

Effective as of **11/04/2024**

Additional ordering and billing information

[Information when ordering laboratory tests that are billed to Medicare/Medicaid](#)

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Test Number	Mnemonic	Test Name	New Test	Test Name Change	Specimen Requirements	Methodology	Performed/Reported	Note	Interpretive Data	Reference Interval	Component Charting Name	Component Change	Reflex Pattern	Result Type	Ask at Order Prompt	Numeric Map	Unit of Measure	CPT Code	Pricing Change	Inactivation w/ Replacement	Inactivation w/o Replacement
0020503	GLU-FL	Glucose, Body Fluid			x																
0080011	CITRIC S	Citric Acid, Serum or Plasma						x													
0092068	HAIRSTAT 5	Hairstat 5 Reflexive Panel						x													
0098299	HAMA	Human Anti-Mouse Antibody (HAMA), ELISA			x	x															
0098771	ANGIO II	Angiotensin II, Plasma			x	x															
0098842	IGFBP-2	Insulin-Like Growth Factor Binding Protein 2 (IGFBP-2)						x													
0098843	IGFBP-1	Insulin-Like Growth Factor Binding Protein 1 (IGFBP-1)			x	x															
0099529	LISTERIA	Listeria Antibody, Serum by CF (Inactive as of 11/04/24)																			x
0099542	SPERM AB	Sperm Antibodies, IgA and IgG (Inactive as of 11/04/24)																			x
0099728	ANTI-T4	Thyroxine Antibody			x	x															
2002086	LIST CSF	Listeria Antibody, CSF by CF (Inactive as of 11/04/24)																			x
2005160	CHYMOTRY P	Chymotrypsin, Fecal			x	x															
2010001	SOMATOS P	Somatostatin Quantitative, Plasma						x													

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2012494	HLA DRB1	HLA-DRB1 by Next Generation Sequencing (Inactive as of 11/04/24)																			x
2013484	P53 MUTAT	TP53 Somatic Mutation, Prognostic					x														
2014677	ECS SEQ FX	Expanded Carrier Screen by Next Generation Sequencing with Fragile X				x	x														
2014680	ECS SEQ	Expanded Carrier Screen by Next Generation Sequencing				x	x														
3000003	PTH-AB	Parathyroid Hormone (PTH) Antibody			x		x														
3017103	MCV AB	Mutated Citrullinated Vimentin (MCV) Antibody, Serum			x		x														
3018823	AT1R	Anti-Angiotensin Type 1 Receptor (AT1R)	x																		

TEST CHANGE

Glucose, Body Fluid

0020503, GLU-FL

Specimen Requirements:

Patient Preparation:

Collect: ~~Pericardial~~ ~~Dialysate, pericardial~~, peritoneal/ascites, pleural, or synovial fluid.

Specimen Preparation: Centrifuge to remove cellular material. Transfer 1 mL body fluid to an ARUP standard transport tube. (Min: 0.2 mL)

Transport Temperature: Refrigerated.

Unacceptable Conditions: Specimen types other than those listed. CSF (Refer to Glucose, CSF, ARUP test code 3016614). Specimens too viscous to be aspirated by instrument.

Remarks: Specimen source must be provided.

Stability: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 1 year

Methodology: Quantitative Enzymatic Assay

Performed: Sun-Sat

Reported: Within 24 hours

Note:

CPT Codes: 82945

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

Interpretive Data:

For information on body fluid reference ranges and/or interpretive guidance visit <http://aruplab.com/bodyfluids/>

Reference Interval:

TEST CHANGE

Citric Acid, Serum or Plasma

0080011, CITRIC S

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST). Also acceptable: Green (sodium heparin), lavender (EDTA), or plasma preparation tube (PPT).

Specimen Preparation: Transfer 2 mL serum or plasma 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: Refrigerated. Also acceptable: Frozen.

Unacceptable Conditions: Room temperature specimens.

Remarks:

Stability: Ambient: 8 hours; Refrigerated: 17 days; Frozen: 17 days

Methodology: Quantitative Spectrophotometry/Enzymatic Assay

Performed: Varies

Reported: ~~8-14~~³⁻¹² days

Note:

CPT Codes: 82507

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Hairstat 5 Reflexive Panel

0092068, HAIRSTAT 5

Specimen Requirements:

Patient Preparation: Ensure hair is not chemically treated or synthetic. Hair from the beard, underarms, chest, arms, legs, or pubic hair may be collected. Body hair from different sites may be combined to get a final volume. Body hair and scalp hair should not be combined.

Collect: 100 mg hair. A kit must be ordered prior to collecting specimen (ARUP supply #40477). Available online through eSupply using ARUP Connect (TM) or by contacting Client Services at 800-522-2787.

