
H & E Stain (Cut Not Included)

CPT Code: 88399

Test Code: 3847 **H. pylori (Helicobacter pylori) Antibody, IgG** **H PYLORI****Methodology:** Chemiluminescence
Performed: Sunday - Saturday
Reported: 2 – 5 days**Specimen Required:** **Collect:** One plain red or gold top tube.
Transport: 1.0 mL serum refrigerated
Remarks: Separate serum/plasma from cells ASAP. Acute and convalescent samples must be labeled as such.
Unacceptable Conditions: Severely lipemic or hemolyzed samples.
Stability: After separation from cells: Ambient: 8 hours; Refrigerated: 3 days; Frozen: 6 months.**Reference Interval:** < 0.9 U/ml: Negative; *H. pylori* IgG antibodies were not detected in the sample. This result does not preclude recent primary infection.
0.9 – 1.09 U/ml: Indeterminate; Repeat testing in 7-10 days may be helpful.
1.1 U/ml or greater: Positive; – *H. pylori* IgG antibodies were detected in the sample, indicating exposure to *H. pylori*. It is not possible to differentiate between past and active infection on the basis of results from a single specimen.**Interpretive Data:**

A positive IgG antibody response to *H. pylori* has been determined in individuals with duodenitis, chronic gastritis, and gastric or duodenal ulcer. Many individuals without clinical symptoms are seropositive for *H. pylori* antibodies, with the prevalence increasing with age. *H. pylori* has also been identified as a risk factor for gastric cancer. The results were obtained with the IMMULITE *H. pylori* IgG Assay. Results obtained from other manufacturers' methods may not be used interchangeably.

CPT Code: 86677

Test Code: 4452 **H. pylori (Helicobacter pylori) Breath Test** **HP UBT****Methodology:** Infrared Spectrophotometric
Performed: Monday - Friday
Reported: Same day**Specimen Required:** **Collect:** Breath Test kit collection

- Test kits may be obtained from Methodist Laboratory for administration of test compound and collection of breath specimens in the physician's office. Breath specimens are then sent to Methodist for analysis.
- Patients may go to the MDC (112 Crescent) with a valid physician request and the technicians will administer the test and send the breath samples to the laboratory for analysis.

Patient preparation:

- Stop antibiotics, proton pump inhibitors and bismuth preparations for 2 weeks.
- Fast for 1 hour prior to test.
- No eating, drinking or smoking during the 15 minutes between breath samples.
- Inform patient that the drink administered contains phenylalanine.
- A baseline breath sample and a post ingestion of urea solution breath sample will be collected.

Remarks: Do not freeze bags.
Unacceptable: Bags not fully inflated, or only one of the two bags submitted.
Stability: Ambient: 3 days; Refrigerated: unacceptable; Frozen: unacceptable.**Reference Interval:** Negative**Interpretive Data:** The BreathTek UBT test uses ¹³C-Urea, a synthetic urea contained in granulated powder (Pranactin-Citric™), as an oral drink to detect the presence of urease. The presence of urease in the GI tract is associated with *H. pylori* infection. Since the urea drink is exposed to the entire gastric surface, it provides an accurate assessment of the presence of an *H. pylori* ulcer anywhere on the gastric surface as compared to the limited areas that may be sampled in a direct biopsy. A positive test result indicates current infection with *H. pylori* that is capable of metabolizing the ¹³C-Urea sample.

CPT Code: 83013

Hageman Factor

Refer to Factor XII.
CPT Code: 85280

Hall's Bile Stain

CPT Code: 88313

Test Code 4276	Haptoglobin	HAPTO
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Methodology: Nephelometry
Performed: Monday – Friday
Reported: 1 – 2 days

Specimen Required: **Collect:** One 6 ml gold top or plain red. (Min: 3 mL)
Transport: Centrifuged gold top or 0.5 mL serum at ambient or 2-8°C. (Min: 0.3 mL)
Remarks: Separate serum from cells ASAP. Plasma samples are not recommended.
Unacceptable Conditions: Severely lipemic, contaminated or hemolyzed samples.
Stability: Ambient: 8 hours; Refrigerated: 3 days; Frozen: 2 months

Reference Interval: 36 - 195 mg/dl

CPT Code: 83010

Test Code 3845	hCG, Urine Qualitative	HCG-URINE
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Methodology: Immunosorbent assay technique.
Performed: Daily
Reported: 30 minutes

Specimen Required: **Collect:** First morning urine is the preferred sample as it usually contains the highest concentration of Beta-hCG; however, any sample is suitable for testing. Sample should be collected in a plastic container.
Transport: 10 mL aliquot from well-mixed first morning urine at 2-8°C.
Stability: Ambient: 24 hours; Refrigerated: 3 days.

CPT Code: 84703

Test Code 6330	hCG, Serum, Quantitative – Pregnancy	HCG PREG
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Methodology: Chemiluminescent Immunoassay
Performed: Sunday – Saturday
Reported: 2 – 4 hours (STAT: 1 hour)

Specimen Required: **Collect:** One 6 ml gold top or plain red. (Min: 6 ml).
Transport: Gold top or plain red at ambient or 2-8°C.
Remarks: Recommend transport in original collection tube.
Unacceptable: Plasma samples, gross hemolysis, or samples stored more than 8 hrs at room temperature.
Stability: Ambient: 8 hours; Refrigerated: 48 hours; Frozen: 3 months.

Reference Interval: Non-pregnant Female: 0 – 10 IU/L

Note: This assay measures free beta subunits plus intact hCG.

CPT Code: 84703

hCG, Serum, Quantitative – Tumor Marker

Refer to Beta-hCG, Serum, Quantitative – Tumor Marker

CPT Code: 84702

HDL (High Density Lipoprotein) Cholesterol

Refer to Cholesterol, HDL

CPT Code: 83718

Test Code 6346 **Heavy Metals Panel, Blood** **H METALS**

Methodology: Inductively Coupled Plasma/Mass Spectrometry

Performed: Referral – ARUP (Monday – Friday)

Reported: 2 – 5 days

Specimen Required: **Collect:** One 7 mL dark blue (Na₂EDTA).

Transport: 7 mL Whole blood (dark blue, EDTA) at 20-25°C.

Pediatric Minimum/Transport (single test with no repeat): 1.5 mL whole blood (dark blue, EDTA) at 20-25°C.

