ARUP LABORATORIES

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

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Effective as of 04/07/2025

Additional ordering and billing information

Information when ordering laboratory tests that are billed to Medicare/Medicaid

Information regarding Current Procedural Terminology (CPT)

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
2001915	GUM CARAGE	Allergen, Occupational, Gum Carageenan IgE (Inactive as of 04/07/25)																			x
2002926	BLAST DERM	Blastomyces dermatitidis Antigen Quantitative by EIA			x																
2013015	ADENO AB	Adenovirus Antibody, Serum (Inactive as of 04/07/25)																			x
3001780	LL PANEL	Leukemia/Lymphoma Phenotyping Evaluation by Flow Cytometry			x			x													
3005867	FAM NGS	Familial Targeted Sequencing																	x		
3016847	HSV ABS WB	Herpes Simplex Virus Type 1 and 2 Antibodies, IgG by Western Blot, Serum			x																

TEST CHANGE

Blastomyces dermatitidis Antigen Quantitative by EIA

2002926, BLAST DERM

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red, serum separator tube (SST), lavender (K2 or K3EDTA), green (sodium or lithium heparin), light blue (sodium citrate), CSF, or BAL.
Specimen Preparation:	Transfer 2 mL serum or plasma to an ARUP standard transport tube. (Min: 1.2 mL) Transfer 1 mL CSF to an ARUP standard transport tube. (Min: 0.8 mL) Transfer 1 mL BAL 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.
Unacceptable Conditions:	Urine
Remarks:	Specimen source required.
Stability:	Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 months~~Indefinitely~~
Methodology:	Quantitative Enzyme Immunoassay
Performed:	Varies
Reported:	3-5 days
Note:	
CPT Codes:	87449
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Leukemia/Lymphoma Phenotyping Evaluation by Flow Cytometry

3001780, LL PANEL

Specimen Requirements:	
Patient Preparation:	
Collect:	Bone marrow. Whole blood: Green (sodium heparin), lavender (K2EDTA), or pink (K2EDTA). Tissue or fluid.
Specimen Preparation:	Bone mMarrow: Transport 1 mL heparinized bone marrow (Min: 0.5 mL*) Whole bBlood: Transport 5 mL whole blood. (Min: 1mL*) Tissue: Transport 100 mg fresh tissue suspended in tissue culture media (e.g., RPMI 1640) (Min: 100 mg*) Fluid: Transport 10-100 mL fresh fluid (Min: 3 mL*)*). *Minimum volume is dependent on cellularity. New York State Clients: Whole blood and bone marrow: Transport 2 mL (Min: 1 mL) Tissue: Transport 0.2 cm3 suspended in RPMI. Fluid: Transport 0.5 mL (Min. 0.5 mL) equal parts RPMI and specimen volume. Do not send to ARUP Laboratories. Specimen must be received at performing laboratory within 48 hours of collection. For specimen requirements and direct submission instructions please contact ARUP Referral Testing at 800-242-2787 ext. 5145.
Transport Temperature:	Specimen should be received within 24 hours of collection for optimal cell viability. Bone marrow or whole blood: Room temperature. Also acceptable: Refrigerated. Tissue or fluid: Refrigerated.
Unacceptable Conditions:	Clotted or hemolyzed specimens.
Remarks:	A minimum of 10,000 viable cells is required for flow cytometry phenotyping of samples containing a very limited number of markers (may also be called antibodies or antigens). For low-count specimens, supplying clinical and diagnostic information is especially important to help ensure the most appropriate marker combinations are evaluated before the specimen is depleted of cells. Bone marrow or whole blood: Provide specimen source, CBC, Wright stained smear (if available), clinical history, differential diagnosis, and any relevant pathology reports. Tissue or Fluid: Provide specimen source, clinical history, differential diagnosis, and any relevant pathology reports. Follow up: If previous leukemia/lymphoma phenotyping was performed at another lab, the outside flow cytometry report and histograms (if possible) should accompany the specimen.