Specimen Preparation: Transport 100 mg hair (a ponytail 1.5 inches long and the diameter of a #2 pencil). (Min: 100 mg) Specimen must have a tamper evident seal affixed. Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Room temperature.

Unacceptable Conditions: Specimens without a tamper evident seal affixed cannot be tested.

Remarks:

Stability: Ambient: 1 year; Refrigerated: Undefined; Frozen: Undefined

Methodology: Qualitative Enzyme-Linked Immunosorbent Assay (ELISA)
Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Performed: Varies

Reported: ~~4-8~~⁴⁻⁶ days

Note: A 1.5 inch specimen of head hair represents approximately three months of hair growth, and therefore, up to three months of collective history of drug exposure. Dying, bleaching, perming, and chemical straightening of hair may affect results. Test includes: amphetamines, cocaine, opiates, cannabinoids (marijuana), and phencyclidine (PCP). No additional charges for reflex testing.

CPT Codes: 80307

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Human Anti-Mouse Antibody (HAMA), ELISA

0098299, HAMA

Specimen Requirements:

Patient Preparation:

Collect: Plain red.

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: Frozen.

Unacceptable Conditions: Separator tubes. Grossly lipemic specimens.

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 21 days

Methodology: Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Performed: Varies

Reported: 12-18~~7-17~~ 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

Angiotensin II, Plasma

0098771, ANGIO II

Specimen Requirements:

Patient Preparation:

Collect: Lavender (EDTA).

Specimen Preparation: Transfer 1 mL 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.

Unacceptable Conditions: Hemolyzed specimens.

Remarks:

Stability: Ambient: 12 hours; Refrigerated: 24 hours; Frozen: 28 days

Methodology: Quantitative Radioimmunoassay (RIA)

Performed: Varies

Reported: 8-14~~+18~~ days

Note:

CPT Codes: 82163

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Insulin-Like Growth Factor Binding Protein 2 (IGFBP-2)

0098842, IGFBP-2

Specimen Requirements:

Patient Preparation: Fasting specimen preferred.

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Transfer 1 mL serum 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. Also acceptable: Refrigerated.

Unacceptable Conditions: Grossly hemolyzed or lipemic specimens.

Remarks:

Stability: Ambient: 12 hours; Refrigerated: 4 days; Frozen: 28 days

Methodology: Quantitative Radioimmunoassay

Performed: Varies

Reported: ~~12-18~~ 4-14 days

Note:

CPT Codes: 83519

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Insulin-Like Growth Factor Binding Protein 1 (IGFBP-1)

0098843, IGFBP-1

Specimen Requirements:

Patient Preparation: Patient should fast overnight (12 hours) prior to collection.

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: Frozen. Also acceptable: Refrigerated.

Unacceptable Conditions: Grossly hemolyzed or lipemic specimens.

Remarks:

Stability: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 4 weeks

Methodology: Quantitative Radioimmunoassay [\(RIA\)](#)

Performed: Varies

Reported: ~~8-143-16~~ days

Note:

CPT Codes: 83519

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Thyroxine Antibody

0099728, ANTI-T4

Specimen Requirements:

Patient Preparation:

Collect: Plain red ~~or serum.~~ ~~Also acceptable: Serum~~ separator tube (SST).~~-~~

Specimen Preparation: Transfer 1 mL serum 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: ~~Frozen.~~ ~~Room temperature.~~ Also acceptable: ~~Room temperature~~ ~~Refrigerated~~ or ~~refrigerated.~~ ~~frozen.~~

Unacceptable Conditions: Glass containers. Grossly hemolyzed or lipemic specimens.

Remarks:

Stability: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: ~~28 days~~ ~~4 weeks~~

Methodology: Quantitative Radiobinding Assay

Performed: Varies

Reported: ~~8-14~~ ~~11~~ days

Note:

CPT Codes: 83519

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Chymotrypsin, Fecal

2005160, CHYMOTRYP

Specimen Requirements:

Patient Preparation: Patients receiving pancreatic enzymes should discontinue taking the enzymes at least 5 days prior to stool collection.

Collect: Random stool.

Specimen Preparation: Transfer 1 g stool to a clean, unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect^(TM) or contact ARUP Client Services at (800-) 522-2787. (Min: 0.5 g) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~Refrigerated. Also acceptable: Refrigerated~~Frozen~~.

Unacceptable Conditions:

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 month

Methodology: Quantitative Enzymatic Assay/Spectrophotometry

Performed: Varies

Reported: ~~8-14~~3-18 days

Note:

CPT Codes: 84311

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Somatostatin Quantitative, Plasma

2010001, SOMATOS P

Specimen Requirements:

Patient Preparation:

Collect: Lavender (K2EDTA or ~~K3EDTA~~~~K3-EDTA~~). Collect in a prechilled tube.

