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ANA SCREEN [REFLEX TEST] (ANTINUCLEAR ANTIBODY, FANA)

*Reflex Testing Guideline (SF Service Center only):
ENA Antibodies, IgG (SF Service Center Panel) testing is performed and billed when ANA Screen is positive.*

*Reflex Testing Guideline:
ANA Titer will be performed and billed if Screen is positive.*

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Frozen (<-20C); Refrigerate LIMITED TIME ONLY - See Notes

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

Methodology: Varies
Performed by: Avera/ARUP [50080]

Collection Notes: Temperature: Freeze specimen if storage/transport time will exceed 24-48 hours.

Unacceptable Specimens: plasma, severe lipemia, hemolysis

Testing can be performed on body fluid (not at SF Service Center). If body fluid testing is required, specify source on the test requisition.

Specimen will be saved for 1 month after testing.

ANA is screened with EIA, positives are reflexed as outlined in Reflex Testing Guidelines.

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ANTI-DSDNA (DOUBLE STRANDED DNA ANTIBODY)

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Frozen (<-20C); Refrigerate LIMITED TIME ONLY - See Notes

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

Methodology: Indirect Fluorescent Antibody
Performed by: Avera/ARUP [50215]

Collection Notes: Temperature: Freeze specimen if storage/transport time will exceed 24-48 hours.

Separate serum from cells ASAP.

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

Avera Service Center performing testing:
Sioux Falls SD

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CHLAMYDIA, RAPID DIRECT

Test only available through Sioux Falls Service Center

Specimen Required:

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

Test Frequency: Tues/Fri

Methodology: Enzyme Linked Fluorescent Immunoassay

Performed by: Avera LabNet SF Only

Collection Notes: Sample Type: Specimen collected with specialized Vidas Chlamydia Direct collection kit - male or female.

OCULAR SPECIMENS CAN NOT BE TESTED WITH THIS METHOD. Ocular Specimens must be referred to ARUP Laboratories. Swabs in chlamydia EIA transport media or other chlamydia transport media is required. Specimens must be refrigerated. Please contact client services for appropriate instructions prior to collection of ocular specimens.

Follow collection instructions with kit.

Collection site MUST BE documented on test requisition.

Collection kits can be obtained by calling Client Services.

Ocular Specimens: Will be referred to ARUP Laboratories. Swabs in chlamydia EIA transport media or other chlamydia transport media is required. Specimens must be refrigerated.

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CMV ANTIBODIES SCREEN, TOTAL (CYTOMEGALOVIRUS ANTIBODY)

Test only available through Sioux Falls Service Center.

This test measures both IgG and IgM antibody and should only be used as a screening test.

Order specific CMV Antibody, IgG or IgM as clinically indicated.

Specimen Required:

- Quantity:** 1.0 mL
- Type:** Green (Lithium Heparin) Plasma
- Temperature:** Refrigerate (2-8 C) or Frozen (-20 C)

Test Frequency: Daily

Methodology: Latex Agglutination

Performed by: Avera LabNet SF Only

Collection Notes: Serum is also acceptable.

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EXTRACTABLE NUCLEAR ANTIGEN ANTIBODIES, IGG (SF SERVICE CENTER)

Test Components:

- SCL-70
- Smith
- SSA
- SSB
- RNP
- Jo-1
- Centromere B
- Histone Antibodies
- ds DNA

Specimen Required:

- Quantity:** 1.0 mL
- Type:** Serum (red, gold, or equivalent)
- Temperature:** Frozen (<-20C); Refrigerate LIMITED TIME ONLY - See Notes

Test Frequency: Mon-Fri

Methodology: Multiplexed Fluorescent Immunoassay

Performed by: Avera LabNet SF Only

Collection Notes: Temperature: Freeze specimen if storage/transport time will exceed 24-48 hours.

Separate serum from cells ASAP.

Unacceptable Samples: Plasma, severely lipemic, or bacterially contaminated specimens, other body fluids.

Avoid repeated freeze/thaw cycles.

Medical Necessity Comments: Each ENA antibody may be ordered individually if clinically indicated.

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GLIADIN ANTIBODIES, IGA & IGG

Test Components:
Gliadin Antibody IgA
Gliadin Antibody IgG

Specimen Required:

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

Test Frequency: Mon-Fri

Methodology: Enzyme-Linked Immunosorbent Assay
Performed by: ARUP [99519]

Collection Notes: Separate serum from cells ASAP.

