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AMMONIA

Specimen Required:

- Quantity:** 1.0 mL
- Type:** Lavender (EDTA) Plasma
- Temperature:** Special - Refer to Collection Notes

Test Frequency: Daily

Methodology: Spectrophotometric

Performed by: Avera LabNet

Collection Notes: Place specimen on wet ice immediately after drawing. Keep refrigerated until centrifugation.

Centrifuge specimen within 15 minutes of drawing; separate plasma into a plastic vial.

Place specimen in a -70 C freezer if specimen cannot be delivered immediately to the Service Center.

Heparin plasma, serum, and capillary collections ARE NOT acceptable specimens.

1034

APTT MIXING STUDY

Test Components:

- APTT, Baseline [see Collection Notes]*
- Mixing Study APTT x 2*

This test does not include reflex testing or interpretation. If additional testing and/or interpretation is required, refer to separate "Coagulation Consultation" listings, or call Client Services.

Specimen Required:

- Quantity:** 2.0 mL
- Type:** Light Blue (3.2% Sodium Citrate) Platelet Poor Plasma
- Temperature:** Frozen (-20 C or colder)

Test Frequency: Daily

Methodology: Clotting

Performed by: Avera LabNet

Collection Notes: Blue top tubes must be filled to capacity to assure appropriate anticoagulant ratio.

Refer to "Special Collection Instructions for Coagulation Consultation" for Platelet Poor Plasma preparation instructions.

Avoid hemolysis.

Freeze specimen in a plastic transport vial.

Each individual coagulation test ordered should be submitted as an individual specimen. DO NOT submit multiple test specimens in one tube.

Avoid tissue fluid contamination by drawing the Sodium Citrate tube after a primary tube has been collected.

TESTING NOTE: A baseline APTT will be performed in addition to the mixing APTT's if one has not been performed in the Service Center's Laboratory on the submitted specimen.

COAGULATION CONSULTATION STUDIES

- Refer to Specific Required Coagulation

Consult Study:

- Lupus Anticoagulant*
- Thrombosis/Hypercoagulability*
- Bleeding Diathesis*
- Prolonged Clotting Time*

526

DILUTE RUSSELL'S VIPER VENOM TEST (DRVVT)

Specimen Required:

Quantity: 2.0 mL
Type: Light Blue (3.2% Sodium Citrate) Platelet Poor Plasma
Temperature: Frozen (-20 C or colder)

Test Frequency: Daily

Methodology: Clotting

Performed by: Avera/ARUP [30461]

Collection Notes: Frequency at Avera McKennan: Monday-Friday only.

Blue top tubes must be filled to capacity to assure appropriate anticoagulant ratio.

Refer to "Special Collection Instructions for Coagulation Consultation" for Platelet Poor Plasma preparation instructions.

Avoid hemolysis.

Freeze specimen in a plastic transport vial.

Each individual coagulation test ordered should be submitted as an individual specimen. DO NOT submit multiple test specimens in one tube.

Avoid tissue fluid contamination by drawing the Sodium Citrate tube after a primary tube has been collected.

1139

HEPARIN ANTI-XA

Specimen Required:

Quantity: 2.0 mL
Type: Light Blue (3.2% Sodium Citrate) Platelet Poor Plasma
Temperature: Frozen (-20 C or colder)

Test Frequency: Daily

Methodology: Chromogenic

Performed by: Avera LabNet SF Only

Collection Notes: Blue top tubes must be filled to capacity to assure appropriate anticoagulant ratio.

Refer to "Special Collection Instructions for Coagulation Consultation" for Platelet Poor Plasma preparation instructions.

Avoid hemolysis.

TEMPERATURE: Freeze specimen if transport/storage will exceed 4 hours. Always use plastic transport vial for specimen preparation..

Frozen specimens for coagulation testing should be submitted as an individual specimen. DO NOT submit multiple test specimens in one tube.

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HEPATITIS A ANTIBODY, IGM (HAVAB, IGM)

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Varies

Methodology: Enzyme Immunoassay

Performed by: Avera/ARUP [20093]

Collection Notes: Do not submit specimens that have been heat-treated or contain particulate matter or red blood cells.

This test may be completed as a Reflex Test if original order of "Hepatitis A, IgG & IgM" is positive.

Order this specific assay when acute Hepatitis A infection is suspected.

332

HEPATITIS A ANTIBODY, TOTAL - IGG & IGM (HAVAB)

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Sun-Thurs

Methodology: Microparticle Enzyme Immunoassay

Performed by: Avera/ARUP [20591]

Collection Notes: Do not submit specimens that have been heat-treated, contain particulate matter or red blood cells.

