

## Avera Laboratory Network - Alphabetical Test Listing

### 1144 - ALLERGY PROFILE: FOOD ALLERGY PROFILE

*Test Components: Clam, Egg White, Codfish/Whitefish, Corn, Milk (cow's), Peanut, Shrimp, Scallop, Soybean, Walnut, Wheat, and IgE Serum Total*

**Specimen Required:** 4.0 mL Serum (red, gold, or equivalent) - Refrigerate (2 - 8 C)

**Methodology:** ImmunoCAP

**Performed by:** ARUP 50486 - Daily

**Collection Notes:**

- Unacceptable Samples: Hemolyzed, icteric, or lipemic samples.

### 776 - ANGIOTENSIN CONVERTING ENZYME

**Specimen Required:** 1.0 mL Serum (red, gold, or equivalent) - Refrigerate (2 - 8 C)

**Methodology:** Enzymatic

**Performed by:** ARUP [80001] - Daily

### 847 - FUNGAL SEROLOGY

*ARUP 50605 Test Components: Aspergillus Antibody (CF); Blastomyces Antibody (CF); Coccidioides Antibody (CF); and Histoplasma Antibody (Yeast CF and Mycelia CF) Mayo 83121 Test Components: Blastomyces (CF) and (ID); Coccidioides (CF) and (IgG ID) and (IgM ID); Cryptococcus Ag Screen (EIA); Histoplasma Aby Screen (EIA) Note: Reflex for Histoplasma and Cryptococcus may be required.*

**Specimen Required:** 3.0 mL Serum (red, gold, or equivalent) - Refrigerate (2 - 8 C)

**Methodology:** Complement Fixation(CF); Immunodiffusion (ID)

**Performed by:** ARUP/Mayo ARUP[50605] Mayo[83121] - Mon-Fri

**Collection Notes:**

- Sioux Falls Service Center utilizes Mayo Test ID 83121
- If reflex testing required add the following CPTs: 86503 Cryptococcus; 86698 x3 Histoplasma
- All other Service Centers utilize ARUP Test ID 50605
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- 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.
- MEDICAL NECESSITY COMMENTS: Only order tests in this panel format if all test components are medically necessary. Each component may be ordered individually as clinically indicated.

### 355 - IMMUNOGLOBULIN, SINGLE (IGG, IGA, OR IGM)

**Specimen Required:** 1.0 mL Serum (red, gold, or equivalent) - Refrigerate (2 - 8 C)

**Methodology:** Nephelometry

**Performed by:** Avera LabNet - Mon-Fri

**Collection Notes:**

- Separate serum from cells ASAP.
- Sioux Falls Service Center: Heparinized plasma specimens are acceptable
- Other Service Centers: Plasma specimens are not recommended.
- Specify on test requisition which Immunoglobulin assay is being requested.
- Unacceptable Samples: Severely lipemic, contaminated, or hemolyzed specimens.

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### 356 - IMMUNOGLOBULINS, IGG, IGA, IGM

*Test Components: Immunoglobulin, IgA; Immunoglobulin, IgG; and Immunoglobulin, IgM*  
*Medical Necessity Comments: Refer to Collection Notes Section*

**Specimen Required:** 2.0 mL Serum (red, gold, or equivalent) - Refrigerate (2 - 8 C)

**Methodology:** Nephelometry

**Performed by:** Avera LabNet - Mon-Fri

**Collection Notes:**

- Separate serum from cells ASAP.
- Sioux Falls Service Center: Heparinized plasma specimens are acceptable
- Other Service Centers: Plasma specimens are not recommended.
- Unacceptable Samples: Severely lipemic, contaminated, or hemolyzed specimens.
- MEDICAL NECESSITY COMMENTS: Only order tests in this panel format if all test components are medically necessary. Each component may be ordered individually as clinically indicated.

