

Corewell Health Reference Lab East EMR Compendium Update

It is the responsibility of the Physician Office to maintain the EMR compendium

Distribution Date: 2/28/2025

6	Richard & Richardson
23	Orchard Pediatrics
42	Michigan Orthopedic Institute
44/1979	Paint Creek OB/GYN
50	Generations Birmingham
61	Complete Family Care
100/101	Michigan Women's Health
103	Oakland Orthopedic Surgeons
111	Mission OB
143	Country Creek Family Medical
149	Sterling Physicians
162	Karle Medical Group
163	Michigan Endocrine Consultants
194/1032	Troy Internal Medicine
205	Haller & Hugg
263	Oakland Medical Center I
278/1174/2437/ 2440/2441	Group: 278 (Charles G. Kissel, DPM), 1174 (Rochester Foot & Ankle), 2437 (Medical Center Foot and Ankle PC), 2440 (Madison Podiatry - Foot and Ankle), 2441 (Medical
297	Oakland Arthritis Center
306	Southfield Internists, P.C.
362/365	Group: 362 (Michael S. Salter, DPM) and 365 (Franklin Park Podiatry)
366	Orion Family Physicians
383	Child Health Associates
384	Child Health Associates
419/733/2501	Clinton Women's Health
453/740/749/ 2059/2497	Prism Medical Group
502	Preventative Medicine Facility
509	Obstetrics-Gynecology West Oakland
511	Macomb Medical Clinic, PC
622	Somerset OB
629	Frederick Bartholomew
632/1623	Associated Rheumatology
557	Associates in Family Practice
633	Professional Village Medical
644	Women First (OB)

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652	Paint Creek Pediatrics
662	Shenandoah Clinic
691	Preferred Family Medicine
728/759/1529/ 2463	Group: 728 (Silver Pine Family Practice I), 759 (Silver Pine Family Practice II), 1529 (Silver
742/2035/2340/ 2655	Oakland Macomb OB/GYN Medical Group
753	Mitchell H. Folbe, M.D.
805	Riverbend Health Care
832	Rochester Internists
864/1724	Group: 864 (Bloom Pediatrics) and 1724 (Eastman & Vempati, MD, PC)
875/1035/1863	Group: 875 (Michigan Heart Group), 1035 (MHG Lipid Clinic), and 1863 (Michigan Heart
883	Southfield Pediatrics
931	Children's Care Medical
935/2987/2988/	Epic Primary Care
941	Rochester Endoscopy
944	Sheila Prasad Meftah, MD
951	SKLD Bloomfield Hills NH
980/1232	Group: 980 (Allergy & Asthma Associates of Michigan) & 1232 (Allergy Center)
996/1585	Group: 996 (Heartland Grosse Pointe Woods (NH)) & 1585 (Heartland Health Care Ctr
1004	Stonebrook Family Physicians
1011	Colleen Kennedy, DO
1104	Troy Family Practice
1116	Cancer Care Associates
1119	Women's Health Care Physicians (OB)
1237	Rolando M. Estupigan, DO
1291	M.N. Savliwala, MD
1344	Somerset Plastic Surgery
1359/2036	Group: 1359 (Somerset Family) & 2036 (Neil Jaddou, MD)
1362	Novi Internal Medicine & Pediatrics
1408	Washington Family Medicine
1420	Doc Now Urgent Care at Wellpointe
1420	Prism Urgent Care
1440	Country Creek Pediatrics
1488	Premier Women's (OB)
1562	Metro Medical Practice II
1637	Northpointe Pediatrics, PC
1660	Steve Kallabat, M.D.
1663	Endoscopic Solutions, PC
1670	Esprit Women's Health (OB)
1768	Modern Obstetrics & Gynecology
1902	Forum Medical Clinic
1999	Ghiath Tayeb, M.D. I

