Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

2019 Reference Manual Updates

(January 2019 to date)

The enclosed Client Grams include updated and supplemental information to our most recently published Reference Manual (2019) and are intended to be incorporated into or filed with your Reference Manual until the next annual edition is available.

You will receive all future Client Grams with your laboratory reports. If you would like to receive Client Grams via email, please contact your Account Manager or email us at SQLMarketing@SonoraQuest.com.

Please note these changes in your Reference Manual to ensure you have the most accurate test information. You may also visit SonoraQuest.com to use our Searchable Test Directory.

If you have any questions please call our Customer Solutions Department at 602.685.5285 or 520.784.8050.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Sonora Quest Laboratories™
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Client Gram – Laboratory Updates
December 2018 – Volume 41

REMINDER: Discontinuation of Quantiferon® TB Gold Three-Tube Test

Test 905108	**Quantiferon® TB Gold**
Effective:	12/17/18
Comment:	**Test will be discontinued.** Please see below for new testing information and changes in the Quantiferon collection kits and supply numbers.

NEW ASSAY:

Test 906935	**Quantiferon® TB Gold Plus**	
Specimen:	Do not collect on Sundays. For rural areas, collect after 11:00 a.m., Monday through Friday. Using a Quantiferon collection kit (supply #38933), collect 1 mL room temperature (0.8 mL min.) whole blood in each of the following tubes: QFT-Nil control (gray cap, white ring) tube; QFT-TB1 antigen (green cap, white ring) tube; QFT-TB2 antigen (yellow cap, white ring) tube; QFT-Mitogen control (purple cap, white ring) tube. Immediately after filling the tubes, shake them 10 times just firmly enough to ensure the entire surface of the tube is coated with blood, to solubilize antigens on tube walls. **Note:** Specimen collection locations >3350 feet above sea level should use the Quantiferon collection kit (supply #38934) designed for "High Altitude" (tubes with gold ring on top). Samples must be received by lab within 12 hours of collection and incubated by lab within 16 hours of collection. Apply the neon green Quantiferon label provided with your collection kit to the outside of the specimen transport bag. Do not spin/centrifuge samples.	
Method:	Immunoassay	
Reference Range:	Negative	
Setup:	Days: Monday - Sunday	
Reports:	5-7 Days	
CPT*:	86480	
Price:	Client: $ 265.00 Patient: $265.00	
Interface Mapping:	**Result Code** 10906935 20906935 30906935 40906935 50606935	**Result Name** QuantiFERON-TB Plus, 4T NIL Mitogen-NL TB1-NIL TB2-NIL
Comment:	Please note transport temperature is room temperature. Specimens will be shipped refrigerated after incubation and centrifugation by Sonora Quest Laboratories.	

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Client Grams include updated and supplemental laboratory information. Please access our online Test Directory at www.SonoraQuest.com for the most current information.

DISCONTINUED TEST:

Test 14401	**Estrone Sulfate**
Effective:	12/10/18
Comment:	Test has been discontinued by the referral laboratory. Samples submitted prior to 12/10/18 will be tested. Alternative testing is being investigated and an update will be sent as soon as it is available.

ANNOUNCEMENT: Scheduled Application Server Maintenance

On Sunday, December 16, 2018, Sonora Quest Laboratories will be performing application server maintenance. As a result, all computer systems will be unavailable beginning at 6:00 p.m. until approximately 11:00 p.m.

During this period, our Client Services Representatives will not have access to computerized information or patient results. All reporting will resume by normal processes once our systems are operational. Quanum (formerly Care360) users will have uninterrupted access to patient results that were completed prior to 6:00 p.m. Sunday. Quanum will be updated with results completed during the down-time once the server maintenance is completed.

STAT courier services and STAT testing will remain available during this time and will be reported manually by phone via our established down-time processes.

During the down-time, please contact us as follows:

- Client Services: 602.685.5050
- Logistics (for pick-ups including Mobile Diagnostic Services STAT phlebotomy requests): 602.685.5052

ANNOUNCEMENT: Patient Service Center Closure and Relocation

Our Patient Service Center located at 9305 W. Thomas Rd., #300, in Phoenix will be closing at 4 p.m. on Wednesday, December 26, 2018 and relocating to a new site located at 9321 W. Thomas Rd., #105, in Phoenix on Wednesday, January 2, 2019. Your patients can view all of our locations and schedule appointments on their desktop or mobile device at SonoraQuest.com.

REMINDER: Source and Specimen Requirements for Influenza A/B, Rapid Screen and Respiratory Syncytial Virus, Rapid Screen

Please note nasopharyngeal swab in viral transport media or nasopharyngeal wash or aspirate in sterile containers or tubes without additive are the only acceptable sources and specimens for the following tests:

- Test 903345 - Influenza A/B, Rapid Screen
- Test 904248 - Influenza A/B, Rapid Screen w/Reflex Flu Culture/DFA
- Test 904245 - Influenza A/B, Rapid Screen w/Reflex Virus Culture/DFA
- Test 903346 - Respiratory Syncytial Virus, Rapid Screen

Nasopharyngeal swab in viral transport media is the only acceptable source and specimen for the following test:

- Test 906336 - Influenza A/B and RSV, Qualitative, Real-Time RT-PCR

Please indicate source on specimen and on test requisition. **Unacceptable specimens are: nasal swab, nasal aspirate or wash.**

Client Grams include updated and supplemental laboratory information. Please access our online Test Directory at www.SonoraQuest.com for the most current information.

DISCONTINUED TESTS:

Test 5030 **Test 2070**	**Creatine Kinase, MB Fraction** **Creatine Kinase, Total and MB**
Effective:	1/21/19
Comment:	Tests will be discontinued. The recommended alternative testing is test 902303 – Troponin T. Please note that the following profiles containing these tests will also be discontinued: 801081 – CK, CK-MB, Myoglobin, Troponin T 802503 – CK-MB, CPK, Troponin T 803906 – CMP, CBC, Lipid, BNP, CK, CK-MB, Homocysteine, Troponin T Prior to the development of cardiac troponin assays, creatine kinase - myocardial band (CK-MB) was often useful to provide early evidence of myocardial injury. However, in contrast to modern cardiac troponin assays, CK-MB is much less sensitive for the detection of myocardial injury than troponin, requiring larger amounts of tissue injury to allow for its detection. Furthermore, it has lower specificity than troponin, with production/release of CK-MB in skeletal muscle occurring under some physiological and pathological conditions. In 2012, the Third Universal Definition of Acute Myocardial Infarction (AMI) was released, in which cardiac troponin was deemed as the preferred biomarker for the diagnosis of AMI[1]. This recommendation was endorsed by the American College of Cardiology Foundation (ACCF), the European Society of Cardiology (ESC), the American Heart Association (AHA) and the World Heart Federation (WHF). Moreover, in 2014, AHA/ACC guidelines concluded that CK-MB is not useful in the diagnosis of ACS (Class III, Level of Evidence: A).[2] While CK-MB has been historically used for other purposes, to include detecting MI after percutaneous coronary intervention, estimating infarct size, and diagnosing reinfarction, its utility in these aspects remains controversial or has been demonstrated to be adequately replaced with cardiac troponin.[3,4] 1. Thygesen K, et al. Third Universal Definition of Myocardial Infarction. *J Am Coll Cardiol*. 2012; 60:1581-1598 2. Amsterdam EA, et al. AHA/ACC Guideline for the Management of Patients with Non-ST-Elevation Acute Coronary Syndromes: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol*. 2014; 64:e139-e228 3. Saenger AK, Jaffe AS. Requiem for a Heavyweight: The Demise of Creatine Kinase-MB. *Circulation*. 2008;118:2200-2206 4. Jaffe AS, Morrow DA. Biomarkers of Cardiac Injury Other than Troponin. In: Saperia GM, ed. UpToDate. Waltham Mass.: UpToDate; 2018. www.uptodate.com. Accessed August 24, 2018.

CORRECTION:

The interface mapping for TB2-NIL provided in Client Gram volume 43 was incorrect. The correct result code is provided below.

Test 906935	**Quantiferon® TB Plus**	
Interface Mapping:	**Result Code**	**Result Name**
	10906935	QuantiFERON-TB Plus, 4T
	20906935	NIL
	30906935	Mitogen-NL
	40906935	TB1-NIL
	50906935	**TB2-NIL**

Sonora Quest Laboratories™
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Client Gram – Laboratory Updates
January 2019 – Volume 2

Aetna Healthcare Reminder

Sonora Quest remains a preferred provider for all Aetna plans in 2019 and is the EXCLUSIVE laboratory services provider for Banner | Aetna attributed members

Sonora Quest has a longstanding relationship with Aetna and will continue to be a preferred laboratory services provider in 2019. **Additionally, we are the exclusive laboratory services provider for Banner | Aetna attributed members, which make up more than 50% of all Aetna members in Arizona.** Sonora Quest is the only lab in Arizona that can serve 100% of your Aetna patients. Continuing to route your Aetna lab work to us reduces complexity for your staff.

Our extensive Patient Service Center network of 70+ locations throughout Arizona, including 13 locations in Safeway stores, is prepared to serve all of your Aetna patients. We offer a local comprehensive test menu which encompasses routine, molecular, prescription drug monitoring, genetic, women's health, and pathology testing services, including more than 60 board certified anatomic, gynecologic, and clinical pathologists.

EMR Health Plan Mapping & Additional Information

Some EMRs allow for health plan mapping for ease in routing your patient's samples to the appropriate laboratory for testing. Sonora Quest Laboratories has Connectivity Consultants available to visit your office to facilitate this process. To schedule a visit, please contact your Account Manager or our Sales Support Department at 602.685.5285 (toll free at 800.766.6721 ext. 5285).

Please visit SonoraQuest.com for a complete list of our contracted health plans and Patient Service Centers.

Sonora Quest Laboratories™
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Client Gram – Laboratory Updates
January 2019 – Volume 3

ANNOUNCEMENT: Sonora Quest Partners with Cleveland HeartLab to Offer Diagnostic Services for Managing Cardiovascular Disease

Please see the cardiometabolic testing below now offered through our partnership with the Cleveland HeartLab Cardiometabolic Center of Excellence. Please contact your Account Manager or our Sales Support Department at 602.685.5285 (toll free at 800.766.6721 ext. 5285).

NEW ASSAYS (Performed at Cleveland HeartLab):

Visit SonoraQuest.com/Test-Directory for EMR interface mapping and LOINC codes

Test 906897	**Cardio IQ™ ADMA and SDMA (Asymmetric dimethylarginine; Symmetric dimethylarginine)**
Available:	1/14/19
Specimen:	1.0 mL refrigerated serum from a serum separator tube (0.5 mL minimum).
Method:	Tandem Mass Spectrometry (LC-MS/MS)
Reference Ranges:	See Report
Reports:	5-9 Days
CPT*:	82542
Price:	Client: $50.00 Patient: $50.00

Test 906899	**Cardio IQ™ F2 Isoprostane/Creatinine**
Available:	1/14/19
Specimen:	2.0 mL refrigerated random urine in a sterile urine vial container, no preservatives, labelled "Urine" (1.5 mL minimum).
Method:	LC-MS/MS
Reference Ranges:	See Report
Reports:	3-7 Days
CPT*:	82542, 82570
Price:	Client: $86.65 Patient: $86.65

Test 906902	**Cardio IQ™ Galectin-3**
Available:	1/14/19
Specimen:	1.0 mL refrigerated serum from a serum separator tube (0.5 mL minimum).
Method:	Enzyme-linked Immunoassay (ELISA)
Reference Ranges:	See Report
Reports:	2-7 Days
CPT*:	82777
Price:	Client: $80.95 Patient: $80.95

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Test 906894	Cardio IQ™ HDL2b
Available:	1/14/19
Specimen:	0.5 mL refrigerated serum from a serum separator tube (0.3 mL minimum).
Method:	Microfluidics Electrophoresis
Reference Ranges:	See Report
Reports:	5-9 Days
CPT*:	83701
Price:	Client: $50.00 Patient: $50.00

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Test 906896	Cardio IQ™ Myeloperoxidase (MPO)
Available:	1/14/19
Specimen:	1.0 mL refrigerated plasma from a lavender (EDTA) tube (0.5 mL minimum). Collect in lavender top tube, spin immediately and transfer to transport tube labeled "EDTA Plasma".
Method:	Turbidimetric Immunoassay (TIA)
Reference Ranges:	See Report
Reports:	2-5 Days
CPT*:	83876
Price:	Client: $55.00 Patient: $100.00

Test 906900	Cardio IQ™ OmegaCheck™
Available:	1/14/19
Specimen:	0.5 mL refrigerated whole blood from a lavender (EDTA) tube (0.1 mL minimum).
Method:	Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)
Reference Ranges:	See Report
Reports:	5-9 Days
CPT*:	82542
Price:	Client: $50.00 Patient: $50.00

Test 906898	Cardio IQ™ Oxidized LDL
Available:	1/14/19
Specimen:	0.5 mL refrigerated plasma from a lavender (EDTA) tube (0.2 mL minimum).
Method:	Enzyme-linked Immunoassay (ELISA)
Reference Ranges:	See Report
Reports:	2-7 Days
CPT*:	83520
Price:	Client: $50.00 Patient: $50.00

Test 906895	Cardio IQ™ sdLDL
Available:	1/14/19
Specimen:	0.5 mL refrigerated serum from a serum separator tube (0.2 mL minimum).
Method:	Immunoturbidimetric
Reference Ranges:	See Report
Reports:	2-5 Days
CPT*:	83722
Price:	Client: $49.00 Patient: $49.00

Test 906901	Cardio IQ™ TMAO (Trimethylamine N-oxide)
Available:	1/14/19
Specimen:	1.0 mL refrigerated serum from a serum separator tube (0.5 mL minimum). Overnight fasting is preferred. Patient should refrain from consuming fish or other seafood the day before the blood draw to avoid false elevations of TMAO.
Method:	LCTMS
Reference Ranges:	See Report
Reports:	5-9 Days
CPT*:	82542
Price:	Client: $50.00 Patient: $50.00

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Client Gram – Laboratory Updates
January 2019 – Volume 4

ANNOUNCEMENT: Coccidioides Comp Fix Testing Delays

Due to national reagent backorder, Coccidioides Comp Fix results are currently delayed. The following tests are impacted:

- 1063 – Coccidioides Complement Fixation
- 11059 – Coccidioides Antibody, Pleural Fluid, Complement Fixation
- 901098 – Coccidioides Monitoring Panel

Please note any screens for Coccidioides that reflexes to Comp Fix will also be delayed. Specimens are being stored frozen and will be tested once reagent is available. An update will be sent once testing has resumed.

ASSAY CHANGES:

Test 7073	**Methylmalonic Acid**	
Effective:	2/11/19	
Method:	Liquid Chromatography/Tandem Mass Spectrometry	
Reference Ranges:	≤339 nmo/L	
Setup:	Days: Monday - Friday	
Reports:	5 Days	
CPT*:	83921	
Price:	Client: $144.90 Patient: $190.78	
Interface Mapping:	**Result Code** 10007073	**Result Name** Methylmalonic Acid

Test 902701	**Mung Bean IgE (Bean Sprouts)**	
Effective:	Immediately	
Interface Mapping:	**Result Code** 10902701 20902701	**Result Name** Mung Bean IgE Class

Test 900535	**Red Snapper, IgE**	
Effective:	Immediately	
Interface Mapping:	**Result Code** 10900535 20900535	**Result Name** Red Snapper, IgE Class

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Test 5723	Sugar Cane, IgE	
Effective:	Immediately	
Interface Mapping:	**Result Code** 10005723 20005723	**Result Name** Sugar Cane, IgE Class

Test 900532	Whitefish, IgE	
Effective:	Immediately	
Interface Mapping:	**Result Code** 10900532 20900532	**Result Name** Whitefish IgE Class

DISCONTINUED TESTS:

Test 207044	Allergen, Regional Screen
Effective:	1/15/19
Comments:	Test will be discontinued. No recommended alternative testing is available at this time. Please contact your Account Manager for alternative testing options.

Test 906698	APO E Genotyping, Cardiovascular Risk
Effective:	1/14/19
Comments:	Test will be discontinued. The recommended alternative testing is test 906889 – Cardio IQ APOE Genotype.

Test 905781	Galectin-3, Serum
Effective:	1/14/19
Comments:	Test will be discontinued. The recommended alternative testing is test 906902 – Cardio IQ Galectin-3.

