ACL Laboratories
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Test Bulletin

July 2021

ACL Test Updates

MLH1 Methylation (Test Order Code LAB9966)

Effective immediately, MLH1 Methylation will be performed at ARUP Laboratories. The new test order code is LAB10835. ARUP specimen requirements are as follows:

Specimen Requirements	LAB10835 Effective immediately	LAB9966 Discontinued
Sample type	FFPE, Tissue in 10% formalin, 5 unstained slides	FNA, FFPE, Tissue in 10% formalin, 8 unstained slides
Tissue requirement	30% malignant cells	30% malignant cells
Temperature	Ambient	Ambient
Required information	Surgical Pathology report	N/A

MGMT Methylation (Test Order Code LAB9946)

Effective immediately, MGMT Methylation will be sent to ARUP. The new test order code is LAB10836. ARUP specimen requirements are as follows:

Specimen Requirements	LAB10836 Effective immediately	LAB9946 Discontinued
Sample type	FFPE, Tissue in 10% formalin, 5 unstained slides	FNA, FFPE, Tissue in 10% formalin, 8 unstained slides
Tissue requirement	30% malignant cells	30% malignant cells
Temperature	Ambient	Ambient
Required information	Surgical Pathology report	N/A

Mosquito Borne Panel by PCR (Test Order Code LAB9947)

Effective immediately, the Mosquito Borne Panel (Test Order Code LAB9947) will no longer be performed in-house. As there is no panel available at ARUP Laboratoaries, it will be replaced by four (4) individually orderable test codes listed below.

ARUP Test Name	ACL Test Order Code	Specimen Requirement	Volume	Temperature
Zika Virus by PCR, Blood	LAB10832	Gold Gel	2.0 mL serum	Frozen
Zika Virus by PCR, Urine	LAB10833	Sterile Urine Cup	1.0 mL urine	Frozen
Dengue Virus (1-4) Subtype by PCR	LAB10834	Lavender (EDTA), Pink (K2EDTA), or Gold Gel	1.0 mL plasma or serum	Frozen
Chikungunya by PCR	LAB10831	Lavender (EDTA), Pink (K2EDTA), or Gold Gel	1.0 mL plasma or serum	Frozen

For additional information regarding these tests, please contact ACL Client Services at 1-800-877-7016 or visit ACL's Directory of Service at https://acllaboratories.com/providers/test-directory/.

ACL Test Updates (cont'd)

Blastomyces Antibody, Complement Fixation (Test Order Code LAB9392)

Effective immediately, Cleveland Clinic Laboratories has discontinued offering Blastomyces Antibody, Complement Fixation (Test Order Code LAB9392). The recommended replacement is Blastomyces Dermatitidis Antibodies by EIA with Reflex to Immunodiffusion, Serum (performed at ARUP). ARUP specimen requirements are as follows:

Specimen Requirements	LAB10830 Effective Immediately	LAB9392 (discontinued)
Collection Tube	Gold Gel	Gold Gel
Specimen type	Serum	Serum
Volume	**1.0 mL**	0.3 mL
Temperature	Refrigerated	Refrigerated
Turnaround time	8 Days	8 Days
Required information	Surgical Pathology report	N/A

Phospholipase A2 Receptor (Test Order Code PLA2R) Ab, IgG w/Reflex to Titer - NEW

Effective immediately, ACL Laboratories will offer Phospholipase A2 Receptor (Test Order Code PLA2R) Ab, IgG w/Reflex to Titer (Test Order Code LAB10837). Testing is performed at ARUP Laboratories. The specimen requirements are as follows:

Specimen Requirements	Phospholipase A2 Receptor (PLA2R) Ab, IgG w/Reflex to Titer (Test Order Code LAB10837)
Collection Tube	Gold Gel
Specimen type	Serum
Volume	1.0 mL
Temperature	Refrigerated
Turnaround time	8 Days
Collection Tube	Gold Gel

ACL Discontinues Methaqualone, Urine Screen (Test Order Code LAB9680)

Effective immediately, Methaqualone, Urine Screen (Test Order Code LAB9680) has been discontinued. Cordant no longer performs this test and permanently deactivated the test code. Due to low volume, ACL will no longer offer this test as an orderable code. Going forward, please order a MISC code and indicate Methaqualone, Screen and Confirmations, Urine (Labcorp: 798272).

ACL Discontinues Pyrazinamide Level (Test Order Code LAB10428)

Effective immediately, Pyrazinamide Level (Test Order Code LAB10428) is no longer being offered by ARUP. Due to low volume, ACL will no longer offer this test as an orderable code. Going forward, please order a MISC code and indicate Pyrazinamide Level (National Jewish: PKPZA).

