BROCA CANCER RISK PANEL

As of June 14, 2013, BRCA1 and BRCA2 genes have been added to the BROCA Cancer Risk Panel. If desired, testing for BRCA1 and BRCA2 may be ordered without the full BROCA gene panel, by indicating "BRCA1/BRCA2 only" on the requisition. See LabMed Online Test Catalog for all current billing options. The most appropriate CPT codes for billing may vary, depending in part on cancer type and family history.

Billing for provider order for full BROCA panel, with patient diagnosis of breast cancer or family history of breast cancer:

<table>
<thead>
<tr>
<th>Gene Testing:</th>
<th>Full BROCA gene panel, to include: BRCA1 &amp; BRCA2 Full Sequence, BRCA1 Common Variants and BRCA1 &amp; BRCA2 Uncommon Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT:</td>
<td>81211, 81213</td>
</tr>
<tr>
<td>Price:</td>
<td>$3,350.00</td>
</tr>
</tbody>
</table>

Billing for provider order, with notes "BRCA1/BRCA2 only":

<table>
<thead>
<tr>
<th>Gene Testing:</th>
<th>BRCA1 &amp; BRCA2 Full Sequence, BRCA1 Common Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT:</td>
<td>81211</td>
</tr>
<tr>
<td>Price:</td>
<td>$2,200.00</td>
</tr>
</tbody>
</table>

Panel Test Order Code: BROCA

<table>
<thead>
<tr>
<th>TEST</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROCA Cancer Risk Panel</td>
<td>CPT</td>
</tr>
<tr>
<td>Cell Free DNA Aneuploidy Scrn</td>
<td>New</td>
</tr>
<tr>
<td>Cryoglobulin Identification</td>
<td>Reference Range</td>
</tr>
<tr>
<td>Eosinophils, Urine</td>
<td>Frequency</td>
</tr>
<tr>
<td>Fondaparinux</td>
<td>Reference Range</td>
</tr>
<tr>
<td>Human Epididymis Prot 4 (HE4)</td>
<td>New</td>
</tr>
<tr>
<td>Heparin Activity</td>
<td>Reference Range</td>
</tr>
<tr>
<td>Immune Fcn PHA Stimul ATP</td>
<td>New</td>
</tr>
<tr>
<td>Itraconazole and Metab.</td>
<td>CPT, Price</td>
</tr>
<tr>
<td>JC Virus by PCR Quantitative, Urine</td>
<td>Frequency</td>
</tr>
<tr>
<td>Lupus Anticoagulant Group</td>
<td>New, Replaces LUPP</td>
</tr>
<tr>
<td>MPL Codon 515 Mutation Screen</td>
<td>New</td>
</tr>
<tr>
<td>Norovirus PCR</td>
<td>Frequency</td>
</tr>
<tr>
<td>Plasma Metanephrines</td>
<td>Collection, Processing</td>
</tr>
<tr>
<td>UW-OncoPlex™ Single Gene</td>
<td>New</td>
</tr>
</tbody>
</table>
CELL FREE DNA ANEUPLOIDY SCRNR

Specimen Collection: Use prenatal test collection kit supplied by reference laboratory (Verinata, Natera, etc.). 10 mL (min 7.0 mL) whole blood in Streck Cell-Free DNA BCT tube (mottled black and tan from kit). Gently mix blood by inverting tube 8-10 times. Note: Verifi prenatal test collection Kits are available from Lab Sendouts section of Specimen Processing, 206 598-6224.

Specimen Transport: Store specimen at rm temp. Ship entire tube of whole blood within 24 hrs of collection by priority overnight. No ice required. Do no freeze.

Note: At prompt on the second screen “RCRSTD”, enter the code for the performing reference lab to which this is being sent, either VERIN for Verinata or NATERA for Natera

Frequency: Varies; turnaround time - 8-10 business days

Reference Lab: Natera or Verinata

CPT: 81479

Price: $965.00

Test Order Code: RCFDAS

HUMAN EPIDIDYMIS PROT 4 (HE4)

Specimen Collection: 5 mL blood in plain (red top) tube. Centrifuge, separate serum from cells within 24 hrs of collection. Store frozen (preferred) or refrigerated (good for 72 hrs).

Specimen Transport: 1.5 mL (min 1.0 mL) serum in plastic vial.

Frequency: Every Thursday.