BILLING CHANGES:

Test 906367	BRCAvantage™ Rearrangements
Effective:	2/1/19
CPT*:	81164
Price:	Client: $600.00 Patient: $600.00

Sonora Quest Laboratories™
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Client Gram – Laboratory Updates
January 2019 – Volume 7

ANNOUNCEMENT: Printed Reference Manual Discontinued in Favor of SonoraQuest.com Test Directory

In order to provide our customers with the most current and accurate laboratory testing information, our online Test Directory, located at SonoraQuest.com/Test-Directory, is updated daily — including the updates sent out in our Client Grams. This ensures that you to have instant access to the most current information for proper sample submission to the lab. Our online Test Directory is mobile-friendly and can be utilized on tablets and mobile devices as well as your desktop computer. We will no longer distribute a printed Reference Manual.

In addition to specimen requirements, CPT codes, and methodology, our online Test Directory provides you with:

- EMR interface mapping
- LOINC codes
- Reference ranges
- Setup days
- Result turnaround time
- Related resources: links to provider and patient educational materials
- General information on specimen preparation and submission, including specific information for various lab departments such as anatomic pathology, flow cytometry, genetics/genomics, and microbiology

Please visit SonoraQuest.com/Test-Directory to utilize our online Test Directory.

If internet is not available in your office please contact your Account Manager or Sales Support at SQLMarketing@sonoraquest.com or 602.685.5285 for alternative options.

Sonora Quest Laboratories™
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Client Gram – Laboratory Updates
January 2019 – Volume 8

NEW ASSAY:

Test 906974	Cardio IQ™ Insulin Resistance Panel with Score	
Available:	2/2/19	
Comment:	Test includes Insulin, Intact, C-Peptide and Insulin Resistance Score testing.	
Specimen:	0.5 mL refrigerated serum from a serum separator tube (0.3 mL minimum). Overnight fasting is preferred.	
Method:	Immunocapture Liquid Chromatography/Tandem Mass Spectrometry	
Reference Ranges:	See Report	
Setup:	Days: Monday and Thursday	
Reports:	5-9 Days	
CPT*:	83525, 84681	
Price:	Client: $120.00 Patient: $120.00	
Interface Mapping:	**Result Code** 10906974 20906974 30906974	**Result Name** Insulin, Intact C-Peptide Insulin Resistance Score

ASSAY CHANGES:

Test 906142	Health Panel, TEM-PCR
Specimen:	Endocervical swab, vaginal swab, male urethral swab or urine in the white-cap eSwab (supply #25784).
Comment:	Due to discontinuation by the manufacturer, supply item #25659 - Multi-Collect STD Collection Kit has been replaced with supply item #25784 – eSwab – White-cap Routine Culture Swabs. You may continue to use any Multi-Collect STD Collection Kits that you have remaining when submitting samples for test 906142 – Health Panel, TEM-PCR.

BILLING CHANGES:

Test 906888	Cardio IQ 9p21 Genotype
Effective:	Immediately
CPT*:	81479
Price:	Client: $203.00 Patient: $211.12

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Client Grams include updated and supplemental laboratory information. Please access our online Test Directory at www.SonoraQuest.com for the most current information.

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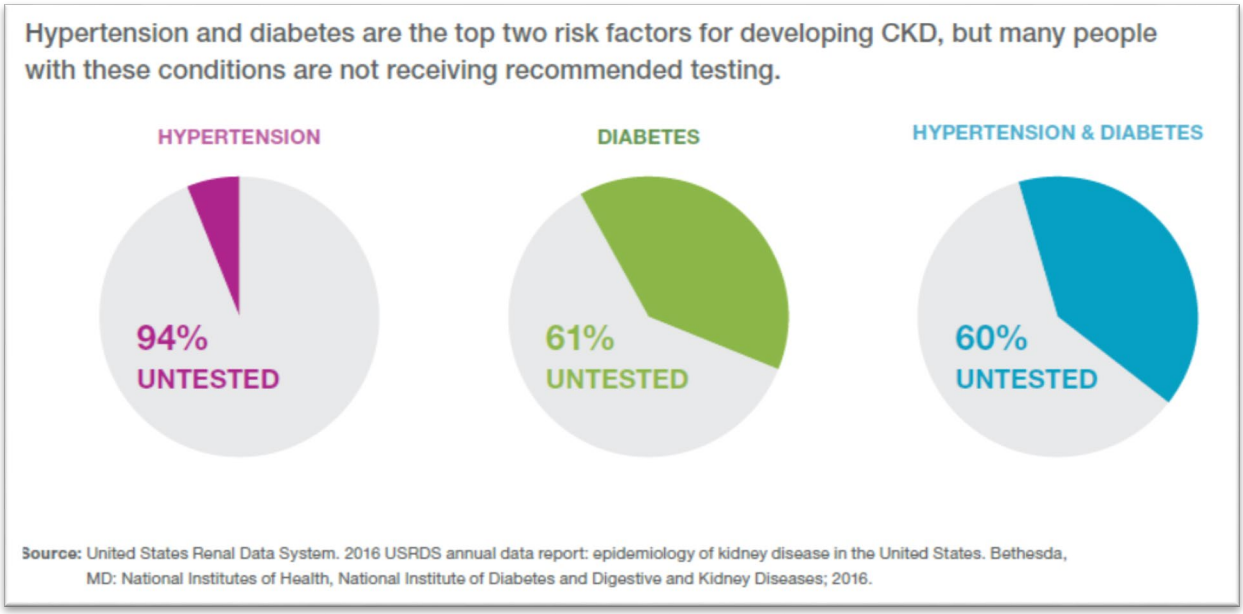
Client Gram – Laboratory Updates
January 2019 – Volume 9

ANNOUNCEMENT: Sonora Quest Laboratories Partners with The National Kidney Foundation to Improve Laboratory Assessment of Chronic Kidney Disease

Sonora Quest Laboratories has recently partnered with The National Kidney Foundation (NKF) and American Society for Clinical Pathology (ASCP) in the CKD*intercept* Laboratory Engagement Plan to help overcome routine obstacles observed in chronic kidney disease (CKD) testing and improve primary care diagnosis and assessment of CKD.

Background

- Over 30 million American adults are estimated to be living with chronic kidney disease (CKD)
- Over 80% of those with CKD are unaware of having the condition
- Of patients with major risk factors, less than 10% with hypertension and less than 60% with diabetes are appropriately assessed with an annual test for *urinary albumin/creatinine ratio*



National Kidney Foundation CKD*intercept*

Recognizing these gaps, in 2018, the NKF implemented its Laboratory Engagement Plan, with the specific goal to reduce obstacles to establishing kidney disease testing for at-risk populations as standard-of-care in primary practice. The goals of this project include:

1. Establishing consensus terminology and laboratory report formats for albuminuria testing.
2. Standardizing eGFR reports to use the 2009 CKD-EPI (creatinine) equation.
3. Development of a standardized “Kidney Profile”, combining eGFR and urine albumin profiles.

The Sonora Quest Commitment

Sonora Quest has employed the 2009 CKD-EPI equation for estimating GFR for many years. However, to meet additional goals of this nation-wide effort to improve and standardize care, we will be implementing two NKF recommended updates to its testing options on February 11, 2019.

1. **Microalbumin will no longer be used in reference to urine albumin**

   Microalbumin is a misleading term that refers to performance characteristics of some historical urine dipstick devices. Its application in routine practice can lead to confusion, suggesting reference to a "small" albumin, or a situation somehow different from albuminuria. Moreover, it has been historically defined as a specific range of discrete values.

   Modern definitions of albuminuria reflect a more accurate state where the concentration of albumin exhibits a continuous relationship with cardiovascular risk. It does not represent a specific range of test values nor is not defined by any special "type" of albumin as older terms may suggest.

   The term microalbumin will remain available as an alias for this test during ordering, but will not show on any final reports.

   Persistent Albuminuria Categories:
   - Normal/Mild Increase: < 30 mg/g
   - Moderately Increased: 30 - 300 mg/g
   - Severely Increased: > 300 mg/g

   Kidney Inter Suppl. 2013; 3: 1-150

2. **A new "Kidney Profile" (Test Code: 803943) will be available for order**

   The Kidney Profile is intended to simplify ordering practices, ensuring that critical laboratory evaluations for CKD are performed on a more consistent basis. This test is not the same as the CMS defined Renal Function Panel. This profile consists of:

   - Serum Creatinine
   - eGFR (2009 CKD-EPI equation)
   - Albumin/Creatinine Ratio, Urine

Test 803943	**Kidney Profile**	
Specimen:	2 mL refrigerated serum from a serum separator tube (SST) (1 mL min) AND 10 mL refrigerated random urine in a screw cap container (1 mL min).	
Interface Mapping:	**Result Code**	**Result Name**
	10001014	Creatinine
	10901736	GFR Estimated (Non-African American)
	11901736	GFR Estimated (African American)
	10002498	Creatinine, Urine, Random
	10009929	Urine Albumin/Urine Creatinine Ratio
	11009929	Urine Albumin, Random

3. **Educational resources for both Patients and Professionals will be made available**

   The NKF and ASCP have partnered to produce educational resources to enhance patient and professional understanding of CKD as well as current options for testing.

   These resources are available through the ASCP website.

If you would like to discuss how these changes will affect you or your practice, Sonora Quest can provide clinical consultation upon request. For additional information, please contact our Client Service Department at 602.685.5050.

Sonora Quest Laboratories™
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Client Gram – Laboratory Updates
February 2019 – Volume 10

ANNOUNCEMENT: HER2 Reporting Guidelines

Effective Thursday January 31, 2019, the reporting of breast prognostic markers was revised to reflect the latest CAP/ASCO HER2 reporting guidelines. The revisions include reporting HER2 FISH as Groups 1-5 and reporting the final HER2 status as a combined interpretation based on IHC and FISH results.

ANNOUNCEMENT: Patient Service Center Updates

Location	Update
3132 E. Camelback Rd., Phoenix (located inside Safeway)	New hours effective 3/4/19: Monday – Friday, 7:00 a.m. – 5:00 p.m.; Saturday 8:00 a.m. – Noon (by appointment only)
37100 N. Gantzel Rd., Queen Creek	New hours effective 2/1/19: Monday – Friday, 7:00 a.m. – 3:00 p.m.
3970 Stockton Hill Rd., Kingman (located inside Safeway)	Appointment only and new hours effective 2/25/19: Monday – Friday, 7:00 a.m. – 4:00 p.m. (closed for lunch 11:00 a.m. – 12:00 p.m.)
2505 Hualapai Mountain Rd., Suite A, Kingman	New location opening 2/25/19: Monday – Friday, 7:00 a.m. – 4:00 p.m. (closed for lunch 12:00 p.m. – 1:00 p.m.)

ASSAY CHANGES:

Test 2498	**Creatinine, Urine, Random**
Effective:	2/19/19
Reference Range:	19-280 mg/dL

Test 9201	**Estradiol**	
Effective:	2/11/19	
Reference Ranges:	**Female (18 Years & Above)**	
	Follicular	12-233 pg/mL
	Ovulation	41-398 pg/mL
	Luteal	22-341 pg/mL
	Postmenopausal	<139 pg/mL
	Pregnancy (1st Trimester)	154-3243 pg/mL
	Pregnancy (2nd Trimester)	1561-21,280 pg/mL
	Pregnancy (3rd Trimester)	>8525 pg/mL
	Male (18 Years & Above)	**<45 pg/mL**

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Client Gram – Laboratory Updates
February 2019 – Volume 11

CORRECTION: Patient Service Center Update

In Client Gram volume 10, we stated that the new hours for our Patient Service Center located at 37100 N. Gantzel Rd., in Queen Creek were: Monday – Friday, 7:00 a.m. – 3:00 p.m. The correct hours are: **Monday – Friday, 7:00 a.m. – 3:30 p.m.**

ANNOUNCEMENT: Scheduled Application Server Maintenance

On Sunday, February 24, 2019, Sonora Quest Laboratories will be performing application server maintenance. As a result, all computer systems will be unavailable beginning at 6:00 p.m. until approximately 11:00 p.m.

During this period, our Client Services Representatives will not have access to computerized information or patient results. All reporting will resume by normal processes once our systems are operational. Quanum (formerly Care360) users will have uninterrupted access to patient results that were completed prior to 6:00 p.m. Sunday. Quanum will be updated with results completed during the down-time once the server maintenance is completed.

STAT courier services and STAT testing will remain available during this time and will be reported manually by phone via our established down-time processes.

During the down-time, please contact us as follows:

- Client Services: 602.685.5050
- Logistics (for pick-ups including Mobile Diagnostic Services STAT phlebotomy requests): 602.685.5052

DISCONTINUED TESTS:

Test 8016	**Arginine Vasopressin, Antidiuretic Hormone**
Effective:	3/4/19
Comments:	Test will be discontinued by the referral laboratory. No recommended alternative testing is available at this time.

Test 10109	**Arginine Vasopressin and Osmolality**
Effective:	3/4/19
Comments:	Please note that this profile contains discontinued Test 8016 - Arginine Vasopressin, Antidiuretic Hormone and will also be discontinued. No recommended alternative testing is available at this time.

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Client Gram – Laboratory Updates
March 2019 – Volume 12

ANNOUNCEMENT: Patient Service Center Updates

Location	Update
Florence: 3325 N. Hunt Hwy.	New location opening 3/18/19: Tuesday – Saturday, 6:30 a.m. – 2:30 p.m.
Surprise: 13856 W. Waddell Rd., #107	New location opened 3/4/19: Monday – Friday, 7:00 a.m. – 4:00 p.m.
Tucson: 6360 E. Golf Links Rd., (located inside Safeway)	Appointment only on Saturdays effective 4/6/19

ANNOUNCEMENT: Immunodiffusion IgG and IgM Testing Delays

Due to the lack of reagent availability, Coccidioides Antibody IgG and IgM results are currently delayed. The following tests are impacted:

- 904084 – Coccidioides Antibody IgG (IMDF)
- 904083 – Coccidioides Antibody IgG/IgM Confirmation (IMDF)
- 7048 – Coccidioides Antibody IgG, CSF
- 904090 – Coccidioides Antibody IgG/IgM (IMDF) w/Reflex Comp Fix
- 904085– Coccidioides Antibody IgM (IMDF)

Please note any screens for Coccidioides that reflexes Coccidioides Antibody IgG and IgM will also be delayed. Including:

- 1061 – Coccidioides Panel w/IMDF Confirm and Comp Fix
- 1062 – Coccidioides Screen w/Reflex IMDF Confirmation
- 9061 – Coccidioides Antibody TP w/IMDF Confirmation

Specimens are being stored frozen and will be tested once reagent is available.

Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Client Gram – Laboratory Updates
March 2019 – Volume 13

UPDATE: Immunodiffusion IgG and IgM Testing Delays

In Client Gram volume 12 it was announced that Coccidioides Antibody IgG and IgM results would be delayed due to reagent backorder. We anticipate reagent to arrive next week and for testing to resume at that time. Slight delays in reporting may occur over the next week or two as we work through the backlog. An update will be sent once testing has resumed.

Please see the impacted tests below:

- 904084 – Coccidioides Antibody IgG (IMDF)
- 904083 – Coccidioides Antibody IgG/IgM Confirmation (IMDF)
- 7048 – Coccidioides Antibody IgG, CSF
- 904090 – Coccidioides Antibody IgG/IgM (IMDF) w/Reflex Comp Fix
- 904085– Coccidioides Antibody IgM (IMDF)
- 1061 – Coccidioides Panel w/IMDF Confirm and Comp Fix
- 1062 – Coccidioides Screen w/Reflex IMDF Confirmation
- 9061 – Coccidioides Antibody TP w/IMDF Confirmation

REMINDER: Printed Reference Manual Discontinued in Favor of SonoraQuest.com Test Directory

In order to provide our customers with the most current and accurate laboratory testing information, our online Test Directory, located at SonoraQuest.com/Test-Directory, is updated daily — including the updates sent out in our Client Grams. This ensures that you to have instant access to the most current information for proper sample submission to the lab. Our online Test Directory is mobile-friendly and can be utilized on tablets and mobile devices as well as your desktop computer. We will no longer distribute a printed Reference Manual.

Please visit SonoraQuest.com/Test-Directory to utilize our online Test Directory.

If internet is not available in your office please contact your Account Manager or Sales Support at SQLMarketing@sonoraquest.com or 602.685.5285 for alternative options.

Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Client Gram – Laboratory Updates
March 2019 – Volume 15

ANNOUNCEMENT: Vitamin B12 Binding Capacity Testing Delay

Due to reagent unavailability, testing for Vitamin B12 Binding Capacity (test code 8112) is currently delayed. Samples are being frozen until reagent is received, which is expected to arrive on March 31. An update will be sent once the reagent has been received and testing resumes.