333

HEPATITIS B CORE ANTIBODY - IGG/IGM [REFLEX TEST] (HBCAB)

Reflex Testing Guideline:
Hepatitis B Core Antibody, IgM will be performed and billed if test is positive.

Specimen Required:

Quantity: 2.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Sun-Thurs

Methodology: Enzyme Immunoassay

Performed by: Avera/ARUP

Collection Notes: Unacceptable Sample: Heat treated specimens.

853

HEPATITIS B CORE ANTIBODY, IGM

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Varies

Methodology: Enzyme Immunoassay

Performed by: Avera/ARUP [20092]

Collection Notes: Separate serum from cells ASAP.

This test may be completed as a Reflex Test if original order of "Hepatitis B Core Antibody, IgG & IgM" is positive.

334

HEPATITIS B SURFACE ANTIBODY (HBSAB)

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Varies

Methodology: Enzyme Immunoassay

Performed by: Avera/ARUP [20090]

Collection Notes: Immune Status Evaluation Comment: Any result >10 IU/L implies immunity. For additional post-hepatitis B vaccine antibody testing guidelines, see MMWR 39(S2):1-23, Feb.9, 1990.

Unacceptable Samples: Hemolyzed specimens.

335

HEPATITIS B SURFACE ANTIGEN [REFLEX TEST] (HBSAG)

Reflex Testing Guideline:
Hepatitis B Surface Antigen confirmation will be automatically completed and billed if test is reactive

Specimen Required:

Quantity: 3.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Varies

Methodology: Enzyme Immunoassay

Performed by: Avera LabNet

Collection Notes: Avoid testing on hemolyzed specimens. Hemolysis increases the probability of false positive results.

Unacceptable Samples: Heat treated specimens.

336

HEPATITIS C ANTIBODY (HCV)

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Sun-Thurs

Methodology: Chemiluminescent Immunoassay

Performed by: Avera/ARUP [20099]

Collection Notes: Unacceptable Samples: Heat treated specimens and specimens containing precipitate.

857

**HEPATITIS C ANTIBODY (RIBA),
SUPPLEMENTAL**

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Minimum of 4 times weekly

Methodology: Recombinant Immunoblot Assay

Performed by: ARUP [20104]

Collection Notes: Unacceptable Samples: Heat treated specimens.

Test Order Comment: Order this test only when a specimen is repeatedly reactive for anti-HCV, and the patient is negative for HCV RNA by PCR.

Avoid repeated freeze/thaw cycles.

858

HEPATITIS C RNA BY PCR, QUALITATIVE

MEDICARE COVERAGE NOTICE:

Test covered under Medical Review Policy -Medical necessity documentation/evaluation and appropriate waiver [ABN] use required.

Medical Necessity Comments: Refer to Collection Notes Section

Specimen Required:

Quantity: 2.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Frozen (-20 C or colder)

Test Frequency: Daily

Methodology: Polymerase Chain Reaction

Performed by: ARUP [98264]

Collection Notes: Separate serum from cells ASAP.

Critical frozen. Separate samples must be submitted when multiple tests are ordered.

Avoid repeated freeze/thaw cycles.

MEDICAL NECESSITY COMMENTS:

- This assay uses a commercial kit that has not been approved or cleared by the FDA. Its performance characteristics were determined by ARUP Laboratories.
- CPT code assigned to this assay may not be reimbursed.

337

HEPATITIS PANEL, ACUTE

Test Components:

*Hepatitis A Antibody, IgM
Hepatitis Bc Antibody, IgM
Hepatitis B Surface Antigen
Hepatitis C Antibody*

Reflex Testing Guideline: Refer to Collection Notes

Specimen Required:

Quantity: 3.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Varies

Methodology: Refer to Individual Components

Performed by: Avera/ARUP [20457]

Collection Notes: Unacceptable Samples: Heat treated specimens, specimens containing particulate matter and/or red cells.

Reflex Testing Comments:

Reflex testing will be performed and billed, as outlined, for the individual tests in the panel.

Reflex testing is only performed when test components are positive or reactive.

Reflex testing may include:
Hepatitis B Surface Antigen Confirmation

At the time of the test order, the ordering physician must designate specifically if Reflex Testing is not to be completed.

869

INFLUENZA A VIRUS ANTIBODY

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Mon-Fri

Methodology: Complement Fixation

Performed by: ARUP [50260]

Collection Notes: Separate serum from cells ASAP.

Acute and convalescent samples must be labeled as such; parallel testing is preferred.

Convalescent samples must be received within 30 days from receipt of the acute samples.

Please mark test requisition and transport tube as "ACUTE" or "CONVALESCENT."

Unacceptable samples: Plasma, severely lipemic or contaminated specimens.

