LABHORIZONS
A NEWSLETTER FOR CLIENTS
Volume XIX, No. 3 — March 2019

Updates to the *Directory of Services and Interpretive Guide (DoS)*

Test Name	Test No.	**Field**/Change (Only fields that change are included here.)
Anaerobic and Aerobic Culture	**008003**	**Volume** Swab in anaerobic transporter or ESwab™ transport, 0.5 mL pus, **or** other fluid or tissue from aspirated site in anaerobic transporter **Container** Anaerobic transport **or** aerobic/anaerobic bacterial swab transport containing gel medium; ESwab™ transport **Storage Instructions** Specimens for anaerobic culture should be maintained at room temperature. Under these conditions, aerobes and anaerobes will survive 24 to 72 hours when properly collected in the anaerobic transport tube. Storage of specimens in the ESwab™ transport at room temperature for greater than 48 hours may result in diminished recovery of certain anaerobic species. **Causes for Rejection** Unlabeled specimen or name discrepancy between specimen and test request label; specimen not received in appropriate anaerobic transport tube; swab not in gel transport medium or ESwab™ transport; swab not stored in oxygen-free atmosphere; specimen refrigerated; specimen received after prolonged delay in transport (usually more than 48 hours). **Note:** Refrigeration inhibits viability of certain anaerobic organisms. Specimens from sites that have anaerobic bacteria as indigenous flora will not be cultured anaerobically (eg, throat, feces, colostomy stoma, rectal swabs, bronchial washes, cervical-vaginal mucosal swabs, sputa, skin and superficial wounds, voided or catheterized urine, ulcer surfaces, drainages onto contaminated surfaces).
Anaerobic and Aerobic Culture and Gram Stain	**183111**	**Volume** Swab(s) in aerobic/anaerobic swab transport or ESwab™ transport; **or** 0.5 mL pus, other fluid, or tissue from aspirated site in anaerobic transporter and one thin smear **Container** Aerobic/anaerobic bacterial swab transport containing gel medium or anaerobic transporter **and** one prepared smear in slide carrier; ESwab™ transport **Storage Instructions** Specimens for anaerobic culture should be maintained at room temperature. Under these conditions, aerobes and anaerobes will survive 24 to 72 hours when properly collected in the anaerobic transport tube. Storage of specimens in the ESwab™ transport at room temperature for greater than 48 hours may result in diminished recovery of certain anaerobic species. **Causes for Rejection** Unlabeled specimen or name discrepancy between specimen and test request label; specimen not received in appropriate anaerobic transport tube; swab not in gel transport medium or ESwab™ transport; swab not stored in oxygen-free atmosphere; specimen refrigerated; specimen received after prolonged delay in transport (usually more than 72 hours). **Note:** Refrigeration inhibits viability of certain anaerobic organisms. Specimens from sites that have anaerobic bacteria as indigenous flora will not be cultured anaerobically (eg, throat, feces, colostomy stoma, rectal swabs, bronchial washes, cervical-vaginal mucosal swabs, sputa, skin and superficial wounds, voided or catheterized urine, ulcer surfaces, drainages onto contaminated surfaces).
Anaerobic Culture	**008904**	**Volume** Swab in anaerobic transporter or ESwab™ transport, 0.5 mL pus, **or** other fluid or tissue from aspirated site in anaerobic transporter **Container** Anaerobic transport **or** aerobic/anaerobic bacterial swab transport containing gel medium; ESwab™ transport **Storage Instructions** Specimens for anaerobic culture should be maintained at room temperature. Under these conditions, anaerobes will survive 24 to 72 hours when properly collected in the anaerobic transport tube. Storage of specimens in the ESwab™ transport at room temperature for greater than 48 hours may result in diminished recovery of certain anaerobic species. **Causes for Rejection** Unlabeled specimen or name discrepancy between specimen and test request label; specimen not received in appropriate anaerobic transport tube; expired transport; swab not in gel transport medium or ESwab™ transport; swab not stored in oxygen-free atmosphere; specimen refrigerated. **Note:** Refrigeration inhibits viability of certain anaerobic organisms. If an unacceptable specimen is received, the client will be notified and another specimen will be requested before disposal of the original specimen. Specimens from sites that have anaerobic bacteria as indigenous flora will not routinely be cultured anaerobically (eg, throat, feces, colostomy stoma, rectal swabs, bronchial washes, cervical-vaginal mucosal swabs, sputa, skin and superficial wounds, voided or catheterized urine, ulcer surfaces, drainages onto contaminated surfaces)

