing is performed on positive cultures at an additional charge.
CPT Codes:	87103; CPT codes vary based on method.
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
No growth	

TEST CHANGE

Fluvoxamine Quantitative, Serum or Plasma

0091234, FLUVOXAM

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red, lavender (K2EDTA), or pink (K3EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.4 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:	Separator tubes. ~~Specimens received room temperature.~~
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 3 months
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry ~~(HPLC-MS/MS)~~
Performed:	Varies
Reported:	8-11~~4-7~~ days
Note:	
CPT Codes:	80332 (Alt code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Phenol Exposure Quantitative, Urine

0091260, PHENOL U

Specimen Requirements:	
Patient Preparation:	
Collect:	Urine.
Specimen Preparation:	Transfer 4 mL urine to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 1.9 mL) Preservative-free urine specimens are recommended. Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Frozen.
Unacceptable Conditions:	Specimens preserved with benzoic acid~~Benzoic Acid~~. Specimens received room temperature.
Remarks:	
Stability:	Ambient: 4 days; Refrigerated: 1 week; Frozen: 22 months
Methodology:	Quantitative Gas Chromatography/Colorimetry
Performed:	Varies
Reported:	8-16~~5-12~~ days
Note:	
CPT Codes:	84600; 82570
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Diphenhydramine Quantitative, Serum or Plasma

0091308, DIPHENHYDR

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red, lavender~~Red, Lavender~~ (K2EDTA), or p~~P~~ink (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.4 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	Separator tubes.
Remarks:	
Stability:	Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 years
Methodology:	Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	8-114~~-7~~ days
Note:	
CPT Codes:	80375 (Alt code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

HIV PhenoSense GT

0092399, HIVPHENOGT

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA) or plasma preparation tube~~Plasma Preparation Tube~~ (PPT).
Specimen Preparation:	Separate from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP standard transport tube~~Standard Transport Tube~~ and freeze immediately. (Min: 1 mL) ~~Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.~~
Transport Temperature:	CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	Thawed specimens.
Remarks:	Provide patient's most recent viral load and viral load collection date.
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks
Methodology:	Polymerase Chain Reaction (PCR)/~~/~~Culture
Performed:	Varies
Reported:	27-38~~16-25~~ days
Note:	Procedure should be used for patients with documented HIV-1 infection and viral loads greater than 500 copies/mL.
CPT Codes:	87900; 87901; 87903; 87904 x12
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Antidepressant Panel Quantitative, Urine

0096048, ANTIDEP U

Specimen Requirements:	
Patient Preparation:	
Collect:	Random urine.
Specimen Preparation:	Transfer 2 mL urine to an ARUP standard transport tube. (Min: 0.7 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 11 days; Frozen: 2 weeks
Methodology:	Quantitative Gas Chromatography/Gas Chromatography-Mass Spectrometry (GC-MS)
Performed:	Varies
Reported:	8-11~~4-7~~ days
Note:	Panel includes: Amitriptyline, amoxapine, clomipramine, desmethylclomipramine, desipramine, doxepin, desmethyldoxepin, desmethyltrimipramine, fluoxetine, norfluoxetine, imipramine, maprotiline, mirtazapine, nortriptyline, protriptyline, trazodone, and trimipramine. Desmethylsertraline (sertraline metabolite) and norcyclobenzaprine (cyclobenzaprine metabolite) are known interferences for protriptyline.
CPT Codes:	80332; 80337; 80338 (Alt code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Reference Interval:

Test Number	Components	Reference Interval

TEST CHANGE

17-Hydroxyprogesterone, Urine

0098378, 17OHPROGU

Specimen Requirements:	
Patient Preparation:	Patient should not be on any corticosteroid, ACTH, estrogen, or gonadotropin medications, if possible, for at least 48 hours prior to collection of specimen.
Collect:	24-hour urine. No special preservatives required.
Specimen Preparation:	Mix specimen well. Refrigerate during collection. Transfer 10 mL aliquot of urine to ARUP standard transport tubes~~Standard Transport Tubes~~. (Min: 5 mL) Submit total volume. Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen. On dry ice is preferred. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 hour; Refrigerated: 4 days; Frozen: 6 months
Methodology:	Quantitative Radioimmunoassay (RIA)
Performed:	Varies
Reported:	7-13~~10~~ days
Note:	
CPT Codes:	83498
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:	
Reference Interval:	
By report	

TEST CHANGE

Melanocyte Stimulating Hormone, Beta (b-MSH)

0098818, MSH BETA

Specimen Requirements:	
Patient Preparation:	Patient should not be on any steroid, ACTH, or hypertension medication, if possible, for at least 48 hours prior to specimen collection. Morning fasting specimens are preferred.
Collect:	Lavender (K2 or K3EDTA) or pink (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL plasma to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 1 mL) Freeze immediately. Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 6 months
Methodology:	Quantitative Radioimmunoassay (RIA)
Performed:	Varies
Reported:	15-20~~14-17~~ days
Note:	
CPT Codes:	83519
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:	
Reference Interval:	
By report	

TEST CHANGE

Melanocyte Stimulation Hormone, Alpha (a-MSH)

0098819, MSH ALPHA

Specimen Requirements:	
Patient Preparation:	Patient should not be on any steroid, ACTH, or hypertension medication, if possible, for at least 48 hours prior to specimen collection. Morning fasting specimens are preferred.
Collect:	Lavender (K2 or K3EDTA) or pink (K2EDTA). New York State Clients: Lavender (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL plasma to an ARUP standard transport tube.~~Standard Transport Tube.~~ (Min. 1 mL) Freeze immediately. New York State Clients: Collect in a prechilled~~pre-chilled~~ tube. Remove the cap from the tube and add 0.25 mL Trasylol to the whole blood. Recap the tube and invert several times. Separate from cells and freeze. Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 1 month
Methodology:	Quantitative Radioimmunoassay (RIA)
Performed:	Varies
Reported:	15-20~~10-13~~ days
Note:	
CPT Codes:	83519
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:	
Reference Interval:	
By report	

TEST CHANGE

Secretin

0099772, SECRETIN

Specimen Requirements:	
Patient Preparation:	Patient should be fasting for 10-12 hours prior to collection of specimen. Medications affecting intestinal motility or insulin levels should be discontinued, if possible 48 hours prior to collection.
Collect:	GI preservative tube (ARUP supply #47531). Available online through eSupply using ARUP Connect (TM) or contact ARUP Client Services at (800-) 522-2787.
Specimen Preparation:	Separate from cells within 10 minutes. Transfer 4 mL plasma to an ARUP standard transport tube and freeze immediately. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months
Methodology:	Quantitative Radioimmunoassay (RIA)
Performed:	Varies
Reported:	15-2010-13 days
Note:	
CPT Codes:	83519
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:	
Reference Interval:	
By report	

TEST CHANGE

HER2/neu ~~Quantitative~~ by Immunoassay, Serum~~ELISA~~

2004672, HER2 QUANT

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain r~~R~~ed or serum separator tube~~Serum Separator Tube~~ (SST).
Specimen Preparation:	Transfer 1 mL serum to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.2 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	Hemolyzed or thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: Indefinitely
Methodology:	Quantitative Chemiluminescent Immunoassay (CLIA)~~Enzyme-Linked Immunosorbent Assay~~
Performed:	Varies
Reported:	5-10 days
Note:	
CPT Codes:	83950
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Baclofen Quantitative, Serum or Plasma

2005273, BACLO SP

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red, lavender (K2EDTA), or pink (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.4 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	Separator tubes.
Remarks:	
Stability:	Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 4 months
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	8-11~~4-7~~ days
Note:	
CPT Codes:	80369 (Alt code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Thrombomodulin by Immunohistochemistry

