ARUP LABORATORIES

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

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Effective as of 09/03/2024

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0081170	ACYLGLY	Acylglycines, Quantitative, Urine			x																
2002098	SRP	Signal Recognition Particle (SRP) Antibody			x	x	x														
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2011056	COLL 2 AB	Collagen Type II Antibody by ELISA, Serum					x														
2013890	TOXOG IGA	Toxoplasma gondii Antibody, IgA by ELISA, Serum			x	x	x														
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3003816	IFGF23	Intact Fibroblast Growth Factor 23 (FGF23), Serum					x														
3003818	CYTOB5 RED	Cytochrome b5 Reductase Enzyme Activity					x														
3004160	BETAPG RAN	2,3 Dinor-11Beta-Prostaglandin F2 Alpha, Random Urine					x														
3004279	GISTMUT	Gastrointestinal Stromal Tumor Mutations			x																
3004283	KITMELAN	KIT Mutations Melanoma			x																
3004792	LTE 24 URN	Leukotriene E4, 24-Hour Urine					x														
3005925	USTEK	Ustekinumab Quantitation with Antibodies, Serum			x	x	x														
3016813	PEPSIN	Gastric Pepsin A, Respiratory					x														
3016920	5HIAA PLA	5-Hydroxyindoleacetic Acid (HIAA), Plasma			x		x														
3018708	FLUCYT SP	Flucytosine by Mass Spectrometry, Serum/Plasma	x																		

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Effective Date: September 3, 2024

TEST CHANGE

Acylglycines, Quantitative, Urine

0081170, ACYLGLY

Specimen Requirements:	
Patient Preparation:	
Collect:	Random urine.
Specimen Preparation:	Transfer 6 mL urine to ARUP standard transport tubes~~Standard Transport Tubes~~ and freeze immediately. (Min: 3 mL) Avoid dilute urine when possible. New York State Clients: Transport 10 mL urine. (Min: 4 mL)
Transport Temperature:	Frozen.
Unacceptable Conditions:	
Remarks:	Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g., TPN therapy), drug therapy, and family history. Biochemical Genetics Patient History Form is available on the ARUP Web site at http://www.aruplab.com/patienthistory or by contacting ARUP Client Services.
Stability:	Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 30 days
Methodology:	Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Wed
Reported:	2-13 days
Note:	
CPT Codes:	82542
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:	

~~This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.~~

Reference Interval:

Deleted Cells

Test Number	Components	Reference Interval
	Propionylglycine	By report
	Isobutyrylglycine	By report
	Butyrylglycine	By report
	2-Methylbutyrylglycine	By report
	Isovalerylglycine	By report
	3-Methylcrotonylglycine	By report
	Tiglylglycine	By report
	Hexanoylglycine	By report
	Phenylpropionylglycine	By report
	Suberylglycine	By report

Reports include age appropriate reference interval.

TEST CHANGE

Signal Recognition Particle (SRP) Antibody

2002098, SRP

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain rRed or serum separator tubeSerum Separator Tube (SST).
Specimen Preparation:	Transfer 1 mL serum 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: Frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 2 months
Methodology:	Radioimmunoassay (RIA)
Performed:	Varies
Reported:	16-2419 days
Note:	
CPT Codes:	83516
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Aminolevulinic Acid Dehydratase (ALAD), Blood

2011012, ALA DEHYD

Specimen Requirements:	
Patient Preparation:	Patient should abstain from alcohol for 24 hours prior to collection.
Collect:	Green (sodium heparin). Also acceptable: Lavender (EDTA) or green (lithium heparin). Collect specimen and place in ice bath immediately.
Specimen Preparation:	Transport 4 mL whole blood in original collection container. (Min: 3 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Ambient.
Unacceptable Conditions:	Grossly hemolyzed specimens.
Remarks:	Include a list of medications the patient is currently taking.
Stability:	Ambient: 4 days; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Quantitative Enzymatic Assay/Spectrofluorometry
Performed:	Varies
Reported:	5~~3~~-11 days
Note:	
CPT Codes:	82657
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Collagen Type II Antibody by ELISA, Serum