Stability: If the sample is drawn and stored in the appropriate container, the trace element values do not change with time.

Reference Interval:

Components	Reference Interval
Arsenic, Blood	0.0 – 62.0 µg/L
Mercury, Blood	0 – 60 µg/L
Lead, Whole Blood	By Report

CPT Code(s): 82175 Arsenic; 83655 Lead; 83825 Mercury

Methodology: Inductively Coupled Plasma/Mass Spectrometry
Performed: Referral – ARUP (Monday - Friday)
Reported: 2 – 5 days

Specimen Required: **Collect:** 24-hour urine. Sample must be collected in a plastic container. Keep refrigerated.
Transport: 10 mL aliquot from a well-mixed 24-hour or random urine collection, promptly at 2-8°C. Submit sample in two ARUP Standardized Transfer Tubes. (Min: 5 mL aliquot of a well-mixed collection.)
Pediatric Minimum/Transport (single test with no repeat): 5 mL aliquot from a well-mixed 24-hour or random collection at 2-8°C. Submit sample in an ARUP Standardized Transfer Tube.
Remarks: Immediately upon receiving sample, add 12M HCl (0.1 mL HCl/10 mL urine). Mercury in urine will rapidly dissipate if not acidified. Record total volume, collection time, and pH on test request form.
Stability: If the sample is collected and stored in the appropriate container, the trace element values do not change with time. Mercury values are stable for 7 days if kept in an acidic pH.

Reference Interval:

Components	Reference Interval
Creatinine	Male: 3-8 years: 140-700 mg/d 9-12 years: 300-1300 mg/d 13-17 years: 500-2300 mg/d 18-50 years: 1000-25000 mg/d 51-80 years: 800-2100 mg/d 81 years and older: 600-2000 mg/d
	Female: 3-8 years: 140-700 mg/d 9-12 years: 300-1300 mg/d 13-17 years: 400-1600 mg/d 18-50 years: 700-1600 mg/d 51-80 years: 500-1400 mg/d 81 years and older: 400-1300 mg/d
Arsenic, Urine	0.0 – 52.7 µg/L
Arsenic, Urine (24-hour)	0.0 – 63.9 µg/d
Mercury, Urine	0 – 10 µg/L
Mercury, Urine (24-hour)	0 – 15 µg/d
Mercury per gram of creatinine	< 35 µg/g CRT
Arsenic per gram of creatinine	< 35 µg/g CRT
Lead, Urine	0 – 23 µg/L
Lead, Urine (24-hour)	0 – 31 µg/d
Lead per gram of creatinine	No reference range (µg/g CRT)

CPT Code(s): 82175 Arsenic; 83655 Lead; 83825 Mercury

Helicobacter pylori Antibody, IgG

See H. (Helicobacter) Pylori, IgG at beginning of this section

CPT Code: 86677

Methodology: Urease Enzyme Detection
Performed: Microbiology (Monday – Friday) (During Endoscopy hours)
Reported: Sunday - Saturday

Specimen Required: **Collect:** Specimens are collected inoculated by Endoscopy Department. Gastric mucosal biopsy is collected and placed in the HP Fast Agar gel containing urea.
Transport: Place inoculated specimen in envelope and deliver to laboratory. Keep at room temperature.
Unacceptable Conditions: Uninoculated HP fast agar; refrigerated specimen.
Stability: Maintain at room temperature: 24 hours.

Reference Interval: Negative for Helicobacter pylori

CPT Code: 87339

Test Code 2637**Hematocrit****HCT**

Methodology: Automated Cell Counter
Performed: Hematology - Daily
Reported: 1 hour

Specimen Required: **Collect:** One lavender (EDTA). (Min: 0.5 mL drawn in 3 mL lavender)
Transport: Whole blood (lavender, EDTA). (Min: 0.5 mL of thoroughly mixed whole blood)
Unacceptable Conditions: Frozen samples.
Stability: Ambient: 8 hours; Refrigerated: 32 hours

Reference Interval:

AGE	HCT %
Birth - 3 Days	45.0-67.0
4 - 7 Days	42.0-66.0
8 - 14 Days	39.0-63.0
15 Days - 1 Mo	31.0-55.0
2 Months	28.0-42.0
3 - 5 Months	29.0-42.0
6 Mo - 1 Year	29.0-41.0
2 - 5 Years	33.0-39.0
6 - 11 Years	34.0-40.0
12-17 Years	35.0-45.0
18 or > Years	M-39.0-49.0 F-35.0-46.0

CPT Code: 85014

Test Code 2643**Hemoglobin****HGB**

Methodology: Automated Cell Counter
Performed: Hematology - Daily
Reported: 1 hour

Specimen Required: **Collect:** One lavender (EDTA). (Min: 0.5 mL drawn in 3 mL lavender)
Transport: Whole blood, lavender (EDTA). (Min: 0.5 mL of thoroughly mixed whole blood)
Unacceptable Conditions: Frozen samples.
Stability: Ambient: 72 hours; Refrigerated: 72 hours

Reference Interval:

AGE	HGB (g/dL)
Birth - 3 Days	14.5 - 22.5
4 - 7 Days	13.5 - 21.5
8 - 14 Days	12.5 - 20.5
15 Days - 1 Mo	10.0 - 18.0
2 Months	9.0 - 14.0
3 - 5 Months	9.5 - 13.5
6 Mo - 1 Year	9.5 - 13.5
2 - 5 Years	10.5 - 13.5
6 - 11 Years	11.5 - 13.5
12-17 Years	11.5 - 15.5
18 or > Years	Male 13.7 - 17.3 Female 12.0 - 15.5

CPT Code: 85018

Test Code 5148	Hemoglobin A1C	HGB A1C
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Methodology: High Performance Liquid Chromatography (Certified traceable to DCCT)
Performed: Monday – Saturday
Reported: Next day

Specimen Required: **Collect:** One lavender (EDTA) tube. (Min: 3 mL)
 Transport: Whole blood, lavender (EDTA) at 2-8°C. Do not separate.
 Unacceptable: Clotted samples or plasma separated from cells.
 Stability: Refrigerated: 7 days; Frozen: 1 year (avoid repeated freeze thaw cycles).

Reference Interval: 3.9 – 6.1%

Interpretive Data: Values less than 7 % meet the treatment goal of the American Diabetes Association for patients with diabetes mellitus.

