ARUP LABORATORIES

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

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Effective as of 02/03/2025

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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
0020032	Bili Total	Bilirubin, Total, Serum or Plasma														x					
0020426	BILI	Bilirubin, Direct and Total, Serum or Plasma														x					
0060149	MC FUNG	Fungal Culture			x			x													
0060159	MC BRUC	Brucella Culture			x																
0098378	17OHPROG U	17-Hydroxyprogesterone, Random Urine		x	x																
0098817	MSH GAMMA	Melanocyte Stimulation Hormone, Gamma (g-MSH)			x																
0098819	MSH ALPHA	Melanocyte Stimulation Hormone, Alpha (a-MSH)			x																
2006982	VIT B5 S	Vitamin B5 (Pantothenic Acid), Serum			x					x											
2007584	TTIT PLA	Tissue Thromboplastin Inhibition Analysis (Inactive as of 02/03/25)																			x
2009214	STREPTO	Antimicrobial Level - Streptomycin by HPLC, Serum or Plasma					x														
2009359	AZITHRO	Antimicrobial Level - Azithromycin by HPLC, Serum or Plasma					x														
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2009367	CYCLOS	Antimicrobial Level - Cycloserine, Serum or Plasma					x														
2011052	BE LYM PRO	Beryllium Lymphocyte Proliferation, Blood					x														
2013335	THROMBO S	Thrombopoietin (TPO), Serum			x																
2014248	F5R2 MUTAT	Factor V, R2 Mutation Detection by PCR				x	x														
3000221	NEURO A	Neurokinin A (Substance K), Plasma					x														
3000240	PROST D2U	Prostaglandin D2 (PG D2), Random Urine		x	x																
3018970	H5 PCR	Influenza A (H5) Virus by Qualitative NAAT	x																		

TEST CHANGE

Bilirubin, Total, Serum or Plasma

0020032, BILIT

Specimen Requirements:	
Patient Preparation:	
Collect:	Plasma separator tube or serum separator tube.
Specimen Preparation:	Protect from light during collection, storage and shipment. Allow serum tube to clot completely at room temperature. Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Amber Transport Tube. (Min: 0.2 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	
Stability:	After separation from cells if protected from light: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months
Methodology:	Spectrophotometry
Performed:	Sun-Sat
Reported:	Within 24 hours
Note:	
CPT Codes:	82247
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

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

TEST CHANGE

Bilirubin, Direct and Total, Serum or Plasma

0020426, BILI

Specimen Requirements:	
Patient Preparation:	
Collect:	Plasma separator tube or serum separator tube.
Specimen Preparation:	Protect from light during collection, storage, and shipment. Allow serum tube to clot completely at room temperature. Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Amber Transport Tube. (Min: 0.2 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	
Stability:	After separation from cells if protected from light: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months
Methodology:	Quantitative Spectrophotometry
Performed:	Sun-Sat
Reported:	Within 24 hours
Note:	This panel includes: Bilirubin, Direct, Serum or Plasma (0020033) and Bilirubin, Total, Serum or Plasma (0020032).
CPT Codes:	82247; 82248
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Reference Interval:

By report (reports may vary based on instrumentation)

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

TEST CHANGE

Fungal Culture

0060149, MC FUNG

Specimen Requirements:	
Patient Preparation:	
Collect:	Material or fluid from any body site, except blood.
Specimen Preparation:	Fluids: Transport 3 mL fluid in a sterile container. (Min: 1 mL). Material: Transfer to sterile container. A single specimen may be cultured for both bacteria and fungi. Place each specimen in an individually sealed bag.
Transport Temperature:	Specimens from a sterile body site (fluids, tissues, etc.): Room temperature. ~~If CSF cannot be transported within eight hours, hold at 35C until the time of transport.~~ Cutaneous specimens (skin, hair, nails): Room temperature. Specimens from other nonsterile sites (respiratory, GI tract, etc.): Refrigerated.
Unacceptable Conditions:	Blood, catheter tips.
Remarks:	Additional information required: Specimen source. Notify laboratory if Malassezia furfur is suspected~~,~~; special media must be used for the cultivation of this yeast.
Stability:	CSF: Ambient: 48 hours; Refrigerated ~~1 week; Frozen~~: Unacceptable ~~Hair or skin~~; Frozen: Unacceptable Skin, hair, or nail ~~scrapings~~specimens: Ambient: 2 weeks; Refrigerated: Unacceptable Frozen: Unacceptable All ~~others~~other specimens: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Culture
Performed:	Sun-Sat
Reported:	7-35 days
Note:	Identification is performed on ~~mold isolates.~~any fungus recovered from a significant body site. Limited ~~yeast~~ identification performed from nonsterile sites. Identification of molds and/or yeasts on positives is billed separately from culture. ~~Fungal stain must be ordered separately. Refer to Fungal Stain, KOH with Calcofluor White (ARUP test code 2004589). Order test according to source type: Blood/bone marrow: order Blood Culture, Fungal (ARUP test code 0060070)~~

	Ground tissue will be tested with a disclaimer. There is decreased sensitivity on ground tissue specimens for some fungi, including Mucorales species. A minimum of 1 mL of fluid is recommended for recovery of fungus. Volumes less than 1 mL may compromise recovery of fungus from culture and will be tested with a suboptimal disclaimer.
CPT Codes:	87102; CPT codes for identification vary based on method.
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
Culture negative for fungus.	