Note: Please consult the online Directory of Services and Interpretive Guide at https://www.labcorp.com/tests for the most current test information.

Test Name	Test No.	**Field**/Change (Only fields that change are included here.)
Anaerobic Culture, Extended Incubation	**008900**	**Volume** Swab in anaerobic transporter or ESwab™ transport, or 0.5 mL pus, other fluid or tissue from aspirated site in anaerobic transporter **Container** Anaerobic transport; aerobic/anaerobic swab transport containing gel medium; ESwab™ transport; anaerobic blood culture bottle. Do **not** refrigerate. **Storage Instructions** Specimens for anaerobic culture should be maintained at room temperature. Under these conditions, anaerobes will survive 24 to 72 hours when properly collected in the anaerobic transport tube. Storage of specimens in the ESwab™ transport at room temperature for greater than 48 hours may result in diminished recovery of certain anaerobic species. **Causes for Rejection** Unlabeled specimen or name discrepancy between specimen and test request label; specimen not received in appropriate anaerobic transport tube; expired transport; swab not in gel transport medium or ESwab™ transport; swab not stored in oxygen-free atmosphere (any swab is suboptimal); specimen refrigerated. **Note:** Refrigeration inhibits viability of certain anaerobic organisms. If an unacceptable specimen is received, the client will be notified and another specimen will be requested before disposal of the original specimen. Specimens from sites that have anaerobic bacteria as indigenous flora will not routinely be cultured anaerobically (eg, throat, feces, colostomy stoma, rectal swabs, bronchial washes, cervical-vaginal mucosal swabs, sputa, skin and superficial wounds, voided or catheterized urine, ulcer surfaces, drainages onto contaminated surfaces).
Anal (Rectal) Cytology, Liquid-based Preparation	**009160**	**Methodology** ThinPrep® vial; BD SurePath™ **Volume** Minimum of 1-2 mL **Collection** An anal-rectal cytology (ARC) specimen is collected using a swab (Fisher Scientific Catalog No. 22363173; LabCorp PeopleSoft No. 123926). Moisten the swab in tap water and insert as far as possible into the anal canal. Slowly rotate the swab in one direction with gentle pressure on the walls as the swab is slowly being withdrawn. Care should be taken to ensure that the transition zone is sampled. Vigorously rotate the swab in the PreservCyt® solution 10 times while pushing against the wall of the ThinPrep® vial. Swirl the swab vigorously to release additional material. Discard the swab. Tighten the cap on the ThinPrep® PreservCyt® solution container so that the torque line on the cap passes the torque line on the vial. When using the TriPath SurePath™ method, place the cytobrush or swab head into the CytoRich™ fixative into SurePath™ collection vial and tightly cap the vial. **Record the patient's name and ID number on the vial,** and place it and the test request form in a specimen bag for transport to the laboratory. Specify source of specimen on the test request form.
Coenzyme Q10, Total	**120251**	**Use** Coenzyme Q10 (CoQ10) is also referred to as ubiquinone because it can be found in almost all eukaryotic cells.[1] CoQ10 embedded in the inner mitochondrial membrane is an essential component of the electron transport chain and plays a role in the ATP-producing oxidative phosphorylation.[1] CoQ10 is also a powerful lipid-soluble antioxidant protecting cell membranes and lipoproteins.[1] CoQ10 is present in the plasma in both the reduced (ubiquinol) and oxidized (ubiquinone) forms.[2] The reduced form of CoQ10 is the only endogenously synthesized lipophilic antioxidant and as such, serves to protect biological membranes against oxidation as well as inhibiting the peroxidation of lipoproteins in the circulation.[2] Reduced CoQ10 in plasma may also have a role recycling vitamin E (alpha-tocopherol).[3] **Limitations** This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. **Methodology** Liquid chromatography/tandem mass spectrometry (LC/MS-MS) **Additional Information** CoQ10 deficiency syndromes are quite rare and are clinically and genetically heterogeneous.[4] These conditions have been classified into five major clinical phenotypes: 1. encephalomyopathy; 2. severe infantile multisystemic disease; 3. cerebellar ataxia; 4. isolated myopathy; and 5. nephrotic syndrome. In some cases, specific mutations have been identified in genes involved in the biosynthesis of CoQ10 (primary CoQ10 deficiencies) or in genes not directly related to CoQ10 biosynthesis (secondary CoQ10 deficiencies.[4] Respiratory chain defects, reactive oxygen species production, and apoptosis are variably characteristics of primary CoQ10 deficiencies.[5] Several of these conditions are responsive to CoQ10 administration.[6] CoQ10 is endogenously synthesized via the mevalonate pathway, and some is obtained from the diet with meat products being the principal source.[2] CoQ10 supplements are available over the counter.[2] Due to its lipophilic nature, CoQ10 is transported in lipoprotein particles in the circulation and plasma levels tend to correlate with serum total and LDL-cholesterol.[2]

