Interpath Laboratory, Inc.
Test File Update

As an Interpath customer who receives electronic results or sends electronic orders you may need to be notified when we update our Service Manual. Although we try to keep these changes to a minimum, laboratory medicine is an evolving industry requiring changes to our technology from time to time. Depending on the requirements of your EMR or Hospital Information System you may be required to make similar changes to your system in order to correctly process inbound electronic results and create outbound electronic orders.

If you are uncertain that you are required to update your system we recommend that you contact your vendor for more information. As your laboratory service provider we are available to participate in the discussion with your vendor so that you clearly understand the impact of these changes.

Included in this email:

- This cover letter with a summary of the changes
- Microsoft Word® Document with the detail of these changes to our Service Manual
- Interpath Master Order/Result Compendium

Additional information including our most recent Service Manual and additional contact information can be found at www.interpathlab.com

Effective Date: January 19, 2022

A correction has been made to the wording of the Ask on Order Entry question for Tests 6005 Biopsy and 6006 Non-GYN Cytology. The added Ask on Order Entry question has been corrected to state "Clinical Indication For Collection (Required)". This correction is represented in the attached compendium file as well. No change has been made to the other items on this update.

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Test File Update

Order Code	Test Name	NC Name Change	CC Component Change	CPT CPT Change	SRC Specimen Requirements Change	RRC Reference Range Change	NT New Test	DT Discontinued Test	AOE Ask on Order Entry Questions
5016	ACTH				◆				
6005	Biopsy								◆
2042	Magnesium				◆				
6006	Non-GYN Cytology								◆

A correction has been made to the wording of the highlighted items above. The added Ask on Order Entry question has been modified to state "Clinical Indication For Collection (Required)". This correction is represented in the attached compendium file as well. No change has been made to the other items on this update.

5016 ACTH SRC

Specimen:	
Collect:	**One Lavender (EDTA)** Also Acceptable One Pink Top (EDTA)
Submit:	**1 mL (Min:0.5 mL) Plasma. Submit Frozen. Submit in a Standard Transport Tube.**
Special Handling:	Avoid Repeated Freeze/Thaw Cycles Critical Frozen For patients receiving therapy with high biotin doses (>5 mg/day), no laboratory test specimen should be collected until at least 8 hours after the last biotin administration. Draw in a chilled tube, spin immediately, separate and freeze in a plastic tube.
Rejection Criteria:	Grossly Hemolyzed Samples Specimen not submitted frozen
Stability:	Ambient: 2 Hour(s); Refrigerated: 3 Hour(s); Frozen: 10 Week(s); Incubated: Unacceptable
Methodology:	Electrochemiluminescence
Performed:	Mon-Fri
Reported:	1-3 Day(s)
CPT Codes:	82024
Interpretive Data:	General Reference Range : 7.2-63.3 pg/mL Biotin in specimens taken from patients on high-dose biotin therapy or supplements may intefere with this test and cause inaccurate test results. It is recommended that for patients receiving therapy with high biotin doses (> 5 mg/day), no laboratory test specimen should be collected until at least 8 hours after the last biotin administration.

Please take note of change to rejection criteria.

6005 Biopsy AOE

Please take note of new AOE question.
Ask on Order Entry Questions:
1056 Histology Source
1169 Clinical Indication For Collection (Required)

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2042 Magnesium SRC

Specimen:	
Collect:	**One SST** Also Acceptable One Green Top (Li Heparin) One Green Top (Na Heparin) One Red Top
Submit:	**1 mL (Min:0.5 mL) Serum. Submit Refrigerated. Submit in a Standard Transport Tube.** Also Acceptable 1 mL (Min:0.5 mL) Plasma. Submit Refrigerated. Submit in a Standard Transport Tube.
Special Handling:	Allow specimen to clot completely at room temperature Avoid Repeated Freeze/Thaw Cycles Separate from cells ASAP
Rejection Criteria:	Hemolyzed specimens Lipemic Samples
Stability:	Ambient: 8 Hour(s); Refrigerated: 1 Week(s); Frozen: 2 Week(s); Incubated: Unacceptable
Methodology:	Colorimetric; Kinetic
Performed:	Mon-Fri
Reported:	1-3 Day(s)
CPT Codes:	83735
Interpretive Data:	General Reference Range : 1.7-2.5 mg/dL Therapeutic range for OB/GYN use is 4.9-8.5 mg/dL

Please take note of change to rejection criteria.

6006 Non-GYN Cytology AOE

Please take note of new AOE question.
Ask on Order Entry Questions:
1055 Non-gyn Source
1169 Clinical Indication For Collection (Required)