2010170, THROM IHC

Specimen Requirements:	
Patient Preparation:	
Collect:	Tissue or cells.
Specimen Preparation:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat.Transport tissue block or 3 unstained (4-micron thick sections), positively charged slides in a tissue transport kit (ARUP supply #47808) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at ~~(~~800~~-)~~ 522-2787. (Min: 3 slides) If sending precut slides, do not oven bake. Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months.
Unacceptable Conditions:	Specimens submitted with nonrepresentative~~non-representative~~ tissue type. Depleted specimens.
Remarks:	
Stability:	Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable
Methodology:	Immunohistochemistry (IHC)
Performed:	Varies
Reported:	~~3-~~4~~-~~7 days
Note:	All stains will be handled as "Stain and Return" without interpretation.
CPT Codes:	88342
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	

Test Number	Components	Reference Interval

TEST CHANGE

Chlamydia trachomatis and Neisseria gonorrhoeae (CTNG) by Transcription-Mediated Amplification (TMA) with Reflex to CT/NG Confirmation

2011164, CTNG CONF

Specimen Requirements:	
Patient Preparation:	~~MultiTest Swab or ThinPrep Collection: Patient must be 14 years of age or older.~~
Collect:	Vaginal, throat or rectal specimen collected with pink swab from Aptima MultiTest Swab Specimen Collection kit (ARUP supply #55224 PK/50 or #55229 PK/10) available online through eSupply using ARUP Connect~~(TM)~~ or contact ARUP Client Services at (800) 522-2787. Also acceptable: First~~Cervical or male urethral specimen collected with blue swab from Aptima Unisex Swab Specimen Collection kit (ARUP supply #28907 PK/50 or #54555 PK/10), first~~ catch urine in sterile container~~ or cervical brush in ThinPrep Pap test collection kit~~. Refer to "Sample Collection for the Diagnosis of STD" under Specimen Handling at www.aruplab.com for specific specimen collection and transport instructions.
Specimen Preparation:	Swab: Place swab in Swab Specimen Transport Tube, break shaft off at scoreline, then recap tube. Urine: Transfer 2 mL urine within 24 hours to Aptima Urine Specimen Transport Tube (ARUP supply #28908 PK/50 or #54556 PK/10) available online through eSupply using ARUP Connect ?~~(TM)~~ or contact ARUP Client Services at (800) 522-2787. Liquid level must be between fill lines on tube.~~ ThinPrep: Vortex ThinPrep PreservCyt solution and transfer 1 mL to an Aptima Specimen Transfer Tube (ARUP supply #42711) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. To reduce the potential for contamination, ThinPrep specimens should be poured off, using sterile technique, into the Aptima Specimen Transfer Tube prior to Cytology Testing.~~
Transport Temperature:	Refrigerated
Unacceptable Conditions:	Sample collected with large~~Large~~ white cleaning swab from the~~included in~~ Aptima Unisex collection~~Swab Specimen Collection~~ kit~~ is for preparatory cleaning of the endocervix and is unacceptable for testing~~. Specimens in any transport media other than indicated above. Specimens in swab transport media without a swab.
Remarks:	Specimen source is required.

Stability:	MultiTest ~~or Unisex~~ Swab: Ambient: 2 months; Refrigerated: 2 months; Frozen: 2 months~~1 year~~ Aptima Urine Specimen Transport Tube: Ambient: 1 month; Refrigerated: 1 month; Frozen: ~~3 months Aptima Specimen Transfer Tube: Ambient: 2 weeks; Refrigerated:~~ 1 month~~; Frozen: 1 year ThinPrep: Ambient: 1 month; Refrigerated: 1 month; Frozen: Unacceptable~~
Methodology:	Qualitative Transcription-Mediated Amplification (TMA)
Performed:	Sun-Sat
Reported:	1-4~~10~~ days
Note:	If Chlamydia trachomatis and/or Neisseria gonorrhoeae by TMA is positive, then Chlamydia and/or Gonorrhea alternate target TMA will be added for confirmation. Additional charges apply.
CPT Codes:	87491; 87591. If reflexed add 87491 or 87591
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

This test is intended for medical purposes only. It is not intended for the evaluation of suspected sexual abuse or for other medicolegal indications. Refer to the most recent CDC recommendations for patients in whom a false positive result may have adverse psychosocial impact.
Positive results will be confirmed with alternative nucleic acid target assay.