Note: Please consult the online Directory of Services and Interpretive Guide at https://www.labcorp.com/tests for the most current test information.

Test Name	Test No.	**Field**/Change (Only fields that change are included here.)
Coenzyme Q10, Total (continued)	**120251**	**Additional Information** (continued) Statins lower blood cholesterol levels by inhibiting HMG-CoA reductase, the rate-limiting enzyme in the biosynthesis of cholesterol.[2,7] This same enzyme is involved in the biosynthesis of CoQ10 through the mevalonate pathway. Plasma CoQ10 concentrations are reduced in patients receiving statin therapy.[2] The magnitude of CoQ10 decline is dose related and can be reversed by discontinuing therapy.[2] It has been postulated that the drop in plasma levels may, in part, reflect by the statin-induced reduction in LDL cholesterol containing particles in the blood stream. The reduction in these lipid particles reduces capacity of the plasma to carry the hydrophobic CoQ10 molecules.[2] Alternatively, the lower plasma levels may reflect diminished synthesis of CoQ10 as the result of statin inhibition of HMG-CoA.[2,7] A number of studies have reported a drop in the CoQ10 to LDL-cholesterol ratio in plasma after statin treatment.[2] This supports the conjecture that CoQ10 depletion is caused by diminished production as well as decreased LDL carriers.[2] Statins are generally well tolerated. However, their use has been associated with muscle complaints (myopathy) that range from clinically benign myalgia to more serious myositis, and in rare cases, life-threatening rhabdomyolysis. A variety of mechanisms have been proposed to explain statin-induced myopathy with some proposing that the symptoms may be caused by mitochondrial dysfunction resulting from depletion of CoQ10.[7] The results of a recent meta-analysis of available randomized controlled trials do not suggest any significant benefit of CoQ10 supplementation in improving statin-induced myopathy.[9] CoQ10 supplementation is commonly used in clinical practice in the treatment of patients with chronic heart failure, male infertility, and neurodegenerative disease.[1,6,10,11] Recent findings point to a role of CoQ10 in improving endothelial function in cardiovascular disease.[6] A meta-analysis of clinical trials found that CoQ10 supplementation significantly reduced diastolic pressure in hypertensive patients.[8] Clinical studies are ongoing related to the effectiveness of CoQ10 supplementation in the treatment of a number of neurodegenerative diseases including Parkinson's disease, Huntington's diseases and Friedreich's ataxia.[6] CoQ10 has been found to improve sperm count and motility.[6] CoQ10 treatment has also been found to be useful in other conditions ranging from decreasing the incidence of preeclampsia in pregnancy to mitigating headache symptoms in adults and children with migraine.[6] **Footnotes** 1. Mancini A, Festa R, Raimonda S, Pontecorvi A, Littarru GP. Hormonal influence on coenzyme Q(10) levels in blood plasma. *Int J Mol Sci.