ARUP LABORATORIES

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

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Effective as of 10/07/2024

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0050162	VZV PAN	Varicella-Zoster Virus Antibodies, IgG and IgM							x							x	x				
0050167	VZV Ab, IgG	Varicella-Zoster Virus Antibody, IgG								x						x	x				
0054444	VZV IgG CSF	Varicella-Zoster Virus Antibody, IgG, CSF								x						x	x				
0092534	TGONDI IGG	Toxoplasma gondii IgG Antibody, ELISA (CSF)				x	x														
0097688	Breakage	Chromosome Analysis - Breakage, Fanconi Anemia, Whole Blood			x		x						x					x	x		
0098275	SUB P	Substance P, EIA				x	x														
0098507	HEP D IGM	Hepatitis Delta Virus (HDV), IgM Antibody, EIA				x	x														
0098880	LYMPH VEN	Chlamydia Antibody Differentiation (Lymphogranuloma Venereum) by Microimmunofluorescence					x														
0099529	LISTERIA	Listeria Antibody, Serum by CF					x														
0099721	HPL	Human Placental Lactogen (HPL)				x	x														
2002086	LIST CSF	Listeria Antibody, CSF by CF					x														
2002552	CDIFF AB	Clostridium difficile Cytotoxin Antibody by Neutralization				x	x														

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2002932	COX A AB	Coxsackie A Antibodies (Serotypes 2, 4, 7, 9, 10 and 16), Serum				x	x														
2003075	HTLV RTPCR	Human T-Lymphotropic Virus Types I/II DNA, Qualitative Real-Time PCR				x	x														
2006328	GLUT TOT	Glutathione Total					x														
2006982	VIT B5 S	Vitamin B5 (Pantothenic Acid), Serum				x	x														
2009410	GIA PAN	Giardia lamblia Antibodies Panel by ELISA				x	x														
2009414	GIA IGG	Giardia lamblia Antibody, IgG by ELISA				x	x														
2011012	ALA DEHYD	Aminolevulinic Acid Dehydratase (ALAD), Blood			x																
2011375	MMRV PAN	Occupation Screen - MMR/VZV Antibody Assessment Panel, IgG								x						x	x				
2012135	HSV2 INHIB	Herpes Simplex Virus Type 2 (HSV-2) IgG Inhibition, by ELISA				x	x														
2013015	ADENO AB	Adenovirus Antibody, Serum					x														
2013423	HHV6 G	Herpesvirus 6 Antibody, IgG				x	x														
2014093	FILARIA	Filaria Antibody IgG4 by ELISA, Serum				x	x														
3000005	TRICHIN AB	Trichinella Antibody, IgG				x	x														

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3001284	HHV6 AB M	Herpesvirus 6 Antibody, IgM by IFA, Serum				x	x														
3001959	MITO PAN	Mitochondrial Disorders Panel (mtDNA and Nuclear Genes)			x																
3003043	NIPT NGSAN	Non-Invasive Prenatal Aneuploidy Screen by cell-free DNA Sequencing			x			x													
3004572	MEN2 NGS	Multiple Endocrine Neoplasia Type 2 (MEN2), RET Sequencing			x																
3004764	FAS	Fetal Aneuploidy Screening (Change effective as of 10/07/24: Refer to 3003043)																		x	
3004778	FAS 22	Fetal Aneuploidy Screening with 22q11.2 Microdeletion (Inactive as of 10/07/24)																			x
3004781	FAS MD	Fetal Aneuploidy Screening with Microdeletions (Inactive as of 10/07/24)																			x
3006254	JCV AB	JC Virus Antibody by ELISA, Serum with Reflex to Inhibition Assay					x														
3016813	PEPSIN	Gastric Pepsin A, Respiratory																x			

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3017751	ENCEPH-SER	Encephalitis Panel With Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, Serum							x							x	x				
3017752	ENCEPH-CSF	Encephalitis Panel With Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, CSF							x	x						x	x				

