



December 20, 2006

Dear Client,

Esoterix Test Location Service Update: Effective January 15, 2007

Esoterix is committed to keeping our clients informed of changes, updates, and enhancements to our testing services as they occur. A complete listing of test location service changes is included with this letter and has been posted to our website at www.esoterix.com in the test menu section. All changes go into effect on January 15, 2007.

For additional information, please call us at (800) 444-9111. We value you as a customer and thank you for choosing Esoterix.

Darryl Goss
Chief Operating Officer

Esoterix Testing Location Change (December 20, 2006)

Testing Changes Effective (January 15, 2006)

See note below table for additional information

Test Code	Test Name	CPT	Method	Specimen Requirement	Pediatric Minimum	Shipping Temperature	Assay Schedule	TAT Range	Reference Range	Performing Location
602087	Sperm Antibodies	89325	Immunobead	2 mL Serum or 1 mL Seminal Fluid	Not Applicable	Frozen	Wed	4-10 Days	With Report	Mayo Medical Laboratories
607036	Epstein-Barr Virus Nuclear Antigen (EBNA) IgM Antibodies	86664	EIA	1 mL Serum	0.5 mL Serum	Refrigerated	Tuesday	2-8 Days	<0.91 Negative	Specialty Laboratories
601171	Paraneoplastic Syndrome Evaluation, CSF	84181 x3	Western Blot	3 mL CSF	2 mL CSF	Refrigerated	Tues - Fri	2-8 Days	Not Detected	Specialty Laboratories
607250	Lymphogranuloma Venereum (LGV) Differentiation Antibody Panel, IFA (Chlamydia pneumoniae IgG, IgM, IgA, Chlamydia trachomatis IgG, IgM, IgA)	8663 x4, 86632 x2	IFA	1 mL Serum	0.4 mL serum	Refrigerated	Tues - Fri	< 5 Days	With Report	Specialty Laboratories
600025	Interferon Beta (1a & 1b) Autoantibodies	83520	ELISA	1 mL Serum	0.5 mL Serum	Refrigerated	Thurs	3-9 Days	<50	Specialty Laboratories
607288	Hepatitis Delta Virus, Antigen	87380	EIA	1 mL Serum	0.3 mL Serum	Refrigerated	Wed	2-8 Days	Negative	Specialty Laboratories
607107	Culture, Chlamydia pneumoniae (Respiratory)	87110, 87140 x2	Cell Cult, IFA	Nasopharyngeal aspirate, bronchoalveolar lavage or throat specimen. Indicate source of specimen. Collect then preserve in Microtest M4 transport media	Nasopharyngeal aspirate, bronchoalveolar lavage or throat specimen. Indicate source of specimen. Collect then preserve in Microtest M4 transport media	Refrigerated	Sun-Sat	7-9 Days	Culture negative for Chlamydia pneumoniae	ARUP Laboratories
621315	Acetylcholine Receptor Modulating Antibody	83519 [B]	Radioreceptor assay	0.5 mL Serum	0.3 mL Serum	Refrigerated	Sun, Mon, Wed, Fri	3-5 Days	Negative: 0-20% modulation, Indeterminant: 21-25% modulation, 26% modulation	ARUP Laboratories
607703	Dengue Fever Virus Antibody, IgG *RUO*	86790-GY [D]	ELISA	1 mL Serum	0.1 mL Serum	Refrigerated	Monday	< 10 Days	0.89 IV or less: Negative - No significant level of detectable dengue fever virus IgG antibody. 0.9-1.10 IV: Equivocal - Repeat testing 10 -14 days may be helpful. 1.11 IV or greater: Positive - IgG antibody to dengue fever virus detected, which may indicate a current or recent infection. However, low levels of IgG antibodies may occasionally persist for more than 12 months post-infection.	ARUP Laboratories