* 2011;12(12):9216-9225. PubMed 22272129 2. Molyneux SL, Young JM, Florkowski CM, Lever M, George PM. Coenzyme Q10: Is there a clinical role and a case for measurement? *Clin Biochem Rev.* 2008 May;29(2):71-82. PubMed 18787645 3. Sohal RS. Coenzyme Q and vitamin E interactions. *Methods Enzymol.* 2004;378:146-151. PubMed 15038964 4. Quinzii CM, Hirano M. Primary and secondary CoQ(10) deficiencies in humans. *Biofactors.* 2011 Sep-Oct;37(5):361-365. PubMed 21990098 5. Quinzii CM, Hirano M. Coenzyme Q and mitochondrial disease. *Dev Disabil Res Rev.* 2010;16(2):183-188. PubMed 20818733 6. Littarru GP, Tiano L. Clinical aspects of coenzyme Q10: an update. *Nutrition.* 2010 Mar;26(3):250-254. PubMed 19932599 7. Mas E, Mori TA. Coenzyme Q(10) and statin myalgia: what is the evidence? *Curr Atheroscler Rep.* 2010 Nov;12(6):407-413. PubMed 20725809 8. Rosenfeldt FL, Haas SJ, Krum H, et al. Coenzyme Q10 in the treatment of hypertension: a meta-analysis of the clinical trials. *J Hum Hypertens.* 2007 Apr;21(4):297-306. PubMed 17287847 9. Banach M, Serban C, Sahebkar A, et al. Effects of coenzyme Q10 on statin-induced myopathy: a meta-analysis of randomized controlled trials. *Mayo Clin Proc.* 2015 Jan;90(1):24-34. PubMed 25440725 10. Zozina VI, Covantev S, Goroshko OA, Krasnykh LM, Kukes VG. Coenzyme Q10 in Cardiovascular and Metabolic Diseases: Current State of the Problem. *Curr Cardiol Rev.* 2018;14(3):164-174. PubMed 29663894 11. Mortensen SA, Rosenfeldt F, Kumar A, et al. The effect of coenzyme Q10 on morbidity and mortality in chronic heart failure: results from Q-SYMBIO: a randomized double-blind trial. *JACC Heart Fail.* 2014 Dec;2(6):641-649. PubMed 25282031 **References** Franke AA, Morrison CM, Bakke JL, Custer LJ, Li X, Cooney RV. Coenzyme Q10 in human blood: native levels and determinants of oxidation during processing and storage. *Free Radic Biol Med.* 2010 Jun 15;48(12):1610-1617. PubMed 20226852 Miles MV, Horn PS, Tang PH, et al. Age-related changes in plasma coenzyme Q10 concentrations and redox state in apparently healthy children and adults. *Clin Chim Acta.* 2004 Sep;347(1-2):139-144. PubMed 15313151 Tang PH, Miles MV. Measurement of oxidized and reduced coenzyme Q in biological fluids, cells, and tissues: an HPLC-EC method. *Methods Mol Biol.* 2012;837:149-168. PubMed 22215546 Tang PH, Miles MV, DeGrauw A, Hershey A, Pesce A. HPLC analysis of reduced and oxidized coenzyme Q(10) in human plasma. *Clin Chem.* 2001 Feb;47(2):256-265. PubMed 11159774 Tang PH, Miles MV, Miles L, et al. Measurement of reduced and oxidized coenzyme Q9 and coenzyme Q10 levels in mouse tissues by HPLC with coulometric detection. *Clin Chim Acta.* 2004 Mar;341(1-2):173-184. PubMed 14967174 Tang PH, Miles MV, Steele P, et al. Anticoagulant effects on plasma coenzyme Q10 estimated by HPLC with coulometric detection. *Clin Chim Acta.* 2002 Apr;318(1-2):127-131. PubMed 11880122

Note: Please consult the online Directory of Services and Interpretive Guide at https://www.labcorp.com/tests for the most current test information.