TEST CHANGE

Brucella Culture

0060159, MC BRUC

Specimen Requirements:	
Patient Preparation:	
Collect:	Blood in sterile SPS ~~Vacutainer(R) tube~~Vacutainertube for microbiology (ARUP Supply #24964) or ~~Bactec(R)~~BACT/ALERT Blood Culture bottles. Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at ~~(~~800~~) -~~ 522-2787. OR abscess, aspirate, body fluid, CSF, or tissues.
Specimen Preparation:	Adult Blood: Transport ~~7~~8-10 mL whole blood. ~~(Min: 3 mL)*~~ Pediatric Blood: Transport ~~3~~4 mL whole blood. ~~(Min: 1 mL)*~~ Abscess, Aspirate, Body fluid, CSF: Transfer to a sterile container. Place each specimen in an individually sealed bag. Tissue: Transfer tissue to a sterile container and place on gauze moistened with sterile ~~non-bacteriostatic~~nonbacteriostatic saline to prevent drying. *Low volume will result in decreased recovery of pathogens.
Transport Temperature:	Room temperature.
Unacceptable Conditions:	Swabs. Clotted blood specimens.
Remarks:	Specimen source preferred.
Stability:	Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable
Methodology:	Culture/Identification
Performed:	Sun-Sat
Reported:	1-22 days
Note:	An additional fee will be added to blood specimens for confirming a negative result.
CPT Codes:	87081; Identification CPT codes may vary based on method
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Reference Interval:

Culture negative for *Brucella* species.

TEST CHANGE

17-Hydroxyprogesterone, Random Urine

0098378, 17OHPROGU

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

TEST CHANGE

Melanocyte Stimulation Hormone, Gamma (g-MSH)

0098817, MSH GAMMA

Specimen Requirements:	
Patient Preparation:	~~Patient should not be on any~~Discontinue steroid, ACTH~~,~~ or hypertension medication, if possible, for at least 48 hours prior to ~~specimen~~ collection.
Collect:	Lavender (K2 or K3EDTA) or pink (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL plasma to an ARUP standard transport tube~~. (Min: 1 mL) Freeze~~ 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:	~~Serum.~~
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 6 months
Methodology:	Quantitative Radioimmunoassay (RIA)
Performed:	Varies
Reported:	15-20 days
Note:	
CPT Codes:	83519
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Melanocyte Stimulation Hormone, Alpha (a-MSH)

0098819, MSH ALPHA

Specimen Requirements:	
Patient Preparation:	~~Patient should not be on any~~Discontinue steroid, ACTH, or hypertension medication, if possible, for at least 48 hours prior to ~~specimen~~ collection. ~~Morning~~A morning fasting ~~specimens are~~specimen is preferred.
Collect:	Lavender (K2 or K3EDTA) or pink (K2EDTA). ~~New York State Clients: Lavender (K2EDTA).~~
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL plasma to an ARUP standard transport tube. ~~(Min. 1 mL) Freeze immediately. New York State Clients: Collect in a prechilled tube. Remove the cap from the tube and add 0.25 mL Trasylol to the whole blood. Recap the tube and invert several times. Separate from cells and freeze.~~ 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: 24 hours; Frozen: 1 month
Methodology:	Quantitative Radioimmunoassay (RIA)
Performed:	Varies
Reported:	15-20 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

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 (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. (Min. 0.6~~(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:	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
Performed:	Varies
Reported:	6-13 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

Antimicrobial Level - Streptomycin by HPLC, Serum or Plasma

2009214, STREPTO

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red. Also acceptable: Green (sodium heparin).
Specimen Preparation:	Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma 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:	CRITICAL FROZEN.
Unacceptable Conditions:	Severely hemolyzed or thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
Methodology:	Quantitative High Performance Liquid Chromatography (HPLC)
Performed:	Varies
Reported:	~~3-10~~13-17 days
Note:	
CPT Codes:	80299
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

Antimicrobial Level - Azithromycin by HPLC, Serum or Plasma

2009359, AZITHRO

Specimen Requirements:	
Patient Preparation:	To collect peak concentrations draw patient 2-3 hours after dose. To test for delayed drug absorption, a second specimen may be collected 4 hours after the peak.
Collect:	Plain red. Also acceptable: Green (sodium heparin).
Specimen Preparation:	Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma 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:	CRITICAL FROZEN.
Unacceptable Conditions:	Severely hemolyzed or thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
Methodology:	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Varies
Reported:	~~3-10~~13-17 days
Note:	
CPT Codes:	80299
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

Antimicrobial Level - Rifabutin by HPLC, Serum or Plasma

2009363, RIFABU

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red. Also acceptable: Green (sodium heparin).
Specimen Preparation:	Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma 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:	CRITICAL FROZEN.
Unacceptable Conditions:	Severely hemolyzed or thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
Methodology:	Quantitative High Performance Liquid Chromatography (HPLC)
Performed:	Varies
Reported:	~~3-10~~13-17 days
Note:	
CPT Codes:	80299
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