TEST CHANGE

Varicella-Zoster Virus Antibodies, IgG and IgM

0050162, VZV PAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube.
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	See individual components.
Remarks:	
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay/Semi-Quantitative Chemiluminescent Immunoassay
Performed:	Sun-Sat
Reported:	1-5 days
Note:	
CPT Codes:	86787 x2
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Component Result	Interpretation
Varicella-Zoster Virus Antibody, IgG	0~~134~~.9 S/CO~~IV~~ or less: Negative. ~~-~~ No significant level of detectable varicella-zoster IgG antibody. 1~~135.0-164.9 IV: Equivocal - Repeat testing in~~

	~~10-14 days may be helpful. 165~~.0 S/CO~~I~~V or greater: Positive. - IgG antibody to varicella-zoster detected, which may indicate a current or past varicella-zoster infection.	
Varicella-Zoster Virus Antibody, IgM	0.90 ISR or less: Negative - No significant level of detectable varicella-zoster virus IgM antibody. 0.91-1.09 ISR: Equivocal - Repeat testing in 10-14 days may be helpful. 1.10 ISR or greater: Positive - Significant level of detectable varicella-zoster virus IgM antibody. Indicative of current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.	

Reference Interval:

Test Number	Components	Reference Interval
	Varicella-Zoster Virus Antibody, IgM	0.90 ISR or less

HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.

HOTLINE NOTE: There is a unit of measure change associated with this test. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Varicella-Zoster Virus Antibody, IgG

0050167, VZE

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube~~Separator Tube~~ (SST).
Specimen Preparation:	Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum an ARUP standard transport tube.~~Standard Transport Tube.~~ (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Contaminated, heat-inactivated, grossly hemolyzed, lipemic, or severely icteric specimens.
Remarks:	Label specimens plainly as acute or convalescent.
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (a~~A~~void repeated freeze/thaw cycles)
Methodology:	Semi-Quantitative Chemiluminescent Immunoassay
Performed:	Sun-Sat
Reported:	Within 24 hours
Note:	For CSF specimens, refer to Varicella-Zoster Virus Antibody, IgG, CSF (ARUP test code 0054444).
CPT Codes:	86787
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

Reference Interval:

Effective October 7, 2024

0~~February 18, 2020~~

~~134~~.9 S/CO~~IV~~ or less: Negative - No significant level of detectable varicella-zoster IgG antibody.
1~~135.0-164.9 IV: Equivocal - Repeat testing in 10-14 days may be helpful.~~
~~165~~.0 S/CO~~IV~~ or greater: Positive - IgG antibody to varicella-zoster detected, which may indicate a current or past varicella-zoster infection.

HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.

HOTLINE NOTE: There is a unit of measure change associated with this test. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Varicella-Zoster Virus Antibody, IgG, CSF

0054444, VZECSF

Specimen Requirements:	
Patient Preparation:	
Collect:	CSF.
Specimen Preparation:	Transfer 0.5 mL CSF to an ARUP standard transport tube.~~Standard Transport Tube.~~ (Min: 0.3 mL)
Transport Temperature:	Refrigerated. Also acceptable: Frozen.
Unacceptable Conditions:	Contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.
Remarks:	
Stability:	Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year
Methodology:	Semi-Quantitative Chemiluminescent Immunoassay
Performed:	Sun-Sat
Reported:	Within 24 hours
Note:	
CPT Codes:	86787
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:

The detection of antibodies to varicella-zoster in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

~~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:

Effective October 7, 2024~~February 18, 2020~~

0~~1~~34.9 S/CO~~I~~V or less	Negative - No significant level of IgG antibody to varicella-zoster virus detected.

~~135.0-164.9 IV~~	~~Equivocal - Repeat testing in 10-14 days may be helpful.~~	
1~~165~~.0 S/CO~~IV~~ or greater	Positive - IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-zoster infection.	

HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.