<table>
<tr><th>Test Name</th><th>Test No.</th><th>Field/Change (Only fields that change are included here.)</th></tr>
<tr><td>5-Hydroxyindoleacetic Acid (HIAA), Quantitative, 24-Hour Urine</td><td>004069</td><td rowspan="2">Patient Preparation Avoid bananas, avocados, plums, eggplant, tomatoes, avocados plums, eggplant, tomatoes, plantain, pineapple, walnuts, and interfering drugs for a 72 hour period prior to and during collection. Foods and medications associated with altered urinary HIAA results: Decreased HIAA: Aspirin, chlorpromazine (Thorazine), corticotropin, dihydroxyphenylacetic acid, alcohol, gentisic acid, homogentisic acid, hydrazine derivatives, imipramine (Tofranil®), <isocarboxazid (Marplan), keto acids, levodopa, MAO inhibitors, methenamine methyldopa (Aldomet®), perchlorperazine, phenothiazines (Compazine®), promazine, promethazine (Mepergan®). Increased HIAA: Acetaminophen, acetanilide, caffeine, coumaric acid, diazepam (Valium®), ephedrine, fluorouracil glycerol guaiacolate (Guaifenesin), melphalan (Alkeran®), mephenesin, methamphetamine (Desoxyn), methocarbamol (Robaxin®), naproxen, nicotine, phenacetin, phenmetrazine, phenobarbital, phentolamine, rauwolfia, reserpine.</td></tr>
<tr><td>5-Hydroxyindoleacetic Acid (HIAA), Quantitative, Random Urine (Pediatric)</td><td>316205</td></tr>
<tr><td>Immunoglobulin E, Total</td><td>002170</td><td>Reference Interval
<table>
<tr><th>Age</th><th>Male</th><th>Female</th></tr>
<tr><td>1 to 30 days</td><td>Not established</td><td>Not established</td></tr>
<tr><td>1 to 5 months</td><td>1 – 30</td><td>0 – 16</td></tr>
<tr><td>6 months</td><td>2 – 52</td><td>1 – 24</td></tr>
<tr><td>7 to 11 months</td><td>2 – 82</td><td>2 – 82</td></tr>
<tr><td>1 year</td><td>3 – 200</td><td>2 – 100</td></tr>
<tr><td>2 to 3 years</td><td>6 – 366</td><td>4 – 227</td></tr>
<tr><td>4 to 6 years</td><td>14 – 710</td><td>6 – 455</td></tr>
<tr><td>7 to 9 years</td><td>19 – 893</td><td>12 – 708</td></tr>
<tr><td>10 years</td><td>22 – 1055</td><td>12 – 708</td></tr>
<tr><td>11 years</td><td>22 – 1055</td><td>12 – 796</td></tr>
<tr><td>12 years</td><td>16 – 810</td><td>12 – 796</td></tr>
<tr><td>13 years</td><td>19 – 893</td><td>9 – 681</td></tr>
<tr><td>14 to 15 years</td><td>20 – 798</td><td>6 – 681</td></tr>
<tr><td>16 years</td><td>18 – 628</td><td>9 – 472</td></tr>
<tr><td>17 to 100 years</td><td>6 – 495</td><td>6 – 495</td></tr>
</table></td></tr>
<tr><td>Mycobacterium tuberculosis Detection, NAA With Acid-fast Smear and Culture and Reflex to Identification</td><td>183641</td><td rowspan="2">Specimen Sputum, bronchial washing, bronchial brushing, bronchial aveolar lavage, fine needle aspirate of respiratory source, pleural fluid, or cerebrospinal fluid (CSF)
Volume 5 mL sputum or respiratory aspirate/lavage, 2 cm^3 respiratory tissue, 3 mL pleural fluid, 3 mL CSF</td></tr>
<tr><td>Mycobacterium tuberculosis Detection, NAA With Acid-fast Smear and Culture and Reflex to Identification and Susceptibility Testing</td><td>183656</td></tr>
<tr><td>Spinal Muscular Atrophy (SMA) Carrier Testing</td><td>450010</td><td>Use Carrier testing for individuals in the general population, or individuals with a family history of SMA, or couples who are planning a pregnancy or who are already pregnant. Pediatric or adult diagnostic testing when a diagnosis of SMA is suspected. Test 452140, Prenatal Spinal Muscular Atrophy (SMA) Testing, should be used for prenatal diagnosis for at-risk pregnancies, when both parents are carriers or when severe joint contractures are found on fetal ultrasound.
Methodology After DNA is isolated, exon 7 of the SMN1 gene and internal standard reference genes are amplified by real-time polymerase chain reaction (PCR). A mathematical algorithm calculates SMN1 copy numbers of 0, 1, 2, or 3 with statistical confidence. To rule out the presence of sequence variants that could interfere with analysis and interpretation, sequence analysis of primer and probe binding sites is performed for samples with one copy of SMN1. Reflex testing to SMN2 copy number analysis is performed for specimens with 0 copies of SMN1.
Volume Adults: 10 mL whole blood; 20 mL whole blood if ordering multiple tests</td></tr>
<tr><td colspan="3">Note: Please consult the online Directory of Services and Interpretive Guide at https://www.labcorp.com/tests for the most current test information.</td></tr>
</table>