1134

INFLUENZA A VIRUS ANTIBODY, IGG

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Mon, Wed, Fri

Methodology: Enzyme-Linked Immunosorbent Assay

Performed by: ARUP [51074]

Collection Notes: Separate serum from cells ASAP.

Acute and convalescent samples must be labeled as such; parallel testing is preferred. Please mark test requisition and transport tube as "ACUTE" or "CONVALESCENT."

Convalescent samples must be received within 30 days from receipt of the acute sample.

Unacceptable samples: Plasma, severely lipemic or contaminated specimens.

1135

INFLUENZA A VIRUS ANTIBODY, IGM

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Mon, Wed, Fri

Methodology: Enzyme-Linked Immunosorbent Assay

Performed by: ARUP [51081]

Collection Notes: Separate serum from cells ASAP.

Acute and convalescent samples must be labeled as such; parallel testing is preferred. Please mark test requisition and transport tube as "ACUTE" or "CONVALESCENT."

Convalescent samples must be received within 30 days from receipt of the acute sample.

Unacceptable samples: Plasma, severely lipemic or contaminated specimens.

870

INFLUENZA B VIRUS ANTIBODY

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Mon-Fri

Methodology: Complement Fixation

Performed by: ARUP [50265]

Collection Notes: Separate serum from cells ASAP.

Acute and convalescent samples must be labeled as such; parallel testing is preferred.

Convalescent samples must be received within 30 days from receipt of the acute samples.

Please mark test requisition and transport tube as "ACUTE" or "CONVALESCENT."

Unacceptable samples: Plasma, severely lipemic or contaminated specimens.

1136

INFLUENZA B VIRUS ANTIBODY, IGG

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Mon, Wed, Fri

Methodology: Enzyme-Linked Immunosorbent Assay
Performed by: ARUP [51080]

Collection Notes: Separat serum from cells ASAP.

Acute and convalescent samples must be labeled as such; parallel testing is preferred. Please mark test requisition and transport tube as "ACUTE" or "CONVALESCENT."

Convalescent samples must be received within 30 days from receipt of the acute sample.

Unacceptable samples: Plasma, severely lipemic or contaminated specimens.

1137

INFLUENZA B VIRUS ANTIBODY, IGM

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Mon, Wed, Fri

Methodology: Enzyme-Linked Immunosorbent Assay
Performed by: ARUP [51079]

Collection Notes: Separat serum from cells ASAP.

Acute and convalescent samples must be labeled as such; parallel testing is preferred. Please mark test requisition and transport tube as "ACUTE" or "CONVALESCENT."

Convalescent samples must be received within 30 days from receipt of the acute sample.

Unacceptable samples: Plasma, severely lipemic or contaminated specimens.

1140

LUPUS ANTICOAGULANT

Specimen Required:

Quantity: 2.0 mL
Type: Light Blue (3.2% Sodium Citrate) Platelet Poor Plasma
Temperature: Frozen (-20 C or colder)

Test Frequency: Daily

Methodology: Clotting
Performed by: Avera LabNet SF Only

Collection Notes: Blue top tubes must be filled to capacity to assure appropriate anticoagulant ratio.

Refer to "Special Collection Instructions for Coagulation Consultation" for Platelet Poor Plasma preparation instructions.

Avoid hemolysis.

Freeze specimen in a plastic transport vial.

Each individual coagulation test ordered should be submitted as an individual specimen. DO NOT submit multiple test specimens in one tube.

Avoid tissue fluid contamination by drawing the Sodium Citrate tube after a primary tube has been collected.

1002

MIXING STUDY

Testing only available through Sioux Falls Service Center.

Initial Testing Components:

*Prothrombin Time
APTT*

Reflex Testing Guidelines:

Other specialized coagulation testing may be required and billed to allow for complete interpretation.

Specimen Required:

Quantity: 5.0 mL
Type: Light Blue (3.2% Sodium Citrate) Platelet Poor Plasma
Temperature: Special - Refer to Collection Notes

Test Frequency: Daily

Methodology: Standard Coagulation Reference Procedures
Performed by: Avera LabNet

Collection Notes: IMPORTANT PATIENT AND NORMAL CONTROL COMMENT:
Avoid warfarin (Coumadin) therapy for 2 weeks and heparin therapy for 2 days prior to collection of specimens for testing.

MANDATORY INFORMATION: Coagulation Consult information form must be filled in completely and sent with the specimen. Testing will not be completed until completed form is received.

Sample size, types, handling and storage are critical. REFER TO COAGULATION CONSULT SPECIAL COLLECTION INSTRUCTIONS & COAGULATION CONSULTATION GUIDE

Specimen Requirement Summary:
- 3.2% Sodium Citrate Plasma
- Platelet poor plasma is required
- Submit 5 individual 1 mL frozen plasma aliquots for testing
- Normal control samples must accompany and be handled exactly as outlined for patient testing specimens

Reflex Testing Comment:
Additional testing may be required to allow for complete interpretation. Complete billing and CPT code information may be obtained from Client Services after all testing is completed and test is reported.