Reference Interval:

Negative

TEST CHANGE

Selenium, RBCs

2013011, SELENI RBC

Specimen Requirements:	
Patient Preparation:	
Collect:	Royal blue (tTrace metal-free EDTA).
Specimen Preparation:	Separate cells ASAP or within 2 hours of collection. Leave RBCs in the original container and replace stopper. Transport 1 mL RBCs in the original collection tube. (Min: 0.4 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 month; Refrigerated: 1 month; Frozen: Unacceptable
Methodology:	Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)
Performed:	Varies
Reported:	8-116-9 days
Note:	
CPT Codes:	84255
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:	
Reference Interval:	
By Report	

TEST CHANGE

Amphetamines (D/L Differentiation), Urine

2014043, AMP DLDIFF

Specimen Requirements:	
Patient Preparation:	
Collect:	Urine.
Specimen Preparation:	Transfer 2 mL urine to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.7 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 month; Refrigerated: 5 months; Frozen: 1 month
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	9-148~~-11~~ days
Note:	
CPT Codes:	80324 (Alt code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Prostate-Specific Kallikrein, 4Kscore

2014059, 4KSCORE

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST).
Specimen Preparation:	Transfer 4 mL serum to an ARUP standard transport tube. (Min: 3 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen.
Unacceptable Conditions:	Frozen serum separator tubes (SST).
Remarks:	Biopsy history must be provided at time of order.
Stability:	Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 1 month
Methodology:	Electrochemiluminescent Immunoassay (ECLIA)
Performed:	Varies
Reported:	5-103~~-6~~ days
Note:	4 Kallikrein Biomarkers: Total PSA, free PSA, percent free PSA, intact PSA and hK2. A digital rectal exam (DRE) is required and submissions should indicate "nodule" or "no nodule."Test should not be ordered if DRE has been performed within the last 4 days or if biopsy history is positive. DREs performed after collection of specimen are acceptable.
CPT Codes:	81539
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Tramadol and Metabolite, Quantitative, Serum or Plasma

2014686, TRAMADOL

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red, lavender (EDTA), or pink (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	Separator tubes.
Remarks:	
Stability:	Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 11 months
Methodology:	Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	~~5~~ 8-11 days
Note:	Peak serum levels are recommended when monitoring patients because the level in the blood drops so rapidly that many negative results are found at the trough. The peak occurs at 40 to 90 minutes post dose.
CPT Codes:	80373 (Alt code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
By report	
Reference Interval:	
By report	

TEST CHANGE

Meperidine and Metabolite Quantitative, Urine

3000248, MEPERI U

Specimen Requirements:	
Patient Preparation:	
Collect:	Urine.
Specimen Preparation:	Transport 2 mL urine in an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.7 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 6 months; Refrigerated: 6 months; Frozen: 6 months
Methodology:	Quantitative Gas Chromatography/Gas Chromatography-Mass Spectrometry (GC-MS)
Performed:	Varies
Reported:	6-10~~4-7~~ days
Note:	
CPT Codes:	80362 (Alt code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Synthetic Cannabinoid Metabolites, Qualitative, Urine

