

Bone Marrow Sample Volume for Cytogenetics and Molecular Testing

Effective immediately, ACL Laboratories Cytogenetics and Molecular departments are requesting larger sample volumes for bone marrow testing, due to the increase in test cancellations this year for “Quantity Not Sufficient.” Testing that is affected includes Chromosomes, FISH, and the Myeloid NGS panel.

The sample volume should be proportionate to the testing ordered on the specimen. When ordering multiple assays, including Chromosome analysis, FISH, and/or Myeloid NGS testing, a sample volume of 4.0 mL should be sent to the Cytogenetics department. The same specimen size is recommended if there is a possibility of those tests being added on. If there is a singular order for Chromosomes or FISH only, it is recommended that 3.0 mL of bone marrow sample be sent. As always, please contact the laboratory at 847-349-7440 in extenuating circumstances when these volumes cannot be obtained so that the laboratory may properly prioritize testing.

Thank you for your cooperation as this will improve the laboratories ability to provide quality results to the patients in which we serve.

Important Announcement Regarding Epstein-Barr Virus Antibody Testing (LAB8476, LAB8478, LAB8521)

Effective Wednesday, November 15, 2023, Epstein Barr Virus Chronic Panel (Test Order Code LAB8476), Epstein Barr Virus VCA Antibody, IgM (Test Order Code LAB8478), Epstein Barr Antibody Screen (Test Order Code LAB8521) will be temporarily referred to ACL’s primary reference laboratory partner, ARUP. As a result of manufacturing issues, ACL is unable to obtain the Epstein-Barr Virus IgM reagent needed to perform testing in-house.

There is no change in specimen requirements for testing or ordering test codes. Additionally, turn around time (TAT) is expected to remain unchanged. Please note, there are some differences in reference range. ACL is working with the manufacturer to secure reagent as soon as possible to resume testing in-house. Updated communication will be provided once internal testing will resume.

Comparison: Epstein Barr Virus Chronic Panel (Test Order Code LAB8476)

	In-House Test	Referral Laboratory Test
Methodology	Multiplex Flow Immunoassay	<i>Semi-Quantitative Chemiluminescent Immunoassay</i>
Component(s)	Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGG Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGM Epstein-Barr Virus, Antibody to Early D Antigen, IGG Epstein-Barr Virus, Antibody to Nuclear Antigen, IGG	Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGG Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGM Epstein-Barr Virus, Antibody to Early D Antigen, IGG Epstein-Barr Virus, Antibody to Nuclear Antigen, IGG

Comparison: Epstein Barr Virus Chronic Panel (Test Order Code LAB8476) continued		
	In-House Test	Referral Laboratory Test
Reference Range	< 0.9 AI Negative >or= 0.9 AI Positive	<p>Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGG</p> <p>17.9 U/mL or less: Not Detected</p> <p>18.0-21.9 U/mL: Indeterminate. Repeat testing in 10-14 days may be helpful.</p> <p>22.0 U/mL or greater: Detected</p> <p>Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGM</p> <p>35.9 U/mL or less: Not Detected</p> <p>36.0-43.9 U/mL: Indeterminate. Repeat testing in 10-14 days may be helpful.</p> <p>44.0 U/mL or greater: Detected</p> <p>Epstein-Barr Virus, Antibody to Early D Antigen, IGG</p> <p>8.9 U/mL or less: Not Detected</p> <p>9.0-10.9 U/mL: Indeterminate - Repeat testing in 10-14 days may be helpful.</p> <p>11.0 U/mL or greater: Detected</p> <p>Epstein-Barr Virus, Antibody to Nuclear Antigen, IGG</p> <p>17.9 U/mL or less: Not Detected</p> <p>18.0-21.9 U/mL: Indeterminate. Repeat testing in 10-14 days may be helpful.</p> <p>22.0 U/mL or greater: Detected</p>
Specimen Collection Details (specimen type, amount)	One 1.0 mL (Min: 0.5 mL) serum refrigerated	Serum
Transport Temperature	One 1.0 mL (Min: 0.5 mL) serum refrigerated	Refrigerated
CPT Codes	86665x2, 86664, 86663	86665x2, 86664, 86663
Turnaround Time	5 days	5 days

Test Comparison: Epstein Barr Virus VCA Antibody, IgM (Test Order Code LAB8478)		
	In-House Test	Referral Laboratory Test
Methodology	<i>Multiplex Flow Immunoassay</i>	<i>Semi-Quantitative Chemiluminescent Immunoassay</i>
Component(s)	Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGM	Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGM
Reference Range	< 0.9 AI Negative >or= 0.9 AI Positive	35.9 U/mL or less: Not Detected 36.0-43.9 U/mL: Indeterminate. Repeat testing in 10-14 days may be helpful. 44.0 U/mL or greater: Detected
Specimen Collection Details (specimen type, amount)	One 1.0 mL (Min: 0.5 mL) serum refrigerated	Serum
Transport Temperature	One 1.0 mL (Min: 0.5 mL) serum refrigerated	Refrigerated
CPT Codes	86665	86665
Turnaround Time	5 days	5 days

Test Comparison: Epstein Barr Antibody Screen (Test Order Code LAB8521)		
	In-House Test	Referral Laboratory Test
Methodology	<i>Multiplex Flow Immunoassay</i>	<i>Semi-Quantitative Chemiluminescent Immunoassay</i>
Component(s)	Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGG Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGM	Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGG Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGM
Reference Range	< 0.9 AI Negative >or= 0.9 AI Positive	Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGG 17.9 U/mL or less: Not Detected 18.0-21.9 U/mL: Indeterminate. Repeat testing in 10-14 days may be helpful. 22.0 U/mL or greater: Detected Epstein-Barr Virus, Antibody to Viral Capsid Antigen, IGM 35.9 U/mL or less: Not Detected 36.0-43.9 U/mL: Indeterminate. Repeat testing in 10-14 days may be helpful. 44.0 U/mL or greater: Detected

Test Comparison: Epstein Barr Antibody Screen (Test Order Code LAB8521) continued		
	In-House Test	Referral Laboratory Test
Specimen Collection Details (specimen type, amount)	One 1.0 mL (Min: 0.5 mL) serum refrigerated	Serum
Transport Temperature	One 1.0 mL (Min: 0.5 mL) serum refrigerated	Refrigerated
CPT Codes	86665x2	86665x2
Turnaround Time	5 days	5 days

For additional information regarding these tests, as well as specimen collection requirements, please contact ACL Client Services at 1.800.877.7016.

2024 CPT Code Changes

ACL Test Order Code	Test Description	2023 CPT Code(s)	2024 CPT Code(s)	Performing Laboratory
LAB9350	Anti-Mullerian Hormone	83520	82166	ARUP
LAB11251	Acetylcholine Receptor Binding Antibody	83519	86041	ARUP
LAB11252	Acetylcholine Receptor Modulating Antibody	83516	86043	ARUP
LAB11825	Muscle-Specific Kinase (MuSK) Antibody, IgG by CBA-IFA with Reflex to Titer, Serum	86255	86366	ARUP
LAB11255	Acetylcholine Receptor Blocking Antibody	83516	86042	ARUP
LAB11254	Myasthenia Gravis Reflexive Panel	83519 83516	86041 86042	ARUP
LAB9748	Paraneoplastic Autoantibody Evaluation	83519 x3 86596 x2 86255 x10	83519 x2 86596 x2 86255x10 86041	Quest