1029

MYCOPLASMA PNEUMONIAE ANTIBODY, IGG

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2-8 C) or Frozen (-20 C)

Test Frequency: Avera: Mon/Wed/Fri; ARUP: Daily

Methodology: Avera: IFA; ARUP: ELISA
Performed by: Avera/ARUP [50398]

Collection Notes: Separate serum from cells ASAP.

Acute and convalescent samples must be labeled as such; parallel testing is preferred.

Convalescent samples must be received within 30 days from receipt of the acute samples.

Please mark test requisition and transport tube as "ACUTE" or "CONVALESCENT."

Maintain sterility of specimen.

Unacceptable samples: Plasma, severely lipemic, contaminated or hemolyzed specimens.

The use of IgM Antibody is recommended for diagnostic evaluation of acute disease. While the presence of IgM antibodies suggest current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

415

MYCOPLASMA PNEUMONIAE ANTIBODY, IGM

Specimen Required:

- Quantity:** 1.0 mL
- Type:** Serum (red, gold, or equivalent)
- Temperature:** Refrigerate (2-8 C) or Frozen (-20 C)

Test Frequency: Daily

Methodology: ELISA

Performed by: Avera/ARUP [50397]

Collection Notes: Separate serum from cells ASAP.

Acute and convalescent samples must be labeled as such; parallel testing is preferred.

Convalescent samples must be received within 30 days from receipt of the acute samples.

Please mark test requisition and transport tube as "ACUTE" or "CONVALESCENT."

Maintain sterility of specimen.

Unacceptable samples: Plasma, severely lipemic, contaminated or hemolyzed specimens.

NOTE: While the presence of IgM antibodies suggest current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

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REPTILASE TEST

Specimen Required:

- Quantity:** 2.0 mL
- Type:** Light Blue (3.2% Sodium Citrate) Platelet Poor Plasma
- Temperature:** Frozen (-20 C or colder)

Test Frequency: Avera: Daily; ARUP: Mon-Sat

Methodology: Fibrin Detection/Clotting

Performed by: Avera/ARUP [30295]

Collection Notes: Blue top tubes must be filled to capacity to assure appropriate anticoagulant ratio.

Refer to "Special Collection Instructions for Coagulation Consultation" for Platelet Poor Plasma preparation instructions.

Unacceptable Samples: Non-frozen, serum, or hemolyzed specimens.

Critical frozen. Freeze specimen in a plastic transport vial.

Each individual coagulation test ordered should be submitted as an individual specimen. Separate samples must be submitted when multiple tests are ordered.

1068

VON WILLEBRAND MULTIMERIC

Specimen Required:

- Quantity:** 1.0 mL
- Type:** Light Blue (3.2% Sodium Citrate) Platelet Poor Plasma
- Temperature:** Frozen (-20 C or colder)

Test Frequency: Wed

Methodology: Electrophoresis

Performed by: ARUP [99311]

Collection Notes: Blue top tubes must be filled to capacity to assure appropriate anticoagulant ratio.

Refer to "Special Collection Instructions for Coagulation Consultation" for Platelet Poor Plasma preparation instructions.

Avoid hemolysis. Critical frozen. Freeze specimen in plastic transport vial.

Each individual coagulation test ordered should be submitted as an individual specimen. DO NOT submit multiple test specimens in one tube.

Unacceptable Samples: Serum, non-frozen, hemolyzed specimens or specimens frozen in glass tubes.

1138

VON WILLEBRAND MULTIMERIC PANEL

Test Components:
von Willebrand Multimeric
Factor VIII, Activity
von Willebrand Factor Antigen
von Willebrand Factor Activity
(Ristocetin Cofactor)

Specimen Required:

Quantity: 4.0 mL
Type: Light Blue (3.2% Sodium Citrate) Platelet
Poor Plasma
Temperature: Frozen (-20 C or colder)

Test Frequency: Wed

Methodology: Refer to Individual Components

Performed by: ARUP [30002]

Collection Notes: Blue top tubes must be filled to capacity to assure appropriate anticoagulant ratio. Refer to "Special Collection Instructions for Coagulation Consultation" for Platelet Poor Plasma preparation instructions.

Avoid hemolysis. Critical frozen. Freeze specimen in plastic transport vial .

Separate samples must be submitted when multiple tests are ordered. DO NOT submit multiple test specimens in one tube.

Unacceptable samples: Serum, unfrozen, hemolyzed specimens or specimens frozen in glass tubes.