ANNOUNCEMENT: Scheduled Application Server Maintenance

On Sunday, March 24, 2019, Sonora Quest Laboratories will be performing application server maintenance. As a result, all computer systems will be unavailable beginning at 6:00 p.m. until approximately 11:00 p.m.

During this period, our Client Services Representatives will not have access to computerized information or patient results. All reporting will resume by normal processes once our systems are operational. Quanum (formerly Care360) users will have uninterrupted access to patient results that were completed prior to 6:00 p.m. Sunday. Quanum will be updated with results completed during the down-time once the server maintenance is completed.

STAT courier services and STAT testing will remain available during this time and will be reported manually by phone via our established down-time processes.

During the down-time, please contact us as follows:

- Client Services: 602.685.5050
- Logistics (for pick-ups including Mobile Diagnostic Services STAT phlebotomy requests): 602.685.5052

ASSAY CHANGES:

Test 701843	**HLA Typing for Celiac Disease**
Effective:	3/18/2019
Specimen:	5.0 mL room temperature whole blood from an EDTA lavender-top tube (3.0 mL minimum).

Test 9210	**Ferritin**
Effective:	3/26/2019
Reference Ranges:	**Male:** 25-506 ng/mL **Female:** Up to 49 Years: 11-230 ng/mL 50 Years & Above: 14-313 ng/mL

DISCONTINUED TEST:

Test 3547	**Albumin, CSF**
Effective:	3/18/19
Comment:	Test will be discontinued. Please see below for the recommended alternative testing.

Recommended Alternative Test:

Test 102179	**Albumin Body Fluid**		
Interface Mapping:	**Result Code** 11002179	**Result Name** Albumin, Body Fluid	
	Ask at order entry question:		
	Result Code 10002140	**Result Name** Source:	**Response Options** Pericardial Peritoneal Pleural Synovial Other – Please specify Unknown

Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Client Gram – Laboratory Updates
April 2019 – Volume 16

ANNOUNCEMENT: Hepatitis B Surface Antibody Testing Delays

Due to a reagent backorder from the vendor, Hepatitis B Surface Antibody testing will be temporarily delayed beginning late in the week of April 1. The following tests will be impacted:

- 9235 **-** Hepatitis B Surface Antibody
- 21810 - Hepatitis B Surface Antibody, Quantitative

Please note any profiles or panels that include Hepatitis B Surface Antibody will also be delayed. Specimens are being stored frozen and will be tested once reagent is available. Reports will be released with amended results once testing resumes, which is expected to be on April 22.

ASSAY CHANGES:

Test 11083	**Beta2-Glycoprotein I Antibodies (IgG, IgA, IgM)**	
Effective:	4/15/2019	
Interface Mapping:	**Result Code** 11113081 11113091 10003813	**Result Name** B2-Glycoprotein I Ab IgG B2-Glycoprotein I Ab IgM Beta 2 Glycoprotein I Antibody

Test 905434	**Old Name: SureSwab®, H. simplex Virus, Type 1/2 DNA, RT-PCR** **New Name: SureSwab®, H. simplex Virus, Type 1/2 mRNA, TMA**
Effective:	4/1/2019
Method:	Transcription Mediated Amplification
Specimen:	Swab from Aptima® Multitest Swab Collection (orange label) is the only acceptable specimen. **Please note:** The Aptima® Unisex Collection kit (white label) is no longer an acceptable specimen for this test.

Test 8045	**Thyroxine (T4)**	
Effective:	4/15/2019	
Reference Ranges:	0-1 Years: 1-6 Years: 7-11 Years: 12-17 Years: 18 Years & Above:	Not Established 6.2-12.3 ug/dL 5.5-11.1 ug/dL 5.0-10.8 ug/dL 4.9-11.1 ug/dL

Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Client Gram – Laboratory Updates
April 2019 – Volume 17

UPDATE: Coccidioides Immunodiffusion (IMDF) IgG and IgM Testing Delays

We are continuing to troubleshoot performance issues related to the reagent plates used for Cocci IMDF testing. In order to meet our exceptional quality standards and provide our clients with accurate and actionable results, our serology team is in the process of validating reagents from an alternative manufacturer. We anticipate the validation process will take an additional two weeks to complete. An update will be sent once testing has resumed.

The following tests continue to be impacted:

- 904084 – Coccidioides Antibody IgG (IMDF)
- 904083 – Coccidioides Antibody IgG/IgM Confirmation (IMDF)
- 7048 – Coccidioides Antibody IgG, CSF
- 904090 – Coccidioides Antibody IgG/IgM (IMDF) w/Reflex Comp Fix
- 904085– Coccidioides Antibody IgM (IMDF)

Please note any screens for Coccidioides that reflexes Coccidioides Antibody IgG and IgM will also be delayed. Including:

- 1061 – Coccidioides Panel w/IMDF Confirm and Comp Fix
- 1062 – Coccidioides Screen w/Reflex IMDF Confirmation
- 9061 – Coccidioides Antibody TP w/IMDF Confirmation

Specimens are being stored frozen and will be tested once reagent is available.

Note: Since Cocci IMDF is used to confirm the presence of CF antibodies in patients with anti-complimentary activity, a small proportion of Cocci Complement Fixation test results have also been impacted by this reagent issue.

ASSAY CHANGES:

Test 906452 **Test 906450** **Test 906142** **Test 906451**	**Bacterial Vaginosis Panel, TEM-PCR™** **Candidiasis Panel, TEM-PCR™** **Health Panel, TEM-PCR™** **Sexually Transmitted Disease Panel, TEM-PCR™**
Specimen:	**Female:** Endocervical swab, vaginal swab or urine in the white-cap eSwab (supply #25784). **Male:** Urethral swab or urine in the white-cap eSwab (supply #25784).

Test 100308 **Test 100309** **Test 13813**	**B2-Glycoprotein I Ab IgG** **B2-Glycoprotein I Ab IgM** **Beta 2 Glycoprotein I Antibody IgA**
Effective:	4/15/2019
Method:	Immunoassay

Test 904627	Chlamydia trachomatis RNA, TMA, Rectal		
Effective:	4/15/2019		
Interface Mapping:	**Result Code** 10903150	**Result Name** Chlamydia trachomatis	
	Ask at order entry question:		
	Result Code 99903460	**Result Name** Source:	**Response Options** Rectal Source Not Provided
Comments:	Testing will be performed at our main laboratory in Tempe.		

Test 904629	Chlamydia trachomatis RNA, TMA, Throat		
Effective:	4/15/2019		
Interface Mapping:	**Result Code** 10903150	**Result Name** Chlamydia trachomatis	
	Ask at order entry question:		
	Result Code 99903478	**Result Name** Source:	**Response Options** Throat/Oral Source Not Provided
Comments:	Testing will be performed at our main laboratory in Tempe.		

Test 903460	Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA, Rectal		
Effective:	4/15/2019		
Interface Mapping:	**Result Code** 10903150 10903151	**Result Name** Chlamydia trachomatis N. gonorrhoeae	
	Ask at order entry question:		
	Result Code 99903460	**Result Name** Source:	**Response Options** Rectal Source Not Provided
Comments:	Testing will be performed at our main laboratory in Tempe.		

Test 903478	Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA, Throat		
Effective:	4/15/2019		
Interface Mapping:	**Result Code** 10903150 10903151	**Result Name** Chlamydia trachomatis N. gonorrhoeae	
	Ask at order entry question:		
	Result Code 99903478	**Result Name** Source:	**Response Options** Throat/Oral Source Not Provided
Comments:	Testing will be performed at our main laboratory in Tempe.		

Test 906560	Neisseria gonorrhoeae RNA, TMA, Rectal		
Effective:	4/15/2019		
Interface Mapping:	**Result Code** 10903151	**Result Name** N. gonorrhoeae	
	Ask at order entry question:		
	Result Code 99903460	**Result Name** Source:	**Response Options** Rectal Source Not Provided
Comments:	Testing will be performed at our main laboratory in Tempe.		

Test 904630	Neisseria gonorrhoeae RNA, TMA, Throat		
Effective:	4/15/2019		
Interface Mapping:	**Result Code** 10903151	**Result Name** N. gonorrhoeae	
	Ask at order entry question:		
	Result Code 99903478	**Result Name** Source:	**Response Options** Throat/Oral Source Not Provided
Comments:	Testing will be performed at our main laboratory in Tempe.		

REMINDER: Potential Interferences Of Anticoagulant Medications On Coagulation Testing And Recommendations For The Monitoring Of Anticoagulant Therapy

Effects of Anticoagulants on Coagulation Assays:

Assay	Vitamin K Antagonists	Unfractionated Heparin	Low Molecular Weight Heparin	Direct Thrombin Inhibitors	Xa Inhibitors
aPTT	Prolonged	Prolonged	No Effect	Prolonged	Prolonged
Prothombin (PT/INR)	Prolonged	No Effect	No Effect	Prolonged	Prolonged
Thrombin time	No Effect	Prolonged	Slightly Prolonged	Prolonged	No Effect
aPTT Mix correction	Complete	Incomplete	Incomplete	Incomplete	Incomplete
PT Mix correction	Incomplete	N/A	N/A	Incomplete	Incomplete
DRVVT	Elevated	No Effect	No Effect	Elevated	Elevated
Silica Clotting Time	Elevated	Elevated	No Effect	No Effect	No Effect
Fibrinogen	No Effect	May be low	No Effect	May be low	No Effect
Chromogenic Protein C	Decreased	No Effect	No Effect	No Effect	No Effect
Free Protein S	Decreased	No Effect	No Effect	No Effect	No Effect
APC Resistance ratio	Increased or Decreased	Elevated	No Effect	Elevated	Elevated

Recommended testing to monitor anticoagulant therapy:

- For Vitamin K antagonists (e.g., Warfarin) the Prothrombin Time (PT/INR) is recommended.
- Direct oral anticoagulant medications (Non-Vitamin K) should not be monitored with PT/INR or activated Partial Thromboplastin Time (aPTT) because the effect of these tests is not predictable.
- For Unfractionated Heparin the aPTT and/or activated Clotting Time are commonly used, but the Heparin Assay (Factor Xa Inhibition) may also be employed.
- For Low Molecular Weight Heparin or Danaparoid, monitoring is often not necessary, but the Heparin Assay (Xa Inhibition assay) may be used in certain circumstances, as the aPTT is generally insensitive to the effect of these agents.
- Direct Parenteral Thrombin Inhibitors are often monitored using the aPTT. The thrombin time may be useful to qualitatively verify the presence of direct thrombin inhibitors.

Sonora Quest Laboratories™
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Client Gram – Laboratory Updates
April 2019 – Volume 19

ANNOUNCEMENT: Bordetella, Direct Fluorescent Assay (test code 15053) Testing Delay

Due to a reagent backorder, Bordetella DFA (test code 15053) is currently not available. Due to stability concerns, we will not be able to retain slides inoculated by the Nasopharyngeal swab during the backorder period for testing, therefore all outstanding testing will be cancelled. Patient testing is expected to resume on 4/22/19. An update will be sent out once testing has recommenced.

The following alternative tests are available:

Test Code	Description	Turnaround Time	Sample
4274	Bordetella culture	Negative 7 days	Nasopharyngeal swab in Regan Lowe Transport Media
901552	Bordetella pertussis/parapertussis, qualitative, RT-PCR	1-3 days	Nasopharyngeal Aspirate/Wash

UPDATE: Hepatitis B Surface Antibody Testing Has Resumed

In Client Gram volume 16, it was announced that Hepatitis B Surface Antibody testing would be delayed due to a reagent backorder. Reagent has been received and testing has resumed. Slight delays in reporting may occur over the next two to three days as we work through the backlog. This impacts the following tests:

- 9235 – Hepatitis B Surface Antibody
- 21810 – Hepatitis B Surface Antibody, Quantitative

ASSAY CHANGE:

Test 903105	**Influenza Type A & Type B RNA, Qualitative Real-Time PCR**		
Effective:	4/29/2019		
Interface Mapping:	**Result Code** 40905874 50905874	**Result Name** Influenza A RNA, QL PCR Influenza B RNA, QL PCR	
	Ask at order entry question:		
	Result Code 99903105	**Result Name** Source	**Response Options** Free Text

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed.

NEW ASSAY:

Test 906962	**Hepatitis C Ab w/Rflx HCV RNA Quant PCR w/Rflx Genotype LiPA**	
Specimen:	1.0 mL refrigerated serum from a serum separator tube (0.5 mL minimum) and 3 mL refrigerated plasma from a lavender-top (EDTA) tube (1.5 mL min). Centrifuge as soon as possible after clot formation. Centrifuge and transfer plasma from whole blood within 24 hours of collection.	
Method:	Chemiluminescence (CL)	
Reference Ranges:	Non-Reactive	
Setup:	Evenings and Nights: Monday – Sunday	
Reports:	Screen: 1 Day Reflexes: 6-9 Days	
CPT*:	Screen: 86803 Reflexes: 87522, 87902	
Price:	Client: $65.52 Patient: $117.96	
Interface Mapping:	**Result Code** 11008600 10008600	**Result Name** Hepatitis C Antibody Screen Result Hepatitis C Antibody Scrn Interpretation
	Potential Reflexes:	
	Result Code 10905541 11905541	**Result Name** Hepatitis C Virus RNA (IU/mL) Hepatitis C Virus RNA (Log IU/mL)
	Potential Reflexes:	
	Result Code 10005294	**Result Name** Hepatitis C Viral RNA, Genotype, LiPA
Comment:	If HCV antibody screen is Reactive or Equivocal, then Hepatitis C Viral RNA, Quant, Real-Time PCR (905541) will be performed. If Hepatitis C Viral RNA, Quant is > or = 300 IU/mL, then Hepatitis C Virus Genotype, LiPA (15294) will be performed. Reflex testing will be performed at an additional charge. This double reflex, based on IDSA and AASLD guidelines, documents the baseline level of viremia (i.e., baseline viral load), as well as, test for HCV genotype, thus guiding selection of the most appropriate antiviral therapy.	

Sonora Quest Laboratories™
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Client Gram – Laboratory Updates
April 2019 – Volume 20

ANNOUNCEMENT: Genetic and Molecular Testing Prior Authorization/Notification Requirements

In April 2019, we will expand our prior authorization support services to include genetic and molecular testing prior authorization requirements from Blue Cross/Blue Shield of Arizona, as well as for Cystic Fibrosis Screening for impacted payors.

Providers requesting laboratory testing are required to complete the prior authorization/notification process. **Please note that Sonora Quest Laboratories will not perform any testing that meets the specifications listed below without receipt of a prior authorization.** If prior authorization is denied, discounted pay at time of service pricing is available through our Patient Service Centers on a variety of tests. Visit https://www.sonoraquest.com/patient/patient-resources/discounted-pay-at-time-of-service-rates/ for a list of tests and pricing.

Cystic Fibrosis Screening

Effective April 29, 2019, prior authorization/notification for the following Cystic Fibrosis testing will be required for impacted payors listed below. Please obtain a prior authorization for these test prior to submission of samples to the laboratory. If a prior authorization is not received, our Prior Authorization Department will contact your office to support the prior authorization process.

Sonora Quest Test Code	Test Name	CPT* Code
900616	Cystic Fibrosis Screen	81220
901182	Cystic Fibrosis Rare Variant Analysis, One Exon	81221
901625	Cystic Fibrosis Comp Rare Variant Sequence	81223
902291	Cystic Fibrosis Gene Deletion or Duplication	81222
906672	CFvantage® Cystic Fibrosis Expanded Screen	81220

Impacted Payors for Cystic Fibrosis Prior Authorization*	
ambetter	GEHA (Government Employees Health Association)
Arizona Complete Health (Complete Care Plan)	Great West Healthcare
Arizona Complete Health (Health Net Access)	HPN (Health Plan of Nevada)
Banner | Aetna Employee Plans	Humana/Choice Care Network
Banner University Family Care	IHS - Indian Health AHCCCS (American Indian Health Plan)
BC/BS of Arizona Blue Advantage	Multiplan/Admar Med Network
Beech Street	PHCS (Private Health Care Systems)
Cigna HMO	Tricare-HNFS Military Services

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed.

CMDP / Foster Children	TriWest VA PCC (Veteran's Patient Centered Community Care)
Emergency Service Plan	Wellcare Health Plan (Care1st / One Care)
First Health Lab Program	

**Note that additional payors may be added to this list as we are made aware of prior authorization requirements.*

Blue Cross/Blue Shield of Arizona

Effective January 1, 2019, Blue Cross/Blue Shield of Arizona began an online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting for their fully insured commercial plan members. Blue Cross/Blue Shield of Arizona should have already communicated this information to providers who accept their plans.