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2070	Dearborn Family Clinic
2075	Suzanne Romadan, MD
2373/2432	Renal Redux and Renal Redux II
2387	Mona Fakih DO OBGYN Assoc
2394	Amity Internal Medicine
2514	Silver Pine Chesterfield
2558	Physicians for Women
2590/2184	Endocrine & Metabolic Disorders
2594	Elite Care Physicians
2606	Nabeel Toma, MD
2647	Epic Medical Center
2690	Eastborn Medical Group
2779	Hamtramck Medical Group
2785	Professional Plaza Clinic Corp
2859/59/735/907/1017/	Group: 2859 (Michigan Kidney Consultants VI (Sterling Heights)), 59 (Michigan Kidney
2906	Oakland Medical Clinic
2981	Hometown Family Practice
6023	St. Clair Specialty Physicians, PC
6220	Essential Care Family Medicine, LLC
D2272	APEX Medical
D2295	Canton Family Medicine
F4026	Annette LaCasse DO PC
F4106	Michigan Family Physician
F4116	Lifecycles
F4121	Associates in Internal Medicine Specialties
F4126	Toni Ballitch Trate DO PC
F4127	Clinical Oncology Assoc.
F4147	Williams Family Sports Med
F4151	Straith Hospital
F4170	Bruce A. Cassidy, D.O.
F4171	Lakes Medical Center
F4178,	Lakes Surgery Center
F4179	Lakes Urgent Care
F4202	Medical Group Practice (Penn/Teer)
F4206	Wixom Health Center
F4211	Middlebelt Dermatology Center
F7700	Botsford Continuum Care Center

Corewell Health Reference Lab East EMR Compendium Update

Test Name	CHLAMYDIA TRACHOMATIS/NEISSERIA GONORRHOEAE RNA, TMA, CONJUNCTIVA			
Update Status	NEW – Replaces LAB1231547 for Eye Sources only			
Effective Date	3/12/25			
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231872Q			
Ask at order Entry Questions with expected response	Interface Mapping Code:	Question:	Allowed Responses:	Required Response (Yes/No)
	ATLSC322	Specimen Source?	Eye, Left Eye, Right	Yes
Interface Mapping Codes/Result Codes (for trending by client if desired)	Result Code:	Result Code Name:		LOINC Code:
	123131313	CHLAMYDIA TRACHOMATIS RNA, TMA, CONJUNCTIVA		99778-3
	123131314	NEISSERIA GONORRHOEAE RNA, TMA, CONJUNCTIVA		99779-1
CPT Code	87491, 87591			
ABN Price	\$22.50 x2			
Additional Information	<p>Note: For Eye, Right and Eye, Left sources only.</p> <p>Collection Container: Universal Transport Media UTM, 1 swab Transport Temperature: Ambient</p> <p>To ensure collection of an adequate specimen, epithelial cells lining the conjunctiva should be obtained. To that effect, a cleaning swab should be used to remove and discard excess mucus prior to specimen collection. Submit one swab per collection tube.</p> <p>Refer to the Laboratory Test Directory for additional information.</p>			

Test Name	HEMOGLOBINOPATHY EVALUATION
Effective Date	3/12/25
Update Status	MODIFIED - CPT Change
Effective Date	2/24/2025
Test Code: (INTERFACE CODE) EMR Mapping	LAB1231654 and/or LAB1231654Q
CPT Code	83020
Additional Information	Refer to the Laboratory Test Directory for additional information.

Corewell Health Reference Lab East EMR Compendium Update

Test Name	CHLAMYDIA/GONOCOCCUS/TRICHOMONAS PCR		
Update Status	NEW		
Effective Date	3/12/2025		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231782Q		
Ask at order Entry Questions with expected response	Interface Mapping Code:	Question:	Allowed Responses:
	162483	Is patient pregnant?	Yes No Unknown
	ATLSC321	Specimen Source?	Vagina Urine, Voided Urethra Throat Oral Cavity Rectum Urine, unspecified source Cervix Cervix/Vaginal Rectal/Anal
Interface Mapping Codes/Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	12309895	CHLAMYDIA PCR	6356-0
	12309896	GONOCOCCUS PCR	24111-7
	12309897	TRICHOMONAS PCR	6568-0
CPT Code	0455U		
ABN Price	Not Available		
Additional Information	This test cannot be performed on individuals under the age of 14. Please order this test as a Miscellaneous Send Out. Refer to the Laboratory Test Directory for additional information.		

Test Name	HEMOGLOBIN VARIANT QUANTITATION BY HPLC
Update Status	MODIFIED - CPT Change
Effective Date	2/24/2025
Test Code: (INTERFACE CODE) EMR Mapping	LAB1231441 and/or LAB1231441Q
CPT Code	83020
Additional Information	Refer to the Laboratory Test Directory for additional information.

Corewell Health Reference Lab East EMR Compendium Update

Test Name	STI PANEL PCR		
Update Status	NEW		
Effective Date	3/12/2025		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230890Q		
Ask at order Entry Questions with expected response	Interface Mapping Code:	Question:	Allowed Responses:
	162483	Is patient pregnant?	Yes No Unknown
	ATLSC321	Specimen Source?	Vagina Urine, Voided Urethra Throat Oral Cavity Rectum Urine, unspecified source Cervix Cervix/Vaginal Rectal/Anal
Interface Mapping Codes/Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	12309895	CHLAMYDIA PCR	6356-0
	12309896	GONOCOCCUS PCR	24111-7
	12309897	TRICHOMONAS PCR	6568-0
	12309898	MYCOPLASMA GENITALIUM PCR	
CPT Code	0402U		
ABN Price	Not Available		
Additional Information	This test cannot be performed on individuals under the age of 14. Please order this test as a Miscellaneous Send Out. Refer to the Laboratory Test Directory for additional information.		