CPT Code: 83036

Test Code 4222	Hemoglobin Electrophoresis	HGB-ELECT
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Methodology: Electrophoresis
Performed: Monday – Friday
Reported: 1 – 2 days

Specimen Required: **Collect:** One lavender (EDTA). (Min: 3 mL) Pediatric: 3 full lavender Microtainer tubes.
 Transport: Whole blood, lavender (EDTA) at 2-8°C.
 Stability: Refrigerated: 5 days

Reference Interval: By report

Note: Hemoglobins will be tested by alkaline electrophoresis and, if indicated, citrate agar electrophoresis. Recommend evaluation of hemoglobin for definitive diagnosis after 1 year of age.

CPT Code: 83020

Test Code 5303	Hemoglobin, Plasma	PLASMA HB
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Methodology: Spectrophotometric
Performed: Sunday – Saturday
Reported: Same day

Specimen Required: **Collect:** One lt. blue (citrate). (Min: 4 mL)
 Transport: Lt. blue (citrate) immediately at ambient. If delivery will be delayed, remove 1 mL plasma from cells, refrigerate and transport at 2-8°C.
 Remarks: Separate plasma from cells ASAP. Plasma that has been allowed to sit on cells may have falsely elevated levels of plasma hemoglobin.
 Unacceptable Conditions: EDTA plasma.

Reference Interval: 0.0 – 2.5 mg/dL

CPT Code: 83051

Methodology: Automated Cell Counter
Performed: Daily - Hematology
Reported: 1 hour

Specimen Required: **Collect:** One lavender (EDTA) (Min: 1/3 full). Pediatric: one full lavender Microtainer®
Transport: Whole blood (lavender, EDTA) at ambient temperature. (Min: 0.5 mL)
Unacceptable Conditions: Hemolyzed or clotted samples.
Stability: Ambient: 24 hours

Reference Interval:

AGE	WBC (K/ μ L)	RBC (M/ μ L)	HGB (g/dL)	HCT %	MCV fL	MCHC (g/DL)	PLT (K/ μ L)
Birth-1 Month	9.0 - 30.0						
2 - 23 Months	5.0 - 19.5						
1 - 3 Years	6.0 - 17.5						
4 - 7 Years	5.5 - 15.5						
8 - 13 Years	4.5 - 13.5						
14-17 Years	4.5 - 13.0						
Birth - 3 Days		4.00 - 6.60	14.5 - 22.5	45.0 - 67.0			
4 - 7 Days		3.90 - 6.30	13.5 - 21.5	42.0 - 66.0			
8 - 14 Days		3.60 - 6.20	12.5 - 20.5	39.0 - 63.0			
15 Days - 1 Mo		3.00-5/40	10.0-18.0	31.0-55.0			
2 Months		2.70-4.90	9.0-14.0	28.0-42.0			
3 - 5 Months		3.10-4.50	9.5-13.5	29.0-42.0			
6 Mo - 1 Year		3.70-5.30	9.5-13.5	29.0-41.0			
2 - 5 Years		3.90-5.30	10.5-13.5	33.0-39.0			
6 - 11 Years		4.00-5.20	11.5-13.5	34.0-40.0			
12-17 Years		4.50-5.30	11.5-15.5	35.0-45.0			
Newborn					98-118	31-37	
2 Weeks					95-126	31-37	
1 Month					88-126	31-37	
3 Months					77-115	28-37	
5 Months					74-108	30-36	
6 Mo - 1 Year					70-86	30-36	
2 - 5 Years					75-87	31-37	
6 - 12 Years					77-95	31-37	
13 - 17 Years					78-98	31-37	
18 or > Years	3.6-9.2	M-4.38-5.58 F-3.70-5.14	M-13.7-17.3 F-12.0-15.5	M-39.0-49.0 F-35.0-46.0	80-100	31-37	140-400

CPT Code: 85027

Test Code 6561	Heparin-Associated Antibody detection (Heparin-Induced Thrombocytopenia)	Heparin Ab
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Methodology: Enzyme-Linked Immunosorbent Assay
Performed: Monday – Friday
Reported: same day

Specimen Required: **Collect:** One 7 mL plain red or gold
Transport: 1 mL at 2-8°C or frozen.
Remarks: Remove serum from cells ASAP. Sample may be stored at 2-8°C if tested within 48 hours.
Unacceptable Conditions: Heparinized samples
Stability: Ambient: Unacceptable, Refrigerated: 2 days; Frozen: 1 year

Reference Interval: Negative

Interpretive Data: An enzyme-linked immunosorbent assay (ELISA) method is used for the detection of heparin associated antibodies. Results obtained using this assay should be used in conjunction with clinical findings or other serological tests.

Patients receiving heparin treatment for at least a week often develop thrombocytopenia. Two types of heparin-induced thrombocytopenia (HIT), Type I and II, may develop. Type I HIT is generally considered a benign condition and is not antibody-mediated. In Type II HIT, thrombocytopenia is usually more severe and is antibody-mediated. Patients with Type II are at risk to develop more severe thrombocytopenia as well as arterial or venous thrombosis if heparin therapy is continued. Antibodies associated with HIT bind to complexes of heparin and platelet factor 4 (PF4). These immune complexes propagate activation, leading to the release of more PF4 and thrombosis.

CPT Code: 86022

Hepatic (Liver) Panel

Refer to Liver Function Panel.

Test Code 6358	Hepatitis A Antibodies, Total (IgG and IgM)	HAVAB
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Methodology: Enzyme Immunoassay
Performed: Referral – ARUP (Sunday – Saturday)
Reported: 2 – 5 days

Specimen Required: **Collect:** One 4 mL SST.
Transport: 1 mL serum at 2-8°C. (Min: 0.5 mL)
Pediatric Minimum/Transport (single test with no repeat): 0.2 mL serum at 2-8°C.
Remarks: Plasma acceptable. Separate serum/plasma from cells ASAP.
Unacceptable Conditions: Samples containing particulate material. Heat treated samples.
Stability: Ambient: Up to 7 days acceptable, but not preferred; Refrigerated: 7 days ; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

Note: This assay tests for IgG and IgM antibodies but does not differentiate between them.