HOTLINE NOTE: There is a unit of measure change associated with this test. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Toxoplasma gondii IgG Antibody, ELISA (CSF)

0092534, TGONDI IGG

Specimen Requirements:	
Patient Preparation:	
Collect:	CSF.
Specimen Preparation:	Transfer 0.5 mL CSF 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:	Refrigerated. Also acceptable: Room temperature or f~~F~~rozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative~~Qualitative~~ Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	5-9~~3-12~~ 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

Chromosome Analysis - Breakage, Fanconi Anemia, Whole Blood

0097688, BREAKAGE

Specimen Requirements:	
Patient Preparation:	
Collect:	Dark green~~Green~~ (sodium heparin).
Specimen Preparation:	Specimen must be received at performing laboratory within 48 hours of collection. Do not send to ARUP Laboratories. For direct submission instructions, please contact ARUP Referral Testing at ~~(~~800~~-)~~ 242-2787~~,~~ ext. 5145. Transport 4 mL whole blood. (Min: 4 mL). Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Specimen must be sent directly to performing laboratory. Room temperature. Also acceptable: Refrigerated.
Unacceptable Conditions:	Clotted specimens.
Remarks:	
Stability:	Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable
Methodology:	Cell Culture/Stain
Performed:	Varies
Reported:	14-22~~12-17~~ days
Note:	Chromosome breakage study performed by culturing cells in both Mitomycin-C (MMC) and Diepoxybutane (DEB). These studies involve culturing of living cells; therefore, turnaround times given represent average times, which are subject to multiple variables. ~~Hard copy reports are generated following completion of case.~~ A routine Giemsa Banded Chromosome Analysis is included with breakage analysis. A processing fee will be charged if this procedure is canceled at the client's request after the test has been set up, or if the specimen integrity is inadequate to allow culture growth. ~~The fee will vary based on specimen type.~~
CPT Codes:	88230; add 88249 if performed
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

HOTLINE NOTE: There is a reflexive pattern change associated with this test. One or more orderable or component has been added or removed to the reflexive pattern. Refer to the Hotline Test Mix for interface build information.

HOTLINE NOTE: There is a price change associated with this test. Please contact ARUP Client Services at (800) 522-2787 for additional information.

TEST CHANGE

Substance P, EIA

0098275, SUB P

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST).
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 5 mL serum to ARUP standard transport tube~~Standard Transport Tubes~~ 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: 1 month
Methodology:	Quantitative Enzyme Immunoassay (EIA)
Performed:	Varies
Reported:	6-13~~3-22~~ days
Note:	
CPT Codes:	83520
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

Hepatitis Delta Virus (HDV), IgM Antibody, EIA

0098507, HEP D IGM

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Transfer 1 mL serum to an ARUP standard transport tube~~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:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Qualitative Enzyme Immunoassay (EIA)
Performed:	Varies
Reported:	5-9~~3-8~~ days
Note:	
CPT Codes:	86692
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Chlamydia Antibody Differentiation (Lymphogranuloma Venereum) by Microimmunofluorescence

0098880, LYMPH VEN

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or 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:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Immunofluorescence
Performed:	Varies
Reported:	5-9~~3-6~~ days
Note:	
CPT Codes:	86631 x8; 86632 x4
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Listeria Antibody, Serum by CF

0099529, LISTERIA

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Transfer 1 mL serum to an ARUP standard transport tube~~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: Frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Complement Fixation
Performed:	Varies
Reported:	5-9~~3-8~~ days
Note:	N/A
CPT Codes:	86609
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Human Placental Lactogen (HPL)

0099721, HPL

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red.
Specimen Preparation:	Separate from cells within 2 hours. Transfer 1 mL serum to an ARUP standard transport tube~~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:	CRITICAL FROZEN.
Unacceptable Conditions:	Specimens that have been thawed and refrozen.
Remarks:	
Stability:	Ambient: 4 hours; Refrigerated: 24 hours; Frozen: 3 months
Methodology:	Qualitative Enzyme-Linked Immunosorbent Assay
Performed:	Varies
Reported:	6-13~~3-12~~ days
Note:	
CPT Codes:	83632
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Listeria Antibody, CSF by CF

2002086, LIST CSF

Specimen Requirements:	
Patient Preparation:	
Collect:	CSF.
Specimen Preparation:	Transfer 1 mL CSF 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: Ambient or frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Complement Fixation
Performed:	Varies
Reported:	5-9~~3-8~~ days
Note:	
CPT Codes:	86609
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Clostridium difficile Cytotoxin Antibody by Neutralization