2011056, COLL 2 AB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Transfer 3 mL serum to an ARUP standard transport tube. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen. Also acceptable: Room temperature or refrigerated.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 year
Methodology:	Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	8-18~~4-21~~ days
Note:	
CPT Codes:	83520
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Toxoplasma gondii Antibody, IgA by ELISA, Serum

2013890, TOXOG IGA

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain rRed or serum separator tubeSerum Separator Tube (SST).
Specimen Preparation:	Transfer 3 mL serum to an ARUP standard transport tubeStandard 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: Frozen.
Unacceptable Conditions:	Grossly hemolyzed, icteric, lipemic, and bacterially contaminated specimens.
Remarks:	
Stability:	Ambient: Undefined; Refrigerated: 1 week; Frozen: Indefinitely
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	5-123-9 days
Note:	
CPT Codes:	86777
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

2,3 Dinor-11Beta-Prostaglandin F2 Alpha, 24-Hour Urine

3002337, BETA PG U

Specimen Requirements:	
Patient Preparation:	Patients taking aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) may have decreased concentrations of prostaglandin F2 alpha. If possible, discontinue for 2 weeks or 72 hours, respectively, prior to specimen collection.
Collect:	24-hour urine. Refrigerate during collection.
Specimen Preparation:	From a well-mixed 24-hour collection transfer 5 mL urine to ARUP standard transport tubes. (Min: 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:	Collection duration and urine volume must be provided for testing. Total collection volume must be greater than 300 mL.
Stability:	Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Quantitative Colorimetry/High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	9-153~~-11~~ days
Note:	Elevated levels of 2,3-dinor-11beta-prostaglandin F2 alpha (2,3 BPG) in urine are not specific for systemic mast cell disease and may be found in patients with angioedema, diffuse urticaria, or myeloproliferative diseases in the absence of diffuse mast cell proliferation.
CPT Codes:	84150
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	

By Report

TEST CHANGE

Leukotriene E4, Random Urine

3002351, LTE URN

Specimen Requirements:	
Patient Preparation:	Patients taking 5-lipoxygenase inhibitor Zileuton/Zyflo may have decreased concentrations of leukotriene E4 (LTE4). If possible, discontinue 48 hours prior to collection.
Collect:	Urine.
Specimen Preparation:	Transfer 5 mL urine to ARUP standard transport tubes (Min: 2 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:	
Remarks:	
Stability:	Ambient: 24 hours; Refrigerated: 1 week; Frozen: 28 days
Methodology:	Quantitative Colorimetry/Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	7~~3~~-12 days
Note:	
CPT Codes:	82542; 82570
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

N-Methylhistamine, Random Urine

3002743, NMETH RAN

Specimen Requirements:	
Patient Preparation:	Patient must not be taking monoamine oxidase inhibitors (MAOIs) or aminoguanidine as these medications increase N-methylhistamine (NMH) levels. Specimen should be collected within a few hours of symptom onset.
Collect:	Urine
Specimen Preparation:	Transfer 5 mL urine to ARUP standard transport tubes~~Standard Transport Tubes~~. (Min: 3 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature and frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 2 weeks; Refrigerated: 28 days; Frozen: 28 days
Methodology:	Quantitative Liquid Chromatography-Tandem Mass Spectrometry/Colorimetry
Performed:	Varies
Reported:	7-12~~3-10~~ days
Note:	
CPT Codes:	82542, 82570
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Vedolizumab Quantitation with Antibodies, Serum

3003676, VEDOL AB

Specimen Requirements:	
Patient Preparation:	12 hours prior to specimen collection discontinue multivitamins or dietary supplements containing biotin (vitamin B7), commonly found in hair, skin, and nail supplements. Nivolumab (Opdivo) must be discontinued at least 4 weeks prior to testing.
Collect:	Plain red. Also acceptable: Serum separator tube (SST). Collect immediately before next scheduled dose (trough specimen).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to an ARUP standard transport tube. (Min: 0.75 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: 28 days; Frozen: 28 days
Methodology:	Quantitative Liquid Chromatography-Tandem Mass Spectrometry /Electrochemiluminescent Immunoassay (ECLIA)
Performed:	Varies
Reported:	8-14~~5-11~~ days
Note:	
CPT Codes:	80280; 82397
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Intact Fibroblast Growth Factor 23 (FGF23), Serum