Test Name	Test No.	**Field**/Change (Only fields that change are included here.)
Urine Culture, Comprehensive	**008086**	**Use** Semiquantitative culture to isolate and identify bacterial causes of urinary tract infection. Isolate and identify bacteria present in low numbers in the urinary tract. Detect up to three pathogenic bacterial organisms at levels down to 100 cfu/mL. **Additional Information** A single culture is about 80% accurate in the female; two containing the same organism with count of 100,000 cfu/mL or more represent a 95% chance of true bacteriuria; three such specimens mean virtual certainty of true bacteriuria. A single clean voided specimen from an adult male may be considered diagnostic with proper preparation and care in specimen collection. If the patient is receiving antimicrobial therapy at the time the specimen is collected, any level of bacteriuria may be significant. When more than two organisms are recovered, the likelihood of contamination is high; thus, the significance of definitive identification of the organisms and susceptibility testing in this situation is severely limited. A repeat culture with proper specimen collection including patient preparation is often indicated. Cultures of specimens from Foley catheters yielding multiple organisms with high colony counts usually represents colonization of the catheter and not true significant bacteriuria. Failure to recover aerobic organisms from patients with pyuria or positive Gram stains of urinary sediment may indicate the presence of mycobacteria or anaerobes. Few clinical studies have been performed to support the identification of more than two organisms or implicate usual site flora (eg, diphtheroids, α- or γ-streptococci, and coagulase-negative staphylococci other than S saprophyticus). **Volume** To minimum fill line (4 mL) on Vacutainer® gray-top urine culture transport tube with preservative (preferred) **Container** Vacutainer® gray-top urine culture transport tube with preservative (preferred). If less than 4 mL of urine is collected, usually from pediatric and geriatric patients or from a catheter, submit refrigerated in a sterile, screw cap container or tube. Do **not** submit low volume urine specimens in underfilled gray top tubes. **Patient Preparation** (added the following intro paragraph) Patient should be instructed on the proper collection of a clean catch midstream urine specimen. Avoid contamination with normal flora from skin, rectum or vagina. If a clean catch urine cannot be obtained from an infant, obtain a bagged specimen: clean area as for a clean catch, attach U-bag, and put collected urine into a sterile container. **Collection** Clean catch midstream collection. First morning specimens yield highest bacterial counts from overnight incubation in the bladder, and are the best specimens. Read Patient Preparation. **Storage Instructions** ***Preserved:*** Room temperature; ***Unpreserved:*** Refrigerated for 24 hours **Causes for Rejection** Unrefrigerated, unpreserved specimen greater than two hours old; unlabeled specimen or name discrepancy between specimen and request label; specimen in expired transport container; specimen received after prolonged delay (usually more than 48 hours for urine); specimen collected from a Foley catheter bag; specimen in nonsterile or leaking container **References** (updated first reference) McCarter YS, Burd EM, Hall GS, Zervos M. Laboratory diagnosis of urinary tract infections. Sharp SE, ed. *Cumitech 2C,* Washington, DC: ASM Press; 2009.