Stability:	Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable
Methodology:	Flow Cytometry
Performed:	Sun-Sat
Reported:	1-2 days
Note:	Flow cytometric immunophenotyping can aid in lineage assignment of acute leukemias and assist in diagnosis and classification of leukemias and lymphomas. A panel of markers is performed on each case depending on the clinical history and specimen type. Without prior history or additional information, peripheral blood specimens typically undergo a preliminary analysis for B, T, NK, and myeloid/monocytic abnormalities, while bone marrows and lymph nodes undergo additional analysis for plasma cell abnormalities. Additional markers will be run as needed to further characterize abnormal populations. Available Markers by population*: T cell: CD1a, CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD25, CD26, CD30, CD200, CD279 (PD-1), TCR gamma-delta, TRBC1, Cytoplasmic CD3 B cell: CD5, CD10, CD11c, CD19, CD20, CD22, CD23, CD25, CD38, CD103, CD123, CD200, surface Kappa, surface Lambda, cytoplasmic Kappa, cytoplasmic Lambda Plasma cell: CD13, CD19, CD20, CD27, CD33, CD38, CD45, CD56, CD81, CD117, CD138, CD200, cytoplasmic Kappa, cytoplasmic Lambda Myeloid: CD11b, CD13, CD14, CD15, CD16, CD33, CD34, CD36, CD38, CD41, CD42b, CD45, CD56, CD57, CD61, CD64, CD66b, CD71, CD117, CD123, HLA-DR, myeloperoxidase, glycophorin (CD235a), TdT B lymphoblasts: CD10, CD19, CD20, CD22, CD24, CD38, CD45, CD58, CLRF2, cCD22, cCD79a Mast c~~C~~ell: CD2, CD25, CD30, CD117, CD123 *Not all markers will be reported in all cases. Requests for specific markers to be run must be listed on manual requisition or by footnote for electronic orders. We do not offer individual marker identification separately outside of the markers in this panel. The report will include a pathologist interpretation and a marker interpretation range corresponding to CPT codes of 2-8 markers, 9-15 markers~~15markers~~, and 16+ markers interpreted. Charges apply per marker.
CPT Codes:	88184, 88185 each additional marker; 88187 or 88188 or 88189.
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Refer to report.

Reference Interval:

By report

TEST CHANGE

Familial Targeted Sequencing

3005867, FAM NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). New York State Clients: ARUP cannot facilitate testing for New York patients. Please work directly with a New York-approved laboratory.
Specimen Preparation:	Transport 2 mL whole blood. (Min: 1 mL)
Transport Temperature:	Refrigerated
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue.
Remarks:	Documentation of the familial gene variant from a relative's laboratory test report is required to perform testing. Testing will begin upon receipt of all necessary components, including an original laboratory report detailing the familial variant(s) to be tested.
Stability:	Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: Unacceptable
Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	14-21 days
Note:	Documentation of the familial gene variant from a relative's laboratory test report is required to perform testing. Testing will begin upon receipt of all necessary components, including an original laboratory report detailing the familial variant(s) to be tested.
CPT Codes:	81403
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

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

Herpes Simplex Virus Type 1 and 2 Antibodies, IgG by Western Blot, Serum

3016847, HSV ABS WB

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST). Also acceptable: Plain red or rapid serum tube (RST)
Specimen Preparation:	Transfer 1 mL serum to an ARUP standard transport tube. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen. Also acceptable: Refrigerated.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months Do not freeze/thaw.
Methodology:	Western Blot
Performed:	Varies
Reported:	7-14 days
Note:	
CPT Codes:	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:	

Reference Interval:

Test Number	Components	Reference Interval

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Inactivations

The following will be discontinued from ARUP's test menu on April 7, 2025
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
2001915	Allergen, Occupational, Gum Carageenan IgE (Inactive as of 04/07/25)	
2013015	Adenovirus Antibody, Serum (Inactive as of 04/07/25)	