For additional information regarding these tests, please contact ACL Client Services at 1.800.877.7016 or visit ACL's Directory of Service at https://acllaboratories.com/providers/test-directory/.

ACL Laboratories Discontinues RBC Folate (Test Order Code RFOL)

Effective Thursday, August 19 , 2021, ACL Laboratories will no longer offer RBC Folate (Test Order Code RFOL).

Background supporting the discontinuation of this test offering:

- Since 1998, when the United States and Canada mandated that foods with processed grains be fortified with folic acid, there has been a significant decline in the incidence of folate deficiency.
- Current recommendations support the discontinuation of red blood cell folate testing. In adults, folate supplementation should be considered instead of serum folate testing in patients with macrocytic anemia.[1-3]
- For the rare patient suspected of having a folate deficiency, treating with folic acid is a more cost-effective approach than blood testing.
- While red blood cell folate levels have been used in the past as a surrogate for tissue folate levels or a marker for folate status over the lifetime of red blood cells, the result of this testing does not add to the clinical diagnosis or therapeutic plan.

Results from the Mayo Clinic analysis: A total of 152,166 serum folate and 15,708 red cell folate were performed over the decade of the study.[4] The prevalence of folate deficiency using only serum folate values was 0.39% and 0.27% using only red cell folate. There were 1,082 patients in which testing was ordered concurrently (see Table 1 below).

Mayo Clinic's conclusion was that folate deficiency in the current era of FDA mandated folic acid supplementation is exceedingly rare. The red cell folate provides no additional information beyond that provided by the serum folate in virtually all situations. This is consistent to what current recommendations are.

Recommended Alternative Test: FOLATE, SERUM (Test Order Code LAB8260)

Serum folate measurement is preferred over RBC folate measurement due to considerable analytic variability (coefficient of variation) of assays. Both results give the same interpretation. Therefore, RBC folate quantitation is not recommended.

Table 1: Analysis of patients with paired SF and RCF using NHANES/CDC definition of folate deficiency

	Serum Folate	
	Abnormal (<3.0 ng/ml)	**Normal (>3.0 ng/ml)**
Abnormal (<140 ng/ml)	1 (0.09%)	4 (0.4%)
Normal (>140 ng/ml)	8 (0.7%)	1069 (98.8%)

References:

1. ASCP Choosing wisely. Thirty Five Things Physicians and Patients Should Question revised September 1, 2020 https://www.choosingwisely.org/societies/american-society-for-clinical-pathology/
2. Isail O et al. Reducing red blood cell folate testing: A case study in utilization management. http://dx.doi.org/10.1136/bmjoq-2018-000531
3. Farrell C-J, et al. Red cell or serum folate: what to do in clinical practice. Clin Chem Lab Med 51:555-569, 2013. http://williams.medicine.wisc.edu/folate_assays.pdf
4. https://www.mayocliniclabs.com/test-notifications/attachment.php?id=12188

ACL Laboratories Announces Changes to the Reporting of eGFR

Background

ACL Laboratories reports an estimated GFR (eGFR) on all serum creatinine measurements based on recommendations by the National Kidney Foundation. Estimated GFR is calculated using the Chronic Kidney Disease Epidemiology Collaboration (CKI-EPI) equation. This equation takes into account serum creatinine, and patient demographics (age, sex, race) to provide an estimated GFR. The CKD-EPI equation is validated in individuals 18 years of age and older.

Effective Thursday, August 19, 2021, ACL will make the following changes to the reporting of eGFR:

1. Change in Reference Range:
   Old Reference Range: eGFR > 90 ml/min
   New Reference Range: eGFR > 60 ml/min*
   *Values < 60 ml/min will be flagged as abnormal.
2. Modification of Interpretive Comments. Comments will be added based on the KDIGO Guidelines for the diagnosis of kidney disease only on eGFR values < 60 ml/min.

Stage	Terms	GFR mL/min
G3a	Mildly to moderately decreased	45 to 59
G3b	Moderately to severely decreased	30-44
G4	Severely decreased	15-29
G5	Kidney failure	<15

References:

Frequently Asked Questions About GFR Estimates.
https://www.kidney.org/sites/default/files/docs/12-10-4004_abe_faqs_aboutgfrrev1b_singleb.pdf

KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney Int. Suppl. Volume 3, January 2013.
https://kdigo.org/wp-content/uploads/2017/02/KDIGO_2012_CKD_GL.pdf

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