3000508, SYN CAN U

Specimen Requirements:	
Patient Preparation:	
Collect:	Random urine.
Specimen Preparation:	Transfer 3 mL urine with no additives or preservatives to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 1.2 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 month; Refrigerated: 1 month; Frozen: 6 months
Methodology:	Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	~~5~~-8-11 days
Note:	Known Interferences: 4-carboxy-AMB-PINACA; 5-fluoro-PIC-ACID (5-Fluoro-PB-22 3-c~~C~~arboxyindole); 5-fluoro-PIC-ACID; 5-fluoro-PICA 3,3-dimethylbutanoic acid; FUBINACA 3,3-dimethylbutanoic acid; q~~Q~~uetiapine.
CPT Codes:	80352 (Alt code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Ziprasidone Quantitation, Serum or Plasma

3000721, ZIPRA SP

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red, lavender~~Red, Lavender~~ (EDTA), or p~~P~~ink (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.4 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	Separator tubes.
Remarks:	
Stability:	Ambient: 2 weeks; Refrigerated: 1 month; Frozen: 1 year
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	10-148~~-11~~ days
Note:	
CPT Codes:	80342 (Alt code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Human Immunodeficiency Virus Type 1 (HIV-1) PhenoSense

3000882, HIV PHENO

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (K2EDTA~~K2 EDTA~~) or plasma preparation tube~~Plasma Preparation Tube~~ (PPT).
Specimen Preparation:	Separate from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP standard transport tube~~Standard Transport Tube~~ and freeze immediately. (Min: 3 mL)
Transport Temperature:	CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	Thawed specimens.
Remarks:	
Stability:	Ambient: 6 hours; Refrigerated: 24 hours; Frozen: 2 weeks
Methodology:	Polymerase Chain Reaction (PCR)/~~/~~Culture
Performed:	Varies
Reported:	27-38~~16-26~~ days
Note:	
CPT Codes:	87903; 87904 x12
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Human Immunodeficiency Virus Type 1 (HIV-1) PhenoSense GT Plus Integrase

3001186, HIVPS PLUS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA) or plasma preparation tube (PPT).
Specimen Preparation:	Separate from cells within 6 hours of collection. Transfer 5 mL plasma to ARUP standard transport tubes~~Standard Transport Tubes~~ and freeze immediately. (Min: 3 mL)
Transport Temperature:	CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	Thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks
Methodology:	Polymerase Chain Reaction (PCR)/~~/~~Culture
Performed:	Varies
Reported:	27-38~~19-26~~ days
Note:	Procedure should be used for patients with documented HIV-1 infection and viral loads greater than 500 copies/mL.
CPT Codes:	87900; 87901; 87903; 87904 x16; 87906
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Hepatitis C Virus (HCV) GenoSure NS3 and NS4A

3001234, HCV NS3/4A

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA) or plasma preparation tube~~Plasma Preparation Tube~~ (PPT).
Specimen Preparation:	Separate from cells within 6 hours of collection. Transfer 2 mL plasma to an ARUP standard transport tube~~Standard Transport Tube~~ and freeze immediately. (Min: 1 mL)
Transport Temperature:	CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	Thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks
Methodology:	Polymerase Chain Reaction (PCR)/~~/~~Sequencing
Performed:	Varies
Reported:	14-24~~10-17~~ days
Note:	Procedure should be used for patients with HCV genotype (subtype) 1a or 1b and a viral load greater than 2000 IU/mL.
CPT Codes:	87900; 87902
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Human Immunodeficiency Virus Type 1 (HIV-1) GenoSure Archive

3002503, HIV GSARCH

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (~~K2 or K3~~ EDTA).
Specimen Preparation:	Freeze immediately. Transport 4 mL whole blood in the original collection tube. (Min: 1 mL)
Transport Temperature:	CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	Thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks
Methodology:	Polymerase Chain Reaction (PCR)/~~/~~Sequencing
Performed:	Varies
Reported:	22-28~~10-17~~ days
Note:	Procedure should be used for patients with documented HIV-1 infection and undetectable viral load or low level viremia.
CPT Codes:	87900; 87901; 87906
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Cyanide, Whole Blood