2002552, CDIFF AB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Separate serum from cells. Transfer 2 mL serum to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 1 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 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Antibody Neutralization
Performed:	Varies
Reported:	8-123~~-15~~ days
Note:	
CPT Codes:	87230
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Coxsackie A Antibodies (Serotypes 2, 4, 7, 9, 10 and 16), Serum

2002932, COX A AB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Transfer 2 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:	Room temperature. Also acceptable: Refrigerated or frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Complement Fixation
Performed:	Varies
Reported:	6-113~~-8~~ days
Note:	
CPT Codes:	86658 x6
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Human T-Lymphotropic Virus Types I/II DNA, Qualitative Real-Time PCR

2003075, HTLV RTPCR

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA), p~~P~~ink (K2EDTA), or y~~Y~~ellow (ACD s~~S~~olution A or B).
Specimen Preparation:	Transfer 1 mL whole blood 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:	Frozen
Unacceptable Conditions:	Hemolyzed specimens.
Remarks:	
Stability:	Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month
Methodology:	Qualitative Real-Time Polymerase Chain Reaction
Performed:	Varies
Reported:	4-7~~3-5~~ days
Note:	
CPT Codes:	87798 x2
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Glutathione Total

2006328, GLUT TOT

Specimen Requirements:	
Patient Preparation:	
Collect:	Yellow (ACD solution B) (ARUP supply #49658) or yellow (ACD solution A). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.
Specimen Preparation:	Transport whole blood in original collection container. ACD solution B: 10 mL (Min: 8.5) or ACD solution A: 8.5 mL (Min: 6.5 mL). Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Critical r~~R~~efrigerated
Unacceptable Conditions:	Hemolyzed specimens
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: Unacceptable
Methodology:	Quantitative Kinetic Assay
Performed:	Varies
Reported:	5-9~~3-6~~ days
Note:	
CPT Codes:	82978
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Vitamin B5 (Pantothenic Acid), Serum

2006982, VIT B5 S

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST). New York State Clients: Plain red.
Specimen Preparation:	Protect from light. Allow specimen to clot for 30 minutes and separate from cells. Transfer 1 mL serum to an ARUP amber transport tube~~Amber Transport Tube~~ (ARUP supply #54457) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at ~~(~~800~~-)~~ 522-2787. (Min: 0.5 mL) New York State Clients: Transfer 1.2 mL serum to an ARUP standard transport tube~~Standard Transport Tube~~. (Min. 0.6 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen.
Unacceptable Conditions:	Grossly hemolyzed or lipemic specimens. Specimens not protected from light.
Remarks:	
Stability:	Ambient: 24 hours; Refrigerated: 1 week; Frozen: 3 weeks, New York State Clients: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
Methodology:	Quantitative Bioassay~~Cell Based Assay~~
Performed:	Varies
Reported:	6-13~~3-10~~ days
Note:	
CPT Codes:	84591
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:	

Effective July 16, 2012

By report

TEST CHANGE

Giardia lamblia Antibodies Panel by ELISA

2009410, GIA PAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Remove serum from cells within one hour. Transfer 1 mL serum to an ARUP standard transport tube~~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: 1 week; Frozen: 5 weeks
Methodology:	~~Semi-~~Quantitative Enzyme-Linked Immunosorbent Assay
Performed:	Varies
Reported:	6-13~~3-10~~ days
Note:	
CPT Codes:	86674 x3
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

Giardia lamblia Antibody, IgG by ELISA

2009414, GIA IGG

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Remove serum from cells within one hour. Transfer 1 mL serum to an ARUP standard transport tube~~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: 1 week; Frozen: 5 weeks
Methodology:	~~Semi-~~Quantitative Enzyme-Linked Immunosorbent Assay
Performed:	Varies
Reported:	6-13~~3-10~~ days
Note:	
CPT Codes:	86674
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

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). Refrigerate as soon as possible after collection~~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. New York Clients: Informed consent is required. Document on the request form or electronic order that a copy is on file.
Stability:	Ambient: 4 days; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Quantitative Enzymatic Assay/Spectrofluorometry
Performed:	Varies
Reported:	5-11 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