Unacceptable Samples: Plasma, hemolyzed, grossly lipemic, or contaminated specimens, or other body fluids.

321

HEMOGLOBIN, GLYCOSYLATED A1C

MEDICARE COVERAGE NOTICE:

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

Specimen Required:

Quantity: 1.0 mL
Type: Lavendar (EDTA) Whole Blood
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Mon-Fri

Methodology: Avera SF: HPLC; Other Avera Service Centers: TINA Quant

Performed by: Avera LabNet

Collection Notes: DO NOT freeze specimen

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: Wed-Sat

Methodology: Recombinant Immunoblot Assay
Performed by: ARUP [20104]

Collection Notes: Recombinant Innumoblog Assay (RIBA) is recommended for specimens with low positive anti-HCV screening results.

For high positive anti-HCV screening results, ARUP recommends collecting a new specimen and testing for hepatitis C RNA by PCR or bDNA.

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 or EDTA Plasma
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Varies

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

Collection Notes: Plasma (sodium citrate & sodium heparin) is also acceptable.

Unacceptable Samples: Heat treated.

Use of other anticoagulants has been evaluated and may give incorrect results.

907

**INSULIN-LIKE GROWTH FACTOR I
(SOMATOMEDIN C, IGF-1)**

Specimen Required:

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

Test Frequency: Daily

Methodology: Chemiluminescent Immunoassay

Performed by: ARUP [70125]

Collection Notes: Unacceptable Sample: plasma

1074

**NICOTINE & METABOLITES, SERUM OR
PLASMA**

Test Components:

Nicotine
Cotinine
3-OH-Cotinine

Specimen Required:

Quantity: 4.0 mL
Type: Serum (red only, SST not acceptable)
Temperature: Room Temperature

Test Frequency: Mon-Fri

Methodology: Tandem Mass Spectrometry

Performed by: ARUP [92361]

Collection Notes: EDTA Plasma also acceptable.

Unacceptable Samples: Whole blood or serum separator tubes.

431

**OCCULT BLOOD, BY PEROXIDASE ACTIVITY
(E.G. GUAIAIC), QUALITATIVE: FECES**

MEDICARE COVERAGE NOTICE:

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

Consecutive collected specimens with single determination for colorectal neoplasm screening (i.e. patient was provided three cards or single triple card for consecutive collection.)

Specimen Required:

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

Test Frequency: Daily

Methodology: Guiac

Performed by: Avera LabNet

Collection Notes: DO NOT order "Occult Blood, Fecal" testing, when medical necessity indicates testing is for screening purposes, preventive medicine, or patient does not have any clinical signs and symptoms to validate ordering of occult blood testing. For screening purposes, specify "Colorectal Screening."

Specimen Type: Stool specimen applied to approved occult blood card [i.e. Hemoccult].

Samples should not be collected in the presence of rectal bleeding.

Patient should be on diet, excluding red meat, raw fruits and vegetables, prior to specimen collection.

Occult blood collection cards can be obtained from Client Services.

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OCCULT BLOOD, BY PEROXIDASE ACTIVITY (E.G. GUAIAC), QUALITATIVE: FECES, SINGLE SPECIMEN

MEDICARE COVERAGE NOTICE:

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

Specimen Required:

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

Test Frequency: Daily

Methodology: Guaiac
Performed by: Avera LabNet

Collection Notes: DO NOT order "Occult Blood, Fecal" testing when medical necessity indicates testing is for screening purposes, preventive medicine, or patient does not have any clinical signs and symptoms to validate ordering of occult blood testing. For screening purposes, specify "Colorectal Screening."

Specimen Type: Stool specimen applied to approved occult blood card (i.e. hemoccult).

Samples should not be collected in the presence of rectal bleeding.

Patient should be on diet, excluding red meat, raw fruits and vegetables, prior to specimen collection.

Occult blood collection cards can be obtained from Client Services.

1016

RNP (RIBONUCLEIC PROTEIN) ENA ANTIBODY, IGG

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Frozen (<-20C); Refrigerate LIMITED TIME ONLY - See Notes

Test Frequency: Daily

Methodology: Multi-Analyte Fluorescent Detection
Performed by: ARUP [50470]

Collection Notes: Temperature: Freeze specimen if storage/transport time will exceed 24-48 hours.