Test Code	Test Name	CPT	Method	Specimen Requirement	Pediatric Minimum	Shipping Temperature	Assay Schedule	TAT Range	Reference Range	Performing Location
607713	Dengue Fever Virus Antibody, IgM *RUO*	86790-GY [D]	ELISA	1 mL Serum	0.1 mL Serum	Refrigerated	Monday	< 10 Days	0.89 IV or less: Negative - No significant level of detectable dengue fever virus IgM antibody. 0.9-1.10 IV: Equivocal - Repeat testing 10 -14 days may be helpful. 1.11 IV or greater: Positive - IgM antibody to dengue fever virus detected, which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.	ARUP Laboratories
604008	Strongyloides Antibody, IgG by ELISA, Serum	86682 [A]	ELISA	1 mL Serum	0.2 mL Serum	Refrigerated	Wed	< 10 Days	1.49IV or less: Negative - no significant level of Strongyloides IgG antibody detected. 1.5-2.10 IV: Equivocal - Questionable presence of Strongyloides IgG antibody detected. Repeat testing in 10-14 days may be helpful. 2.11 IV or greater: Positive-IgG antibodies to Strongyloides detected, which may suggest current of past infection.	ARUP Laboratories
606012	Candida Antigen	87899	Latex Agglutination	1 mL Serum	0.1 mL Serum	Refrigerated	Sun-Sat	< 2Days	Negative	ARUP Laboratories
604945	Toxocara Antibody, IgG by ELISA	86682 [B]	ELISA	1 mL Serum	0.15 mL Serum	Refrigerated	Tue,Fri	2-6 Days	0.8 IV or less: Negative-No significant level of Toxocara IgG antibody detected. 0.9-1.1 IV: Equivocal-Questionable presence of Toxocara IgG antibody detected. Repeat testing in 10-14 days may be helpful. 1.2 IV or greater: Positive-Presence of IgG antibody to Toxocara detected, suggestive of past or current infection	ARUP Laboratories
699249	Ribosomal P Protein Antibody	86235	ELISA	1 mL Serum	0.5 mL serum	Refrigerated	Tue,Fri	2-6 Days	<20 Units: Negative, 20-39 Units: Weak Positive,40-80 Units: Moderate Positive, >80 Units: High Positive	ARUP Laboratories
607300	Echovirus Antibodies (Echovirus AB Types 7, 9, 11, 30, trachomatis)	86658 x5	Serum Neutralization Assay	3 mL Serum or CSF	0.25 mL Serum or CSF	Refrigerated	Mon-Sat	7-10 Days	Echovirus 6: Less than 1:10, Echovirus 7: Less than 1:10, Echovirus 9: Less than 1:10, Echovirus 11: Less than 1:10, Echovirus 30: Less than 1:10. The clinical significance and criteria for interpretation of results from CSF have not been established	ARUP Laboratories
604106	Yersinia Species Antibodies, IgA, IgG, and IgM by Western Blot	86793 x3 [A]	Western Blot	1 mL Serum	0.3 mL Serum	Refrigerated	Tue	2-9 Days	IgA: Negative, IgG:Negative, IgM Negative	ARUP Laboratories
604001	Cysticercosis Antibody, IgG by ELISA *RUO*	86682-GY [D]	ELISA	1 mL Serum	0.1 mL Serum	Refrigerated	Tue,Fri	2-6 Days	0.34 O.D. or less: Negative-No significant level of cysticercosis IgG antibody detected, 0.35-0.50 O.D.: Equivocal-Questionable presence of cysticercosis IgG antibody detected. Repeat testing in 10-14 days may be helpful. 0.51 O.D. or greater: Positive-IgG antibody to cysticercosis detected suggestive of current or past infection.	ARUP Laboratories
605650	Entamoeba histolytica Antigen, EIA	87337	EIA	5gram stool	5gram stool	Frozen	Sun-Sat	2-3 Days	Negative	ARUP Laboratories
604005	Microsporidia Stain	87015, 87207	Modified Trichrome Stain	5gram stool	5gram stool	Room Temperature	Sun-Sat	1-2 Days	Negative	ARUP Laboratories

Test Code	Test Name	CPT	Method	Specimen Requirement	Pediatric Minimum	Shipping Temperature	Assay Schedule	TAT Range	Reference Range	Performing Location
609003	Meningoencephalitis Panel (California Encephalitis Antibody IgG, IgM; Eastern Equine Encephalitis Antibody IgG, IgM; St. Louis Encephalitis Antibody IgG, IgM; Western Equine Encephalitis Antibody IgG, IgM; West Nile Virus Antibody IgG, IgM; Measles (Rubeola) Antibody IgG, IgM; Mumps Virus Antibody IgG, IgM; Varicella-Zoster Virus Antibody IgG, IgM; Herpes Simplex Virus Type 1 and/or 2 Antibodies IgG, IgM) Serum with Reflex to HSV Type 1 & Type 2 Glycoprotein G-Specific Ab, IgG (Reflex components billed additionally)	86651 x2, 86652 x2, 86653 x2, 86654 x2, 86790 x2, 86765 x2, 86735 x2, 86787 x2, 86694 x2, 86727	Varies by component: IFA or ELISA	3 mL Serum	1.5 mL Serum	Refrigerated	Tue, Fri	3-7 Days	With Report	ARUP Laboratories
602500	Sensory Neuropathy Antibody Panel with Reflex to [D] PCCA Titer, ANNA Titer & Neuronal Immunoblot	86255 x2, 83516 x2	Varies by component: Titer, IFA, Immunoblot, EIA	2 mL Serum	1 mL Serum	Frozen	Tue, Wed, Thu	2-10 Days	With Report	ARUP Laboratories
607013	Dengue Fever Virus Antibodies, IgG & IgM *RUO*	86790 x2 - GY [D]	ELISA	1 mL Serum	0.1 mL Serum	Refrigerated	Monday	2-9 Days	IgG: 0.89 IV or less: Negative-No significant level of detectable dengue fever virus IgG antibody. 0.90-1.10 IV: Equivocal-Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive-IgG antibody to dengue fever virus detected, which may indicate a current of past infection. IgM:0.89 IV or less: Negative-No significant level of detectable dengue fever virus IgM antibody. 0.90-1.10 IV: Equivocal-Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive-IgM antibody to dengue fever virus detected, which may indicate a current of past infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.	ARUP Laboratories
604252	Hantavirus Antibodies, IgG & IgM by ELISA *RUO*	86790 x2 -GY [D]	ELISA	1 mL Serum	0.15 mL Serum	Refrigerated	Mon, Thu	2-7 Days	IgG: 0.89 IV or less: Negative-No significant level of hantavirus dengue fever virus IgG antibody. 0.90-1.10 IV: Equivocal-Questionable presence of hantavirus IgG antibody detected. Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive-IgG antibody to hantavirus detected, suggestive of a current or past infection. IgM:0.89 IV or less: Negative-No significant level of hantavirus IgM antibody detected. 0.90-1.79 IV: Equivocal-Questionable presence of hantavirus IgM antibody detected. Repeat testing in 10-14 days may be helpful. 1.80 IV or greater: Positive-Presence of IgM antibody to hantavirus detected, suggestive off a current or recent infection.	ARUP Laboratories