The process requires providers to indicate the laboratory and test name for the services listed at https://www.evicore.com/healthplan/bcbsaz_lab

For more information, please call Blue Cross/Blue Shield of Arizona at 855.252.1117.

UnitedHealthcare - Reminder

Effective November 1, 2017, UnitedHealthcare began an online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting for their fully insured UnitedHealthcare Commercial Plan members.

The process requires providers to indicate the laboratory and test name for the services listed at https://www.sonoraquest.com/prior-authorization-unitedhealthcare

If you have any questions regarding any of the prior authorization requirements listed above, please contact our Prior Authorization Department at 866.202.9181.

Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Client Gram – Laboratory Updates
April 2019 – Volume 21

UPDATE: Coccidioides Immunodiffusion (IMDF) IgG and IgM Testing Has Resumed

In prior Client Gram volumes, it was announced that Coccidioides Immunodiffusion (IMDF) IgG and IgM results would be delayed due to performance issues related to the reagent plates used for testing. **The performance issues have been resolved and testing has resumed.** We are processing samples in the order they were received and slight delays in reporting may occur over the next four to six weeks as we work through the backlog.

The following tests continue to be impacted:

- 904084 – Coccidioides Antibody IgG (IMDF)
- 904083 – Coccidioides Antibody IgG/IgM Confirmation (IMDF)
- 7048 – Coccidioides Antibody IgG, CSF
- 904090 – Coccidioides Antibody IgG/IgM (IMDF) w/Reflex Comp Fix
- 904085– Coccidioides Antibody IgM (IMDF)

Please note any screens for Coccidioides that reflexes Coccidioides Antibody IgG and IgM will also be delayed. Including:

- 1061 – Coccidioides Panel w/IMDF Confirm and Comp Fix
- 1062 – Coccidioides Screen w/Reflex IMDF Confirmation
- 9061 – Coccidioides Antibody TP w/IMDF Confirmation

ANNOUNCEMENT: 24-Hour Urine Containers

Due to discontinuation by the manufacturer, supply item #1672 – Container, 24HR Urine Amber Collapsible has been replaced with supply item #40154 – Urine Container 24-Hour. Please note that the new 24-hour urine containers have a 3 liter capacity compared to 4 liters for the previously supplied containers and are not collapsible.

Please order supply item #40154 for requests moving forward. You may continue to use any of the #1672 containers that you may have remaining.

Supplies can be ordered through our Quanum (formerly Care360) system or through our Provider Portal on SonoraQuest.com. You may also fax a Client Supply Request Form to 602.685.5402 in Phoenix, or 520.296.5607 in Tucson. To obtain Client Supply Request Forms, please contact your Account Manager or call 602.685.5141.

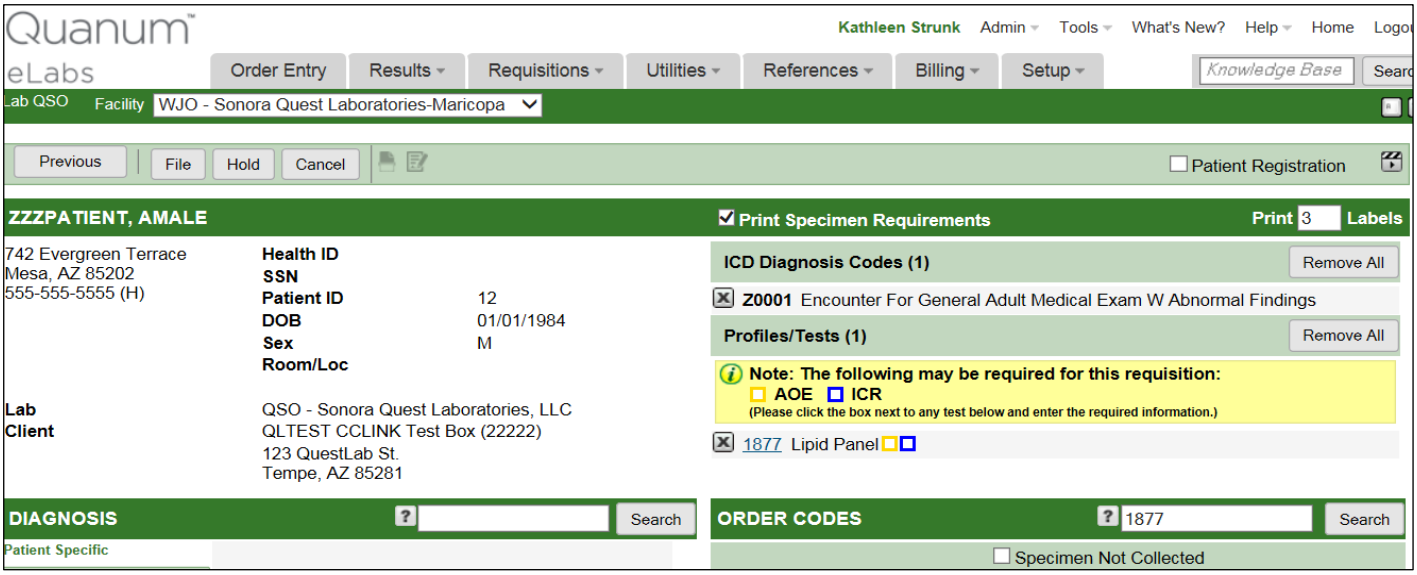
ANNOUNCEMENT: Vitamin D Assay Testing Local Coverage Determination Policy

Effective May 1, 2019, Aetna will consider measurements of serum 25-hydroxyvitamin D experimental and investigational for routine preventive screening. Vitamin D testing for other indications, including screening in the general population, is considered by Aetna to be not medically necessary. See the Aetna Clinical Policy Bulletin, available at Aetna.com, under Clinical Policy Bulletin 0945. (http://www.aetna.com/cpb/medical/data/900_999/0945.html)

CPT and Test Codes affected under this policy update include:

CPT Code	Description	Test Codes
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	906957, 904056, 906562, 906556
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	904253

When placing an order in Quanum for patients with Aetna coverage (payor code 8101), a blue box denoted with ICR will be present for tests included in the coverage rules (as indicated in the sample screen shot below).



Should you have any questions or seek additional clarification of this new coverage policy update, please contact your Aetna representative.

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed.
Client Grams include updated and supplemental laboratory information. Please access our online Test Directory at www.SonoraQuest.com for the most current information.

Sonora Quest Laboratories™
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Client Gram – Laboratory Updates
April 2019 – Volume 22

UPDATE: Vitamin B12 Binding Capacity Testing Has Resumed

In Client Gram volume 15, it was announced that testing for Vitamin B12 Binding Capacity (test code 8112) would be delayed due to reagent backorder. Reagent has been received and testing has resumed.

ANNOUNCEMENT: Scheduled Application Server Maintenance

On Sunday, April 28, 2019, Sonora Quest Laboratories will be performing application server maintenance. As a result, all computer systems will be unavailable beginning at 6:00 p.m. until approximately 11:00 p.m.

During this period, our Client Services Representatives will not have access to computerized information or patient results. All reporting will resume by normal processes once our systems are operational. Quanum (formerly Care360) users will have uninterrupted access to patient results that were completed prior to 6:00 p.m. Sunday. Quanum will be updated with results completed during the down-time once the server maintenance is completed.

STAT courier services and STAT testing will remain available during this time and will be reported manually by phone via our established down-time processes.

During the down-time, please contact us as follows:

- Client Services: 602.685.5050
- Logistics (for pick-ups including Mobile Diagnostic Services STAT phlebotomy requests): 602.685.5052

ASSAY CHANGE:

Test 9325	**Progesterone**		
Effective:	5/2/19		
Reference Ranges:		**Male**	**Female**
	18 Years & Above	**≤0.46ng/mL**	See Below
	Non-Pregnant Female:		
	Follicular	0.06-0.89ng/mL	
	Ovulation	0.12-12.00ng/mL	
	Luteal	1.83-23.90	
	Post-Menopausal	<=0.13ng/mL	
	Pregnant:		
	First Trimester	11.00-44.30ng/mL	
	Second Trimester	25.40-83.30ng/mL	
	Third Trimester	58.70-214.00ng/mL	

Test 26472	**Tryptase**
Effective:	4/29/2019
Specimen:	1 mL frozen serum from a plain red-top tube (0.5 mL min).

UPDATE: Bordetella, Direct Fluorescent Assay (test code 15053) Testing Has Resumed

In Client Gram volume 19, it was announced that testing for Bordetella DFA (test code 15053) was not available due to reagent backorder. Reagent has been received and testing has resumed.

DISCONTINUED TESTS:

Test 79938	**Organic Acids, Full Panel, Quantitative, Random Urine**
Effective:	4/29/19
Comment:	Test will be discontinued. Please see below for the recommended alternative testing.

RECOMMENDED ALTERNATIVE:

Test 906992	**Organic Acids, Comprehensive, Quantitative, Urine**	
Specimen:	10 mL frozen random urine in a sterile screw cap container without preservative (4 mL min.). Freeze immediately, do not thaw. Patient's age should be included.	
Method:	Gas Chromatography/Mass Spectrometry (GC/MS)	
Reference Ranges:	See Report	
Setup:	Days: Monday – Saturday	
Reports:	7-10 Days	
CPT*:	83918, 82570	
Interface Mapping:	**Result Code**	**Result Name**
	10906992	Interpretation
	20906991	Lactic Acid
	20906992	Pyruvic Acid
	30906992	3OH-Butyric Acid
	40906992	Acetoacetic Acid
	50906992	2OH-Butyric Acid
	60906992	2-Oxo-Isocaproic Acid
	70906992	2OH-Isocaproic Acid
	80906992	3OH-Isobutyric Acid
	90906992	2OH-Isovaleric Acid
	11906992	2-Oxo-3-Methylvaleric Acid
	12906992	2-Oxo-Butyric Acid
	13906992	2-Oxo-Isovaleric Acid
	40906991	3OH-2-Methylbutyric Acid
	14906992	2OH-3-Methylvaleric Acid
	15906992	3OH-2-Methylvaleric Acid

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed.

Interface Mapping (continued):	Result Code	Result Name
	16906992	Succinic Acid
	17906992	Fumaric Acid
	18906992	Malic Acid
	19906992	5-Oxo-Proline
	21906992	2-Oxo-Glutaric Acid
	22906992	Citric Acid
	23906992	Isocitric Acid
	24906992	Aconitic Acid
	25906992	2OH-Phenylacetic Acid
	26906992	Phenyllactic Acid
	27906992	Phenylpyruvic Acid
	28906992	Phenylacetic Acid
	29906992	4OH-Phenylacetic Acid
	50906991	4OH-Phenylpyruvic Acid
	31906992	4OH-Phenyllactic Acid
	32906992	Succinylacetone
	33906992	4OH-Cyclohexylacetic Acid
	34906992	N-Acetyltyrosine
	60906991	Methylmalonic Acid
	70906991	Malonic Acid
	35906992	3OH-Propionic Acid
	36906992	4OH-Phenylpropionic Acid
	37906992	Methylcitric Acid
	38906992	3OH-Isovaleric Acid
	39906992	3OH-Valeric Acid
	41906992	Propionylglycine
	42906992	Isobutyrylglycine
	13906991	2-Methylbutyrylglycine
	43906992	2-Ethyl-3OH-Propionic Acid
	44906992	Isovalerylglycine
	45906992	Crotonylglycine
	47906992	Trans-cinnamoylglycine
	48906992	N-Valerylglycine
	49906992	3-Methylcrotonylglycine
	51906992	Tiglylglycine
	52906992	Butyrylglycine
	80906991	Ethylmalonic Acid
	53906992	Methylsuccinic Acid
	54906992	Adipic Acid
	55906992	Suberic Acid
	56906992	Sebacic Acid
	57906992	Octanoic Acid
	58906992	5OH-Hexanoic Acid
	59906992	Hexanoylglycine
	61906992	2-Oxo-Adipic Acid

Interface Mapping (continued):	Result Code	Result Name
	62906992	2OH-Adipic Acid
	63906992	3OH-Adipic Acid
	64906992	Phenylpropionylglycine
	14906991	Suberylglycine
	66906992	Dodecanedioic Aci
	67906992	Decadieneoic Acid
	68906992	2-Decenedioic Acid
	69906992	2-Octenoic Acid
	71906992	2-Octenedioic Acid
	72906992	3OH-Dodecanedioic Acid
	73906992	3OH-Dodecanoic Acid
	74906992	3OH-Sebacic Acid
	75906992	Glutaric Acid
	76906992	3-Methylglutaric Acid
	90906991	3OH-3-Methylglutaric Acid
	77906992	2-Methylglutaconic Acid
	78906992	3-Methylglutaconic Acid
	79906992	Glutaconic Acid
	81906992	2OH-Glutaric Acid
	11906991	3OH-Glutaric Acid
	82906992	N-Acetylaspartic Acid
	83906992	Homogentisic Acid
	84906992	Homovanillic Acid (HVA)
	85906992	VMA
	86906992	5-HIAA
	12906991	Orotic Acid
	87906992	Uracil
	88906992	Thymine
	89906992	Glyceric Acid
	91906992	4OH-Butyric Acid
	92906992	Mevalonolactone
	93906992	2-Methylacetoacetic Acid
	20904355	Creatinine, Random Urine

Test 900458	Organic Acids, Qualitative, Urine
Effective:	4/29/19
Comment:	Test will be discontinued. Please see below for the recommended alternative testing.

RECOMMENDED ALTERNATIVE:

Test 906991	Organic Acids, Limited, Qualitative, Urine	
Specimen:	10 mL frozen random urine in a sterile screw cap container without preservative (4 mL min.). Freeze immediately, do not thaw. Patient's age should be included.	
Method:	Gas Chromatography/Mass Spectrometry (GC/MS)	
Reference Ranges:	See Report	
Setup:	Days: Monday – Saturday	
Reports:	7-10 Days	
CPT*:	82542, 82570	
Interface Mapping:	**Result Code**	**Result Name**
	10906991	Interpretation
	20906991	Lactic Acid
	90906992	2OH-Isovaleric Acid
	40906991	3OH-2-Methylbutyric Acid
	50906991	4OH-Phenylpyruvic Acid
	32906992	Succinylacetone
	60906991	Methylmalonic Acid
	70906991	Malonic Acid
	41906992	Propionylglycine
	13906991	2-Methylbutyrylglycine
	44906992	Isovalerylglycine
	49906992	3-Methylcrotonylglycine
	80906991	Ethylmalonic Acid
	14906991	Suberylglycine
	90906991	3OH-3-Methylglutaric Acid
	11906991	3OH-Glutaric Acid
	12906991	Orotic Acid
	20904355	Creatinine, Random Urine

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Client Grams include updated and supplemental laboratory information. Please access our online Test Directory at www.SonoraQuest.com for the most current information.

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ANNOUNCEMENT: Warehouse Closed For Inventory

The Sonora Quest Laboratories Warehouse will be closed on Monday, May 20 and Tuesday, May 21, 2019 to conduct inventory. Orders will not be processed and warehouse staff will be unavailable during the closure. Slight delays in supply delivery may occur during the week following the inventory.

ANNOUNCEMENT: Patient Service Center Updates

Location	Update
Gilbert: 3507 S. Mercy Rd., #102	Closing 5/24/19
Gilbert: 3530 S. Val Vista Dr., Suite B206	New location opening 6/3/19: Monday – Friday, 7:00 a.m. – 4:00 p.m.
Phoenix: 20950 N. Tatum Blvd., #290	Closing 5/24/19

ASSAY CHANGE:

Test 9345	**Testosterone, Total**		
Effective:	5/14/2019		
Reference Ranges:	**Age**	**Male**	**Female**
	≥18 Years:	250-840 ng/dL	≤ 82 ng/dL
	<18 Years:	Not Established	

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ANNOUNCEMENT: Scheduled Application Server Maintenance

On Sunday, May 19, 2019, Sonora Quest Laboratories will be performing application server maintenance. As a result, all computer systems will be unavailable beginning at 6:00 p.m. until approximately 11:00 p.m.

During this period, our Client Services Representatives will not have access to computerized information or patient results. All reporting will resume by normal processes once our systems are operational. Quanum (formerly Care360) users will have uninterrupted access to patient results that were completed prior to 6:00 p.m. Sunday. Quanum will be updated with results completed during the down-time once the server maintenance is completed.

STAT courier services and STAT testing will remain available during this time and will be reported manually by phone via our established down-time processes.

During the down-time, please contact us as follows:

- Client Services: 602.685.5050
- Logistics (for pick-ups including Mobile Diagnostic Services STAT phlebotomy requests): 602.685.5052

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MAY HOLIDAY SCHEDULE

Saturday, May 25, 2019

- All Patient Service Centers normally operating on Saturdays will be open.