### 361 - IRON BINDING CAPACITY, BLOOD

**MEDICARE COVERAGE NOTICE: Test covered under Medical Review Policy - medical necessity documentation/evaluation and appropriate waiver [ABN] use required.**

*Test Components: Iron and Iron Binding Capacity*

**Specimen Required:** 1.0 mL Green (Lithium Heparin) Plasma or Serum (red, gold or equivalent) - Refrigerate (2 - 8 C)

**Methodology:** Spectrophotometric

**Performed by:** Avera LabNet - Daily

**Collection Notes:**

- Avoid hemolysis.
- Optimum draw time: 8:00 AM

### 474 - PRIMIDONE (MYSOLINE) & METABOLITE, PEAK OR TROUGH

*Test Components: Primidone and Phenobarbital, Total*  
*Medical Necessity Comments: Refer to Collection Notes Section.*

**Specimen Required:** 1.0 mL Serum (red only, SST not acceptable) - Refrigerate (2 - 8 C)

**Methodology:** Fluorescent Polarization Immunoassay

**Performed by:** ARUP [90202] - Daily

**Collection Notes:**

- Do not use serum separator tubes or gels.
- Document whether specimen is Peak, Trough or Random on the requisition.

Draw Times:

- Peak - 3 hours following dose
- Trough - 1 hour before next dose

Suspected Overdose Draw Times:

- Peak - 3 hours after ingestion
- Trough - 8 hours after ingestion

- MEDICAL NECESSITY COMMENTS: Primidone at slightly elevated levels in conjunction with therapeutic levels of Phenobarbital (Primidone metabolite) may be associated with toxicity. Therefore, clinical testing protocol for reporting and interpretation of Primidone requires the completion of Phenobarbital, Total.

### 500 - QUINIDINE (CARDIOQUIN, QUINAGLUTE, QUINIDEX, QUINORA)

**Specimen Required:** 1.0 mL Serum (red only, SST not acceptable) - Refrigerate (2 - 8 C)

**Methodology:** Fluorescence Polarization Immunoassay

**Performed by:** ARUP ARUP 90245 - Daily

**Collection Notes:**

- Unacceptable samples: Serum separator tubes or gels.
- Document whether specimen is Peak, Trough or Random on the requisition.

Draw Times:

- Peak - 1 1/2 hours following dose [short-acting oral & IV] OR 4 hours after dose [long-acting oral].
- Trough - 1 hour before next dose
- Random specimens are recommended to only be drawn in cases of suspected toxicity.

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### 899 - RABIES ANTIBODY

**Specimen Required:** 2.0 mL Serum (red, gold, or equivalent) - Refrigerate (2 - 8 C)

**Methodology:** Varies

**Performed by:** Avera/Other [ARUP 99132; KSU - RFFIT] - Varies

**Collection Notes:**

- Submit vaccination history of patient on requisition.

### 532 - SEMEN ANALYSIS

*Reported Components: Volume, pH, Sperm Count, Sperm Morphology, Motility, 8-Hour Motility [SF Service Center only], and Viscosity*

**Specimen Required:** 1.0 Each Special - Refer to Collection Notes - Special - Refer to Collection Notes

**Methodology:** Microscopy/Stain/pH

**Performed by:** Avera LabNet - Mon-Fri

**Collection Notes:**

Testing Hours:

- Sioux Falls Service Center: Monday-Friday 8:00 am- 12:00 noon

- Other Service Centers: Monday-Friday day shift

Collection Guidelines:

1. Patient should abstain from sexual intercourse or masturbation for 72 hours prior to collection.
2. Obtain a sterile glass or hard plastic container from the Laboratory.
3. Best method of collection is by masturbation. Do not use a condom to collect specimen.
4. Collect the entire specimen.
5. For optimum results, the specimen should be delivered to the Laboratory within 30 minutes of collection.
6. Keep specimen warm by carrying in an inside pocket or by holding specimen against the body.
7. Time of collection must be indicated on the test requisition and on the specimen container.

### 1156 - TESTOSTERONE FREE, ADULT MALE

**Specimen Required:** 1.0 mL Green (Lithium Heparin) Plasma or Serum (red, gold or equivalent) - Refrigerate (2 - 8 C)

**Methodology:** Electrochemiluminescent Immunoassay

**Performed by:** ARUP 70111 - Daily

**Collection Notes:**

- Separate from cells ASAP.

### 1157 - TESTOSTERONE, FREE FEMALES & CHILDREN

**Specimen Required:** 1.0 mL Green (Lithium Heparin) Plasma or Serum (red, gold or equivalent) - Refrigerate (2 - 8 C)

**Methodology:** Tandem Mass Spectrometry

**Performed by:** ARUP 81059 - Daily

**Collection Notes:**

- Separate from cells ASAP.
- This test is suggested for women and children due to an improved sensitivity of testosterone by LC-MS/MS.