3003816, IFGF23

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube~~Separator Tube~~ (SST). Also acceptable: Plain red.
Specimen Preparation:	Transfer 0.5 mL serum to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.25 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:	
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 3 months
Methodology:	Quantitative Chemiluminescent Immunoassay (CLIA)
Performed:	Varies
Reported:	6-113~~-10~~ days
Note:	
CPT Codes:	83520
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Cytochrome b5 Reductase Enzyme Activity

3003818, CYTOB5 RED

Specimen Requirements:	
Patient Preparation:	
Collect:	Yellow (ACD solution A or B). Also acceptable: Lavender (EDTA).
Specimen Preparation:	Transport 6 mL whole blood in the original tube. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 18 days; Frozen: Unacceptable
Methodology:	Quantitative Spectrophotometry
Performed:	Varies
Reported:	~~3~~ 6-10 days
Note:	
CPT Codes:	82657
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

2,3 Dinor-11Beta-Prostaglandin F2 Alpha, Random Urine

3004160, BETAPG RAN

Specimen Requirements:	
Patient Preparation:	Patients taking aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) may have decreased concentrations of prostaglandin F2 alpha. If possible, discontinue for 2 weeks or 72 hours, respectively, prior to specimen collection.
Collect:	Urine.
Specimen Preparation:	Transfer 5 mL urine to ARUP standard transport tubes. (Min: 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: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Quantitative Liquid Chromatography-Tandem Mass Spectrometry /Colorimetry
Performed:	Varies
Reported:	63-11 days
Note:	Elevated levels of 2,3-dinor-11beta-prostaglandin F2 alpha (2,3 BPG) in urine are not specific for systemic mast cell disease and may be found in patients with angioedema, diffuse urticaria, or myeloproliferative diseases in the absence of diffuse mast cell proliferation.
CPT Codes:	84150; 82570
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Gastrointestinal Stromal Tumor Mutations

3004279, GISTMUT

Specimen Requirements:	
Patient Preparation:	
Collect:	Tumor tissue.
Specimen Preparation:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Diff-Quik- and Papanicolaou-stained cytology smears are also acceptable. Number of slides needed is dependent on the tumor cellularity of the smear. Slide(s) will be destroyed during testing process and will not be returned to client. Protect from excessive heat. Transport block and/or 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. Resections: Transport 8 unstained 5-micron slides. (Min: 5 slides) Small Biopsies: Transport 15 unstained 5-micron slides. (Min: 10 slides) New York State Clients: Transport tissue (Formalin-fixed, paraffin embedded) or 10 unstained, nonbaked slides and 1 slide stained with hematoxylin and eosin with at least 20% tumor nuclei. ~~(Min: 10 slides)~~
Transport Temperature:	Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months.
Unacceptable Conditions:	Less than 10 percent tumor. Specimens fixed in any fixative other than 10 percent neutral buffered formalin. Decalcified specimens. FNA smears with less than 50 tumor cells.
Remarks:	Include surgical pathology report. If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.
Stability:	Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	10-12 days
Note:	A full list of the targeted genes and regions is listed in the Additional Technical Information.
CPT Codes:	81272; 81314
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.

Reference Interval:

By report

TEST CHANGE

KIT Mutations Melanoma

3004283, KITMELAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Tumor tissue.
Specimen Preparation:	Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Diff-Quik- and Papanicolaou-stained cytology smears are also acceptable. Number of slides needed is dependent on the tumor cellularity of the smear. Slide(s) will be destroyed during testing process and will not be returned to client. Protect from excessive heat. Transport block and/or 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. Resections: Transport 8 unstained 5-micron slides. (Min: 5 slides) Small Biopsies: Transport 15 unstained 5-micron slides. (Min: 10 slides) New York State Clients: Transport tissue (Formalin-fixed, paraffin embedded) or 10 unstained, nonbaked slides and 1 slide stained with hematoxylin and eosin with at least 20% tumor nuclei ~~(Min: 10 slides)~~
Transport Temperature:	Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months.
Unacceptable Conditions:	Less than 10 percent tumor. Specimens fixed in any fixative other than 10 percent neutral buffered formalin. Decalcified specimens. FNA smears with less than 50 tumor cells.
Remarks:	Include surgical pathology report. If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.
Stability:	Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	10-12 days
Note:	A full list of the targeted genes and regions is listed in the Additional Technical Information.
CPT Codes:	81272; 81314
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.