Occupation Screen - MMR/VZV Antibody Assessment Panel, IgG

2011375, MMRV PAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube.
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.0 mL serum to an ARUP standard transport tube. ~~Standard Transport Tube.~~ (Min: 0.5 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Body fluid, CSF, plasma or urine specimens. Contaminated, heat-inactivated, hemolyzed, lipemic, or severely icteric specimens.
Remarks:	
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year
Methodology:	Semi-Quantitative Chemiluminescent Immunoassay
Performed:	Sun-Sat
Reported:	Within 24 hours
Note:	
CPT Codes:	86765; 86735; 86762; 86787
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Reference Interval:

Test Number	Components	Reference Interval
	Measles Virus (Rubeola) Antibody IgG	13.4 AU/mL or less: Negative - No significant level of detectable measles (rubeola) IgG antibody. 13.5-16.4 AU/mL: Equivocal - Repeat testing in 10-14 days may be helpful. 16.5 AU/mL or greater: Positive - IgG antibody to measles (rubeola) detected, which may

		indicate a current or past exposure/immunization to measles (rubeola).
	Mumps Virus Antibody IgG	8.9 AU/mL or less: Negative - No significant level of detectable IgG mumps virus antibody. 9.0-10.9 AU/mL: Equivocal - Repeat testing in 10-14 days may be helpful. 11.0 AU/mL or greater: Positive - IgG antibody to mumps virus detected, which may indicate a current or past exposure/immunization to mumps virus.
	Rubella Virus Antibody IgG	Less than 9 IU/mL: Not Detected. 9-9.9 IU/mL: Indeterminate - Repeat testing in 10-14 days may be helpful. 10 IU/mL or greater: Detected.
	Varicella-zoster Virus Ab IgG	0~~134~~.9 S/CO~~IV~~ or less: Negative - No significant level of detectable varicella-zoster IgG antibody. 1 ~~135.0-164.9 IV: Equivocal - Repeat testing in 10-14 days may be helpful.~~ ~~165~~.0 S/CO~~IV~~ or greater: Positive - IgG antibody to varicella-zoster detected, which may indicate a current or past varicella-zoster infection.

HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.

HOTLINE NOTE: There is a unit of measure change associated with this test. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Herpes Simplex Virus Type 2 (HSV-2) IgG Inhibition, by ELISA

2012135, HSV2 INHIB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Transfer 1 mL serum to an ARUP standard transport tube~~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:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	6-11~~3-8~~ days
Note:	Inhibition studies are not performed on specimens with equivocal or negative results.
CPT Codes:	86696
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Adenovirus Antibody, Serum

2013015, ADENO AB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Transfer 1 mL serum to an ARUP standard transport tube~~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:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Complement Fixation
Performed:	Varies
Reported:	6-11~~3-8~~ days
Note:	
CPT Codes:	86603
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report.	

TEST CHANGE

Herpesvirus 6 Antibody, IgG

2013423, HHV6 G

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain rRed or serum separator tubeSerum Separator Tube (SST).
Specimen Preparation:	Transfer 0.5 mL serum to an ARUP standard transport tubeStandard Transport Tube. (Min: 0.1 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:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Quantitative Indirect Fluorescent Antibody (IFA)
Performed:	Varies
Reported:	5-94-7 days
Note:	
CPT Codes:	86790
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Filaria Antibody IgG4 by ELISA, Serum

2014093, FILARIA

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain rRed. Also acceptable: Serum separator tubeSeparator Tube (SST).
Specimen Preparation:	Transfer 0.2 mL serum to an ARUP standard transport tubeStandard Transport Tube. (Min: 0.1 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: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	6-113-17 days
Note:	
CPT Codes:	86682
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Trichinella Antibody, IgG

3000005, TRICHIN AB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain rRed. Also acceptable: Serum separator tubeSeparator Tube (SST).
Specimen Preparation:	Transfer 1 mL serum to an ARUP standard transport tubeStandard Transport Tube. (Min: 0.1 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: 2 weeks; Frozen: 1 month
Methodology:	Qualitative Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	6-113-10 days
Note:	
CPT Codes:	86784
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Herpesvirus 6 Antibody, IgM by IFA, Serum

