

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: July 5, 2022

Order Code	Test Name	NC	CC	CPT	SRC	RRC	NT	DT	AOE
		Name Change	Component Change	CPT Change	Specimen Requirements Change	Reference Range Change	New Test	Discontinued Test	Ask on Order Entry Questions
2135	Beta HCG, Quant Serum	◆			◆				
1979	CK + CKMB				◆	◆			
1244	CKMB-MASS				◆	◆			
1131	Chlamydia Aptima				◆				
2272	Myoglobin				◆				
1130	Neisseria Gonorrhoea RNA				◆				
1132	Neisseria Gonorrhoea and Chlamydia RNA				◆				
2826	Neisseria Gonorrhoea, Chlamydia, and Trichomonas RNA				◆				
2275	Rule Out MI Panel	◆			◆	◆			
3641	Semen Analysis, Complete				◆				
2688	Troponin T, 5 th Generation	◆			◆	◆			
2823	Trichomonas RNA				◆				

2135 Beta HCG, Quant Serum
NC/SRC

Specimen:	
Collect:	One SST Also Acceptable One Green Top (Li Heparin) One Lavender (EDTA) One Pink Top (EDTA) 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 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. Due to special analytical handling this test can not be added to previously drawn specimens.
Stability:	Ambient: 5 Day(s); Refrigerated: 2 Week(s); Frozen: 12 Month(s); Incubated: Unacceptable
Methodology:	Enzyme Immunoassay (EIA)
Performed:	Sun-Sat
Reported:	1-3 Day(s)
CPT Codes:	84702

Please take note of changes to test name, collect, and stability.

1979 CK + CKMB
SRC/RRC

Specimen:	
Collect:	One SST Also Acceptable One Green Top (Li Heparin)
Submit:	1.5 mL (Min:1 mL) Serum. Submit Frozen. Submit in a Standard Transport Tube. Also Acceptable 1.5 mL (Min:1 mL) Plasma. Submit Frozen. Submit in a Standard Transport Tube.
Special Handling:	Avoid Repeated Freeze/Thaw Cycles Protect from Light 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.
Rejection Criteria:	Grossly Hemolyzed Samples
Stability:	Ambient: 4 Hour(s); Refrigerated: 12 Hour(s) ; Frozen: 1 Month(s); Incubated: Unacceptable
Methodology:	Colorimetric
Performed:	Sun-Sat
Reported:	1-2 Day(s)
CPT Codes:	82550 82553
Interpretive Data:	Please see report for interpretive data.
Components:	1015 - CREATINE KINASE 1244 - CKMB-MASS 1264 - CKMB INTERP 1249 - RELATIVE INDEX

Please take note of changes to collect, stability, and reference range.

Reference range changes:

1244 - CKMB-MASS:

Female Reference Range: 0-4.30 ng/mL

1244 CKMB-MASS
SRC/RRC

Specimen:					
Collect:	One SST Also Acceptable One Green Top (Li Heparin) One Lavender (EDTA) One Red Top				
Submit:	1 mL (Min:0.5 mL) Serum. Submit Frozen. Submit in a Standard Transport Tube. Also Acceptable 1 mL (Min:0.5 mL) Plasma. Submit Frozen. 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 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.				
Rejection Criteria:	Grossly Hemolyzed Samples				
Stability:	Ambient: 5 Hour(s); Refrigerated: 12 Hour(s); Frozen: 3 Month(s); Incubated: Unacceptable				
Methodology:	Electrochemiluminescent Immunoassay				
Performed:	Sun-Sat				
Reported:	1-2 Day(s)				
CPT Codes:	82553				
Interpretive Data:	General Reference Range : 0-7.70 ng/ml <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Male Reference Ranges</td> <td style="text-align: center;">Female Reference Ranges</td> </tr> <tr> <td style="text-align: center;">0 - 150 year(s) : 0-7.70 ng/ml</td> <td style="text-align: center;">0 - 150 year(s) : 0-4.30 ng/ml</td> </tr> </table> <p>Biotin in specimens taken from patients on high-dose biotin therapy or supplements may interfere 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.</p> <p>Please Note: New Reference Range for CKMB effective 07/05/2022.</p>	Male Reference Ranges	Female Reference Ranges	0 - 150 year(s) : 0-7.70 ng/ml	0 - 150 year(s) : 0-4.30 ng/ml
Male Reference Ranges	Female Reference Ranges				
0 - 150 year(s) : 0-7.70 ng/ml	0 - 150 year(s) : 0-4.30 ng/ml				