CPT Code: 86708

Test Code 6357 **Hepatitis A Antibody, IgM** **HEP A AB**

Methodology: Chemiluminescent Immunoassay
Performed: Monday - Friday
Reported: same day

Specimen Required: **Collect:** One 6 ml gold top or plain red. (Min: 6 mL)
Transport: Centrifuged gold, or 1 mL serum (Min: 0.5 mL) at 2-8°C.
Remarks: Separate serum from cells if transport will be delayed.
Stability: Ambient: 8 hours; Refrigerated: 2 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

Note: Order this assay when acute Hepatitis A infection is suspected.

CPT Code: 86709

Test Code 6361 **Hepatitis B Core Antibody, Total (IgG and IgM)** **HEP BC TOT**

Methodology: Chemiluminescent Immunoassay
Performed: Referral – ARUP (Sunday – Saturday)
Reported: 2 – 5 days

Specimen Required: **Collect:** One 4 ml SST
Transport: 1 mL serum (Min: 0.3 mL) at 2-8°C.
Remarks: Separate serum from cells ASAP. Plasma is also acceptable
Unacceptable Conditions: Heat treated samples and samples containing particulate matter.
Stability: Ambient: Up to 7 days acceptable, but not preferred; Refrigerated: 7 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

Note: This assay tests for IgG and IgM antibodies but does not differentiate between them.

CPT Code: 86704

Test Code 6362 **Hepatitis B Core Antibody, IgM** **HEP B COR**

Methodology: Chemiluminescent Immunoassay
Performed: Monday - Friday
Reported: same day

Specimen Required: **Collect:** One 6 ml gold top or plain red. (Min: 6 mL)
Transport: Centrifuged gold, or 0.5 mL serum (Min: 0.5 mL) at 2-8°C.
Remarks: Separate serum from cells if transport will be delayed.
Stability: Ambient: 8 hours; Refrigerated: 2 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

CPT Code: 86705

Test Code 6073

Hepatitis B Surface Antibody

HEP B AB

Methodology: Chemiluminescent Immunoassay

Performed: Monday - Friday

Reported: same day

Specimen Required: **Collect:** One 6 ml gold top or plain red. (Min: 6 mL)
Transport: Centrifuged gold, or 1 mL serum (Min: 0.5 mL) at 2-8°C.
Remarks: Separate serum from cells if transport will be delayed.
Stability: Ambient: 8 hours; Refrigerated: 3 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

CPT Code: 86706

Test Code 6335

Hepatitis B Surface Antigen

HEP BS AG

Methodology: Chemiluminescent Immunoassay

Performed: Monday – Friday

Reported: same day

Specimen Required: **Collect:** One 6 ml gold top or plain red . (Min: 6 mL)
Transport: Centrifuged gold, or 1 mL serum (Min: 0.5 mL) at 2-8°C.
Remarks: Separate serum from cells if transport will be delayed. EDTA plasma is also acceptable, heparinized plasma may be used but may require additional testing.
Unacceptable Conditions: Heat treated samples.
Stability: Ambient: 8 hours; Refrigerated: 14 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

Note: All repeatedly reactive results will be confirmed by neutralization.

CPT Code: 87340

Misc Test (ARUP# 0056025)**Hepatitis B Viral DNA, Ultra Sensitive Quantitative PCR**

Methodology: Polymerase Chain Reaction
Performed: Referral – ARUP (Sunday - Saturday)
Reported: 6-7 days

Specimen Required: **Collect:** One 7 mL SST, PPT, lavender (EDTA), (Min: 5 mL SST, PPT, or lavender)
Transport: 2mL serum or plasma, frozen. (Min: 0.5 mL)
Pediatric Minimum/Transport (single test with no repeat): 0.25 mL serum or plasma, frozen.
Remarks: Submit specimen according to Diagnostic Substance Shipping Guidelines. Critical Frozen. Separate samples must be submitted when multiple tests are ordered. Specimen must be centrifuged and serum separated from cells and frozen in a plastic transport tube at -20°C within 6 hours of collection.
Unacceptable Conditions: Non-frozen samples or samples exposed to repeated freeze/thaw cycles. Heparinized samples.
Stability: Ambient: 2 hours (on cells); Refrigerated: 12 hours (removed from cells); Frozen: 4 months

Reference Interval: Less than 0.001 pg/mL
Less than 2.3 log copies/mL
Less than 200 copies/mL

Interpretive Data: Assay methodology is PCR using the COBAS Amplicor HBV Monitor test. This is a nuclei acid amplification test for the quantitation of Hepatitis B Virus DNA in human serum or plasma. This test uses a commercial kit or reagent that has not been approved or cleared by the FDA. Its performance characteristics were determined by ARUP Laboratories.

Note: The reportable range is 0.001 to ~700 pg/mL which is approximately equivalent to 2.3 to 8.3 HBV DNA log copies/mL (200 to 200,000,000 HBV DNA copies/mL).

CPT Code: 87517

Test Code 6367**Hepatitis Be Antibody****HEP BE AB**

Methodology: Enzyme Immunoassay
Performed: Referral – ARUP (Sunday - Saturday)
Reported: 2 – 5 days

Specimen Required: **Collect:** One 4 mL SST.
Transport: 2 mL serum at 2-8°C. (Min: 0.5 mL)
Pediatric Minimum/Transport (single test with no repeat): 1.2 mL at 2-8°C.
Remarks: Separate serum from cells ASAP.
Unacceptable Conditions: Plasma and hemolyzed samples.
Stability: Ambient: Up to 7 days acceptable, but not preferred; Refrigerated: 7 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

CPT Code: 86707

Test Code 6372 **Hepatitis Be Antigen** **HBEAG**

Methodology: Enzyme Immunoassay
Performed: Referral – ARUP (Sunday- Saturday)
Reported: 2 – 5 days

Specimen Required: **Collect:** One 4 mL SST.
Transport: 1 mL serum at 2-8°C. (Min: 0.5 mL)
Pediatric Minimum/Transport (single test with no repeat): 0.4 mL serum, frozen at 2-8°C.
Remarks: Separate serum from cells ASAP.
Unacceptable Conditions: Plasma and hemolyzed samples.
Stability: Ambient: Up to 24 hours acceptable, but not preferred; Refrigerated: 7 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

Note: Order this assay only when a specimen is repeatedly reactive for Hepatitis B surface antigen.