Monday, May 27, 2019

- All Patient Service Centers will be closed.
- Warehouse services will not be available.
- Mobile Diagnostics Services (formerly LTC) STAT ONLY phlebotomy services will be available where offered.
- Limited courier services will be provided for Phoenix and Tucson metro area clients on a WILL-CALL BASIS ONLY. For pick-up, please call 602.685.5052 or 520.886.8101.
- STAT testing will be provided for Phoenix and Tucson metro area clients ONLY. For STAT pick-up, please call 602.685.5052 or 520.886.8101.

Sonora Quest Laboratories wishes you a safe and happy holiday!

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ANNOUNCEMENT: Centralized Fax Numbers for Laboratory Orders

In order to ensure faxed lab orders are accessible at any of our 75+ Patient Service Centers located throughout Arizona, we are in the process of moving to regional centralized fax numbers. This new service will eliminate the need for your office to determine which Sonora Quest Patient Service Center each of your patients plan on visiting and will allow your patients to have their order pulled up at any location they choose to visit.

Effective immediately, if faxing lab orders to Sonora Quest, please fax to the following numbers:

- **Phoenix Metro Area…… 602.744.8921**
- **Tucson Metro Area…….. 520.433.9929**
- **Northern Arizona……. 928.227.3703**
- **Out-of-State (Toll-Free)……..833.296.7737**

Additionally, you can scan and email lab orders to Apptsched-6027448921@sqlf2m.onmicrosoft.com

Note that while the fax numbers for each of our Patient Service Centers will be forwarded to centralized fax numbers as we complete this conversion, we will be removing those numbers from our published listings in favor of the new fax numbers.

Laboratory Order Form Requirements

When submitting lab orders to Sonora Quest, please ensure the following information is provided to reduce calls to your office for missing information and to ensure timely performance of testing:

Patient Information

- Full name
- Complete mailing address (local address whenever possible)
- Phone number (best contact number, local number preferred)
- Date of birth (necessary for proper billing and for age-specific reference ranges)
- Sex (necessary for proper billing and for sex-specific reference ranges)
- Diagnoses or ICD-10 codes
- Sonora Quest test codes and/or test names
- Complete insurance information
    - Carrier
    - ID number
    - Group number (if available)

- Claims address
- Name of insured and relationship

Client Information

- Sonora Quest account number
- Complete address
- Phone number
- Fax number
- Name of ordering physician/healthcare provider and NPI

If you have any questions regarding our new centralized fax numbers or lab order requirements, please contact your Sonora Quest Account Manager.

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ANNOUNCEMENT: Local Coverage Determination Policies for H. pylori Testing and Respiratory Viral Panels

The Center for Medicare & Medicaid Services (CMS) and Noridian Administrative Services have implemented a Local Coverage Determination (LCD) policy for MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (effective 5/13/19) and are implementing an LCD for H. pylori Infection Testing (effective 5/27/19).

These policies are available for download at https://www.sonoraquest.com/medicare.

BILLING CHANGES EFFECTIVE 6/1/2019:

Please note all reflex testing will be performed at an additional charge.

Test 906254 **Test 906507** **Test 906508** **Test 906249**	**PDM Profile 1, w/ Confirmation, Ur** **PDM Profile 1, w/Conf and D/L Isomers w/medMATCH, Ur** **PDM Profile 1, w/Confirmation and D/L Isomers, Ur** **PDM Profile 1, with Confirmation and medMATCH, Ur**
Price:	Client: $160.00 Patient: $185.00

Test 906259	**PDM Profile 1, without Confirmation, Ur**
Price:	Client: $160.00 Patient: $185.00

Test 906250 **Test 906255**	**PDM Profile 2, with Conf and medMATCH, Ur** **PDM Profile 2, with Confirmation, Ur**
Price:	Client: $135.00 Patient: $160.00

Test 906256 **Test 906251**	**PDM Profile 3 with Confirmation, Ur** **PDM Profile 3, with Conf and medMATCH, Ur**
Price:	Client: $145.00 Patient: $170.00

Test 906261	**PDM Profile 3 without Confirmation, Ur**
Price:	Client: $145.00 Patient: $170.00

Test 906252 **Test 906257**	**PDM Profile 4, with Conf and medMATCH, Ur** **PDM Profile 4, with Confirmation, Ur**
Price:	Client: $150.00 Patient: $175.00

Test 906262	**PDM Profile 4, without Confirmation, Ur**
Price:	Client: $150.00 Patient: $175.00

Test 906775	**PDM, Oral Swab, Monitoring Panel 1, with Confirmation**
Price:	Client: $310.00 Patient: $310.00

DISCONTINUED TEST:

Test 9400	**Hemoglobinopathy Evaluation**
Effective:	6/13/19
Comment:	Test will be discontinued. Please see below for the recommended alternative testing.

RECOMMENDED ALTERNATIVE:

Test 906990	**Hemoglobinopathy Evaluation**	
Comment:	Testing will be performed at Quest Diagnostics Nichols' Institute.	
Specimen:	5 mL refrigerated whole blood in a lavender-top (EDTA) tube (1 mL min)	
Method:	Electronic Sizing and Counting/Cytometry, High Performance Liquid Chromatography (HPLC), Electrophoresis	
Reference Ranges:	See Report	
Setup:	Days: Monday – Saturday	
Reports:	5-7 Days	
CPT*:	83021, 85014, 85018, 85041	
Price:	Client: $91.47 Patient: $111.97	
Interface Mapping:	**Result Code**	**Result Name**
	10906990	Red Blood Cell Count
	20906990	Hemoglobin
	30906990	Hematocrit
	40906990	MCV
	50906990	MCH
	60906990	RDW
	70906990	Hemoglobin A
	80906990	Hemoglobin S
	90906990	Hemoglobin C
	11906990	Other Hemoglobin 1
	12906990	Hemoglobin E
	13906990	Other Hemoglobin 2
	14906990	Interpretation
	10900839	Hemoglobin A2, Quantitative
	11074861	Fetal Hemoglobin

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ASSAY CHANGES:

Test 9189	**DHEA Sulfate**
Effective:	6/3/2019
Reference Ranges:	**Pediatric Reference Ranges:** **Age** — **Male** — **Female** 0-7 Days — 108-607 ug/dL — 108-607 ug/dL 8-30 Days — 32-431 ug/dL — 32-431 ug/dL 1-11 Months — ≤124 ug/dL — ≤124 ug/dL 1-4 Years — ≤19 ug/dL — ≤19 ug/dL 5-9 Years — ≤85 ug/dL — ≤85 ug/dL 10-14 Years — 24-247 ug/dL — 34-280 ug/dL 15-17 Years — 70-492 ug/dL — 65-368 ug/dL **Adult Reference Ranges:** **Age** — **Male** — **Female** 18-30 Years — 105-728 ug/dL — 83-377 ug/dL 31-40 Years — 57-522 ug/dL — 45-295 ug/dL 41-50 Years — 34-395 ug/dL — 27-240 ug/dL 51-60 Years — 20-299 ug/dL — 16-195 ug/dL 61-70 Years — 12-227 ug/dL — 10-159 ug/dL ≥71 Years — 7-162 ug/dL — 5-124 ug/dL

Test 906531	**Liver Fibrosis, FibroTest-ActiTest Panel**
Effective:	6/3/2019
Method:	Nephelometry (NEPH), Spectrophotometry (S), Immunoassay

ASSAY CHANGES: RBC Morphology Reporting

Test 3000 **Test 8252**	**CBC w/ Differential, w/ Platelet** **Path Review, Blood**
Effective:	6/3/2019
Comment:	We will be changing our RBC morphology reporting. We will no longer grade 1+, 2+ and, 3+ for the following RBC morphologies: • Anisocytosis • Macrocytosis • Microcytosis • Hypochromia • Polychromasia Instead we will be using comments to reflex the numerical value that is seen while reviewing slides. The new comments will be: • RBC morphology changes suggestive of iron deficiency anemia. Check RET-HE (test code 3111) if not already performed. • Non-specific RBC morphology changes present. Review RBC indices. This comment will be used when the above values are greater than 25%. If there is no RBC morphology to report a normal result will be reported. In addition, we will no longer call the following types of RBCs: • Ovalocytes • Tear drop • Stromatocytes • Acanthocytes • Burr Cells

For additional information, please contact our Hematology Department at 602.685.5143.

NEW ASSAYS:

Test 907002	**Infectious Disease Panel, TEM-PCR™** [Includes: Acinetobacter baumannii, Citrobacter freundii, Enterobacter aerogenes, Enterobacter cloacae, Enterococcus faecalis, Enterococcus faecium, Escherichia coli, Klebsiella spp., Morganella morganii, Proteus mirabilis, Proteus vulgaris, Pseudomonas aeruginosa, Staphylococcus aureus (MRSA, PVL gene), Staphylococcus lugdunensis, Streptococcus pyogenes (Group A), Staphylococcal resistance genes, Vancomycin resistance gene]		
Effective:	6/10/19		
Comment:	Testing will be performed at Diatherix Laboratories.		
Specimen:	1 mL room temperature wound abscess or exudate in a white-cap routine culture eSwab (supply #25784) (0.5 mL min).		
Method:	TEM-PCR		
Reference Ranges:	See Report		
Setup:	Days: Monday – Sunday		
Reports:	2-5 Days		
CPT*:	87798, 87641, 87651, 87500		
Price:	Client: $900.00 Patient: $900.00		
Interface Mapping:	**Result Code**	**Result Name**	
	10907003	Acinetobacter baumannii	
	12907003	Citrobacter freundii	
	15907003	Enterobacter aerogenes	
	16907003	Enterobacter cloacae	
	17907003	Enterococcus faecalis	
	18907003	Enterococcus faecium	
	10907002	Vancomycin Resitance (Enterococcal)	
	20907003	Escherichia coli	
	11907002	Klebsiella spp.	
	12907002	Morganella morganii	
	13907002	Proteus mirabilis	
	14907002	Proteus vulgaris	
	22907003	Pseudomonas aeruginosa	
	23907003	Staphylococcus aureus	
	24907003	MRSA - Methicillin-Resistant Staphylococcus aureus	
	25907003	Panton-Valentine Leukodidine Gene	
	26907003	Staphylococcus lugnunensis	
	27907003	Streptococcus pyogenes (Group A)	
	15907002	Aminoglycoside (staphylococcal)	
	16907002	Cehpalosporin (staphylococcal)	
	17907002	Erythromycin/Clindamycin (staphylococcal)	
	18907002	Methicillin (staphylococcal)	
	19907002	Tetracycline (staphylococcal)	
	Ask at order entry question:		
	Result Code	**Result Name**	**Response Options**
	99907002	Source	Free text

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Test 907003	**Skin and Soft Tissue Infection Panel, TEM-PCR™** [Includes: Acinetobacter baumannii, Bacteroides spp., Citrobacter freundii, Clostridium novyi/septicum, Clostridium perfringens, Enterobacter aerogenes, Enterobacter cloacae, Enterococcus faecalis, Enterococcus faecium, Vancomycin-resistant Enterococci, Escherichia coli, Kingella kingae, Pseudomonas aeruginosa, Staphylococcus aureus (MRSA, PVL gene), Staphylococcus lugdunensis, Streptococcus pyogenes (Group A)]		
Effective:	6/10/19		
Comment:	Testing will be performed at Diatherix Laboratories.		
Specimen:	1 mL room temperature wound abscess or exudate in a white-cap routine culture eSwab (supply #25784) (0.5 mL min).		
Method:	TEM-PCR		
Reference Ranges:	See Report		
Setup:	Days: Monday – Sunday		
Reports:	2-5 Days		
CPT*:	87500, 87641, 87651, 87798		
Price:	Client: $900.00 Patient: $900.00		
Interface Mapping:	**Result Code**	**Result Name**	
	10907003	Acinetobacter baumannii	
	11907003	Bacteroides spp.	
	12907003	Citrobacter freundii	
	13907003	Clostridium novyi/Septicum	
	14907003	Clostridium perfringens	
	15907003	Enterobacter aerogenes	
	16907003	Enterobacter cloacae	
	17907003	Enterococcus faecalis	
	18907003	Enterococcus faecium	
	19907003	VRE - Vancomycin-Resitant Enterococci	
	20907003	Escherichia coli	
	21907003	Kingella kingae	
	22907003	Pseudomonas aeruginosa	
	23907003	Staphylococcus aureus	
	24907003	MRSA - Methicillin-Resistant Staphylococcus aureus	
	25907003	Panton-Valentine Leukodidine Gene	
	26907003	Staphylococcus lugnunensis	
	27907003	Streptococcus pyogenes (Group A)	
	Ask at order entry question:		
	Result Code	**Result Name**	**Response Options**
	99907002	Source	Free text

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Client Grams include updated and supplemental laboratory information. Please access our online Test Directory at www.SonoraQuest.com for the most current information.

Test 907004	**Skin and Soft Tissue Infection Plus Panel, TEM-PCR™** [Includes: Acinetobacter baumannii, Bacteroides spp., Citrobacter freundii, Clostridium novyi/septicum, Clostridium perfringens, Enterobacter aerogenes, Enterobacter cloacae, Enterococcus faecalis, Enterococcus faecium, Vancomycin-resistant, Enterococci, Escherichia coli, Kingella kingae, Klebsiella spp., Morganella morganii, Proteus mirabilis, Proteus vulgaris, Pseudomonas aeruginosa, Staphylococcus aureus (MRSA, PVL gene), Staphylococcus lugdunensis, Streptococcus pyogenes (Group A)]		
Effective:	6/10/19		
Comment:	Testing will be performed at Diatherix Laboratories.		
Specimen:	1 mL room temperature wound abscess or exudate in a white-cap routine culture eSwab (supply #25784) (0.5 mL min).		
Method:	TEM-PCR		
Reference Ranges:	See Report		
Setup:	Days: Monday – Sunday		
Reports:	2-5 Days		
CPT*:	87798, 87500, 87641, 87651		
Price:	Client: $1000.00 Patient: $1000.00		
Interface Mapping:	**Result Code**	**Result Name**	
	10907003	Acinetobacter baumannii	
	11907002	Klebsiella spp.	
	11907003	Bacteroides spp.	
	12907002	Morganella morganii	
	12907003	Citrobacter freundii	
	13907002	Proteus mirabilis	
	13907003	Clostridium novyi/Septicum	
	14907002	Proteus vulgaris	
	14907003	Clostridium perfringens	
	15907002	Aminoglycoside (staphylococcal)	
	15907003	Enterobacter aerogenes	
	16907002	Cehpalosporin (staphylococcal)	
	16907003	Enterobacter cloacae	
	17907002	Erythromycin/Clindamycin (staphylococcal)	
	17907003	Enterococcus faecalis	
	18907002	Methicillin (staphylococcal)	
	18907003	Enterococcus faecium	
	19907002	Tetracycline (staphylococcal)	
	19907003	VRE - Vancomycin-Resitant Enterococci	
	20907003	Escherichia coli	
	21907003	Kingella kingae	
	22907003	Pseudomonas aeruginosa	
	23907003	Staphylococcus aureus	
	24907003	MRSA - Methicillin-Resistant Staphylococcus aureus	
	25907003	Panton-Valentine Leukodidine Gene	
	26907003	Staphylococcus lugnunensis	
	27907003	Streptococcus pyogenes (Group A)	
	Ask at order entry question:		
	Result Code	**Result Name**	**Response Options**
	99907002	Source	Free text

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DISCONTINUED TEST:

Test 906960	**Cardio IQ Omega-3 and -6 Fatty Acids**
Effective:	6/23/19
Specimen:	2 mL refrigerated plasma from a lavender-top (EDTA) tube (0.6 mL min)
Comment:	Test will be discontinued. Please see below for the recommended alternative cardiometabolic testing offered through our partnership with the Cleveland HeartLab Cardiometabolic Center of Excellence.

RECOMMENDED ALTERNATIVE:

Test 906900	**Cardio IQ OmegaCheck™**	
Specimen:	0.5 mL refrigerated **whole blood** in a lavender-top (EDTA) tube (0.1 mL min)	
Interface Mapping:	**Result Code**	**Result Name**
	10906900	Arachidonic Acid/EPA Ratio
	11906900	OmegaCheck(Whole Blood: EPA+DPA+DHA)
	12906900	OmegaCheck Relative Risk
	20906900	Omega-6/Omega-3 Ratio
	30906900	Omega-3 total
	40906900	EPA
	50906900	DPA
	60906900	DHA
	70906900	Omega-6 total
	80906900	Arachidonic Acid
	90906900	Linoleic Acid
Comment:	Test is performed at Cleveland HeartLab.	

