



Client Communication

Technical Bulletin

Test Updates

Effective July 17, 2023

Pathology Laboratories, Inc. (PathLabs) is in the process of making updates to approximately twenty (20) tests, which will be completed by Monday, July 17, 2023. These tests are performed by our reference laboratory partners; namely, Sonic Reference Laboratory (SRL) of Austin, TX, and American Esoteric Laboratories (AEL) of Memphis, TN. Both SRL and AEL are affiliates of Sonic Healthcare USA, Inc., as is PathLabs.

Full disclosure of the test updates is shown in the chart provided herein.

The test updates include changes for certain tests in the following areas:

- EMR Mapping (including revisions to LOINC codes)
- Reference Ranges
- Revised Result Fields
- Specimen Requirements (New Collection Tube Types)
- Test Names

The enclosed chart, presented in numerical order by Orderable Code, contains specific information as to the modifications. All changes in the chart are marked as **bright blue**.



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Orderable Code	Test Name	EMR Interface Mapping			Specimen	Method	Performing Laboratory	CPT
		Result Code	Result Name (Test Components)	LOINC				
36078	RENIN, DIRECT	36078	RENIN, DIRECT	35570-1	PLASMA. EDTA (LAVENDER TOP) TUBE. ***CRITICAL FROZEN***. PREFERRED VOLUME 2 ML. SAMPLE SHOULD BE COLLECTED AFTER PATIENT HAS BEEN ACTIVE FOR AT LEAST 2 HOURS AND SEATED FOR 5-15 MINUTES. CENTRIFUGE SAMPLE AND SEPARATE PLASMA FROM CELLS IMMEDIATELY. TRANSFER PLASMA TO A PLASTIC TRANSPORT TUBE. CLEARLY LABEL TUBE AS EDTA PLASMA. WHEN MULTIPLE TESTS ARE ORDERED, SUBMIT SEPARATE TUBE FOR THIS TEST.	CHEMILUMINESCENT IMMUNOASSAY	SONIC REFERENCE LABORATORY	36078
36255	ESTROGENS, SERUM FRACTIONATED	19018	ESTRADIOL	35384-7	SERUM. SST. REFRIGERATE. PREFERRED VOLUME 2 ML.	LIQUID CHROMATOGRAPHY/TANDEM MASS SPECTROMETRY	SONIC REFERENCE LABORATORY	82671
		19019	ESTRONE	2258-2				
		19020	ESTROGENS, TOTAL	53765-4				
36354	CHROMOGRANIN A	36354	CHROMOGRANIN A	9811-1	SERUM. SST. FROZEN. PREFERRED VOLUME 1 ML. CENTRIFUGE SAMPLE AND SEPARATE SERUM FROM CELLS WITHIN 2 HOURS OF COLLECTION. TRANSFER SERUM TO A PLASTIC TUBE. CLEARLY LABEL TUBE AS SERUM. WHEN MULTIPLE TESTS ARE ORDERED, SUBMIT SEPARATE TUBE FOR THIS TEST.	ENZYME-LINKED IMMUNOSORBENT ASSAY	SONIC REFERENCE LABORATORY	86316
		Reference Range Change: < 96 ng/mL						
36644	BILE ACIDS, TOTAL	36644	BILE ACIDS, TOTAL	14628-2	SERUM. SST. REFRIGERATED. PREFERRED VOLUME 1 ML. PATIENT SHOULD BE FASTING FOR 8 HOURS PRIOR TO COLLECTION.	ENZYMATIC	SONIC REFERENCE LABORATORY	82239
36662	INSULIN ABS, HUMAN	14041	INSULIN ABS, HUMAN	56546-5	SERUM. SST. FREEZE. PREFERRED VOLUME 1 ML. CENTRIFUGE SAMPLE AND SEPARATE SERUM FROM CELLS WITHIN 2 HOURS OF COLLECTION. TRANSFER SERUM TO A PLASTIC TRANSPORT TUBE. CLEARLY LABEL TUBE AS SERUM. WHEN MULTIPLE TESTS ARE ORDERED, SUBMIT SEPARATE TUBE FOR THIS TEST.	SEMI-QUANTITATIVE RADIOIMMUNOASSAY	SONIC REFERENCE LABORATORY	86337
36818	BONE SPECIFIC ALK PHOS	36818	BONE SPECIFIC ALK PHOS	17838-4	SERUM. SST. ***CRITICAL FROZEN***. PREFERRED VOLUME 1 ML. CENTRIFUGE SAMPLE AND SEPARATE SERUM FROM CELLS WITHIN 2 HOURS OF COLLECTION. TRANSFER SERUM TO A PLASTIC TRANSPORT TUBE. CLEARLY LABEL TUBE AS SERUM. WHEN MULTIPLE TESTS ARE ORDERED, SUBMIT SEPARATE TUBE FOR THIS TEST.	ENZYME-LINKED IMMUNOSORBENT ASSAY	SONIC REFERENCE LABORATORY	84080

