

# Laboratory Test Updates


(effective on January 06, 2025)

	Test Code	Test Name	Name Change	Methodology	Performed/Reported Schedule	Specimen Requirements	Reference Interval	New Tests	Additional Information	Externalized Tests	Reactivated Tests	Inactive
1	C8780005	HPV DNA, Screening Test (PCR), Urine										X
2	C8780009	HPV DNA Typing (PCR), Urine										X
3	C8818099	HPV DNA Typing (PCR), Concentrated Urine				X						
4	C8818100	HPV DNA, Screening Test (PCR), Concentrated Urine				X						
5	C8554001	Leucocyte Alkaline Phosphatase Staining								X	X	
6	C8710201	Culture, Fungi							X			
7	C8226102	Biotinidase, Screening Test			X							
8	C8295107	Glucose Tolerance Test, Gestational, 50 gr (OGTT)	X									
9	C8237303	Congenital Glycosylation Disorder (CDG-transferrin)		X					X			

3	<b>HPV DNA Typing (PCR), Concentrated Urine</b> Test Code : <b>8818099</b> - Laboratory Services										
	Methodology : <b>PCR</b> - Performed : <b>Mon-Fri 12:00</b> - Reported : <b>7 days</b>										
	<table border="1"> <thead> <tr> <th>Specimen Type</th> <th>Container</th> <th>Volume</th> <th>Transport</th> </tr> </thead> <tbody> <tr> <td>Urine</td> <td>Sterile Tube</td> <td>30mL</td> <td>2-8°C</td> </tr> </tbody> </table>	Specimen Type	Container	Volume	Transport	Urine	Sterile Tube	30mL	2-8°C		
Specimen Type	Container	Volume	Transport								
Urine	Sterile Tube	30mL	2-8°C								

4	<b>HPV DNA, Screening Test (PCR), Concentrated Urine</b> Test Code : <b>8818100</b> - Laboratory Services										
	Methodology : <b>PCR</b> - Performed : <b>Mon-Fri 08:00</b> - Reported : <b>7 days</b>										
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Specimen Type	Container	Volume	Transport								
Urine	Sterile Tube	30mL	2-8°C								

5	<b>Leucocyte Alkaline Phosphatase Staining</b> Test Code : <b>8554001</b> - Laboratory Services										
	Methodology : <b>MICROSCOPY</b> - Performed : <b>Mon-Thu 08:00 Fri 08:00</b> - Reported : <b>1 weeks</b>										
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Specimen Type	Container	Volume	Transport								
Whole Blood (Heparin)	Green (Heparin)	5mL	18-24°C								
Additional Information <span style="float: right;">▼</span>											
The sample should be spread in a peripheral smear within 8 hours and sent with a smeared heparinized blood sample.											

6	<b>Culture, Fungi</b> Test Code : <b>8710201</b> - Laboratory Services			
	Method : <b>C/I/S</b> - Performed : <b>Mon-Sat 12:00</b> - Reported : <b>21 days 17:00</b>			
	Sample Name	Container	Amount	Transfer
	Nail Scraps	Plastic Collection Cup		18-24°C
	Urine, Sterile	Plastic Collection Cup		2-8°C
	Throat Swab	Culture Transport Swab		2-8°C
	Whole Blood	Blood Culture Bottle	10mL	18-24°C
	Skin Scraps	Plastic Collection Cup		18-24°C
	Vaginal Discharge	Culture Transport Swab		2-8°C
	Hair	Plastic Collection Cup		18-24°C
	Other	Call the Laboratory		2-8°C
	Sputum	Plastic Collection Cup		2-8°C
	Peripheral Stem Cell	Sterile Glass Tube	1mL	18-24°C
Bronchoalveolar Lavage	Biologic Fluid Tube	1mL	2-8°C	
<b>Additional Information</b> 				
<p>Vaginal, throat and feces samples should be screened for yeasts. CSF should be stored in 35 °C, if they cannot be transferred in 8 hours. Leaking or nonsterile containers are inappropriate. If there is yeast growth in culture identification and antifungal susceptibility testing is performed by automated systems. Samples are stable for 72 hours at 18-24°C. Refrigerated or frozen samples are not suitable. BACT/ALERT FN Plus Anaerobic, BACT/ALERT PF Plus Aerobic Pediatric, BACT/ALERT FA Plus Aerobic should be used as blood culture bottles. Blood culture samples should be taken when the fever begins to rise. If blood cultures are taken twice on the same day, the probability of producing microorganisms in the culture increases.</p>				

7	<b>Biotinidase, Screening Test</b> Test Code : <b>8226102</b> - Laboratory Services			
	Methodology : <b>PHOTOMETRY</b> - Performed : <b>Mon 08:00 Wed 08:00 Fri 08:00</b> - Reported : <b>Wed 18:00 Fri 18:00 Mon 18:00</b>			
	Specimen Type	Container	Volume	Transport
Capillary Blood	Filter Paper		18-24°C	

8	<b>Glucose Tolerance Test, Gestational, 50 gr (OGTT)</b> Test Code : <b>8295107</b> - Laboratory Services			
	Method : <b>PHOTOMETRY</b> - Performed : <b>Mon-Sat 12:00</b> - Reported : <b>Mon-Sat 18:00</b>			
	Sample Name	Container	Amount	Transfer
	Information Form	-		
	Serum	Separator Tube	0,5mL	2-8°C
Plasma (NaF)	Gray (Sodium Fluoride)	0,5mL	2-8°C	

9	<b>Congenital Glycosylation Disorder (CDG-transferrin)</b> Test Code : <b>8237303</b> - Laboratory Services			
	Methodology : <b>Affinity Chromatography-Mass Spectrometry (MS)</b> - Performed : <b>Tue 08:00</b> - Reported : <b>1 month</b>			
	Specimen Type	Container	Volume	Transport
	Serum, Frozen	Separator Tube	2mL	<0°C
Additional Information <span style="float: right;">▼</span>				
Be sure to specify the purpose for which the test is requested. If you have previously been diagnosed with CDG and require clinical follow-up, please specify.				