NOTICE DATE: October 23, 2018

EFFECTIVE DATE: September 4, 2018

TEST RESUMED

Acetylcholine Receptor Binding Antibody
Order Code: ARAB
CPT Code: 83519
Fee Code: 32034
Reference Laboratory: Mayo ARBI

Please note that Mayo Medical Laboratories acetylcholine receptor (muscle AChR) binding antibody, serum assay has resumed effective September 4, 2018.

EFFECTIVE DATE: July 31, 2018

TEST DISCONTINUED

Febrile Antibodies Panel
Order Code: FFAPL
CPT Code: 57379

Effective July 31, 2018, Mayo Medical Laboratories has discontinued the Febrile Antibodies Panel. Simultaneous testing of antibodies to all of the agents on this panel is generally not recommended. Exposure history, infection route, risk factors for infection and presentation are significantly different between infection with Rickettsia (vector-borne transmission), Salmonella typhi, and Brucella (inhalation/ingestion) species. Therefore, testing for antibodies to all of these agents simultaneous is not clinically indicated in all cases; instead order appropriate testing based on exposure history, infection route, and risk factors.

Recommended Alternative Tests:

Brucella Antibody
Order Code: SBR
CPT Code: 86622 x2

Collection Instructions: Collect 3 mL of whole blood in either a red top or serum separator tube. Please centrifuge and aliquot the serum into a plastic vial and refrigerate the specimen.

Rickettsial Disease Panel
Order Code: SLM
CPT Code: 86757 x4

Collection Instructions: Collect 3 mL of whole blood in either a red top or serum separator tube. Please centrifuge and aliquot the serum into a plastic vial and refrigerate the specimen. EDTA (lavender top), heparinized (green top) or ACD (yellow top) plasma is also acceptable.
**Aerobic Culture, Stool**

**Order Code:** STL, SLT  
**CPT Code:** 87045 Culture, 87427 Shiga-like Toxin

**Collection Instructions:** Collect fresh random stool or rectal swab. Add stool specimen to transport until liquid reaches fill line. Emulsify specimen thoroughly in transport fluid. Specify pathogen suspected if not Campylobacter, Salmonella or Shigella. If stool is bloody or Hemolytic Uremic Syndrome is suspected, indicate this on the requisition. If multiple samples are needed, send 1 stool specimen on each of 3 consecutive days. If the patient has been hospitalized 4 or more days, contact MLabs to have the test approved before sending the specimen.

**EFFECTIVE DATE:** September 18, 2018

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**TEST DISCONTINUED**

**Herpes 6 Antibodies, IgG and IgM**

**Order Code:** HPV6  
**CPT Code:** 86790  
**Fee Code:** AA009

Effective September 18, 2018, Mayo Medical Laboratories has discontinued the Herpes 6 Antibodies, IgG and IgM test for internal testing options. Human Herpesvirus 6 (HHV-6) infects T-lymphocytes, and has been associated with central nervous system disease almost exclusively in immunocompromised patients. HHV-6 is commonly detected in patients post-transplantation. Seroepidemiologic studies have shown that IgG to HHV-6 is present in nearly 100% of the population by middle age. Due to the high prevalence of HHV-6 antibodies, the clinical utility of serologic assays for HHV-6 is limited. Mayo Medical Laboratories recommends molecular testing such as PCR for rapid diagnosis of HHV-6 infection in plasma or CSF specimens. A positive PCR result indicates the presence of specific DNA from HHV-6 and supports the diagnosis of infection with this virus. The recommended alternative test is HHV-6 (Human Herpesvirus 6) DNA by PCR, which MLabs forwards to Viracor Eurofins.

**Recommended Alternative Test:**

**HHV-6 (Human Herpesvirus 6) DNA by PCR**

**Order Code:** VHV6P  
**CPT Code:** 87533  
**Fee Code:** 36123

**Collection Instruction:** Collect approximately 5 mL of whole blood in a lavender top (EDTA) tube. Send the specimen intact at room temperature.
EFFECTIVE DATE: October 10, 2018

REPORTING CHANGE

Complement, Total Hemolytic
Order Code: CH50
CPT Code: 86162
Fee Code: 21911

Effective October 10, 2018 the reference range for CH50 displays as >=41. The reference range previously displayed as a range 41-95.

EFFECTIVE DATE: October 16, 2018

REPORTING CHANGE

Procalcitonin
Order Code: PCT
CPT Code: 84145
Fee Code: JA004

Effective October 16, 2018, Procalcitonin reports will include Michigan Medicine adult procalcitonin usage guidelines.

New Report Comment:

Procalcitonin should be evaluated in context with all findings and the total clinical status and not in isolation; clinical judgement is always necessary.

- For SUSPECTED Lower Respiratory Tract Infections, antibiotics are strongly discouraged in patients with procalcitonin (PCT) levels of <0.1 ng/mL, and are discouraged in patients with PCT levels of 0.1-0.25 ng/mL. If the initial PCT level is low and no antibiotics are started, a repeat PCT measurement may be considered if clinical suspicion for infection persists 6-24 hours after the first measurement.

- In patients ADMITTED to the ICU with Undifferentiated Sepsis without a confirmed source of infection, if the initial PCT level is <0.5 ng/mL, a repeat PCT level should be drawn in 6-12 hours. Follow-up samples should be sent every 1-2 days. Antibiotic therapy may be discontinued if the PCT level is <=0.50 ng/mL or if the PCT value decreases by >80% compared to the highest observed previous concentration.

For the complete Michigan Medicine adult procalcitonin usage guidelines, please call MLabs Client Services at 800-862-7284.