Test Code	Test Name	CPT	Method	Specimen Requirement	Pediatric Minimum	Shipping Temperature	Assay Schedule	TAT Range	Reference Range	Performing Location
603246	Candida Antigen and Antibody Panel	86628, 87899	Immunodiffusion, Latex Agglutination	See individual components below	See individual components below	Refrigerated	See individual components below	See individual components below	See individual components below	ARUP Laboratories
606013	Candida Antibody by ID	86628	Immunodiffusion	0.5 mL Serum	0.15 mL Serum	Refrigerated	Mon-Fri	3-6 dAYS	None detected	ARUP Laboratories
606012	Candida Antigen	87899	Latex Agglutination	1 mL Serum	0.1 mL Serum	Refrigerated	Sun-Sat	1-2 Days	Negative	ARUP Laboratories
608084	Treponema pallidum (FTA) Antibody, IgG by IFA (CSF)	86781 [B]	IFA	1 mL CSF	0.2 mL CSF	Refrigerated	Sun-Sat	2-5 Days	Non Reactive	ARUP Laboratories
602089	Brucella Antibodies, IgG & IgM	86622 x2	ELISA	1 mL Serum	0.1 mL Serum	Refrigerated	Tue, Thu	2-9 dAYS	IgG: 0.89 IV or less: Negative-No significant level of detectable Brucella IgG antibody. 0.90-1.10 IV: Equivocal-Questionable presence of Brucella IgG Antibody. Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive-IgG antibody to Brucella IgG detected, which may indicate a current or recent infection. IgM:0.89 IV or less: Negative-No significant level of detectable Brucella IgM antibody. 0.90-1.10 IV: Equivocal-Questionable presence of Brucella IgM antibody. Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive-IgM antibody to Brucella detected, which may indicate a current of past infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection. Note reference ranges not applicable to CSF but will be present on the report along with a disclaimer that not relevant for CSF due to manufacturer kit.	ARUP Laboratories
604038	Coxsackie A9 Virus Antibody	86658	Comp. Fix.	1 mL Serum	0.3 mL Serum	Refrigerated	Mon-Fri	3-6 Days	<1:8	ARUP Laboratories
607020	Coxsackie B Virus Antibodies	86658 x6	Serum Neutralization Assay	1mL CSF	1 mL CSF	Refrigerated	Mon-Sat	7-10 Days	None available for CSF	ARUP Laboratories
600124	Trypanosoma cruzi Antibody, IgM	86753 [A]	IFA	1 mL Serum	0.1 mL Serum	Refrigerated	Wed	2-9 Days	Less than 1:16: Negative-No significant level of Trypanosome cruzi IgM antibody detected. 1:16 or greater: Positive-IgM antibodies to trypanosoma cruzi detected, which may suggest current or recent infection	ARUP Laboratories
600125	Trypanosoma cruzi Antibody, IgG	86753 [A]	ELISA	1 mL Serum	0.1 mL Serum	Refrigerated	Wed	2-9 Days	0.19 OD or less Negative-No significant level of Trypanosoma cruzi IgG detected. 0.20-1.20 OD Equivocal-Questionable presence of Trypanosome cruzi IgG detected. Repeat testing in 14 days may be helpful. 1.21 OD or greater Positive-IgG antibodies to Trypanosomea cruzi detected, which may suggest current or past infection	ARUP Laboratories
607127	B pertussis IgG/IgM Ab, Quant	86615x2	EIA	2 mL Serum	1 mL Serum	Refrigerated	Daily	2-8 Days	Negative 0-8, Equivocal 9-11, Positive >11	LabCorp Burlington
503088	Poliovirus Serology, CF (Poliovirus Type 1, 2 and 3 Ab)	86658X3	Comp Fix	1 mL Serum	1 mL Serum	Refrigerated	Daily	2-8 Days	Neg:<1:4	ViroMed
607124	B pertussis IgG/IgM/IgA Ab, Quantitative	86615X3	EIA	2 mL Serum	1 mL Serum	Refrigerated	Varies	2-8 Days	0-8 Negative	LabCorp Burlington
603016	Immunoglobulin D	87284	Nephelometry	0.5 mL Serum	0.2 mL Serum	Refrigerated	Mon-Fri	2-8 Days	0.13-15.27	LabCorp Burlington

