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ACETONE, SERUM QUALITATIVE (KETONE, SERUM)

Specimen Required:

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

Test Frequency: Daily

Methodology: Colorimetric
Performed by: Avera LabNet

Collection Notes: Hemolyzed specimen is unacceptable.

Lithium heparin plasma is also an acceptable specimen.

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HIV 1 P24 ANTIGEN

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 [97792]

Collection Notes: Plasma [EDTA, heparin] is also acceptable.

Separate serum/plasma from cells ASAP to avoid hemolysis of specimen.

Unacceptable Samples: Heat treated specimens.

Avoid repeated freeze/thaw cycles.

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HIV 1 & 2 ANTIBODY [REFLEX TEST]

MEDICARE COVERAGE NOTICE:

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

Reflex Testing Guideline:
Human Immunodeficiency Virus 1 Antibody, Western Blot Confirmation (ARUP 20284) will be automatically completed and billed if test is reactive.

Specimen Required:

Quantity: 4.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Varies

Methodology: Enzyme Immunoassay
Performed by: Avera/ARUP [51160]

Collection Notes: Plasma is also acceptable.

Separate serum/plasma from cells ASAP to avoid hemolysis.

Unacceptable Samples: Heat treated, hemolyzed, or contaminated, specimens; specimens containing particulate matter.

345

HTLV-I & II ANTIBODIES

Specimen Required:

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

Test Frequency: Avera: Sun-Thurs; ARUP: Daily

Methodology: Enzyme Immunoassay
Performed by: Avera/ARUP [51164]

Collection Notes: Plasma [heparin, EDTA] is also acceptable.

Avoid repeated freeze/thaw cycles.

Unacceptable Samples: Hemolyzed specimens; specimens containing particulate matter or precipitate.

Reflex Testing Guideline: HTLV I/II Antibodies, Western Blot, Confirmation (ARUP 20642) will be automatically completed and billed if test is positive.

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IMMUNOFIXATION ELECTROPHORESIS, URINE

Testing included:
Microalbumin
Protein Electrophoresis
Kappa and Lambda Chains
IFE Interpretation

Specimen Required:

Quantity: 20.0 mL
Type: Urine, 24-Hour
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Mon-Fri

Methodology: Immunofix Electrophoresis/Neph
Performed by: ARUP [50618]

Collection Notes: Split specimen and submit in "TWO" transport tubes.

Unacceptable Specimens: Random collection or samples that are not refrigerated during collection or transport.

Refrigerate specimen during collection.

1133

LEAD, BLOOD (CAPILLARY)

Specimen Required:

Quantity: 0.5 mL
Type: Special - Refer to Collection Notes
Temperature: Room Temperature

Test Frequency: Mon-Fri

Methodology: Inductively Coupled Plasma/Mass Spectrometry
Performed by: ARUP (20745)

Collection Notes: Sample Types:
Routine Lead Testing Non-Pediatric:
7 mL. EDTA (dark blue trace metal)
Whole Blood (Minimum 0.7 mL)

Pediatric Volumes or Minnesota State Screening Program (Mayo Labs):
0.5 mL Becton-Dickinson MICROTAINER
EDTA Whole Blood

Minnesota Department of Health Pediatric Lead Screen reporting will be completed directly by Mayo Medical Laboratories.

Reference Lab ID Number:
Lead, Whole Blood ARUP 20098
Lead, Blood - Pediatric Screen Mayo Medical Laboratory 8602

874

LEAD, BLOOD (VENOUS)

Specimen Required:

Quantity: 1.0 Each
Type: Special - Refer to Collection Notes
Temperature: Room Temperature

Test Frequency: Mon-Sat

Methodology: Inductively Coupled Plasma/Mass Spectrometry

Performed by: Avera/Other [ARUP 20098; Mayo 8602]

Collection Notes: Sample Types:
Routine Lead Testing Non-Pediatric:
7 mL. EDTA (dark blue trace metal)
Whole Blood (Minimum 0.7 mL)

Pediatric Volumes or Minnesota State Screening Program (Mayo Labs):
0.5 mL Becton-Dickinson MICROTAINER
EDTA Whole Blood

Minnesota Department of Health Pediatric Lead Screen reporting will be completed directly by Mayo Medical Laboratories.

Reference Lab ID Number:
Lead, Whole Blood ARUP 20098
Lead, Blood - Pediatric Screen Mayo Medical Laboratory 8602

1131

**LEGIONELLA PNEUMOPHILA ANTIBODY
(TYPES 1-6), IGG BY IFA**

Specimen Required:

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

Test Frequency: Mon-Fri

Methodology: Indirect Fluorescent Antibody

Performed by: ARUP (50365)

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 specimens.

Interpretive Comments: The CDC and many state health laboratories recommend testing only for antibody to Legionella pneumophila Type I. A fourfold rise in titer greater than 1:128 from the acute to the convalescent phase provides evidence of a recent infection with Legionella. A standing or single titer greater than or equal to 1:256 suggests past exposure or infection, but is inconclusive for diagnosis. Single titers of less than 1:256 are not considered evidence of infection. Diagnosis of acute infection can only be made with a fourfold or greater rise in titer between acute and convalescent specimens.

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**LEGIONELLA PNEUMOPHILA ANTIBODY
(TYPES 1-6), IGM BY IFA**

Specimen Required:

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

Test Frequency: Mon-Fri

Methodology: Indirect Fluorescent Antibody

Performed by: ARUP (50274)

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 specimens.

Interpretive Comments: The CDC and many state health laboratories recommend testing only for antibody to Legionella pneumophila Type I. A fourfold rise in titer greater than 1:128 from the acute to the convalescent phase provides evidence of a recent infection with Legionella. A standing or single titer greater than or equal to 1:256 suggests past exposure or infection, but is inconclusive for diagnosis. Single titers of less than 1:256 are not considered evidence of infection. Diagnosis of acute infection can only be made with a fourfold or greater rise in titer between acute and convalescent specimens.

968

PNEUMOCYSTIS JIROVECI DFA

Specimen Required:

Quantity: 1.0 Each
Type: Special - Refer to Collection Notes
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Daily

Methodology: Direct Fluorescent Antibody Stain

Performed by: ARUP [60052]

Collection Notes: Specimen Type: Bronchial washing, bronchoalveolar lavage [BAL] or induced sputum.

Unacceptable Samples: Dry specimen, leaking container, formalinized specimens.

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**SMOOTH MUSCLE ANTIBODY [REFLEX TEST]
(ANTI-SMOOTH MUSCLE ANTIBODY)**

Reflex Testing Guideline:

Titer will be performed and billed if initial test is positive.

Specimen Required:

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

Test Frequency: Mon/Wed/Fri

Methodology: Indirect Fluorescent Antibody

Performed by: ARUP [50738]

Collection Notes: Separate serum from cells ASAP.

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

MEDICAL NECESSITY COMMENT:
Approved protocol to allow for interpretation of test requires titer of positive results.