CPT Code: 87350

Test Code 6365 **Hepatitis C Antibody** **HEP C AB**

Methodology: Chemiluminescent Immunoassay
Performed: Monday - Friday
Reported: same day

Specimen Required: **Collect:** One 6 ml gold top or plain red. (Min: 6 mL)
Transport: Centrifuged gold, or 1 mL serum (Min: 0.5 mL) at 2-8°C.
Remarks: Plasma acceptable. Separate serum from cells ASAP.
Unacceptable Conditions: Heat treated samples.
Stability: Ambient: 8 hours, Refrigerated: 7 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

CPT Code: 86803

Methodology: Polymerase Chain Reaction and Nucleic Acid Sequencing*
Performed: Referral – ARUP (Monday - Friday)
Reported: 7 – 12 days

Specimen Required: **Collect:** One 6 mL SST, one 5 mL lavender (EDTA), or one 5 mL beige top (PPT). (Min: 4 mL SST, PPT or lavender)
Transport: 2 mL serum or plasma, frozen. (Min: 0.5 mL)
Pediatric Minimum/Transport (single test with no repeat): 1 mL serum or plasma, frozen
Remarks: Separate serum or plasma from cells within 2 hours of collection. **CRITICAL FROZEN. Separate samples must be submitted when multiple tests are ordered.**
Unacceptable Conditions: Non-frozen samples or samples exposed to repeated freeze/thaw cycles. Heparinized samples.
Stability: Removed from cells, Ambient: 30 minutes; Refrigerated: 2 hours; Frozen: 4 months

Reference Interval: By report.

Interpretive Data: Isolates of Hepatitis C Virus are grouped into six major genotypes. These genotypes are subtyped according to sequence characteristics and are designated as 1a, 1b, 1c, 2a, 2b, 2c, 3a, 3b, 4, 5a, and 6a.

Reports suggest that patient prognosis and disease course may be genotype dependent. For example, Hepatitis C Virus type 1 and type 4 infections may be associated with more severe disease and decreased responsiveness to therapy.

Results are based on comparison with a database derived from GenBank sequences and published information (Maertens et al, 1997).

*This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.

CPT Code(s): 87902

Test Code 6375	Hepatitis C Virus (HCV) RNA, Qualitative PCR	HEP C QUAL
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Methodology: Polymerase Chain Reaction
Performed: Referral – ARUP (Sunday – Saturday)
Reported: Within 7 days

Specimen Required: **Collect:** One 6 mL SST or one 5 mL lavender (EDTA), or one 5 mL beige (PPT). (Min: 4 mL)
Transport: 2 mL serum or plasma, frozen. (Min: 0.5 mL)
Pediatric Minimum/Transport (single test with no repeat): 0.25 mL serum or plasma, frozen.
Remarks: **CRITICAL FROZEN. SEPARATE SAMPLES MUST BE SUBMITTED WHEN MULTIPLE TESTS ARE ORDERED.** Remove plasma or serum from cells within 2 hours and freeze in a polypropylene tube at -20°C for transport.
Unacceptable Conditions: Non-frozen samples or samples thawed and refrozen. Heparinized samples.
Stability: Ambient: 2 hours (on cells); Plasma removed from cells within 2 hours can be refrigerated and frozen as follows: Refrigerated: 12 hours; Frozen: 4 months

Reference Interval: Negative – Hepatitis C Virus RNA not detected by RT-PCR(less than 50IU/mL, 100 copies/mL).

Note: A negative result does not rule out the presence of PCR inhibitors in the patient specimen or Hepatitis C Virus-RNA concentrations below the level of detection by the assay. False negatives can be caused by improper specimen handling. An internal control monitors the sample for inadequate sample extraction or the presence of inhibitors in the sample.

This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.

CPT Code: 87521 (RUO/IUO)

Test Code 9611

Hepatitis Panel (Acute)

HEP PANEL

Methodology: Chemiluminescent Immunoassay

Performed: Refer to individual components: Hepatitis A Antibody, IgM; Hepatitis B Surface Antigen; Hepatitis B Core Antibody, IgM; and Hepatitis C Antibody

Specimen Required: Collect: One 6 ml gold top or plain red. (Min: 6 mL)
Transport: Centrifuged gold, or 2 mL serum at 2-8°C. (Min: 1 mL)
Remarks: Separate serum ASAP. Plasma is not recommended.
Stability: Ambient: 8 hours; Refrigerated: 2 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative for all components

Table with 2 columns: Components, Reference Interval. Rows include Hepatitis A Antibody, IgM; Hepatitis B Core Antibody, IgM; Hepatitis B Surface Antigen; Hepatitis C Antibody.

Note: Order this panel when the patient has clinical acute hepatitis of less than 6 months duration and the origin is unknown.

CPT Code: 80074

Test Code 3846

Herpes Simplex Virus by PCR

HSVPCR

Methodology: Polymerase Chain Reaction

Performed: Referral – ARUP (Sunday – Saturday)

Reported: 2 – 5 days

Specimen Required: Collect: CSF, bronchoalveolar lavage, tissue or vesicle fluid.
Transport: 1 mL CSF, frozen (Min: 0.5 mL CSF); or bronchoalveolar lavage, serum or plasma, frozen; tissue or vesicle fluid in multipurpose viral transport media, frozen.
Pediatric Minimum/Transport (single test with no repeat): 0.25 mL CSF, bronchoalveolar lavage, serum or plasma, frozen. (Less volume may decrease sensitivity of assay.)
Unacceptable Conditions: Non-sterile or leaking containers. Heparinized or hemolyzed samples.
Stability: Ambient: 8 hours; Refrigerated: 3 days ; Frozen: 3 months

Reference Interval: Negative – Herpes simplex virus DNA not detected by PCR
Positive – Herpes simplex virus DNA detected by PCR.

Interpretive Data: A negative result does not rule out presence of PCR inhibitors in the patient specimen or DNA concentrations below the level of detection by the assay.

This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.

CPT Code: 87529 (RUO/IUO)

Test Code 3543

Herpes Screen

V HERPES

Methodology: Cell culture and Immunoperoxidase staining
Performed: Referral – ARUP (Monday – Sunday)
Reported: Varies

Specimen Required: **Collect:** Genital lesions or lip lesions; vesicle swab or fluid; mout swab or washing. Immediately place vesicle fluid or swab in viral transprt media (Microtest M4) or whole blood or bone marrow in one 5ml lavender (EDTA). **Source of specimen is required.**
Transport: Mouth swab or washing, vesicle swab or fluid, cervical or genital lesion swab in multipurpose transport media (Microtest M4) at 2 – 8°C. Blood or bone marrow (lavender EDTA) at 2-8° C
Remarks: Do not freeze.
Unacceptable Conditions: Samples in other transport media , dry swab, swabs in gel media, wood swabs, and calcium alginate swabs.
Stability: Ambient: 2 hours; Refrigerated: 3 days; Frozen: Unacceptable

Reference Interval: No virus detected. Culture negative for herpes simplex virus.