Reference Interval:

By report

TEST CHANGE

Leukotriene E4, 24-Hour Urine

3004792, LTE 24 URN

Specimen Requirements:	
Patient Preparation:	Patients taking 5-lipoxygenase inhibitor zileuton (Zyflo) may have decreased concentrations of leukotriene E4 (LTE4). If possible, discontinue 48 hours prior to collection.
Collect:	24-hour urine. Refrigerate during collection.
Specimen Preparation:	From a well-mixed 24-hour collection transfer 5 mL urine to ARUP standard transport tubes (Min: 2 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:	
Remarks:	Collection duration and urine volume must be provided for testing. Total collection volume must be greater than 300 mL.
Stability:	Ambient: 24 hours; Refrigerated: 1 week; Frozen: 28 days
Methodology:	Quantitative Colorimetry/Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	6-11~~3-12~~ days
Note:	
CPT Codes:	82542
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Ustekinumab Quantitation with Antibodies, Serum

3005925, USTEK

Specimen Requirements:	
Patient Preparation:	Collect immediately before next scheduled dose (trough).
Collect:	Serum separator tube (SST). Also acceptable: Plain red.
Specimen Preparation:	Transfer 0.5 mL serum to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.35 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:	Heat-inactivated specimen
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 21 days; Frozen: 21 days
Methodology:	Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	5~~3~~-8 days
Note:	
CPT Codes:	80299; 83520
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Gastric Pepsin A, Respiratory

3016813, PEPSIN

Specimen Requirements:	
Patient Preparation:	
Collect:	Bronchial wash, broncheoalveolar lavage (BAL), or tracheal aspirate.
Specimen Preparation:	Transfer 2 mL respiratory specimen to an ARUP standard transport tube and freeze immediately. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months
Methodology:	Semi-Quantitative Enzymatic Assay
Performed:	Varies
Reported:	6-125~~-10~~ days
Note:	
CPT Codes:	83986, 84157, 83516
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:

Test Number	Components	Reference Interval

TEST CHANGE

5-Hydroxyindoleacetic Acid (HIAA), Plasma

3016920, 5HIAA PLA

Specimen Requirements:	
Patient Preparation:	If clinically feasible, discontinue acetaminophen- and tryptophan-containing supplements at least 24 hours prior to specimen collection. The patient should abstain from eating nuts, especially walnuts, and limit fruits, vegetables, and caffeinated beverages or foods to one serving per day in the 24 hours prior to specimen collection.
Collect:	Green (sodium heparin). Also acceptable: Lavender (EDTA).
Specimen Preparation:	Transfer 0.5 mL plasma to an ARUP 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:	Frozen
Unacceptable Conditions:	
Remarks:	Patient age is required.
Stability:	Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 2 months
Methodology:	Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	5-8~~3-9~~ days
Note:	
CPT Codes:	83497
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Reference Interval:

Test Number	Components	Reference Interval

NEW TEST

Click for Pricing

Flucytosine by Mass Spectrometry, Serum/Plasma

3018708, FLUCYT SP

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: 0.2 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Ambient or frozen
Unacceptable Conditions:	Separator tubes
Remarks:	Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 month
Stability:	Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 month
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	7-10 days
Note:	
CPT Codes:	80375
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Reference Interval:

Test Number	Components	Reference Interval

HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.

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 September 3, 2024
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
3001975	Methyl Bromide Metabolite, Serum or Plasma (Inactive as of 09/03/24)	
3003648	COVID-19 IgG (Spike), Semi-Quantitative by CIA (Inactive as of 09/03/24)	