ASSAY CHANGES:

Test 2062	**Apolipoproteins A1 and B**	
Effective:	6/17/2019	
Reference Ranges:	Apolipoprotein A1:	Male: ≥115 mg/dL Female: ≥125 mg/dL
	Apolipoprotein B:	≤79 mg/dL
	Apolipoprotein A&B Ratio:	Male: ≤0.76 Female: ≤0.62

Test 7074	**Homocysteine**	
Effective:	6/17/2019	
Reference Ranges:	<4 Months:	3.0-6.0 umol/L
	4 Months – 14 Years:	5.0-8.0 umol/L
	>15 Years:	**≤12.0 umol/L**

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Test 904506	HIV-1 Integrase Genotype	
Effective:	6/24/2019	
Interface Mapping:	**Result Code**	**Result Name**
	30904506	Raltegravir Resistance
	40904506	Elvitegravir Resistance
	50904506	Dolutegravir Resistance
	60904506	**Bictegravir Resistance**

Test 15033	LDL Cholesterol, Direct
Effective:	6/17/2019
Reference Ranges:	≤99mg/dL

Test 1877	Lipid Panel	
Effective:	6/17/2019	
Reference Ranges:	Cholesterol:	0-19 Years: <170 mg/dL 20 Years & Above: <200 mg/dL
	Cholesterol/HDL Ratio:	≤ 4.9
	HDL Cholesterol:	Male: 20 Years: >45 mg/dL 20-150 Years: >39 mg/dL Female: >45 mg/dL
	LDL Cholesterol, Calculated:	**≤99 mg/dL**
	Non-HDL Cholesterol:	≤159 mg/dL
	Triglyceride:	Pediatric: 0-10 Years: <75 mg/dL 10-20 Years: <90 mg/dL Adult: <150 mg/dL
	VLDL Cholesterol:	≤29 mg/dL

Test 10277	Mycobacterium tuberculosis complex, PCR, Respiratory		
Effective:	6/24/19		
	Ask at order entry question:		
	Result Code	**Result Name**	**Response Options**
	99910277	Specimen Source:	Free Text

Test 905501	Red Cedar (t57), IgE	
Effective:	6/10/2019	
Interface Mapping:	**Result Code**	**Result Name**
	10905501	Red Cedar (t57), IgE
	20905501	Class

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ANNOUNCEMENT: Sonora Quest Now Offers HIV PrEP Panels

We are pleased to announce the availability of baseline and monitoring HIV PrEP panels to assist in the management of your at-risk patients for HIV. The Centers for Disease Control and Prevention (CDC) and United States Preventative Services Task Force (USPSTF) recommend pre-exposure prophylaxis, or PrEP, for patients at risk for HIV infection.

The following HIV PrEP panels are now available and will only be offered in Arizona through Sonora Quest.

Panel	CPT*	Price
803974 - PrEP HIV Baseline, Female Panel w/Reflexes ***Includes:*** 8030 - hCG Quantitative 1014 - Creatinine 3682 - HIV 1/2 Ag & Abs, Fourth Generation, w/Reflexes 906962 - Hepatitis C Ab w/Reflex HCV RNA Quant PCR w/Reflex Genotype LiPA 8020 - Hepatitis B Surface Antigen w/Reflex Confirm 9235 - Hepatitis B Surface Antibody 202571 - Hepatitis B Core Total w/Reflex Hep B Core IgM 905363 - Syphilis Screen w/Reflex RPR & Titer, or TPPA 904767 - Chlamydia trachomatis/N. gonorrhoeae, Aptima Device	Screen: 84702, 82565, 87389, 86706, 86704, 87491, 87591, 86780, 86803, 87340 Potential Reflexes (at additional charges): 86701, 86702, 87535, 86803, 87341, 86705, 86781, 86592, 86593	Client: $477.12 Patient: $849.79
803972 - PrEP HIV Baseline, Male Panel w/Reflexes **Includes:** 1014 - Creatinine 3682 - HIV 1/2 Ag & Abs, Fourth Generation, w/Reflexes 906962 - Hepatitis C Ab w/Reflex HCV RNA Quant PCR w/Reflex Genotype LiPA 8020 - Hepatitis B Surface Antigen w/Reflex Confirm 9235 - Hepatitis B Surface Antibody 202571 - Hepatitis B Core Total w/Reflex Hep B Core IgM 905363 - Syphilis Screen w/Reflex RPR & Titer, or TPPA 904767 - Chlamydia trachomatis/N. gonorrhoeae, Aptima Device	Screen: 82565, 87389,86706, 86704, 87491, 87591, 86780, 86803, 87340 Potential Reflexes (at additional charges): 86701, 86702, 87535, 86803, 87341, 86705, 86781, 86592, 86593	Client: $411.60 Patient: $731.83
803973 - PrEP HIV Monitoring, Female Panel **Includes:** 8030 - hCG Quantitative 1014 - Creatinine 3682 - HIV 1/2 Ag & Abs, Fourth Generation, w/Reflexes 905363 - Syphilis Screen w/Reflex RPR & Titer, or TPPA 904767 - Chlamydia trachomatis/N. gonorrhoeae, Aptima Device	Screen: 84702, 82565,87389, 87491, 87591, 86780 Potential Reflexes (at additional charges): 86701, 86702, 87535, 86592, 86593	Client: $273.43 Patient: $483.15
803971 - PrEP HIV Monitoring, Male Panel **Includes:** 1014 - Creatinine 3682 - HIV 1/2 Ag & Abs, Fourth Generation, w/Reflexes 905363 - Syphilis Screen w/Reflex RPR & Titer, or TPPA 904767 - Chlamydia trachomatis/N. gonorrhoeae, Aptima Device	Screen: 82565, 87389,87491, 87591, 86780 Potential Reflexes (at additional charges): 86701, 86702, 87535, 86592, 86593	Client: $207.91 Patient: $365.19

See individual tests for specimen requirements, methodology, and EMR interface mapping - all available at SonoraQuest.com/Test-Directory. For additional information, please contact your Sonora Quest Account Manager.

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UnitedHealthcare (UHC) Contract Update

Sonora Quest and Laboratory Sciences of Arizona Are Now IN-NETWORK With All UHC OptumCare Networks

Sonora Quest/Laboratory Sciences of Arizona is now contracted/in-network with UHC's OptumCare Lifeprint Network in addition to our existing in-network status with OptumCare Network of Nevada. We are also in-network with all UHC commercial plans.

At this time, the only UHC plans we are not contracted with are UHC Community Plan, Long Term Care ALTCS/Medicaid (Dual Complete), and Compass.

UHC lists our in-network services under both Sonora Quest and Laboratory Sciences of Arizona on their website & provider listings.

Our extensive Patient Service Center network of 75 locations throughout Arizona, including 16 locations in Safeway stores, is prepared to serve your UHC patients. For convenience, your patients can schedule appointments on their desktop or mobile device at SonoraQuest.com. We offer a local, comprehensive test menu which encompasses routine, molecular, prescription drug monitoring, genetic, women's health, and pathology testing services; including more than 60 board certified anatomic, gynecologic, and clinical pathologists.

Payor Codes

Please use payor code 6602 - UHC Medicare Plans Eligibility in Quanum for all UHC Medicare Advantage members sent to Sonora Quest for testing. UHC commercial plans should continue to be submitted under payor code 6601.

Advance Written Notification

Beginning October 15, 2018, Insurance Coverage Rules (ICRs) for Medicare Advantage plans have been implemented in our Quanum electronic lab orders and results system. These coverage rules follow the limited coverage policies from the Center for Medicaid and Medicare Services (CMS). When placing an order in Quanum for patients with UHC Medicare Advantage coverage (payor code 6602), a blue box denoted with ICR will be present for tests included in the coverage rules. As with the Medicare Advanced Beneficiary Notice (ABN), you will have the ability to review the supportive codes designated by UHC Medicare Advantage. Additionally, an Advance Written Notification (AWN) will be generated, helping the patient to understand that some or all of the testing being ordered may not be covered and that they may be financially responsible if payment is denied.

EMR Health Plan Mapping

Some EMRs allow health plan mapping for ease in routing patient samples to the appropriate laboratory for testing. Sonora Quest has a team of Connectivity Consultants available to facilitate this process. To schedule a visit, please contact your Account Manager or our Sales Support Department at 602.685.5285 (toll free at 800.766.6721 ext. 5285).

Please contact your Sonora Quest Account Manager with any questions and visit https://www.sonoraquest.com/healthplans for a complete listing of our contracted and in-network health plans.

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ANNOUNCEMENT: Sonora Quest Now Offers HIV PrEP Panels

We are pleased to announce the availability of baseline and monitoring HIV PrEP panels to assist in the management of your at-risk patients for HIV. The Centers for Disease Control and Prevention (CDC) and United States Preventative Services Task Force (USPSTF) recommend pre-exposure prophylaxis, or PrEP, for patients at risk for HIV infection.

The following HIV PrEP panels are now available and will only be offered in Arizona through Sonora Quest.

Panel	CPT*	Price
803974 - PrEP HIV Baseline, Female Panel w/Reflexes ***Includes:*** 8030 - hCG Quantitative 1014 - Creatinine 3682 - HIV 1/2 Ag & Abs, Fourth Generation, w/Reflexes 906962 - Hepatitis C Ab w/Reflex HCV RNA Quant PCR w/Reflex Genotype LiPA 8020 - Hepatitis B Surface Antigen w/Reflex Confirm 9235 - Hepatitis B Surface Antibody 202571 - Hepatitis B Core Total w/Reflex Hep B Core IgM 905363 - Syphilis Screen w/Reflex RPR & Titer, or TPPA 904767 - Chlamydia trachomatis/N. gonorrhoeae, Aptima Device	Screen: 84702, 82565, 87389, 86706, 86704, 87491, 87591, 86780, 86803, 87340 Potential Reflexes (at additional charges): 86701, 86702, 87535, 86803, 87341, 86705, 86781, 86592, 86593	Client: $477.12 Patient: $849.79
803972 - PrEP HIV Baseline, Male Panel w/Reflexes **Includes:** 1014 - Creatinine 3682 - HIV 1/2 Ag & Abs, Fourth Generation, w/Reflexes 906962 - Hepatitis C Ab w/Reflex HCV RNA Quant PCR w/Reflex Genotype LiPA 8020 - Hepatitis B Surface Antigen w/Reflex Confirm 9235 - Hepatitis B Surface Antibody 202571 - Hepatitis B Core Total w/Reflex Hep B Core IgM 905363 - Syphilis Screen w/Reflex RPR & Titer, or TPPA 904767 - Chlamydia trachomatis/N. gonorrhoeae, Aptima Device	Screen: 82565, 87389,86706, 86704, 87491, 87591, 86780, 86803, 87340 Potential Reflexes (at additional charges): 86701, 86702, 87535, 86803, 87341, 86705, 86781, 86592, 86593	Client: $411.60 Patient: $731.83
803973 - PrEP HIV Monitoring, Female Panel **Includes:** 8030 - hCG Quantitative 1014 - Creatinine 3682 - HIV 1/2 Ag & Abs, Fourth Generation, w/Reflexes 905363 - Syphilis Screen w/Reflex RPR & Titer, or TPPA 904767 - Chlamydia trachomatis/N. gonorrhoeae, Aptima Device	Screen: 84702, 82565,87389, 87491, 87591, 86780 Potential Reflexes (at additional charges): 86701, 86702, 87535, 86592, 86593	Client: $273.43 Patient: $483.15
803971 - PrEP HIV Monitoring, Male Panel **Includes:** 1014 - Creatinine 3682 - HIV 1/2 Ag & Abs, Fourth Generation, w/Reflexes 905363 - Syphilis Screen w/Reflex RPR & Titer, or TPPA 904767 - Chlamydia trachomatis/N. gonorrhoeae, Aptima Device	Screen: 82565, 87389,87491, 87591, 86780 Potential Reflexes (at additional charges): 86701, 86702, 87535, 86592, 86593	Client: $207.91 Patient: $365.19

See individual tests for specimen requirements, methodology, and EMR interface mapping - all available at SonoraQuest.com/Test-Directory. For additional information, please contact your Sonora Quest Account Manager.

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ANNOUNCEMENT: Sonora Quest Now Offers Pre-biologic Panels

We are pleased to announce the availability of Pre-biologic Panels. The American College of Rheumatology (ACR) and American College of Gastroenterology (ACG) recommend screening for hepatitis B (HBV), hepatitis C (HCV), and latent TB infection in patients starting or currently receiving certain biologic agents.

The following Pre-biologic panels are now available:

Panel	CPT*	Price
803980 - Pre-biologic/biosimilar Screen Panel, HCV/HBV w/Reflex/T-Spot ***Includes:*** 906962 - Hepatitis C Ab w/Reflex HCV RNA Quant PCR w/Reflex Genotype LiPA 8020 - Hepatitis B Surface Antigen w/Reflex Confirmation 21810 - Hepatitis B Surface Antibody, Quantitative 202571 - Hepatitis B Core Total w/Reflex Hep B Core IgM 906927 - T-SPOT.TB®	Screen: 86803, 87340, 86317, 86704, 86481 Potential Reflexes (at additional charges): 87522, 87902, 87341, 86705	Client: $433.71 Patient: $584.47
803981 - Pre-biologic/biosimilar Screen Panel, HCV/HBV w/Reflex and QT TB ***Includes:*** 906962 - Hepatitis C Ab w/Reflex HCV RNA Quant PCR w/Reflex Genotype LiPA 8020 - Hepatitis B Surface Antigen w/Reflex Confirmation 21810 - Hepatitis B Surface Antibody, Quantitative 202571 - Hepatitis B Core Total w/Reflex Hep B Core IgM 906935 - QuantiFERON-TB Gold Plus	Screen: 86803, 87340, 86317, 86704, 86480 Potential Reflexes (at additional charges): 87522, 87902, 87341, 86705	Client: $498.71 Patient: $649.47

See individual tests for specimen requirements, methodology, and EMR interface mapping - all available at SonoraQuest.com/Test-Directory. For additional information, please contact your Sonora Quest Account Manager.

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ASSAY CHANGES:

Test 5687	**HTLV I/II Antibody, w/Reflex Confirmatory Assay**	
Effective:	7/1/19	
Interface Mapping:	**Result Code** 12005687	**Result Name** HTLV I/II Antibody
	Potential Reflexes:	
	Result Code 11005687 11005684 13005684 40005684 91005684 14005684 30005684 15005684 16005684	**Result Name** HTLV I/II, Confirm. Assay Line Immunoassay (LIA) p19-I/II p24 gp46 gp21 p19-I gp46-I gp46-II

ASSAY CHANGE: Antimicrobial Susceptibility Testing Breakpoint changes for Fluoroquinolones (Enterobacteriaceae and Pseudomonas aeruginosa)

Effective July 1, 2019, Sonora Quest Laboratories will update the Ciprofloxacin and Levofloxacin interpretive criteria (S, I, R) for specific minimum inhibitory concentrations (MICs) associated with Enterobacteriaceae and Pseudomonas aeruginosa. These modifications are recommended by the Clinical and Laboratory Standards Institute (CLSI) following evaluation of pharmacokinetic/pharmacodynamics properties, clinical data and the MIC distribution of clinical isolates.

Enterobacteriaceae

Antibiotic	**Current**			**7/1/19 CLSI**		
	S	**I**	**R**	**S**	**I**	**R**
Ciprofloxacin	≤1	2	≥4	≤0.25	0.5	≥1
Levofloxacin	≤2	4	≥8	≤0.5	1	≥2

Pseudomonas aeruginosa

Antibiotic	**Current**			**7/1/19 CLSI**		
	S	**I**	**R**	**S**	**I**	**R**
Ciprofloxacin	≤1	2	≥4	≤0.5	1	≥2
Levofloxacin	≤2	4	≥8	≤1	2	≥4

DISCONTINUED TEST:

Test 903121	**B-Cell CD20 Expression**
Effective:	7/1/19
Comment:	Test will be discontinued. Please see below for the recommended alternative testing.