Note: Herpes simplex virus by PCR is a more sensitive method for detection of Herpes simplex virus encephalitis. Herpes typing is available at an additional fee.

CPT Code: 87252 Tissue Culture; 87253 IP stain

Test Code 3842

Herpes Simplex Virus I & II Antibodies, IgM

HSV MC

Methodology: Enzyme-Linked Immunosorbent Assay
Performed: Referral – ARUP (Sunday – Saturday)
Reported: 2 – 5 days

Specimen Required: **Collect:** One 4 mL SST.
Transport: 0.5 mL serum at 2-8°C. (Min: 0.2 mL)
Pediatric Minimum/Transport (single test with no repeat): 0.1 mL serum at 2-8°C.
Remarks: Separate serum from cells ASAP. Acute and convalescent samples must be labeled as such; parallel testing is preferred and convalescent samples **must** be received within 30 days from receipt of the acute samples. **Please mark sample plainly as "acute" or "convalescent"**. No established reference ranges for CSF.
Unacceptable Conditions: Plasma, severely lipemic, contaminated, heat-inactivated, icteric, or hemolyzed samples.
Stability: After separation from clot: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval: ≤ 0.90 IV: Negative – No significant level of detectable HSV IgM antibody.
0.91 – 1.09 IV: Equivocal – Questionable presence of IgM antibodies detected. Repeat testing in 10-14 days may be helpful.
> 1.09 IV: Positive – IgM antibodies to HSV detected which may indicate current or recent infection or reactivation.

Interpretive Data: IV = Index Value

While the presence of IgM antibodies suggests current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

CPT Code(s): 86694 Herpes non-type specific

Test Code 3854	Herpes Simplex Virus I & II Combined Antibody Screen, IgG	HSV IGG
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Methodology: Enzyme-Linked Immunosorbent Assay
Performed: Referral – ARUP (Sunday – Saturday)
Reported: 2 – 5 days

Specimen Required: **Collect:** One 4 mL SST.
Transport: 0.5 mL serum at 2-8°C. (Min: 0.2 mL)
Pediatric Minimum/Transport (single test with no repeat): 0.1 mL serum at 2-8°C.
Remarks: Separate serum from cells ASAP. Acute and convalescent samples must be labeled as such; parallel testing is preferred and convalescent samples **must** be received within 30 days from receipt of the acute samples. **Please mark sample plainly as "acute" or "convalescent"**. No established reference ranges for CSF.
Unacceptable Conditions: Icteric, Severely lipemic, contaminated, heat inactivated, or hemolyzed samples.
Stability: After separation from clot; Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval: <0.90 IV: Negative – No significant level of detectable HSV IgG antibody
0.90 – 1.09 IV: Equivocal – Questionable presence of IgG antibodies. Repeat testing in 10 – 14 days may be helpful.
>1.09 IV: Positive – IgG antibody to HSV detected which may indicate a current or previous HSV infection.

Interpretive Data: IV = Index Value

Seroconversion between acute and convalescent sera is considered strong evidence of current or recent infection. The best evidence for infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

CPT Code(s): 86694 Herpes non-type specific

Human Growth Hormone (HGH)

Refer to Growth Hormone

Test Code 3863	HIV (Human Immunodeficiency Virus 1,2) Antibody	HIV
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Methodology: Chemiluminescent Immunoassay
Performed: Monday – Friday
Reported: 1 – 3 days

Specimen Required: **Collect:** One 6 ml gold top or plain red. (Min: 6 mL)
Transport: Centrifuged gold, or 1 mL serum (Min: 0.5 mL) at ambient or 2-8°C.
Remarks: **Informed consent is required for all HIV testing.** Consent forms are available upon request.
Stability: Ambient: 24 hours; Refrigerated: 14 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative (all repeatedly reactive results will be confirmed by Western Blot)

CPT Code: 86703

Test Code 3860

**HIV 1 Antibody, Confirm, Western Blot
(Human Immunodeficiency Virus 1)**

HIV WBLOT

Methodology: Western Blot
Performed: Referral – ARUP (Sunday-Saturday)
Reported: 2 – 5 days

Specimen Required: **Collect:** One 4 mL SST.
Transport: 1 mL serum at 2-8°C. (Min: 0.5 mL)
Pediatric Minimum/Transport (single test with no repeat): 0.1 mL serum at 2-8°C.
Remarks: Plasma acceptable. Separate serum/plasma from cells ASAP.
Stability: Ambient: Up to 7 days acceptable, but not preferred; Refrigerated: 7 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

Note: Order this assay only when a specimen is repeatedly reactive for HIV1 or HIV1-2 antibodies.

CPT Code: 86689

Test Code 6376

HIV Ultrasensitive QNT by PCR

HIV ULTRA

Methodology: Polymerase Chain Reaction
Performed: Sun – Sat
Reported: 2 – 3 days

Specimen Required: **Collect:** Two 5 mL lavender (EDTA), pink (K₂EDTA), or PPT
Transport: 2 mL plasma, frozen. (Min: 1.5 mL) Submit specimen in an ARUP Standard Transport Tube. Submit specimen according to Diagnostic Substance Shipping Guidelines.
Pediatric Collection/Transport: 0.6 mL plasma, frozen. Submit specimen according to Diagnostic Substance Shipping Guidelines.
Remarks: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.** Separate plasma from cells within two hours.
Unacceptable Conditions: Serum. Polystyrene tubes. Heparinized or nonfrozen specimens. Specimens exposed to repeated freeze/thaw cycles or submitted in a PPT tube (aliquot plasma prior to submission).
Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 12 hours; Frozen: 4 months

Reference Interval: By report

Interpretive Data: Assay methodology is polymerase chain reaction (PCR) using the FDA approved Roche AMPLICOR - HIV-1 MONITOR® Test, version 1.5. This test is intended for use in conjunction with clinical presentation and other laboratory markers as an indicator of disease prognosis. This test is also used as an aid in assessing viral response to antiretroviral treatment as measured by changes in plasma HIV-1 RNA levels. False positive results may occur. Care should be taken when interpreting results, especially for seronegative patients.