Specimen Preparation: Separate plasma from cells ASAP. Transfer 1.8 mL plasma to an ARUP ~~standard transport tube~~~~Standard Transport Tube~~ and freeze immediately. (Min: 0.6 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: CRITICAL FROZEN.

Unacceptable Conditions: Thawed specimens. Grossly icteric or lipemic specimens.

Remarks:

Stability: Ambient: 8 hours; Refrigerated: 8 hours; Frozen: 28 days

Methodology: Quantitative Extraction/Immunoassay

Performed: Varies

Reported: ~~12-18~~~~7-14~~ days

Note:

CPT Codes: 84307

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

TP53 Somatic Mutation, Prognostic

2013484, P53 MUTAT

Specimen Requirements:

Patient Preparation:

Collect: Lavender (EDTA) or pink (K2EDTA). Also acceptable: Paraffin embedded tissue.

Specimen Preparation: Transport 6 mL whole blood (Min: 3 mL) OR 3 mL bone marrow (Min: 1 mL). Transport tissue block 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. 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: Whole ~~b~~Blood or ~~bone marrow~~Bone Marrow: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable, Paraffin-embedded tissue ~~Embedded Tissue~~: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Methodology: Sequencing

Performed: Varies

Reported: ~~12-18~~3-11 days

Note:

CPT Codes: 81352

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

Interpretive Data:

Reference Interval:

Test Number	Components	Reference Interval

TEST CHANGE

Expanded Carrier Screen by Next Generation Sequencing with Fragile X

2014677, ECS SEQ FX

Specimen Requirements:

Patient Preparation:

Collect: Lavender (EDTA).

Specimen Preparation: Transport 4 mL whole blood. (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: Patient **h**History form **is** required.

Stability: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: Unacceptable

Methodology: Massively Parallel Sequencing **/** Polymerase Chain Reaction (PCR)

Performed: Varies

Reported: ~~14~~-17-~~21~~ days

Note: Compare to Foresight Carrier Screen.

CPT Codes: 81479

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Expanded Carrier Screen by Next Generation Sequencing

2014680, ECS SEQ

Specimen Requirements:

Patient Preparation:

Collect: Lavender (EDTA).

Specimen Preparation: Transport 4 mL whole blood. (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: Patient **h**History form **is** required.

Stability: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: Unacceptable

Methodology: Massively Parallel Sequencing **/** Polymerase Chain Reaction (PCR)

Performed: Varies

Reported: ~~14~~-17-~~21~~ days

Note: Compare to Foresight Carrier Screen.

CPT Codes: 81479

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Parathyroid Hormone (PTH) Antibody

3000003, PTH-AB

Specimen Requirements:

Patient Preparation:

Collect: Plain ~~red or serum separator tube~~ ~~Red. Also acceptable: 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: ~~Frozen. Room temperature.~~ Also acceptable: ~~Room temperature~~ ~~Refrigerated~~ or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions:

Remarks:

Stability: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 28 days

Methodology: Qualitative Radiobinding Assay

Performed: Varies

Reported: ~~12-18~~ ~~4-15~~ days

Note:

CPT Codes: 83519

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Mutated Citrullinated Vimentin (MCV) Antibody, Serum

3017103, MCV 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. (Min: 0.5 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.
Refrigerated

Unacceptable Conditions:

Remarks:

Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 6 months

Methodology: Enzyme-Linked Immunosorbent Assay (ELISA)

Performed: Varies

Reported: ~~3-6~~10 days

Note:

CPT Codes: 83520

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

Interpretive Data:

Reference Interval:

By **iReport**

NEW TEST

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Anti-Angiotensin Type 1 Receptor (AT1R)

3018823, AT1R

Specimen Requirements:

Patient Preparation: Collect specimen prior to hemodialysis.

Collect: Plain red.

Specimen Preparation: Transfer 3 mL serum to an ARUP standard transport tube. (Min: 0.5) 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: 1 week; Frozen: 6 months

Methodology: Enzyme-Linked Immunosorbent Assay (ELISA)

Performed: Varies

Reported: 5-8 days

Note:

CPT Codes: 86316

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.

Inactivations

The following will be discontinued from ARUP's test menu on **November 4, 2024**
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0099529	Listeria Antibody, Serum by CF (Inactive as of 11/04/24)	
0099542	Sperm Antibodies, IgA and IgG (Inactive as of 11/04/24)	
2002086	Listeria Antibody, CSF by CF (Inactive as of 11/04/24)	
2012494	HLA-DRB1 by Next Generation Sequencing (Inactive as of 11/04/24)	