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Orderable Code	Test Name	EMR Interface Mapping			Other			
		Result Code	Result Name (Test Components)	LOINC	Specimen	Method	Performing Laboratory	CPT
36852	GAD65 ANTIBODY ASSAY	36852	GAD65 ANTIBODY ASSAY	56540-8	SERUM. SST. FREEZE. PREFERRED VOLUME 1 ML. CENTRIFUGE SAMPLE AND SEPARATE SERUM FROM CELLS WITHIN 2 HOURS OF COLLECTION. TRANSFER SERUM TO A PLASTIC TRANSPORT TUBE. CLEARLY LABEL TUBE AS SERUM. WHEN MULTIPLE TESTS ARE ORDERED, SUBMIT SEPARATE TUBE FOR THIS TEST.	ENZYME-LINKED IMMUNOSORBENT ASSAY	SONIC REFERENCE LABORATORY	36852
37034	RENIN ACTIVITY	37034	RENIN ACTIVITY	2915-7	PLASMA. EDTA TUBE. **CRITICAL FROZEN**. PREFERRED VOLUME 2 ML. CENTRIFUGE SAMPLE AND SEPARATE PLASMA FROM CELLS WITHIN 2 HOURS OF COLLECTION. TRANSFER PLASMA TO A PLASTIC TRANSPORT TUBE. CLEARLY LABEL TUBE AS EDTA PLASMA. COLLECT SAMPLE MID-MORNING AFTER PATIENT HAS BEEN ACTIVE FOR AT LEAST 2 HOURS. WHEN MULTIPLE TESTS ARE ORDERED, SUBMIT SEPARATE TUBE FOR THIS TEST.	ENZYME-LINKED IMMUNOSORBENT ASSAY	SONIC REFERENCE LABORATORY	84244
37059	HERPES SIMPLEX VIRUS BY PCR	189963	HSV TYPE 1	16130-7	PLASMA. EDTA TUBE. FREEZE. PREFERRED VOLUME 2 ML. CENTRIFUGE SAMPLE AND SEPARATE PLASMA FROM CELLS WITHIN 2 HOURS OF COLLECTION. TRANSFER PLASMA TO A PLASTIC TRANSPORT TUBE. CLEARLY LABEL TUBE AS EDTA PLASMA. WHEN MULTIPLE TESTS ARE ORDERED, SUBMIT SEPARATE TUBE FOR THIS TEST.	REAL-TIME POLYMERASE CHAIN REACTION (RT-PCR)	SONIC REFERENCE LABORATORY	87529 X2
		189964	HSV TYPE 2	16131-5				
		189962	SOURCE	39111-0				
		189965	SPECIMEN	31208-2				
37377	ALDOSTERONE, SERUM/ PLASMA	19795	ALDOSTERONE, SERUM/ PLASMA	1763-2	SERUM. SST. FREEZE. PREFERRED VOLUME 1 ML. CENTRIFUGE SAMPLE AND SEPARATE SERUM FROM CELLS WITHIN 2 HOURS OF COLLECTION. TRANSFER SERUM TO A PLASTIC TRANSPORT TUBE. CLEARLY LABEL TUBE AS SERUM. WHEN MULTIPLE TESTS ARE ORDERED, SUBMIT SEPARATE TUBE FOR THIS TEST.	CHEMILUMINESCENT IMMUNOASSAY	SONIC REFERENCE LABORATORY	82088
37901	MYCOPLASMA PNEUM, IgG	37901	MYCOPLASMA PNEUM, IgG	45224-3	SERUM. SST. REFRIGERATE. PREFERRED VOLUME 1 ML. NOTE: PARALLEL TESTING IS PREFERRED AND CONVASCENT SAMPLES MUST BE RECEIVED WITHIN 45 DAYS OF RECEIPT OF ACUTE SAMPLES. CLEARLY LABEL SAMPLE AS ACUTE OR CONVALESCENT.	ENZYME-LINKED IMMUNOSORBENT ASSAY	SONIC REFERENCE LABORATORY	86738
38386	CYCSTATIN C WITH eGFR	38386	CYSTATIN C, SERUM	33863-2	SERUM. SST. REFRIGERATE. PREFERRED VOLUME 1 ML.	PARTICLE ENHANCED IMMUNOTURBIDOMETRIC	SONIC REFERENCE LABORATORY	82610
		383861	eGFR BY CYSTATIN C	50210-4				