Avoid repeated freeze/thaw cycles.

Separate serum from cells ASAP.

Unacceptable Samples: Plasma, severely lipemic or bacterially contaminated specimens, other body fluids.

817

SCLERODERMA (SCL-70) ENA ANTIBODY, IGG

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Frozen (<-20C); Refrigerate LIMITED TIME ONLY - See Notes

Test Frequency: Daily

Methodology: Multi-Analyte Fluorescent Detection
Performed by: ARUP [50599]

Collection Notes: Temperature: Freeze specimen if storage/transport time will exceed 24-48 hours.

Avoid repeated freeze/thaw cycles.

Separate serum from cells ASAP.

Unacceptable Samples: Plasma, severely lipemic or bacterially contaminated specimens, other body fluids.

818

SMITH ENA ANTIBODY, IGG

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Frozen (<-20C); Refrigerate LIMITED TIME ONLY - See Notes

Test Frequency: Daily

Methodology: Multi-Analyte Fluorescent Detection
Performed by: ARUP [50085]

Collection Notes: Temperature: Freeze specimen if storage/transport time will exceed 24-48 hours.

Avoid repeated freeze/thaw cycles.

Separate serum from cells ASAP.

Unacceptable Samples: Plasma, severely lipemic or bacterially contaminated specimens, other body fluids.

Interpretive Comment: Smith antibody is very specific for SLE but only occurs in 30-35% of SLE cases. The presence of antibodies to Smith is often associated with renal disease.

1014

SSB (LA) ENA ANTIBODY, IGG

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Frozen (<-20C); Refrigerate LIMITED TIME ONLY - See Notes

Test Frequency: Daily

Methodology: Multi-Analyte Fluorescent Detection
Performed by: ARUP [50692]

Collection Notes: Temperature: Freeze specimen if storage/transport time will exceed 24-48 hours.

Avoid repeated freeze/thaw cycles.

Separate serum from cells ASAP.

Unacceptable Samples: Plasma, severely lipemic or bacterially contaminated specimens, other body fluids.

1013

SSA (RO) ENA ANTIBODY, IGG

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Frozen (<-20C); Refrigerate LIMITED TIME ONLY - See Notes

Test Frequency: Daily

Methodology: Multi-Analyte Fluorescent Detection
Performed by: ARUP [50691]

Collection Notes: Temperature: Freeze specimen if storage/transport time will exceed 24-48 hours.

Avoid repeated freeze/thaw cycles.

Separate serum from cells ASAP.

Unacceptable Samples: Plasma, severely lipemic or bacterially contaminated specimens, other body fluids.

581

TRICHROME STAIN, OVA AND PARASITE

Specimen Required:

Quantity: 3.0 Slides
Type: Special - Refer to Collection Notes
Temperature: Room Temperature

Test Frequency: Daily

Methodology: Cytochemical Stain/Microscopy
Performed by: Avera LabNet

Collection Notes: Sample Type: Submit 2-3 PVA fixed fecal smears for staining and interpretation.

Specimen Handling Comments: Smears from fresh fecal specimens should be prepared and fixed as soon as possible after the specimens arrive in the laboratory [within 30 minutes of stool passage is preferred]. The sooner smears are prepared following passage of the feces, the greater the likelihood of obtaining well stained organisms with preserved morphological detail.

Procedure:

1. Mix several drops of liquid feces with 2-3 drops of PVA fixative on a slide.
2. Spread the mixed material so that it covers 1/3 of the slide. Smear should be thin enough to read newsprint through it.
3. Dry slide completely and submit in slide container.
4. Label all slides with patient name, date of collection, and "PVA fixed."

Note: This test should only be ordered in conjunction with a facility's own reporting of an appropriate ova and parasite exam [direct and concentrate]. DO NOT order this test as an alternative to a complete Ova & Parasite Exam or specific ova & parasite antigen testing.

936

VITAMIN D, 25-HYDROXY

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Frozen (<-20C); Refrigerate LIMITED TIME ONLY - See Notes

Test Frequency: Daily

Methodology: Chemiluminescent Immunoassay
Performed by: ARUP [80379]

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

TEMPERATURE: Freeze specimen if transport/storage will exceed 3 days.