Please take note of changes to collect, stability, and reference range data.
Reference range changes:

Female Reference Range: 0-4.30 ng/mL

1131 Chlamydia Aptima
SRC

Specimen:	
Collect:	Vaginal Swab in Aptima Kit-Multitest (Orange) Also Acceptable Rectal Swab in Aptima Kit-Multitest (Orange) Throat Swab in Aptima Kit-Multitest (Orange) Random Urine in Aptima Kit-Urine (Yellow) Random Urine in Sterile Specimen Container
Submit:	Vaginal Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated. Also Acceptable Random Urine in Aptima Kit-Urine (Yellow). Submit Refrigerated. Random Urine in Sterile Specimen Container. Submit Refrigerated. Throat Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated. Rectal Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated.
Special Handling:	Urine Specimens: The patient should not have urinated for at least one hour prior to sampling. Do not cleanse the area prior to providing the specimen. Direct the patient to provide first-catch urine into a urine collection cup and then transfer appropriate amount of specimen into the transport tube. Liquid must fall between 2 black indicator lines on APTIMA Kit. Please note: Sterile urine stable for 24-hours before being transferred to APTIMA kit. First catch female urine specimens are acceptable but may detect up to 10% fewer CT/GC infections when compared with vaginal and endocervical swab specimens. Testing can be performed on liquid pap media. Please call Interpath Pathology for further details (206) 623-3814.
Rejection Criteria:	Patients under 14 years of age. Swab transport tube with no swab, two swabs, a cleaning swab, or a swab not supplied by kit if aptima collection.
Stability:	Ambient: 1 Month(s); Refrigerated: 1 Month(s); Frozen: 12 Month(s); Incubated: Unacceptable
Methodology:	Target Amplified Nucleic Acid Probe
Performed:	Mon-Fri
Reported:	1-3 Day(s)
CPT Codes:	87491
Interpretive Data:	Please see report for interpretive data.
Components:	1127 - CHLAMYDIA 1128 - SOURCE

Please take note of changes to collect and submit requirements.

2272 Myoglobin
SRC

Specimen:					
Collect:	One SST Also Acceptable One Green Top (Li Heparin) One Lavender (EDTA) 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 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.				
Rejection Criteria:	Grossly Hemolyzed Samples				
Stability:	Ambient: 8 Day(s); Refrigerated: 2 Week(s); Frozen: 12 Month(s); Incubated: Unacceptable				
Methodology:	Electrochemiluminescent Immunoassay				
Performed:	Sun-Sat				
Reported:	1-2 Day(s)				
CPT Codes:	83874				
Interpretive Data:	General Reference Range : 25-72 ng/ml <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Male Reference Ranges</th> <th style="width: 50%; text-align: center;">Female Reference Ranges</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0 - 150 year(s) : 28-72 ng/ml</td> <td style="text-align: center;">0 - 150 year(s) : 25-58 ng/ml</td> </tr> </tbody> </table> <p>Biotin in specimens taken from patients on high-dose biotin therapy or supplements may interfere 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.</p>	Male Reference Ranges	Female Reference Ranges	0 - 150 year(s) : 28-72 ng/ml	0 - 150 year(s) : 25-58 ng/ml
Male Reference Ranges	Female Reference Ranges				
0 - 150 year(s) : 28-72 ng/ml	0 - 150 year(s) : 25-58 ng/ml				

Please take note of changes to collect and stability.