Reference Range Change: < 0.91 RATIO

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Orderable Code	Test Name	EMR Interface Mapping			Other			
		Result Code	Result Name (Test Components)	LOINC	Specimen	Method	Performing Laboratory	CPT
38462	25-HYDROXYVITAMIN D2 AND D3	384620	25-HYDROXYVITAMIN D2	49054-0	SERUM. SST. REFRIGERATE. PREFERRED VOLUME 1 ML.	LIQUID CHROMATOGRAPHY/TANDEM MASS SPECTROMETRY	SONIC REFERENCE LABORATORY	38462
		384621	25-HYDROXYVITAMIN D3	1989-3				
		384622	25-HYDROXYVITAMIN TOTAL	62292-8				
38623	TPMT AND NUDT15 GENOTYPE	386235	TPMT GENOTYPE	41048-0	WHOLE BLOOD. LAVENDER TOP (EDTA) TUBE. REFRIGERATE. PREFERRED VOLUME 4 ML.	REAL-TIME POLYMERASE CHAIN REACTION	SONIC REFERENCE LABORATORY	81335. 81306
		386236	NUDT15 GENOTYPE	39				
		386238	TPMT PHENOTYPE	79713-4				
		386239	NUDT15 PHENOTYPE	93195-6				
		386234	SPECIMEN	31208-2				
39033	PHOSPHOLIPASE A2 RECEPTOR (PLA2R) AB IgG, REFLEX TITER	390330	PLA2R AB, IgG	82991-1	SERUM. SST. REFRIGERATE. PREFERRED VOLUME 1 ML.	INDIRECT FLUORESCENT ANTIBODY (IFA)	SONIC REFERENCE LABORATORY	86255, IF REFLEX ADD 86256
		390331	PLA2R AB, IgG TITER	81201-6				
39104	ZINC TRANSPORTER 8 AB	39104	ZINC TRANSPORTER 8 AB	76651-9	SERUM. SST. REFRIGERATE. PREFERRED VOLUME 1 ML.	ENZYME-LINKED IMMUNOSORBENT ASSAY	SONIC REFERENCE LABORATORY	86341
39111	GASTROINTESTINAL PATHOGENS PCR	391125	CLOSTRIDIUM DIFFICILE	82197-5	STOOL. CARY-BLAIR MEDIA. REFRIGERATE. PREFERRED VOLUME 1 ML.	MULTIPLEX POLYMERASE CHAIN REACTION	AMERICAN ESOTERIC LABORATORIES	87507
		391117	CAMPYLOBACTER SP.	82196-7				
		391119	PLESIOMONAS SHIGELLA	82198-3				
		391112	SALMONELLA SP.	82199-1				
		3911102	YERSINIA ENTEROCOLITICA	82202-3				
		391110	VIBRIO SP.	82200-7				
		3911101	VIBRIO CHOLERA	82201-5				
		3911103	ENTEROAGGREGATIVE E.COLI (EAEC)	80349-4				
		3911104	ENTEROPATHOGENIC E.COLI (EPEC)	80348-6				
		3911105	ENTEROTOXIGENIC E.COLI (ETEC)	80351-0				
3911106	SHIGA TOXIN-PRODUCING E.COLI (STEC)	82203-1						