3003039, CYANI WB

Specimen Requirements:	
Patient Preparation:	
Collect:	Gray -top tube (sodium fluoride/potassium oxalate). ~~Sodium Fluoride / Potassium Oxalate)~~
Specimen Preparation:	1 mL whole blood. (Min: 0.4 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: Undefined; Refrigerated: 1 week; Frozen: 3 months
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	10-14~~8-11~~ days
Note:	Studies have shown that cyanide has variable instability in biological specimens and is particularly unstable in some postmortem specimens. The loss of cyanide can be minimized by shipping the sample to the laboratory for analysis as soon as possible, preferably using refrigerated or frozen transportation and preservation using sodium fluoride/potassium oxalate (grey-top tube). The potential for increases in cyanide concentrations, although rare, have also been demonstrated and may be due to microbial action. Preservation with sodium fluoride may reduce this possibility.
CPT Codes:	82600
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	

By report

TEST CHANGE

Thiocyanate Quantitative, Serum or Plasma

3003041, THIOCY SP

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red, lavenderRed, Lavender (K2 or K3EDTAK3 EDTA), or pPink (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tubeStandard Transport Tube. (Min: 0.3 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room tTemperature or fFrozen.
Unacceptable Conditions:	Separator tubes.
Remarks:	
Stability:	Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 month
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	10-148-11 days
Note:	
CPT Codes:	84430
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Non-Invasive Prenatal Aneuploidy Screen by cell-free DNA Sequencing

3003043, NIPT NGSAN

Specimen Requirements:	
Patient Preparation:	Specimen must be collected at 10 weeks gestation or greater. Testing will be canceled for specimens collected at less than 10 weeks of gestation. Number of fetuses must be provided. Testing will be canceled if number of fetuses is not provided.
Collect:	Black-and-tan top cell-free DNA BCT (Streck) Tube (ARUP Supply #56435) Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.
Specimen Preparation:	Transport 10 mL maternal whole blood (Min: 7 mL) New York State Clients: Transport 20 mL maternal whole blood (Min: 16 mL)
Transport Temperature:	Refrigerated
Unacceptable Conditions:	Ambient and frozen specimens.
Remarks:	Patient History and Consent forms for the Non-Invasive Prenatal Aneuploidy Screening Test (NIPT/NIPS) are available on the ARUP Web site or by contacting Client Services at 800-522-2787.
Stability:	Ambient: Unacceptable; Refrigerated: 10 days; Frozen: Unacceptable. New York State Clients: Ambient: 5 days; Refrigerated: Unacceptable; Frozen: Unacceptable
Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	5-7 days
Note:	Results will not be reported without a gestational age greater than or equal to 10 weeks. Testing will not be performed without number of fetuses provided. ARUP only performs testing on singleton pregnancies. Multiple gestation samples will be sent to Integrated Genetics to perform the MaterniT21 PLUS Core (chr21,18,13) test.
CPT Codes:	81420

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:

Refer to report. ~~INTERPRETIVE INFORMATION: Non-Invasive Prenatal Aneuploidy Screen by cell-free DNA Sequencing~~
~~CHARACTERISTICS: This assay is a screening test that interrogates chromosomal abnormalities (i.e., aneuploidies) using cell-free DNA (cfDNA) extracted from the blood plasma of any singleton pregnancy. Patient risk for trisomy 13, trisomy 18, trisomy 21, and sex chromosome aneuploidies is reported. Fetal fraction, in conjunction with other data quality metrics, must be met in order for each sample to yield a result. The assay is intended for use as a screen only and is not equivalent to prenatal genetic diagnostic testing.~~
~~METHODOLOGY: Next Generation Sequencing (NGS) (aka Massively Parallel Sequencing (MPS)) of fetal and maternal cfDNA present in the plasma.~~