RECOMMENDED ALTERNATIVE:

Test 906875	**B-Cell CD20 Expression**		
Effective:	7/1/19		
Comment:	Testing will be performed at our main laboratory in Tempe.		
Specimen:	4 mL room temperature whole blood in a lavender-top (EDTA) tube (1 mL min.) AND one 8.5 mL room temperature yellow-top (ACD Solution A) tube. Yellow-top ACD is preferred but not required. Write the source on the requisition and the specimen. Peripheral blood: The yellow-top tube must be completely filled to prevent test error due to dilution of blood with excessive anticoagulant.		
Method:	Flow Cytometry		
Reference Ranges:	See Report		
Setup:	Days: Monday - Saturday		
Reports:	3 Days		
CPT*:	88184, 88185x2, 88187		
Price:	Client: $207.88 Patient: $295.00		
Interface Mapping:	**Result Code** 99740001 99740002 99740003 99740004 99740009 99740010 99740015	**Result Code** Source: Clinician Provided Information: Interpretation: Summary: Comments: Pathologist: The following markers were performed:	
	Potential reflexes:		
	Result Code 99740011 99740012 99740013 99740014 99740026 99740027	**Result Code** Flow Cytometry Amendment: Flow Cytometry Amendment 2: Flow Cytometry Amendment 3: Flow Cytometry Addendum Flow Cytometry Addendum 2 Flow Cytometry Addendum 3	
	Ask at order entry questions:		
	Result Code 99700003 99740001 99900799	**Result Name** Clinical Information Source: Free text source	**Response Options** Free text Free text Free text

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Client Grams include updated and supplemental laboratory information. Please access our online Test Directory at www.SonoraQuest.com for the most current information.

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ASSAY CHANGES:

Test 202355	Overdose Drug Panel, Urine
Effective:	7/15/19
Comment:	Result turnaround time will increase by approximately 12-24 hours. Results will be available 1-2 days from receipt in the laboratory.

DISCONTINUED TEST:

Test 2142	Isopropanol and Acetone
Effective:	7/15/19
Comment:	Test will be temporarily discontinued. Alternative testing provided below will be available beginning August 12, 2019.

RECOMMENDED ALTERNATIVE:

Test 907031	Isopropanol (Includes Acetone)
Available:	8/12/19
Specimen:	3 mL refrigerated serum from a plain red-top tube (0.5 mL min). Separate from cells ASAP or within two hours of collection. Transfer to aliquot tube. Cap tightly to minimize alcohol loss.
Method:	Quantitative Gas Chromatography
Reference Ranges:	See Report
Setup:	Days: Sunday - Saturday
Reports:	3-5 Days
CPT*:	80320 (G0480)
Price:	Client: $125.00 Patient: $151.50
Comment:	Testing will be performed at ARUP Laboratories.

DISCONTINUED TEST:

Test 2145	Methanol, Quantitative
Effective:	7/15/19
Comment:	Test will be temporarily discontinued. Alternative testing provided below will be available beginning August 12, 2019.

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Client Grams include updated and supplemental laboratory information. Please access our online Test Directory at www.SonoraQuest.com for the most current information.

RECOMMENDED ALTERNATIVE:

Test 907030	**Methanol**
Available:	8/12/19
Specimen:	3 mL refrigerated serum from a plain red-top tube (0.5 mL min). Separate from cells ASAP or within two hours of collection. Transfer to aliquot tube. Cap tightly to minimize alcohol loss.
Method:	Quantitative Gas Chromatography
Reference Ranges:	See Report
Setup:	Days: Sunday - Saturday
Reports:	3-5 Days
CPT*:	80320 (G0480)
Price:	Client: $125.00 Patient: $151.50
Comment:	Testing will be performed at ARUP Laboratories.

DISCONTINUED TEST:

Test 702139	**Volatiles, Quantitative**
Effective:	7/15/19
Comment:	Test will be temporarily discontinued. Alternative testing (Volatiles, Urine, Qualitative) and (Alcohols) information is provided below.

RECOMMENDED ALTERNATIVES:

Test 907033	**Volatiles, Urine, Qualitative**	
Available:	7/15/19	
Specimen:	10 mL refrigerated random urine in a screw cap container (2 mL min).	
Method:	GC/MS	
Reference Ranges:	See Report	
Setup:	Days: Monday - Sunday	
Reports:	1-2 Days	
CPT*:	80320 (G0480)	
Price:	Client: $175.00 Patient: $195.00	
Interface Mapping:	**Result Code** 35401010 25401110 25401070 25302020	**Result Code** Ethanol Screen Methanol Screen Isopropanol Screen Acetone Screen
Comment:	Testing will be performed at Banner University Medical Center Phoenix.	

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Client Grams include updated and supplemental laboratory information. Please access our online Test Directory at www.SonoraQuest.com for the most current information.

Test 907029	Alcohols
Available:	8/12/19
Specimen:	2 mL refrigerated serum from a plain red-top tube (0.3 mL min). Separate from cells ASAP or within two hours of collection. Transfer to aliquot tube. Cap tightly to minimize alcohol loss.
Method:	Quantitative Gas Chromatography
Reference Ranges:	See Report
Setup:	Days: Sunday - Saturday
Reports:	3-5 Days
CPT*:	80320 (G0480)
Price:	Client: $125.00 Patient: $151.50
Comment:	Testing will be performed at ARUP Laboratories.

DISCONTINUED TEST:

Test 901478	Propylene Glycol, Serum
Effective:	7/15/19
Comment:	Test will be discontinued. No alternative testing is available at this time.

Please contact your Account Manager or our Sales Support Department at 602.685.5285 (toll free at 800.766.6721, ext. 5285) if you have any questions regarding these updates.

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ANNOUNCEMENT: University of California, Davis Coccidioidomycosis Serology Testing

Effective July 31, 2019, the Coccidioidomycosis Serology Laboratory at the University of California, Davis (UC Davis) will no longer accept pass-through samples for Cocci testing. Given this procedural change, **Sonora Quest will no longer collect or forward any Cocci testing to UC Davis beginning July 25.**

Please see below for Cocci testing offered through our Valley Fever Diagnostic Center:

Test Code	Test Name	Specimen Requirements
1061	Coccidioides Panel (Cocci IgM & IgG) w/reflex Confirm (IMDF) w/reflex CompFix (Titer)	1.5 mL refrigerated serum from a serum separator tube (0.75 mL minimum).
1062	Coccidioides Screen (Cocci IgM & IgG) w/reflex Confirm (IMDF)	1.5 mL refrigerated serum from a serum separator tube (0.75 mL minimum).
901098	Coccidioides Monitoring Panel (Comp Fix)	1.5 mL refrigerated serum from a serum separator tube (0.75 mL minimum).

New Patients or Patients with Suspected Reactivation:

Test code 1061 – Coccidioides Panel w/reflex Confirm (IMDF) w/reflex to Comp Fix should be ordered. Follow-up Comp Fix titers will be automatically reflexed if IMDF is positive and will be held for six months. Stored samples can be used if follow-up Coccidioides Monitoring Panel (Comp Fix) (test code 901098) is ordered to follow disease progression.

Patients Previously Monitored with Comp Fix Testing by a Different Laboratory:

Patients should have a new baseline titer performed for the Coccidioides Monitoring test. We will offer the first Complement Fixation test (test code 1063) at no charge to determine a baseline for your patient. Please contact the Serology Department directly at 602.685.5134, or toll-free at 800.766.6721 ext. 5134, to arrange for baseline testing. If the baseline result is positive and you wish to monitor the titer, please order Coccidioides Monitoring Panel (Comp Fix) (test code 901098).

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CORRECTION:

On our July Patient Service Center List distributed via courier and posted on SonoraQuest.com, we stated that the new hours for our Patient Service Center located at 5310 W. Thunderbird Rd., #200 in Glendale were Monday – Friday, 7:00 a.m. – 4:00 p.m. The correct hours **are Monday, Tuesday, Thursday and Friday, 7:00 a.m. – 4:00 p.m. and Wednesday, 11:00 a.m. – 7:00 p.m.**

For the convenience of your patients, please ensure that your office is distributing current Patient Service Center maps (Phoenix Metro: supply #8095; Tucson Metro: supply #8558; Northern Arizona: supply #10711; Northwestern Arizona: supply #22416). Map pads are available to your office free of charge and can be ordered through our Healthcare Provider Portal at SonoraQuest.com, or by faxing a supply order form to our Warehouse at 602.685.5402 or 520.296.5607.

ASSAY CHANGE:

Test 906958	**Cardio IQ NT-proBNP**	
Effective:	7/16/19	
Reference Ranges:	**Male:** ≤ 252 pg/mL **Female:** ≤ 371 pg/mL	
Interface Mapping:	**Result Code** 10906958	**Result Name** Cardio IQ NT-proBNP

IMPORTANT REMINDER: Urine Transport Tubes

As a best practice, and to assist in meeting the requirements of the College of American Pathologists, urine specimens submitted for routine urinalysis that are older than 2 hours from collection should be submitted in Stockwell Urinalysis Transport Tubes (supply #20108), which contain preservatives. These preservatives help maintain the integrity of the sample, reducing or preventing additional bacterial growth as well as ensuring chemical constituents, cellular components, and formed elements are retained in as native a form as possible. Refrigeration extends the shelf life of such specimens, but has only a limited impact on preventing specimen degradation in contrast to preservative agents.

Also, when ordering a urine culture, or urinalysis testing that may reflex to culture, please continue to ensure that a separate grey-top urine C&S preservative transport tube (supply #1838) is also submitted.

To order supplies, please visit our Provider Portal at SonoraQuest.com, or faxing a Client Supply Request Form to 602.685.5402. To obtain Client Supply Request Forms, please call 602.685.5141.

REMINDER: Lock Boxes and High Temperatures

With the summer heat in full swing, placing a frozen ice pack in your lock box will ensure **refrigerated** specimens stay cool and viable for testing. Using paper to separate the refrigerated specimens from the ice pack will keep the specimens from freezing.

Additionally, please remember to never leave **frozen** samples in your lock box unless they are stored in Sonora Quest Laboratories' ConstanTemp Frozen Specimen Totes. These totes can be requested by contacting our Logistics Department at 602.685.5052 or 520.886.8101 and can also be ordered through our Provider Portal at SonoraQuest.com.

ANNOUNCEMENT: Scheduled Application Server Maintenance

On Sunday, July 28, 2019, Sonora Quest Laboratories will be performing application server maintenance. As a result, all computer systems will be unavailable beginning at 6:00 p.m. until approximately 11:00 p.m.

During this period, our Client Services Representatives will not have access to computerized information or patient results. All reporting will resume by normal processes once our systems are operational. Quanum (formerly Care360) users will have uninterrupted access to patient results that were completed prior to 6:00 p.m. Sunday. Quanum will be updated with results completed during the down-time once the server maintenance is completed.

STAT courier services and STAT testing will remain available during this time and will be reported manually by phone via our established down-time processes.

During the down-time, please contact us as follows:

- Client Services: 602.685.5050
- Logistics (for pick-ups including Mobile Diagnostic Services STAT phlebotomy requests): 602.685.5052

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REMINDER: University of California, Davis Coccidioidomycosis Serology Testing

Effective July 31, 2019, the Coccidioidomycosis Serology Laboratory at the University of California, Davis (UC Davis) will no longer accept pass-through samples for Cocci testing. Given this procedural change, **Sonora Quest will no longer collect or forward any Cocci testing to UC Davis beginning July 25.**

Please see below for Cocci testing offered through our Valley Fever Diagnostic Center:

Test Code	Test Name	Specimen Requirements
1061	Coccidioides Panel (Cocci IgM & IgG) w/reflex Confirm (IMDF) w/reflex CompFix (Titer)	1.5 mL refrigerated serum from a serum separator tube (0.75 mL minimum).
1062	Coccidioides Screen (Cocci IgM & IgG) w/reflex Confirm (IMDF)	1.5 mL refrigerated serum from a serum separator tube (0.75 mL minimum).
901098	Coccidioides Monitoring Panel (Comp Fix)	1.5 mL refrigerated serum from a serum separator tube (0.75 mL minimum).

New Patients or Patients with Suspected Reactivation:

Test code 1061 – Coccidioides Panel w/reflex Confirm (IMDF) w/reflex to Comp Fix should be ordered. Follow-up Comp Fix titers will be automatically reflexed if IMDF is positive and will be held for six months. Stored samples can be used if follow-up Coccidioides Monitoring Panel (Comp Fix) (test code 901098) is ordered to follow disease progression.

Patients Previously Monitored with Comp Fix Testing by a Different Laboratory:

Patients should have a new baseline titer performed for the Coccidioides Monitoring test. We will offer the first Complement Fixation test (test code 1063) at no charge to determine a baseline for your patient. Please contact the Serology Department directly at 602.685.5134, or toll-free at 800.766.6721 ext. 5134, to arrange for baseline testing. If the baseline result is positive and you wish to monitor the titer, please order Coccidioides Monitoring Panel (Comp Fix) (test code 901098).

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ANNOUNCEMENT: Lipoprotein (a) Testing Delays

Due to a reagent backorder, testing for Lipoprotein (a) is currently delayed. Samples are being frozen until reagent is received, which is expected to arrive on August 2. Once testing resumes, we will process the oldest samples first to minimize the delay in result turnaround time.

The following tests are impacted:

- 7382 – Lipoprotein (a)
- 16376 – Apolipoproteins A1 and B, Lipid Panel, Lipoprotein(a)
- 781589 – Homocysteine and Lipoprotein(a)
- 906948 – Cardio IQ Lipoprotein (a)

UPDATE: Vitamin D Assay Testing Local Coverage Determination Policy

In Client Gram vol. 21, it was announced that, effective May 1, 2019, Aetna would be considering measurements of serum 25-hydroxyvitamin D experimental and investigational for routine preventive screening and considering Vitamin D testing for other indications, including screening in the general population, not medically necessary.

Aetna is not enforcing the policy as this time. Therefore, the functionality in our Quanum eLabs system to indicate a coverage policy for Vitamin D testing on Aetna patients has been removed.

Should you have any questions or seek additional clarification, please contact your Aetna representative.

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UPDATE: Centralized Fax Numbers for Laboratory Orders

In order to ensure faxed lab orders are accessible at any of our 75+ Patient Service Centers located throughout Arizona, we have moved to regional centralized fax numbers. This new service will eliminate the need for your office to determine which Sonora Quest Patient Service Center each of your patients plan on visiting and will allow your patients to have their order pulled up at any location they choose to visit.

Effective immediately, if faxing lab orders to Sonora Quest, please fax to the following numbers:

- **Phoenix Metro Area…… 602.744.8921**
- **Tucson Metro Area…….. 520.433.9929**
- **Northern Arizona……. 928.227.3703**
- **Out-of-State (Toll-Free)……..833.296.7337**

Additionally, you can scan and email lab orders to Apptsched-6027448921@sqlf2m.onmicrosoft.com

Laboratory Order Form Requirements

When submitting lab orders to Sonora Quest, please ensure the following information is provided to reduce calls to your office for missing information and to ensure timely performance of testing:

Patient Information

- Full name
- Complete mailing address (local address whenever possible)
- Phone number (best contact number, local number preferred)
- Date of birth (necessary for proper billing and for age-specific reference ranges)
- Sex (necessary for proper billing and for sex-specific reference ranges)
- Diagnoses or ICD-10 codes
- Sonora Quest test codes and/or test names
- Complete insurance information
    - Carrier
    - ID number
    - Group number (if available)
    - Claims address
    - Name of insured and relationship

Client Information

- Sonora Quest account number
- Complete address
- Phone number
- Fax number
- Name of ordering physician/healthcare provider and NPI

If you have any questions regarding our new centralized fax numbers or lab order requirements, please contact your Sonora Quest Account Manager.

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ANNOUNCEMENT: Potential for Falsely Decreased Vancomycin Results

Vancomycin results have a very low chance of being inappropriately reported as < 4.0 when the true value is within the assay's quantifiable range. Roche Diagnostics have identified an analytical error where a form of atypical agglutination may appear during analysis for vancomycin. This condition is likely caused by a non-specific immunoglobulin present in some patient specimens, resulting in a false decrease in the measured value.

The error cannot be circumvented through normal troubleshooting procedures and requires the specimen be assayed by an alternate method. The risk of this occurrence is estimated at less than 0.01%, but has been confirmed to exist by the manufacturer. In rare instances, false decreases in measured vancomycin caused by this error may interfere with therapeutic monitoring, leading to unnecessary adjustments to dosing regimens as well as increased risk of toxic side effects. For vancomycin results that do not match clinical presentation, contact the laboratory to discuss repeat testing by an alternate method.