1130 Neisseria Gonorrhoea RNA
SRC

Specimen:	
Collect:	Vaginal Swab in Aptima Kit-Multitest (Orange) Also Acceptable Rectal Swab in Aptima Kit-Multitest (Orange) Throat Swab in Aptima Kit-Multitest (Orange) Random Urine in Aptima Kit-Urine (Yellow) Random Urine in Sterile Specimen Container
Submit:	Vaginal Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated. Also Acceptable Random Urine in Aptima Kit-Urine (Yellow). Submit Refrigerated. Random Urine in Sterile Specimen Container. Submit Refrigerated. Rectal Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated. Throat Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated.
Special Handling:	Urine Specimens: The patient should not have urinated for at least one hour prior to sampling. Do not cleanse the area prior to providing the specimen. Direct the patient to provide first-catch urine into a urine collection cup and then transfer appropriate amount of specimen into the transport tube. Liquid must fall between 2 black indicator lines on APTIMA Kit. Please note: Sterile urine stable for 24-hours before being transferred to APTIMA kit. First catch female urine specimens are acceptable but may detect up to 10% fewer CT/GC infections when compared with vaginal and endocervical swab specimens. Testing can be performed on liquid PAP media. Please call Pathology for further details (206) 623-3814.
Rejection Criteria:	Patients under 14 years of age. Swab transport tube with no swab, two swabs, a cleaning swab, or a swab not supplied by kit if aptima collection.
Stability:	Ambient: 1 Month(s); Refrigerated: 1 Month(s); Frozen: 12 Month(s); Incubated: Unacceptable
Methodology:	Target Amplified Nucleic Acid Probe
Performed:	Mon-Fri
Reported:	1-3 Day(s)
CPT Codes:	87591
Interpretive Data:	Please see report for interpretive data.
Components:	1126 - N. GONORRHEA 1128 - SOURCE

Please take note of changes to collect and submit requirements.

1132 Neisseria Gonorrhoea and Chlamydia RNA
SRC

Specimen:	
Collect:	Vaginal Swab in Aptima Kit-Multitest (Orange) Also Acceptable Rectal Swab in Aptima Kit-Multitest (Orange) Throat Swab in Aptima Kit-Multitest (Orange) Random Urine in Aptima Kit-Urine (Yellow) Random Urine in Sterile Specimen Container
Submit:	Vaginal Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated. Also Acceptable Random Urine in Aptima Kit-Urine (Yellow). Submit Refrigerated. Random Urine in Sterile Specimen Container. Submit Refrigerated. Throat Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated. Rectal Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated.
Special Handling:	Urine Specimens: The patient should not have urinated for at least one hour prior to sampling. Do not cleanse the area prior to providing the specimen. Direct the patient to provide first-catch urine into a sterile urine collection cup and then transfer appropriate amount of specimen into the transport tube. Liquid must fall between 2 black indicator lines on APTIMA Kit. Please note: Random urine stable for 24-hours before being transferred to APTIMA kit. First catch female urine specimens are acceptable but may detect up to 10% fewer CT/GC infections when compared with vaginal and endocervical swab specimens. Testing can be performed on liquid pap media. Please call Pathology for further details (206) 623-3814.
Rejection Criteria:	Patients under 14 years of age. Swab transport tube with no swab, two swabs, a cleaning swab, or a swab not supplied by kit if aptima collection.
Stability:	Ambient: 1 Month(s); Refrigerated: 1 Month(s); Frozen: 12 Month(s); Incubated: Unacceptable
Methodology:	Target Amplified Nucleic Acid Probe
Performed:	Mon-Fri
Reported:	1-3 Day(s)
CPT Codes:	87491 87591
Interpretive Data:	Please see report for interpretive data.
Components:	1126 - N. GONORRHEA 1127 - CHLAMYDIA 1128 - SOURCE

Please take note of changes to collect and submit requirements.