3001284, HHV6 AB M

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain rRed or serum separator tubeSerum Separator Tube (SST).
Specimen Preparation:	Transfer 0.5 mL serum to an ARUP standard transport tubeStandard Transport Tube. (Min: 0.1 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: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Indirect Fluorescent Antibody (IFA)
Performed:	Varies
Reported:	5-93-7 days
Note:	
CPT Codes:	86790
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Reference Interval:

Test Number	Components	Reference Interval

TEST CHANGE

Mitochondrial Disorders Panel (mtDNA and Nuclear Genes)

3001959, MITO PAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (K2 or K3EDTA). Also acceptable: Buccal swabs (GeneDx kit).
Specimen Preparation:	Transport 5 mL whole blood (Min: 2 mL) or 2 buccal swabs. (Min: 2 swabs) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	Clinical indication for ordering and ICD-10 codes are required.
Stability:	Ambient: 24 hours; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	36-42 days
Note:	
CPT Codes:	81460; 81465; 81440
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) t~~T~~ube (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~~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; Sequenom Laboratories ~~Integrated Genetics~~ to perform the MaterniT21 PLUS Core (chr21,18,13) test.
CPT Codes:	81420

New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Refer to report.

Reference Interval:

N/A

TEST CHANGE

Multiple Endocrine Neoplasia Type 2 (MEN2), RET Sequencing

3004572, MEN2 NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). New York State Clients: Lavender (EDTA)
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL) New York State Clients: 5 mL (Min: 3 mL)
Transport Temperature:	Refrigerated
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue.
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: Unacceptable New York State Clients: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 month
Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	10-15 days
Note:	Gene Tested: RET (NM_020975)
CPT Codes:	81406
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

JC Virus Antibody by ELISA, Serum with Reflex to Inhibition Assay

3006254, JCV AB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST). Also acceptable: Lavender (K2EDTA)
Specimen Preparation:	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:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 months
Methodology:	Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	6-10~~3-7~~ days
Note:	If antibody result is indeterminate, then a confirmation (inhibition) assay will be added.
CPT Codes:	86711; if reflexed, add 86711
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:	6-12 days
Note:	
CPT Codes:	83986~~,~~ 84157; 82657~~, 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

Encephalitis Panel With Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, Serum

3017751, ENCEPH-SER

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube.
Specimen Preparation:	Transfer 4.0mL serum to an ARUP standard transport tube. (Min: 2.0mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Refer to individual components. CSF (refer to Encephalitis Panel with Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, CSF, ARUP test code 3017752).
Remarks:	
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Semi-Quantitative Chemiluminescent Immunoassay (CLIA)
Performed:	Sun-Sat
Reported:	2-6 days
Note:	If HSV 1 and/or 2 IgG is 1.10 IV or greater, then HSV 1 G-specific IgG and HSV 2 G-specific IgG will be added. Additional charges apply.
CPT Codes:	86765 x2; 86735 x2; 86787 x2; 86789; 86788; 86694; if reflexed, add 86695; 86696
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Component	Interpretation
Measles (Rubeola) Antibody, IgG	13.4 AU/mL or less: Negative. No significant level of detectable measles (rubeola) IgG antibody. 13.5-16.4 AU/mL: Equivocal. Repeat testing in 10-14 days may be helpful. 16.5 AU/mL or greater: Positive. IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).
Measles (Rubeola) Antibody, IgM	0.79 AU or less: Negative. No significant level of IgM antibodies to measles (rubeola) virus detected. 0.80-1.20 AU: Equivocal. Repeat testing in 10-14 days may be helpful. 1.21 AU or greater: Positive. IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post infection or immunization.
Mumps Virus Antibody, IgG	8.9 AU/mL or less: Negative. No significant level of detectable IgG mumps virus antibody. 9.0-10.9 AU/mL: Equivocal. Repeat testing in 10-14 days may be helpful. 11.0 AU/mL or greater: Positive. IgG antibody to mumps virus detected, which may indicate a current or past exposure/immunization to mumps virus.
Mumps Virus Antibody, IgM	0.79 IV or less: Negative. No significant level of detectable IgM