ASSAY CHANGES:

Test 907029	**Alcohols**	
Effective:	8/12/19	
Interface Mapping:	**Result Code** 10907031 10907029 11907031 10907030	**Result Code** Acetone, Quantitative Ethanol Isopropanol Methanol

Test 907032	**Ethylene Glycol, Blood/Serum/Plasma**	
Effective:	8/12/19	
Interface Mapping:	**Result Code** 10907032	**Result Code** Ethylene Glycol, Blood/Serum/Plasma

Test 907031	**Isopropanol and Acetone**	
Effective:	8/12/19	
Interface Mapping:	**Result Code** 10907031 11907031	**Result Code** Acetone, Quantitative Isopropanol

Test 907030	**Methanol**	
Effective:	8/12/19	
Interface Mapping:	**Result Code** 10907030	**Result Code** Methanol

DISCONTINUED TESTS:

Test 901659	**CellSearch® Circulating Tumor Cells, Breast**
Effective:	8/19/2019
Comments:	Test will be discontinued. No recommended alternative testing is available at this time.

Test 904331	**CellSearch® Circulating Tumor Cells, Colon**
Effective:	8/19/2019
Comments:	Test will be discontinued. No recommended alternative testing is available at this time.

Test 904329	**CellSearch® Circulating Tumor Cells, Prostate**
Effective:	8/19/2019
Comments:	Test will be discontinued. No recommended alternative testing is available at this time.

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ANNOUNCEMENT: Scheduled Application Server Maintenance

On Sunday, August 25, 2019, Sonora Quest Laboratories will be performing application server maintenance. As a result, all computer systems will be unavailable beginning at 6:00 p.m. until approximately 11:00 p.m.

During this period, our Client Services Representatives will not have access to computerized information or patient results. All reporting will resume by normal processes once our systems are operational. Quanum (formerly Care360) users will have uninterrupted access to patient results that were completed prior to 6:00 p.m. Sunday. Quanum will be updated with results completed during the down-time once the server maintenance is completed.

STAT courier services and STAT testing will remain available during this time and will be reported manually by phone via our established down-time processes.

During the down-time, please contact us as follows:

- Client Services: 602.685.5050
- Logistics (for pick-ups including Mobile Diagnostic Services STAT phlebotomy requests): 602.685.5052

DISCONTINUED TEST:

Test 901068	**Heparin Induced Anti PF4 Antibody**
Effective:	8/28/19
Comment:	Test will be discontinued. Alternative testing provided below.

RECOMMENDED ALTERNATIVE:

Test 907042	**HIT Anti PF4 Antibody by LIA**	
Available:	8/28/19	
Specimen:	1 mL frozen plasma from a light blue-top (3.2% Na citrate) tube (0.5 mL min). Sample must be spun twice before aliquoting. Must freeze immediately after aliquoting.	
Method:	Latex Immunoturbidimetric Assay	
Reference Ranges:	See Report	
Setup:	Days: Monday, Friday, and Sunday	
Reports:	2 Days	
CPT*:	86022	
Price:	Client: $172.00 Patient: $172.00	
Interface Mapping:	**Result Code** 10907042	**Result Name** HIT Anti PF4 Antibody

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed.

Client Grams include updated and supplemental laboratory information. Please access our online Test Directory at www.SonoraQuest.com for the most current information.

ASSAY CHANGES:

Test 906704	**Viral Respiratory Panel, TEM-PCR**	
Effective:	8/12/19	
Interface Mapping:	**Result Code**	**Result Code**
	50906704	Adenovirus
	51906704	Coronavirus 229E
	52906704	Coronavirus HKU1
	53906704	Coronavirus NL63
	54906704	Coronavirus OC43
	55906704	Human Bocavirus
	56906704	Human Metapneumovirus
	57906704	Human Rhinovirus/Enterovirus
	16906704	Influenza A - Human influenza
	17906704	Influenza A - pdm09
	18906704	Influenza B
	60906704	Parainfluenza Virus 1
	61906704	Parainfluenza Virus 2
	62906704	Parainfluenza Virus 3
	63906704	Parainfluenza Virus 4
	20906704	Respiratory Syncytial Virus (A&B)
Comment:	Please see below for the changes to the viral targets: • Adenovirus types are no longer specified (i.e., 3, 4, 7, 21) • Coronavirus is now specified as separate targets (229E, HKU1, NL63, and OC43) • Rhinovirus and Enterovirus are now combined • Influenza A (H1N1) is now specified as pdm09 instead of H1N1-09 • The Parainfluenza Viruses (1, 2, 3, 4) are now separate targets	

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UPDATE: Medicare Limited Coverage Policies & Local Coverage Determinations

ICD-10 Medicare Limited Coverage Policies (MLCPs) and Local Coverage Determinations (LCDs) are available for download at https://www.sonoraquest.com/medicare.

Due to the frequency of updates to these policies by CMS, and for ease of use, we now provide the most commonly used ICD-10 codes for each policy along with a link to the complete policies available on the CMS web site. We encourage you to use our Quanum eLabs system or refer to the policies on our web site to ensure that you are using the most current information. These policies will be updated as changes are made by CMS and/or Noridian Administrative Services.

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SEPTEMBER HOLIDAY SCHEDULE

Monday, September 2, 2019

- All Patient Service Centers will be closed.
- Warehouse services will not be available.
- Mobile Diagnostics Services (formerly LTC) STAT ONLY phlebotomy services will be available where offered.
- Limited courier services will be provided for Phoenix and Tucson metro area clients on a WILL-CALL BASIS ONLY. For pick-up, please call 602.685.5052 or 520.886.8101.
- STAT testing will be provided for Phoenix and Tucson metro area clients ONLY. For STAT pick-up, please call 602.685.5052 or 520.886.8101.

Sonora Quest Laboratories wishes you a safe and happy holiday!

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ANNOUNCEMENT: Scheduled Application Server Maintenance

On Sunday, September 22, 2019, Sonora Quest Laboratories will be performing application server maintenance. As a result, all computer systems will be unavailable beginning at 6:00 p.m. until approximately 11:00 p.m.

During this period, our Client Services Representatives will not have access to computerized information or patient results. All reporting will resume by normal processes once our systems are operational. Quanum (formerly Care360) users will have uninterrupted access to patient results that were completed prior to 6:00 p.m. Sunday. Quanum will be updated with results completed during the down-time once the server maintenance is completed.

STAT courier services and STAT testing will remain available during this time and will be reported manually by phone via our established down-time processes.

During the down-time, please contact us as follows:

- Client Services: 602.685.5050
- Logistics (for pick-ups including Mobile Diagnostic Services STAT phlebotomy requests): 602.685.5052

ASSAY CHANGES:

Test 900320 **Test 901738** **Test 906767** **Test 900323** **Test 901739** **Test 906768** **Test 1014**	**Basic Metabolic Panel** **Basic Metabolic Panel w/eGFR** **Basic Metabolic Panel w/ Reflex A1c** **Comprehensive Metabolic Panel** **Comprehensive Metabolic Panel w/eGFR** **Comprehensive Metabolic Panel w/ Reflex A1c** **Creatinine**
Effective:	10/7/19
Comment:	Please note these are the most commonly ordered testing that include GFR Estimation.
Reference Ranges:	GFR Estimated (Non-African American) - ≥60 mL/min/1.73m2 GFR Estimated (African American) - ≥60 mL/min/1.73m2

Test 906899	**Cardio IQ F2 Isoprostane/Creatinine**
Effective:	Immediately
Specimen:	2 mL random urine in a sterile screw-cap container

Test 906961	**Cardio IQ Lp-PLA2 Activity**
Effective:	9/16/19
Reference Ranges:	**Relative Risk:** Low: ≤ 123 nmol/min/mL High: >123 nmol/min/mL

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed.

Test 10352	Growth Hormone Antibody	
Effective:	10/21/19	
Setup:	Days: Tuesday	
Reports:	7-12 Days	
Interface Mapping:	**Result Code** 10010352	**Result Name** Growth Hormone Antibody

Test 904515	Procalcitonin	
Available:	10/7/19	
Specimen:	2 mL frozen serum for a serum separator tube (SST) (0.5 mL min.)	
Method:	Electrochemiluminescence Immunoassay	
Reference Ranges:	≤ 0.49 ng/mL	
CPT*:	84145	
Price:	Client: $270.00 Patient: $270.00	
Interface Mapping:	**Result Code** 10904515	**Result Name** Procalcitonin

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ANNOUNCEMENT: Update to Hemoglobin A1c Result Reporting and Comments Effective 10/7/19 – Test 9230

In some instances, patient results for hemoglobin A1c (HbA1c) cannot be reported due to interference or other analytical problems. In most cases, this is caused by inability of the assay to detect the presence of a very low HbA1c, usually associated with a value of less than 4.2%.

To address this issue and minimize the number of non-reportable results, effective October 7, 2019, we are implementing the reporting algorithm below that estimates the % HbA1c present:

	And the Total Hemoglobin (mg/dL) is:	Reported HbA1c Result
If the measured HbA1c is less than 0.3 mg/dL	≥ 11.7	< 4.5 %
	≥ 9.7 and < 11.7	< 5.0 %
	≥ 8.2 and < 9.7	< 5.5 %
	< 8.2	Not Reported

All of the above results will be followed by the comment below:

Due to limitations in assay design, the amount of Hemoglobin A1c (HbA1c) cannot be quantified. The above percentage is estimated based on the lowest detectible value of HbA1c in concert with the patient's total hemoglobin. This situation most commonly occurs in patients with low average glucose (e.g., < 100 mg/dL) over the prior 100 to 120 days. More rarely, the presence of a non-A variant hemoglobin that does not possess a glycated β-chain and/or shortens the lifespan of the RBC may be the cause.

- If HbA1c < 0.3 and total Hemoglobin < 8.2, HbA1c will be reported as **"**Unable to Calculate**"** followed by the comment below:

Due to limitations in assay design, the amount of Hemoglobin A1c (HbA1c) cannot be quantified or accurately reported. This situation most commonly occurs in patients with low average glucose (e.g., < 100 mg/dL) over the prior 100 to 120 days. More rarely, the presence of a non-A variant hemoglobin that does not possess a glycated β-chain and/or shortens the lifespan of the RBC may be the cause.

The standard report comment that appears on all Hemoglobin A1c reports will also be updated as follows:

If the presence of a hemoglobin variant is suspected, do not use % HbA1c results for diagnosis of diabetes mellitus.

In uncontrolled diabetics, high levels of Hemoglobin F (Hb F) may be present. Presence of Hb F greater than 7% of total may result in lower than expected % HbA1c.

Any cause that shortens erythrocyte survival or decreases mean erythrocyte age may reduce expected % HbA1c values even in the presence of elevated average blood glucose. Causes may include hemolytic disease, homozygous sickle cell trait, pregnancy, and recent significant/chronic blood loss. In addition, recent blood transfusions can alter expected % HbA1c values.

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ANNOUNCEMENT: Change in Ova and Parasite Collection Kits

Effective Tuesday, October 15, 2019, Sonora Quest Laboratories will discontinue providing ParaPak® Ova and Parasite collection kits (pink and grey screw-cap vials) in favor of a Total-Fix™ single vial collection and transport system (black screw-cap vial). This change in collection vials supports our initiative to reduce the use of formalin-based compounds in our facilities due to its negative environmental impact and cost of disposal.

The Total-Fix transport system is a single vial utilizing zinc sulfate, which provides parasite visualization without the need for two separate collection vials. This supply change will benefit your patients, as they will only be required to provide a stool specimen in a single vial.

You may continue to submit any ParaPak vials that you have in stock, however, please use the following guide to place supply orders beginning October 15:

Discontinued Supply	New Supply
#6076 – Ova & Parasite Kit - ParaPak	#41373 – Ova & Parasite Kit – Total-Fix
#6153 – Triple Pack Ova & Parasite, C&S	#41373 – Ova & Parasite Kit – Total-Fix AND #983 – Stool C&S Transport

Please note the following tests are impacted by this change:

Test Code	Test Name	Specimen Requirements effective 10/15/19
900834	Coccidia Exam	5 grams minimum of stool submitted in a single Total Fix ® vial. Place stool into vial to bring the liquid level up to the black fill-line. Carefully mix the specimen with the spoon attached to the vial cap, tighten the cap and shake vigorously to insure that the specimen is adequately mixed. Do not overfill. Specimens should be stored at room temperature until and during transport to the laboratory.
4644	Cyclospora/Cystoisospora	
15338	Giardia Antigen	
900007	Giardia/Cryptosporidium Exam	
3880	Microsporidia Exam	
4792	Ova & Parasites (x1)	
74028	Ova & Parasites (x2)	

Supply orders can be made through our Provider Portal at SonoraQuest.com, our Quanum™ system, or by faxing a client supply requisition to our warehouse. For updated client supply requisitions, please call 602.685.5141.

For questions regarding supplies, please contact our warehouse at the following numbers:

Phoenix: Phone (602) 685.5264; Fax (602) 685.5402
Toll-free (800) 766.6721, ext. 5264

Tucson: Phone (520) 784.8004; Fax (520) 296.5607
Toll-free (800) 266.8101

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ANNOUNCEMENT: Scheduled Application Server Maintenance

On Sunday, October 27, 2019, Sonora Quest Laboratories will be performing application server maintenance. As a result, all computer systems will be unavailable beginning at 6:00 p.m. until approximately 11:00 p.m.

During this period, our Client Services Representatives will not have access to computerized information or patient results. All reporting will resume by normal processes once our systems are operational. Quanum (formerly Care360) users will have uninterrupted access to patient results that were completed prior to 6:00 p.m. Sunday. Quanum will be updated with results completed during the down-time once the server maintenance is completed.

STAT courier services and STAT testing will remain available during this time and will be reported manually by phone via our established down-time processes.

During the down-time, please contact us as follows:

- Client Services: 602.685.5050
- Logistics (for pick-ups including Mobile Diagnostic Services STAT phlebotomy requests): 602.685.5052

ASSAY CHANGES:

Test 1028 **Test 900323**	**Albumin, Protein w/ Globulin, Ratio** **Comprehensive Metabolic Panel**
Effective:	10/28/19
Reference Ranges:	Albumin/Globulin Ratio - 1.0-2.5 Globulin - 1.9-3.7 g/dL
Comment:	Please note these are the most commonly ordered testing that include Albumin/Globulin Ratio and Globulin. These reference range changes will apply to all other tests which include these components.

Test 11093	**Varicella zoster Virus DNA Qualitative PCR**
Effective:	10/28/19
Specimen:	1.0 mL refrigerated whole blood collected in an EDTA (lavender-top) tube or ACD (solution B) yellow-top tube (0.3 mL minimum).

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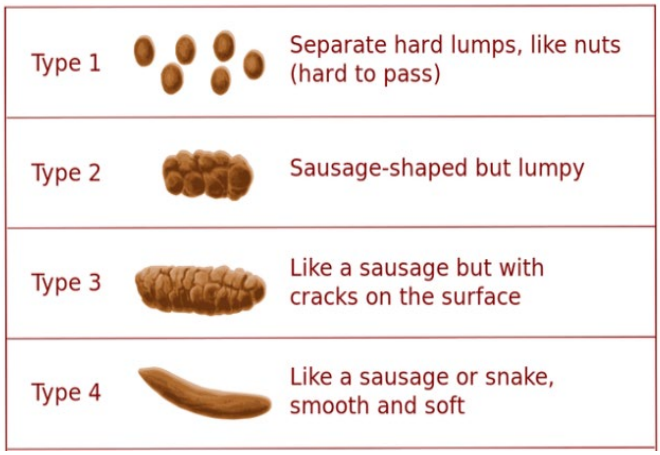
ANNOUNCEMENT: Rejection of Formed Stools for Clostridioides (Clostridium) difficile Toxins A and B Testing

Effective Monday November 4, we will no longer accept formed stool for test code 9171 - C. difficile toxins A and B, EIA ordered individually or as part of a profile.

Studies have shown that asymptomatic colonization with C. difficile can range between 3% - 26% among various adult populations[1]. Therefore, the testing of formed stools may lead to a false diagnosis of C. difficile-associated diarrhea. The Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) recommend that the only acceptable specimen type is an unformed stool[1]. Stools that are considered types 1–4 according to the Bristol Stool Chart will be rejected[2-3].

Bristol Stool Chart

Not Acceptable:



Acceptable:

Tables modified from the original manuscript published by Lewis, S.J. and Heaton, K.W. (1997). Stool form scale as a useful guide to intestinal transit time. Skandinavian Journal of Gastroenterology, 32(9): 920-24.

References:

1. L Clifford McDonald, et al., 2018, Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA), Clinical Infectious Diseases, 66 (7): e1–e4.
2. Bauer, MP et al., 2009, European Society of Clinical Microbiology and Infectious Diseases (ESCMID): treatment guidance document for Clostridium difficile infection (CDI). Clinical Microbiology and Infection, 15(12): 1067-1079.
3. Heaton, KW et al., 1992, Defecation frequency and timing, and stool form in the general population: a prospective study. Gut. 33 (6): 818–24.