Antimicrobial Level - Cycloserine, Serum or Plasma

2009367, CYCLOS

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red. Also acceptable: Dark green (sodium or lithium heparin).
Specimen Preparation:	Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma 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:	CRITICAL FROZEN.
Unacceptable Conditions:	Severely hemolyzed or thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
Methodology:	Quantitative Colorimetry
Performed:	Varies
Reported:	~~3-10~~13-17 days
Note:	
CPT Codes:	80299
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

Beryllium Lymphocyte Proliferation, Blood

2011052, BE LYM PRO

Specimen Requirements:	
Patient Preparation:	
Collect:	Green (sodium heparin).
Specimen Preparation:	Specimen must be received at performing laboratory with 24 hours of collection. Do not send to ARUP Laboratories. For direct submission instructions, please contact ARUP Referral Testing at (800) 242-2787, ext. 5145. Gently invert several times to mix and prevent clotting~~.~~ ~~D~~do not centrifuge. Transport 40 mL whole blood in the original collection tube(s). (Min: 30 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Send Monday-Thursday only. Specimen must be sent directly to performing laboratory~~. Room~~ at room temperature.
Unacceptable Conditions:	Centrifuged specimens.
Remarks:	
Stability:	Ambient: 30 hours; Refrigerated: Unacceptable; Frozen: Unacceptable
Methodology:	Cell Culture
Performed:	Varies
Reported:	~~14-17~~15-20 days
Note:	
CPT Codes:	86353
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Thrombopoietin (TPO), Serum

2013335, THROMBO S

Specimen Requirements:	
Patient Preparation:	Cytokine levels may demonstrate diurnal variation. Recommend cytokine levels be determined at the same time of day for improved longitudinal comparison.
Collect:	Plain red. 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:	CRITICAL FROZEN.
Unacceptable Conditions:	Thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
Methodology:	Quantitative Immunoassay
Performed:	Varies
Reported:	8-14 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

Factor V, R2 Mutation Detection by PCR

2014248, F5R2 MUTAT

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA). Also acceptable: Yellow (ACD solution A or B).
Specimen Preparation:	Transfeport 5 mL whole blood ~~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:	Room temperature. Also acceptable: Refrigerated.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Polymerase Chain Reaction (PCR)
Performed:	Varies
Reported:	~~3~~5-12 days
Note:	
CPT Codes:	81400
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Reference Interval:

TEST CHANGE

Neurokinin A (Substance K), Plasma

3000221, NEURO A

Specimen Requirements:	
Patient Preparation:	~~Pain~~Discontinue pain medication~~,~~ and any medications that affect hypertension or intestinal motility ~~should be discontinued~~, if possible, for at least 48 hours prior to collection.
Collect:	Z plasma preservative tube (ARUP supply #40874) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.
Specimen Preparation:	Separate from cells ASAP or within 10 minutes of collection. Transfer 4 mL plasma to an ARUP standard transport tube and freeze immediately. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	Thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months
Methodology:	Quantitative Radioimmunoassay (RIA)
Performed:	Varies
Reported:	~~7-13~~12-15 days
Note:	
CPT Codes:	83519
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By ~~R~~report	

TEST CHANGE

Prostaglandin D2 (PG D2), Random Urine

3000240, PROST D2U

Specimen Requirements:	
Patient Preparation:	~~Aspirin~~Discontinue aspirin, indomethacin, ~~or~~and anti-inflammatory medications ~~should be discontinued~~, if possible, ~~at least~~for 48 hours prior to collection.
Collect:	Urine
Specimen Preparation:	Transfer 10 mL urine to ARUP standard transport tubes and freeze immediately. (Min: 5 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~~6 months
Methodology:	Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	7-13 days
Note:	
CPT Codes:	84150
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:	

NEW TEST – Available Now

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Influenza A (H5) Virus by Qualitative NAAT

3018970, H5 PCR

Specimen Requirements:	
Patient Preparation:	
Collect:	Respiratory swab or conjunctival swab.
Specimen Preparation:	Place swab in viral transport media (ARUP supply #12884) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.
Transport Temperature:	Frozen
Unacceptable Conditions:	Specimen not in viral transport media.
Remarks:	
Stability:	Ambient: 2 days Refrigerated: 5 days Frozen: 14 days
Methodology:	Qualitative Nucleic Acid Amplification Test (NAAT)
Performed:	Sun-Sat
Reported:	1-3 days
Note:	
CPT Codes:	87502
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:

A negative result does not rule out the presence of PCR inhibitors in the patient specimen or assay-specific nucleic acid in concentrations below the level of detection by this assay.

Reference Interval:

Test Number	Components	Reference Interval
	Influenza A by NAAT	Not Detected
	Influenza H5 by NAAT	Not Detected

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 February 3, 2025
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
2007584	Tissue Thromboplastin Inhibition Analysis (Inactive as of 02/03/25)	