Urine Culture, Routine	**008847**	**Use** Semiquantitative culture to isolate and identify bacterial causes of urinary tract infection. Detect up to two pathogenic bacterial organisms at levels above 10,000 cfu/mL. **Additional Information** A single culture is about 80% accurate in the female; two containing the same organism with a count of 100,000 cfu/mL or more represent a 95% chance of true bacteriuria; three such specimens mean virtual certainty of true bacteriuria. A single clean voided specimen from an adult male may be considered diagnostic with proper preparation and care in specimen collection. If the patient is receiving antimicrobial therapy at the time the specimen is collected, any level of bacteriuria may be significant. When more than two organisms are recovered, the likelihood of contamination is high; thus, the significance of definitive identification of the organisms and susceptibility testing in this situation is severely limited. A repeat culture with proper specimen collection including patient preparation is often indicated. Cultures of specimens from Foley catheters yielding multiple organisms with high colony counts usually represents colonization of the catheter and not true significant bacteriuria. Failure to recover aerobic organisms from patients with pyuria or positive Gram stains of urinary sediment may indicate the presence of mycobacteria or anaerobes. **Volume** To minimum fill line (4 mL) on Vacutainer® gray-top urine culture transport tube with preservative (preferred) **Container** Vacutainer® gray-top urine culture transport tube with preservative (preferred). If less than 4 mL of urine is collected, usually from pediatric and geriatric patients or from a catheter, submit refrigerated in a sterile, screw cap container or tube. Do **not** submit low volume urine specimens in underfilled gray top tubes. **Patient Preparation** (added the following intro paragraph) Patient should be instructed on the proper collection of a clean catch midstream urine specimen. Avoid contamination with normal flora from skin, rectum or vagina. If a clean catch urine cannot be obtained from an infant, obtain a bagged specimen: clean area as for a clean catch, attach U-bag, and put collected urine into a sterile container. **Collection** Clean catch mid-stream collection. First morning specimens yield highest bacterial counts from overnight incubation in the bladder, and are the best specimens. Read Patient Preparation. **Storage Instructions** ***Preserved:*** Room temperature for 48 hours; ***Unpreserved:*** Refrigerated for 24 hours **Causes for Rejection** Unrefrigerated, unpreserved specimen greater than two hours old; unlabeled specimen or name discrepancy between specimen and request label; specimen in expired transport container; specimen received after prolonged delay (usually more than 48 hours for urine); specimen collected from a Foley catheter bag; specimen in nonsterile or leaking container **References** (updated third reference) McCarter YS, Burd EM, Hall GS, Zervos M. Laboratory diagnosis of urinary tract infections. Sharp SE, ed. *Cumitech 2C,* Washington, DC: ASM Press; 2009.
Vitamin K_1	**121200**	**Limitations** This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

Note: Please consult the online Directory of Services and Interpretive Guide at https://www.labcorp.com/tests for the most current test information.

CPT Code Updates

Test Name	Test No.	CPT(s)
Factor VIII Chromogenic Bethesda Profile, for Patients on Emicizumab	**504722**	85240(x2); 85335

The CPT codes listed are in accordance with the current edition of Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the applicable payer that their use is appropriate in each case.

LOINC® Map. The Logical Observation Identifiers Names and Codes (LOINC®) corresponding to the individual LabCorp published assays is updated on a regular basis at www.labcorp.com.

These new/revised publications are now available:

- Antinuclear Antibodies Testing Options flyer (L16721)
- LabCorp Insight Analytics for Managing Patients with Chronic Conditions flyer (L19677)
- Factor VIII Chromogenic Bethesda Profile service announcement (L20356)

Please ask your LabCorp service representative for these titles.

LabCorp

www.LabCorp.com