2826 Neisseria Gonorrhoea, Chlamydia, and Trichomonas RNA
SRC

Specimen:	
Collect:	Vaginal Swab in Aptima Kit-Multitest (Orange) Also Acceptable Rectal Swab in Aptima Kit-Multitest (Orange) Throat Swab in Aptima Kit-Multitest (Orange) Random Urine in Aptima Kit-Urine (Yellow) Random Urine in Sterile Specimen Container
Submit:	Vaginal Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated. Also Acceptable Random Urine in Aptima Kit-Urine (Yellow). Submit Refrigerated. Random Urine in Sterile Specimen Container. Submit Refrigerated. Rectal Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated. Throat Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated.
Special Handling:	Urine Specimens: The patient should not have urinated for at least one hour prior to sampling. Do not cleanse the area prior to providing the specimen. Direct the patient to provide first-catch urine into a sterile urine collection cup and then transfer appropriate amount of specimen into the transport tube. Liquid must fall between 2 black indicator lines on APTIMA Kit. Please note: Random urine stable for 24-hours before being transferred to APTIMA kit. First catch female urine specimens are acceptable but may detect up to 10% fewer CT/GC infections when compared with vaginal and endocervical swab specimens. Testing can be performed on liquid pap media. Please call Pathology for further details (206) 623-3814.
Rejection Criteria:	Patients under 14 years of age. Swab transport tube with no swab, two swabs, a cleaning swab, or a swab not supplied by kit if aptima collection.
Stability:	Ambient: 1 Month(s); Refrigerated: 1 Month(s); Frozen: 12 Month(s); Incubated: Unacceptable
Methodology:	Target Amplified Nucleic Acid Probe
Performed:	Mon-Fri
Reported:	1-3 Day(s)
CPT Codes:	87491 87591 87661
Interpretive Data:	Please see report for interpretive data.
Components:	1126 - N. GONORRHEA 1127 - CHLAMYDIA 2827 - TRICHOMONAS 1128 - SOURCE

Please take note of changes to collect and submit requirements.

2275 Rule Out MI Panel
NC/SRC/RRC

Specimen:	
Collect:	One SST Also Acceptable One Green Top (Li Heparin) One Red Top
Submit:	1 mL (Min:0.5 mL) Serum. Submit Frozen. Submit in a Standard Transport Tube. Also Acceptable 1 mL (Min:0.5 mL) Plasma. Submit Frozen. Submit in a Standard Transport Tube.
Special Handling:	Clearly label tubes with specimen type. 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.
Rejection Criteria:	Grossly Hemolyzed Samples
Stability:	Ambient: Unacceptable; Refrigerated: 12 Hour(s); Frozen: 1 Month(s); Incubated: Unacceptable
Methodology:	See Individual Components
Performed:	Sun-Sat
Reported:	1-2 Day(s)
CPT Codes:	82550 82553 83874 84484
Interpretive Data:	Please see report for interpretive data.
Components:	2688 - TROPONIN T, GEN 5 2272 - MYOGLOBIN 1244 - CKMB-MASS 1249 - RELATIVE INDEX 1264 - CKMB INTERP 1015 - CREATINE KINASE

Please take note of changes to stability, component name, and reference ranges.

Reference Range Changes:
2688 - TROPONIN T, GEN 5:

General reference range <0.019

Male reference range <0.022

Female reference range <0.014

1244 - CKMB-MASS:

Female Reference Range: 0-4.30 ng/mL

2688 Troponin T, 5th Generation
NC/SRC/RRC

Specimen:					
Collect:	One SST Also Acceptable One Green Top (Li Heparin) One Red Top				
Submit:	1 mL (Min:0.5 mL) Serum. Submit Frozen. Submit in a Standard Transport Tube. Also Acceptable 1 mL (Min:0.5 mL) Plasma. Submit Frozen. 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 If requesting serial samples, DO NOT use heparin and serum samples interchangeably. Remove any residual fibrin or cellular matter, can falsely increase results. 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.				
Stability:	Ambient: Unacceptable; Refrigerated: 1 Day(s); Frozen: 12 Month(s); Incubated: Unacceptable				
Methodology:	Electrochemiluminescent Immunoassay				
Performed:	Sun-Sat				
Reported:	1-2 Day(s)				
CPT Codes:	84484				
Interpretive Data:	<p>General Reference Range : <0.019 ng/mL</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Male Reference Ranges</th> <th style="text-align: center;">Female Reference Ranges</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0 - 150 year(s) : <0.022 ng/ml</td> <td style="text-align: center;">0 - 150 year(s) : <0.014 ng/ml</td> </tr> </tbody> </table> <p>Published clinical studies have shown elevations of cardiac troponin T in patients with myocardial injury as seen in stable or unstable angina, heart failure, myocarditis pulmonary embolism, pericarditis, arrhythmias, cardiac contusions, and cardiac transplants. Elevations are also notable in patients with rhabdomyolysis and polymyositis.</p> <p>Troponins are released during the process of myocyte injury. While they are cardiac specific, they are not specific for MI and detectable levels may be seen in other disease states that involve the heart muscle (e.g. arrhythmia, acute aortic syndrome, acute heart failure, hypertensive crisis, myocarditis, pericarditis, pulmonary embolism and Takotsubo cardiomyopathy). In these disease states, serial sampling of troponin can help distinguish between acute and chronic myocyte necrosis. The ACC/ESC/AHA guidelines and the Universal Definition of MI recommend serial sampling with a rise or fall in troponin to distinguish between acute and chronic cTn elevations.</p> <p>Results should be interpreted in conjunction with clinical presentation including medical history, signs and symptoms, ECG data and biomarker concentrations.</p> <p>Biotin in specimens taken from patients on high-dose biotin therapy or supplements may interfere 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.</p>	Male Reference Ranges	Female Reference Ranges	0 - 150 year(s) : <0.022 ng/ml	0 - 150 year(s) : <0.014 ng/ml
Male Reference Ranges	Female Reference Ranges				
0 - 150 year(s) : <0.022 ng/ml	0 - 150 year(s) : <0.014 ng/ml				

Please take note of changes to test name, collect, stability, reference ranges, and interpretive data.

Reference Range Changes:

General reference range <0.019

Male reference range <0.022

Female reference range <0.014

2823 Trichomonas RNA
SRC

Specimen:	
Collect:	Vaginal Swab in Aptima Kit-Multitest (Orange) Also Acceptable Rectal Swab in Aptima Kit-Multitest (Orange) Throat Swab in Aptima Kit-Multitest (Orange) Random Urine in Aptima Kit-Urine (Yellow) Random Urine in Sterile Specimen Container
Submit:	Vaginal Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated. Also Acceptable Random Urine in Aptima Kit-Urine (Yellow). Submit Refrigerated. Random Urine in Sterile Specimen Container. Submit Refrigerated. Throat Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated. Rectal Swab in Aptima Kit-Multitest (Orange). Submit Refrigerated.
Special Handling:	Urine Specimens: The patient should not have urinated for at least one hour prior to sampling. Do not cleanse the area prior to providing the specimen. Direct the patient to provide first-catch urine into a urine collection cup and then transfer appropriate amount of specimen into the transport tube. Please note: Sterile urine stable for 24-hours before being transferred to APTIMA kit. Testing can be performed on liquid pap media. Please call Pathology for further details (206) 623-3814.
Rejection Criteria:	Patients under 14 years of age. Swab transport tube with no swab, two swabs, a cleaning swab, or a swab not supplied by kit if aptima collection.
Stability:	Ambient: 1 Month(s); Refrigerated: 2 Month(s); Frozen: 24 Month(s); Incubated: Unacceptable
Methodology:	Target Amplified Nucleic Acid Probe
Performed:	Mon-Fri
Reported:	1-3 Day(s)
CPT Codes:	87661
Interpretive Data:	Please see report for interpretive data.
Components:	2827 - TRICHOMONAS 1128 - SOURCE

Please take note of changes to collect and submit requirements.