	antibody to mumps virus. 0.80-1.20 IV: Equivocal. Borderline levels of IgM antibody to mumps virus. Repeat testing in 10-14 days may be helpful. 1.21 IV or greater: Positive. Presence of IgM antibody to mumps virus detected, which may indicate a current or recent infection. However, low levels of IgM antibody may occasionally persist for more than 12 months post infection or immunization.
Varicella-Zoster Virus Antibody, IgG	0~~134~~.9 S/CO~~IV~~ or less: Negative. No significant level of detectable varicella-zoster IgG antibody. 1~~135.0-164.9 IV: Equivocal. Repeat testing in 10-14 days may be helpful. 165~~.0 S/CO~~IV~~ or greater: Positive. IgG antibody to varicella-zoster detected, which may indicate a current or past varicella-zoster infection.
Varicella-Zoster Virus Antibody, IgM	0.90 ISR or less: Negative. No significant level of detectable varicella-zoster virus IgM antibody. 0.91-1.09 ISR: Equivocal. Repeat testing in 10-14 days may be helpful. 1.10 ISR or greater: Positive. Significant level of detectable varicella-zoster virus IgM antibody. Indicative of current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post infection or immunization.
Herpes Simplex Virus Type 1	0.89 IV or less: Not Detected. 0.90-1.09 IV: Indeterminate. Repeat

and/or 2 Antibodies, IgG	testing in 10-14 days may be helpful. 1.10 IV or greater: Detected.
West Nile Virus Antibody, IgG by ELISA, Serum	1.29 IV or less: Negative. No significant level of West Nile virus IgG antibody detected. 1.30-1.49 IV: Equivocal. Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful. 1.50 IV or greater: Positive. Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.
West Nile Virus Antibody, IgM by ELISA, Serum	0.89 IV or less: Negative. No significant level of West Nile virus IgM antibody detected. 0.90-1.10 IV: Equivocal. Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive. Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

Reference Interval:

Test Number	Components	Reference Interval
	West Nile Virus Ab, IgG, Ser	1.29 IV or less
	West Nile Virus Ab, IgM, Ser	0.89 IV or less
	Varicella-Zoster Virus Antibody, IgM	0.90 ISR or less
	Mumps Virus Antibody, IgM	0.79 IV or less
	Measles, Rubeola, Antibody IgM	0.79 AU or less

HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.

HOTLINE NOTE: There is a unit of measure change associated with this test. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Encephalitis Panel With Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, CSF

3017752, ENCEPH-CSF

Specimen Requirements:	
Patient Preparation:	
Collect:	CSF.
Specimen Preparation:	Transfer 5.0mL CSF to an ARUP standard transport tube. (Min: 2.5mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Serum or plasma. Contaminated, heat-inactivated, or hemolyzed specimens.
Remarks:	
Stability:	Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Semi-Quantitative Chemiluminescent Immunoassay (CLIA)
Performed:	Sun-Sat
Reported:	4-6 days
Note:	If HSV 1 and/or 2 IgG, CSF is 1.10 IV or greater, then HSV 1 G-specific IgG, CSF and HSV 2 G-specific IgG, CSF will be added. Additional charges apply.
CPT Codes:	86765 x2; 86735 x2; 86787 x2; 86789; 86788; 86694; if reflexed, add 86695; 86696
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:	