The analytic measurement range of this assay is 1.7-5.0 log copies (50 to 100,000 copies/mL). The clinical significance of changes in HIV-1 RNA measurements has not been fully established; however, a threefold (0.5 log) change in copies/mL may be significant. False positive results may occur. Care should be taken when interpreting results especially for seronegative patients.

This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.

This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular Tissue-Based Products (HCT/P).

CPT Code: 87536

Methodology: Microlymphocytotoxicity
Performed: Referral – ARUP (Monday – Friday)
Reported: 5 – 7 days

Specimen Required: **Collect:** Mon – Fri a.m. only. One 10 mL yellow (ACD solution A or B).
Transport: 10 mL whole blood yellow (ACD solution A or B) at 20-25°C.
Pediatric Minimum/Transport (single test with no repeat): 0 – 4 years; 7 cc blood in one yellow top tube (ACD); over 4 years: 10 cc blood in yellow top tubes (ACD) at 20-25°C.
Remarks: LIVE LYMPHOCYTES REQUIRED. Sample must be received within 48 hours of collection. CRITICAL AMBIENT: Must be kept at ambient temperature. Do not refrigerate.
Stability: Ambient: 48 hours.

Reference Interval: By report.

A-Locus: A1 A2 A3 A10 A11 A19 A23 (9) A24 (9) A25(10) A26(10) A28 A29 A30 A31 A32 A33

B-Locus: B5 B7 B8 B13 B14 B18 B22 B27 B35 B37 B38(16) B39(16) B41 B42 B44(12) B45(12) B49(21) B50(21) B51(5) B52(5) B53 B57(17) B58(17) B60(40) B61(40) B62(15)

Interpretive Data: The human leukocyte antigen (HLA) complex on chromosome 6 consists of several highly allelic loci. These code for polymorphic cell surface proteins important for self-recognition in the immune response. The Class I HLA antigens are coded by the HLA-A and B loci, and the Class II antigens are coded by HLA-DR and DQ loci. In addition, certain HLA antigens are associated with certain diseases.

The letter (A or B) refers to the genetic locus and the number to the particular antigen coded by that locus. Numbers in parentheses denote “broad” parent antigens from which the “split” specificities have been derived. If fewer than two antigens are reported for a particular locus, then either we do not have serum to type for the antigen or the patient is homozygous for one antigen (common for the A and B loci).

These HLA tissue typing results are determined with an abbreviated panel of serologic reagents. It is intended for use in research studies and as an aid in the diagnosis of certain diseases that are strongly associated with HLA antigens. **It is not intended for use in the workup of donors or recipients for clinical bone marrow transplantation.** A more comprehensive panel of serologic reagents for HLA Class I (A, B, C) and DNA-based methods for HLA Class II (DR and DQ) antigens is required for that purpose, as specified by the College of American Pathologists (CAP) and the American Society for Histocompatibility and Immunogenetics (ASHI). **For these reasons, ARUP will not perform this test for evaluation of bone marrow transplantation patients.** For evaluation of bone marrow, order HLA Bone Marrow Transplantation Evaluation.

Analyte Specific Reagents (ASRs) are used in many laboratory tests necessary for standard medical care, and generally do not require FDA approval. This test was developed and its performance characteristics determined by the H & I laboratory. It has not been cleared or approved by U.S. Food and Drug Administration.

CPT Code: 86813

Test Code 1658 **HLA-B27** **HLA B27**

Methodology: Flow Cytometry
Performed: Referral – ARUP (Sunday – Saturday)
Reported: 2 – 5 Days

Specimen Required: **Collect:** **Mon – Fri noon** One 5 mL green (heparin) or one 5 mL lavender (EDTA), labeled with patient name, date and time of draw. (Min: 3 mL green or lavender)
Transport: Immediately, 5 mL whole blood (green, heparin; or lavender EDTA) at 20-25°C. (Min: 0.5 mL)
Pediatric Minimum/Transport (single test with no repeat): 0.2 mL whole blood (green, heparin; or lavender, EDTA) at 20 - 25°C.
Remarks: **Samples must be received within 72 hours of collection.**
Unacceptable Conditions: Samples collected in ACD (yellow top) tubes. Samples sent in pour off tubes.
Stability: Ambient: 72 hours

Reference Interval: Negative

Interpretive Data: HLA-B27 is a serologically defined allele of the human HLA-B locus. The presence of the HLA-B27 antigen is strongly associated with ankylosing spondylitis and related disorders.

CPT Code: 86812

Test Code 5156 **Homocysteine, Plasma** **HOMO-PLAS**

Methodology: Chemiluminescent Immunoassay
Performed: Sunday - Saturday
Reported: Same day

Specimen Required: **Collect:** One 5 mL lavender (EDTA). **Mix well, place tube on ice immediately.**
Transport: 1 mL plasma, frozen. (Min: 0.5 mL)
Remarks: **Plasma must be separated from cells within 1 hour of collection.**
Unacceptable: Samples stored at room temperature.
Stability: Plasma separated from cells: Refrigerated: 48 hours; Frozen: 13 weeks

Reference Interval: 3.7 – 13.9 µmol/L

Interpretive Data: Plasma total homocysteine (tHcy) is a graded risk factor for cardiovascular disease. The risk increases progressively with homocysteine concentration. Maintenance of homocysteine levels below 10 µmol/L is recommended.

Note: False elevations of plasma homocysteine may occur if the plasma is not promptly separated from the cells at the time of collection.

CPT Code: 83090

Homovanillic Acid

Refer to Vanillylmandelic Acid (VMA) & Homovanillic Acid (HVA), Urine.

HPV DNA Probe

Refer to Human Papillomavirus (HPV) DNA Probe.

HSV Culture

Refer to Culture – Virus

HSV I & II Antibodies, IgG

Refer to Herpes Simplex Virus I & II Antibodies, IgG.

HSV I & II Antibodies, IgG & IgM

Refer to Herpes Simplex Virus I & II Antibodies, IgG & IgM.

HSV I & II Antibodies, IgM

Refer to Herpes Simplex Virus I & II Antibodies, IgM.