Test Code	Test Name	CPT	Method	Specimen Requirement	Pediatric Minimum	Shipping Temperature	Assay Schedule	TAT Range	Reference Range	Performing Location
687101	Fungus (Mycology) Culture	87101	MIC	Aspirate, biopsy, whole blood, body fluid, bronchoalveolar lavage, hair, nails, skin, sputum, stool, swabs from various sources and urine	Aspirate, biopsy, whole blood, body fluid, bronchoalveolar lavage, hair, nails, skin, sputum, stool, swabs from various sources and urine	Ship all ambient, except non sterile respiratory samples ship refrigerated	Daily	29-30 Days	With Report	LabCorp Burlington
606505	Cryptococcus Antibodies, Quantitative	86641	Cell Agglutination	0.6 mL Serum or CSF	0.3 mL Serum or CSF	Refrigerated	Thursday	2-8 Days	Neg:<1:2	LabCorp Burlington
608003	Enterovirus Antibodies Profile (Coxsackie B-1 AB, Coxsackie B-2 AB, Coxsackie B-3 AB Coxsackie B-4 AB, Coxsackie B-5 AB, Coxsackie B-6 AB, Poliovirus Ab. CF, QN)	86658X7	Comp Fix	3 mL Serum	3 mL Serum	Refrigerated	Varies	2-8 Days	Cox B-1 Ab Neg:<1:8, Cox B-2 Ab Neg <1:8, Cox B-3 Ab <1:8, Cox B4 Ab Neg <1:8, Cox B5 Ab <1:8, Cox B6 Ab <1:8, Poliovirus Ab Neg:<1:8	LabCorp Burlington
609885	Antifungal Suscep 3 Drugs	87186	MIC	Pure culture yeast isolate	Pure culture yeast isolate	Ambient	Mon-Fri	2-8 Days	With Report	LabCorp Burlington
609886	Antifungal Suscep 4 Drugs *RUO*	87186-GY	MIC	Pure culture yeast isolate	Pure culture yeast isolate	Ambient	Mon-Fri	2-8 Days	With Report	LabCorp Burlington
609936	Haemophilus influenzae B Ag	87899	LA	0.5 mL CSF, 1 mL Serum, 5 mL Urine	0.5 mL CSF, 1 mL Serum, 5 mL Urine	Refrigerated	Mon-Fri	2-3 Days	Negative	LabCorp Burlington
604006	Trichinella Spiralis	86784	EIA	1 mL Serum	1 mL Serum	Frozen	Once/Week	3-8 Days	Negative	LabCorp Burlington
309	IgA Subclasses 1 & 2	82784 x1, 82787 x2	Nephelometry	2 ml Serum	1 ml Serum	Room Temperature	Mon - Sat	3-5 days	IgA subclasses #1 98.6-353.1; IgA subclasses #2 11.6 - 78.5; IgA total (age dependent) 0-11m 8.0-90.0, 1Y 14.0-106.0, 2Y 14.0-123.0, 3Y 22.0-159.0, 4Y-5Y 25.0-154.0, 6Y-8Y 33.0-202.0, 9Y-10Y 45.0-236.0, >10Y 70.0-315.0 (mg/dl)	Specialty Laboratories

Note: CPT codes are to provide guidance. These codes are subject to change on a regular basis and it is the client's responsibility to verify accuracy of the codes listed. You should refer to the most current version of the CPT coding manual published by the American Medical Association to resolve any issues. Contact Esoterix at 1-800-444-9111, or visit www.esoterix.com, for more information.

[A] ASR Compliance Statement: Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration approval. This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. It has not been approved by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.

[B] Non-FDA Approved Compliance Statement: The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.

[C] Genetic Compliance Statement: The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. However, FDA approval is currently not required for clinical use of this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online at www.aruplab.com.

[D] Commercial "Research Use" Kit Compliance Statement: This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.