Component	Interpretation
Measles (Rubeola) Antibody, IgG, CSF	13.4 AU/mL or less: Negative. No significant level of IgG antibody to measles (rubeola) virus detected. 13.5-16.4 AU/mL: Equivocal. Repeat testing in 10-14 days may be helpful. 16.5 AU/mL or greater: Positive. IgG antibody to measles (rubeola) detected, which may indicate a current or past measles (rubeola) infection.
Measles (Rubeola) Antibody, IgM, CSF	0.79 AU or less: Negative. No significant level of IgM antibodies to measles (rubeola) virus detected. 0.80-1.20 AU: Equivocal. Repeat testing in 10-14 days may be helpful. 1.21 AU or greater: Positive. IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post infection or immunization.
Mumps Virus Antibody IgG, CSF	8.9 AU/mL or less: Negative. No significant level of detectable IgG mumps virus antibody. 9.0-10.9 AU/mL: Equivocal. Repeat testing in 10-14 days may be

	helpful. 11.0 AU/mL or greater: Positive. IgG antibody to mumps virus detected, which may indicate a current or past mumps virus infection.	
Mumps Virus Antibody IgM, CSF	0.79 IV or less: Negative. No significant level of detectable IgM antibody to mumps virus. 0.80-1.20 IV: Equivocal. Borderline levels of IgM antibody to mumps virus. Repeat testing in 10-14 days may be helpful. 1.21 IV or greater: Positive. Presence of IgM antibody to mumps virus detected, which may indicate a current or recent infection. However, low levels of IgM antibody may occasionally persist for more than 12 months post infection or immunization.	
Varicella-Zoster Virus Antibody, IgG, CSF	0~~134~~.9 S/CO~~IV~~ or less: Negative. No significant level of IgG antibody to varicella-zoster virus detected. 1~~135.0-164.9 IV: Equivocal. Repeat testing in 10-14 days may be helpful. 165~~.0 S/CO~~IV~~ or greater: Positive. IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-	

	zoster infection.
Varicella-Zoster Virus Antibody, IgM by ELISA (CSF)	0.90 ISR or less: Negative. No significant level of IgM antibody to varicella-zoster virus detected. 0.91-1.09 ISR: Equivocal. Repeat testing in 10-14 days may be helpful. 1.10 ISR or greater: Positive. Significant level of IgM antibody to varicella-zoster virus detected, which may indicate current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post infection.
Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG, CSF	0.89 IV or less: Negative. No significant level of detectable HSV IgG antibody. 0.90-1.09 IV: Equivocal. Questionable presence of IgG antibodies. Repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Positive. IgG antibody to HSV detected which may indicate a current or past HSV infection.
West Nile Virus Antibody, IgG by ELISA, CSF	1.29 IV or less: Negative. No significant level of West Nile virus IgG antibody detected. 1.30-1.49 IV: Equivocal. Questionable presence of West Nile virus IgG

	antibody detected. Repeat testing in 10-14 days may be helpful. 1.50 IV or greater: Positive. Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.	
West Nile Virus Antibody, IgM by ELISA, CSF	0.89 IV or less: Negative. No significant level of West Nile virus IgM antibody detected. 0.90-1.10 IV: Equivocal. Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive. Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.	

Reference Interval:

Test Number	Components	Reference Interval
	West Nile Virus Antibody IgG CSF	1.29 IV or less
	West Nile Virus Antibody IgM CSF	0.89 IV or less
	HSV 1/2 Antibody Screen IgG, CSF	0.89 IV or less
	HSV 1/2 Antibody Screen IgG, CSF	
	Measles, Rubeola, Antibody IgG CSF	16.4 AU/mL or less
	Measles, Rubeola, Antibody IgM CSF	0.79 AU or less
	Mumps Virus Antibody IgG CSF	10.9 AU/mL or less
	Mumps Virus Antibody IgM CSF	0.79 IV or less
	VZV Antibody IgM CSF	0.90 ISR or less
	VZV Antibody IgG CSF	

		0.9 S/CO or less	Negative - No significant level of IgG antibody to varicella-zoster virus detected.	
		1.0 S/CO or greater	Positive - IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-zoster infection.	

HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.

HOTLINE NOTE: There is a unit of measure change associated with this test. 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 October 7, 2024
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
3004764	Fetal Aneuploidy Screening (Change effective as of 10/07/24: Refer to 3003043)	Non-Invasive Prenatal Aneuploidy Screen by cell-free DNA Sequencing (3003043)
3004778	Fetal Aneuploidy Screening with 22q11.2 Microdeletion (Inactive as of 10/07/24)	
3004781	Fetal Aneuploidy Screening with Microdeletions (Inactive as of 10/07/24)	