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Orderable Code	Test Name	EMR Interface Mapping			Other			
		Result Code	Result Name (Test Components)	LOINC	Specimen	Method	Performing Laboratory	CPT
39111 (continued)	GASTROINTESTINAL PATHOGENS PCR	3911107	E.COLI 0157	82204-9	STOOL. CARY-BLAIR MEDIA. REFRIGERATE. PREFERRED VOLUME 1 ML.	MULTIPLEX POLYMERASE CHAIN REACTION	AMERICAN ESOTERIC LABORATORIES	87507
		3911111	SHIGELLA/ENTEROINVASIVE E.COLI	80350-2				
		3911108	CRYPTOSPORIDIUM	82205-6				
		3911109	CYCLOSPORA CAYETANENSIS	82206-4				
		3911111	ENTAMOEBIA HISTOLYTICA	82207-2				
		3911112	GIARDIA LAMBLIA	82208-0				
		3911113	ADENOVIRUS 40/41	82209-8				
		3911114	ASTROVIRUS	82210-6				
		3911115	NOVOVIRUS GI/GII	82211-4				
3911116	ROTAVIRUS A	82212-2						
3911117	SAPOVIRUS	82213-0						
39150	JAK2 EXON 12 MUTATION BY PCR	39150	JAK2 EXON 12 MUTATION BY PCR	63421-2	WHOLE BLOOD. EDTA. REFRIGERATE. PREFERRED VOLUME 5 ML.	POLYMERASE CHAIN REACTION FOLLOWED BY CAPILLARY ELECTROPHORESIS	SONIC REFERENCE LABORATORY	81279
		391501	SPECIMEN	31208-2				
58068	N-TELOPEPTIDES W/ CREATININE	58068	N-TELOPEPTIDE	14115-0	URINE FROM SECOND MORNING VOID. STERILE CONTAINER WITH NO PRESERVATIVES. REFRIGERATE. PREFERRED VOLUME 1 ML.	ENZYME-LINKED IMMUNOSORBENT ASSAY	SONIC REFERENCE LABORATORY	82523
		18786	CREATININE, URINE	2161-8				
75038	MYCOPLASMA PNEUM, IgM	75038	MYCOPLASMA PNEUM, IgM	5257-1	SERUM. SST. REFRIGERATE. PREFERRED VOLUME 1 ML. NOTE: PARALLEL TESTING IS PREFERRED AND CONVALESCENT SAMPLES MUST BE RECEIVED WITHIN 45 DAYS OF RECEIPT OF ACUTE SAMPLES. CLEARLY LABEL SAMPLE AS ACUTE OR CONVALESCENT.	ENZYME-LINKED IMMUNOSORBENT ASSAY	SONIC REFERENCE LABORATORY	86738
Reference Range Change: < 0.91 RATIO								
75345	INTRINSIC FACTOR BLOCKING AB	75345	INTRINSIC FACTOR BLOCKING AB	24383-2	SERUM. SST. FREEZE. PREFERRED VOLUME 1 ML. CENTRIFUGE SAMPLE AND SEPARATE SERUM FROM CELLS WITHIN 2 HOURS OF COLLECTION. TRANSFER SERUM TO A PLASTIC TRANSPORT TUBE. CLEARLY LABEL TUBE AS SERUM. WHEN MULTIPLE TESTS ARE ORDERED, SUBMIT SEPARATE TUBE FOR THIS TEST.	ENZYME-LINKED IMMUNOSORBENT ASSAY	SONIC REFERENCE LABORATORY	86340

Client Communication

Our online test directory will be updated to reflect this information on July 17, 2023.

This Client Communication has also been posted to our website for reference.

Please review the information and make changes as applicable to your practice/facility. If you have any questions, please contact our Client Service Department at 419.255.4601/800.281.8804 or your account executive. Thank you.

NOTE: CPT codes are provided for information only, and are based on Pathology Laboratories' current understanding of Medicare rules and carrier instructions and in accordance with the current issue of physicians current procedural terminology (CPT), published by the American Medical Association. Medicare coding may differ from coding used by other third party payers. Questions regarding coding should be confirmed with the payer being billed. Pathology Laboratories cannot accept responsibility for the reimbursement clients may or may not receive based on the procedure codes provided.