Test Code 1665**HTLV I/II Antibodies (EIA)****HTLV1**

Methodology: Enzyme Immunoassay
Performed: Referral – ARUP (Monday, Wednesday, Friday)
Reported: 2 – 5 days

Specimen Required: **Collect:** One 6 mL plain red. (Min: 4 mL) Also acceptable: samples in SST.
Transport: 0.5 mL serum at 2-8°C. (Min: 0.5 mL)
Pediatric Minimum/Transport (single test with no repeat): 0.1 mL serum at 2-8°C.
Remarks: Plasma is also acceptable. Separate serum/plasma from cells ASAP.
Stability: Ambient: Up to 7 days acceptable, but not preferred; Refrigerated: 7 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Reference Interval: Negative

Note: All repeatedly reactive EIA results will be confirmed by HTLV I/II, Western Blot

CPT Code: 86790; if reflexed, add 86689 HTLV confirmation

Human Chorionic Gonadotropin, Serum Quantitative

Refer to hCG, Serum, Quantitative – Pregnancy
Refer to Beta -hCG, Serum, Quantitative – Tumor Marker

Human Chorionic Gonadotropin, Urine Qualitative

Refer to Urine, hCG, Qualitative.

Human Growth Hormone

Refer to Growth Hormone.

Human Immunodeficiency Virus 1,2 Antibody

Refer to HIV Antibody

Human Immunodeficiency Virus 1 Antibody, Confirmation, Western Blot

Refer to HIV 1 Antibody, Confirm, Western Blot

Human Immunodeficiency Virus 1 p24 Antigen

Refer to HIV 1 p24 Antigen

Human Insulin Antibodies

Refer to Insulin Antibodies, Human.

Test Code 3880 **Human Papillomavirus (HPV) DNA Probe, High and Low Risk Groups)** **HPV SCRN**

Methodology: Nucleic Acid Probe
Performed: Referral – ARUP (Sunday – Saturday)
Reported: 3 – 5 days

Specimen Required: **Collect:** **Contact Laboratory – Referral Services for special collection kit.** Cervical brush used with Digene Hybrid Capture™ HPV Digene cervical brush and specimen transport medium, **OR** collect cervical and endocervical sample using the "ThinPrep® Pap Test™" specimen transport media. For exact specimen collection requirements using this method, refer to Cytology, ThinPrep® Pap Test™.
Transport: Cervical brush in Digene Hybrid Capture™ HPV Digene cervical brush and specimen transport medium at 4-22°C, **OR** "ThinPrep® Pap Test™" vial at 4-37°C.
Remarks: **Must be transported in Digene Hybrid Capture™ HPV specimen transport medium, or in "ThinPrep® Pap Test™" specimen transport medium.**
Unacceptable Conditions: Samples in EIA transport media, GenProbe®, LCx® STD, bacterial transport media, or wooden swabs and male samples.
Stability: Digene cervical brush and specimen transport medium: Ambient: 3 weeks; Refrigerated: 3 weeks; Frozen: Unacceptable. "ThinPrep® Pap Test™" specimen transport media: Ambient: 3 weeks; Refrigerated: 3 weeks; DO NOT FREEZE

Reference Interval: High Risk HPV: Negative Low Risk HPV: Negative

Interpretive Data: Specific HPV genotypes have been shown to be associated with certain anogenital diseases. Types 6, 11, 42, 43 and 44 (low risk group) are associated with benign condylomas (warts). Types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59 and 68 (high risk group) are associated with cervical carcinoma and its predisposing lesions; cervical atypia, severe dysplasia, cervical intraepithelial neoplasia (CIN), and carcinoma in situ.

Note: A negative result does not rule out the presence of an HPV genotype absent from the test panel, a low level infection or specimen sampling error. Only cervical brush in Hybrid Capture HPV Digene cervical brush and specimen transport medium and cervical and endocervical samples collected for the "ThinPrep® Pap Test" specimen transport media have been approved for this test. Performance on other specimens has not been established. (Results will be reported by group assay only.)

CPT Code(s): 87621 High-risk HPV; 87621 Low risk HPV

Methodology: Nucleic Acid Probe

Performed: Sun-Sat

Reported: 3 – 5 days

Specimen Required: Autocyte Pap Smear

Collect: and **Transport:** Cervical brush in HPV Digene Collection Kit (cervical brush and specimen transport medium) (Min: 2 mL) or Thin Prep® Pap Test™ transport media (Min: 4 mL) or SurePath™ Pap specimen transport media. Transport at 2-8°C. For exact specimen collection requirements using this method, refer to Cytology, Thin Prep® Pap Test™ Specimen Collection **or** Cytology, SurePath™ Pap (AutoCyte PREP System™) for specific collection and transportation guidelines.

Unacceptable Conditions: Swabs or samples in any other transport media.

Stability: Digene transport medium: Ambient: 2 weeks; Refrigerated: 3 weeks; Frozen: 3 months

ThinPrep® Pap Test™ transport media: Ambient: 3 weeks; Refrigerated: 3 weeks; Frozen: Unacceptable

SurePath™ transport media: Ambient: 4 weeks; Refrigerated: 6 months; Frozen: Unacceptable

Reference Interval:

Negative

Interpretive Data:

Specific HPV genotypes have been shown to be associated with certain anogenital diseases. Types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, and 68 (high-risk group) are associated with cervical carcinoma and its predisposing lesions; cervical atypia, severe dysplasia, cervical intraepithelial neoplasia (CIN), and carcinoma in situ.

CPT Code(s):

87621

Human T-Lymphocyte Virus Type III Antibody

Refer to Human Immunodeficiency Virus 1 Antibody.

HVA & VMA

Refer to Vanillylmandelic Acid (VMA) & Homovanillic Acid (HVA), Urine.

HVA (Homovanillic Acid), Urine (24-Hour)

Refer to Vanillylmandelic Acid (VMA) & Homovanillic Acid (HVA), Urine.

5-Hydroxyindoleacetic Acid (HIAA), Urine

Refer to 5-Hydroxyindoleacetic Acid (HIAA), at the beginning of the alphabetical listing of tests.

17-Hydroxyprogesterone

Refer to 17-Hydroxyprogesterone at the beginning of the alphabetical listing of tests.

5-Hydroxytryptamine

Refer to Serotonin, Whole Blood.