~~ANALYTICAL VALIDATION ACCURACY: The analytical sensitivity was calculated using positive percent agreement compared to established methods to detect fetal aneuploidy. For samples with greater than 5% observed fetal fraction, the positive percent agreements (PPA) are as follows: T13 greater than 99.9%, T18 greater than 99.9%, and T21 is 96.1%. The combined PPA for all aneuploidies is 97.5%. For samples with less than or equal to 5% observed fetal fraction, the positive percent agreements (PPA) are as follows: T13 is 66.7%, T18 is 60%, and T21 is 87.5%. The combined PPA for all aneuploidies is 72.3%. The specificity, as calculated as negative percent agreement, is 99.5% across all observed fetal fraction values.~~

~~CLINICAL PERFORMANCE: Information on clinical performance for this assay can be found in the following reference: Borth H. Analysis of cell-free DNA in a consecutive series of 13,607 routine cases for the detection of fetal chromosomal aneuploidies in a single center in Germany. *Arch Gynecol Obstet*. 2021;303(6):1407-1414.~~

~~LIMITATIONS: This is a screening test and should not be considered in isolation from other clinical findings and diagnostic test results. High-risk results must be confirmed by diagnostic testing (amniocentesis, CVS, or postnatal testing) before any clinical decisions are made based on the screening test result. The current iteration of this assay is limited to reporting the following on singleton pregnancies: fetal sex, fetal fraction, risk level for trisomy 13, 18, 21, and risk level for sex chromosome aneuploidies XO, XXX, XXY, and XYY. This assay is not meant to detect deletions or duplications within a chromosome, polyploidy, maternal abnormalities, balanced chromosome rearrangements, or chromosomal aneuploidies not listed above. Results may be confounded by the following: recent maternal blood transfusion, organ transplant, surgery, immunotherapy, malignancy, maternal mosaicism, placental mosaicism, fetal demise, disappearing twin, fetal partial aneuploidy, and/or fetal mosaicism. Samples with observed fetal fraction less than 5.0% have lower sensitivity to detect fetal aneuploidy, and the accuracy of the fetal fraction estimate is significantly lower. Fetal demise/miscarriage is not assessed.~~

Reference Interval:

N/A

TEST CHANGE

Orthopedic Metals Panel (Chromium, Cobalt, Titanium), Body Fluid

3003913, ORTHO PAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Body fluid.
Specimen Preparation:	Transfer 5 mL body fluid to a trace element-free transport tube (ARUP supply #43116) or acid-washed transfer vial (ARUP supply #54350) available online through eSupply using ARUP Connect (TM) or contact ARUP Client Services at 800-522-2787. (Min: 2.8 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: Undefined; Refrigerated: Undefined; Frozen: Undefined
Methodology:	Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)
Performed:	Varies
Reported:	~~7~~ 10-14 days
Note:	
CPT Codes:	82495; 83018 x 2
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:	
Reference Interval:	
By report	

TEST CHANGE

Hypoglycemia Panel (Sulfonylureas), Serum or Plasma

3005636, HYPO PAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or gray (sodium fluoride/potassium oxalate)
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.3 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen. Also acceptable: Refrigerated
Unacceptable Conditions:	Separator tubes.
Remarks:	
Stability:	Ambient: 48 hours; Refrigerated: 28 days; Frozen: 24 months
Methodology:	Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	8-114~~-7~~ days
Note:	
CPT Codes:	80377 (Alt Code: G0480)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

ARUP LABORATORIES

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

Inactivations

The following will be discontinued from ARUP's test menu on August 5, 2024
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
3002913	Francisella tularensis Antibody, IgG with Reflex to Agglutination (Change effective as of 08/05/24: Refer to 3002912)	Francisella tularensis Antibodies, IgG and IgM with Reflex to Agglutination (3002912)
3002914	Francisella tularensis Antibody, IgM with Reflex to Agglutination (Change effective as of 08/05/24: Refer to 3002912)	Francisella tularensis Antibodies, IgG and IgM with Reflex to Agglutination (3002912)