Reference Range: <114 pmol/L

CPT: 86305

Price: $160.00

Test Order Code: RHE4G

CRYOGLOBULIN IDENTIFICATION

Reference Range: Negative

Test Order Code: CRYOID

EOSINOPHILS, URINE

Frequency: Samples received after 3:00 PM will be reported the following day.

Test Order Code: UEOS

FONDAPARINUX

Reference Range: See link for UW Medicine Anticoagulation Services, on OLTG: http://depts.washington.edu/anticoag/home/

Test Order Code: FNDXT

HEPARIN ACTIVITY

Reference Range: See link for UW Medicine Anticoagulation Services, on OLTG: http://depts.washington.edu/anticoag/home/

Test Order Code: HEPACT

IMMUNE FCN PHA STIMUL ATP

Specimen Collection: 3 mL blood (min 2 mL) in sodium heparin (green top) tube.

Specimen Transport: Entire tube (min 2 ml) whole blood at room temp.

Note: Draw Mon-Fri between 5am and 12:30 pm. Samples must be received in UW Lab by 1pm for same day shipment. Samples must be received at reference lab 30 hrs after collection.

Frequency: As needed; 7 working days.

Reference Range: Low immune response: ATP level < or = 225 ng/mL
Moderate immune response: ATP level 226-524 ng/mL
Strong immune response: ATP level > or = 525 ng/mL

CPT: 86352

Price: $200.00

Test Order Code: RIMFCN

ITRACONAZOLE AND METAB.

Test method change and price update, as of August 1, 2013.

OLD METHOD NEW METHOD

CPT: 82491 80299

Price: $57.46 $53.25

Panel Test Order Code: RITCOG

JC VIRUS BY PCR QUANTITATIVE, URINE

Frequency: Monday and Thursday, results same day.

Test Order Code: UJCVQN
LUPUS ANTICOAGULANT GROUP

On August 1, 2013, test order package Lupus Anticoagulant Panel (LUPP) will go offline, to be replaced by order package Lupus Anticoagulant Group (LUPPG). The new order package will now require two citrated plasma specimens, instead of one citrated plasma and one serum. Separately orderable test Anti Phospholipid Panel (APHOSG) will continue to require preferred specimen type of serum (red top) or SST tube, when ordered alone.

Specimen Collection: Two 2, 3 or 5 mL blood in citrate (blue top) tube.
Specimen Transport: Two plasma aliquots (min 1.0 mL each). Centrifuge both whole blood blue tops for 10 minutes, remove plasma and centrifuge each plasma aliquot a second time, for 10 minutes. Remove plasma again and freeze each aliquot between -50°C to -70°C, and ship frozen on dry ice.
Test Order Code: LUPPG

PLASMA METANEPHRINES

Specimen Collection: 3 mL blood an EDTA (lavender top) tube.
Specimen Transport: 1.5 mL (min 0.5 mL) EDTA plasma.
Test Order Code: PLMET

MPL CODON 515 MUTATION SCREEN

Specimen Collection: Blood: two 3 mL blood in EDTA (lavender top) tube. Bone Marrow: 1 to 2 mL in EDTA (lavender top) tube.
Specimen Transport: Entire tube.
Note: Samples should be refrigerated and received as soon as possible.
Frequency: As needed; 7 working days.
Reference Range: None
CPT: 81402
Price: $261.36
Test Order Code: MPLAS

NOROVIRUS PCR

Frequency: Monday and Thursday, except not on a holiday. Samples in the Eastlake Virology Laboratory by 7:00 AM will be reported the same day.
Test Order Code: SNOROV

UW-ONCOPLEX™ SINGLE GENE

Specimen Collection: Tissue, Bone Marrow, Peripheral Blood.
Specimen Transport: Entire sample (min 5 mL) whole blood; ship at room temp. overnight delivery. OK to hold up to 7 days before shipping if refrigerated.
Frequency: Run once a month; results within 8 weeks.
CPT: See Online Test Catalog link to current list of CPT codes.
Price: $1,350.00
Test Order Code: OPG
ONLINE TEST GUIDE:
http://byblos.labmed.washington.edu/bcard/search.asp

FEE SCHEDULE:
Call Reference Lab Services at 800 713.9198

Virology Newsletter:
www.depts.washington.edu/rspvirus

Reference Lab Services
University of Washington
PO Box 15290
Seattle, WA 98115-0246

ADDRESS SERVICE REQUESTED
07-9620-012

August 2013