Test Name	PANCREATIC ELASTASE, RANDOM STOOL
Update Status	INACTIVATED – Replaced by LAB1231870
Effective Date	3/12/25
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230703

Corewell Health Reference Lab East EMR Compendium Update

Test Name	CHLAMYDIA/GONOCOCCUS PCR	
Update Status	NEW	
Effective Date	3/12/2025	
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230885Q	
Ask at order Entry Questions with expected response	Interface Mapping Code:	Question:
	162483	Is patient pregnant?
	ATLSC321	Specimen Source?
		Allowed Responses:
		Yes No Unknown
		Vagina Urine, Voided Urethra Throat Oral Cavity Rectum Urine, unspecified source Cervix Cervix/Vaginal Rectal/Anal
Interface Mapping Codes/Result Codes (for trending by client if desired)	Result Code:	Result Code Name:
	12309895	CHLAMYDIA PCR
	12309896	GONOCOCCUS PCR
		LOINC Code:
		6356-0
		24111-7
CPT Codes	87491 and 87591	
ABN Price	Not Available	
Additional Information	This test cannot be performed on individuals under the age of 14. Please order Please order test LAB1231880Q CHLAMYDIA/GONORRHOEAE DNA W/CONFIRMATION (<14 YEARS).	
	Refer to the Laboratory Test Directory for additional information.	

Test Name	BB Referral to SE Wisconsin
Update Status	INACTIVATED – No Replacement Test
Effective Date	3/12/25
Test Code: (INTERFACE CODE) EMR Mapping	LAB1230411

Corewell Health Reference Lab East EMR Compendium Update

Test Name	MYCOPLASMA GENITALIUM PCR		
Update Status	NEW		
Effective Date	3/12/2025		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230889Q		
Interface Mapping Codes/Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	12309898	MYCOPLASMA GENITALIUM PCR	N/A
	ATLSC321	Specimen Source?	Vagina Urine, Voided Urethra Throat Oral Cavity Rectum Urine, unspecified source Cervix Cervix/Vaginal Rectal/Anal
CPT Code	87563		
ABN Price	\$88		
Additional Information	This test cannot be performed on individuals under the age of 14. Please order this test as a Miscellaneous Send Out. Refer to the Laboratory Test Directory for additional information.		

Test Name	Chromosomal Microarray, Hematologic
Update Status	MODIFIED-Moving from Orderable to Lab Orderable Only
Effective Date	3/12/25
Test Code (INTERFACE CODE) EMR Mapping	LAB1230902
Additional Information	This test will no longer be orderable by providers. This is a lab order only test and results may still be sent back on this test. Refer to the Laboratory Test Directory for additional information.

Corewell Health Reference Lab East EMR Compendium Update

Test Name	PROTEIN ELECTROPHORESIS URINE 24 HR, DO IFE IF INDICATED		
Update Status	MODIFIED – Changes to Result Codes		
Effective Date	3/12/25		
Test Code: (INTERFACE CODE) EMR Mapping	LAB2111444		
Interface Mapping Codes/Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	Remove 12302025	URINE PROTEIN ELECTROPHORESIS INTER	
	Remove 12309048	REVIEWED BY PROTEIN ELECTRO 24UR IFE	
	Remove 12301592	IFE INDICATED	
	NEW 12312549	IFE INDICATED	
	Keep all other result component codes the same.		
Additional Information	Refer to the Laboratory Test Directory for additional information.		

Test Name	PANCREATIC ELASTASE, FECAL		
Update Status	NEW Replaces LAB1230703 PANCREATIC ELASTASE, RANDOM STOOL		
Effective Date	3/12/25		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231870		
Interface Mapping Codes/Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	123131312	Pancreatic Elastase	25907-7
CPT Code	82653		
ABN Price	\$59.00		
Additional Information	Refer to the Laboratory Test Directory for additional information.		

Test Name	AMELUNG APTT		
Update Status	INACTIVATED – Replaced by LAB12309808 Mechanical aPTT		
Effective Date	3/12/25		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230439		

Corewell Health Reference Lab East EMR Compendium Update

Test Name	PROTEIN ELECTROPHORESIS, URINE RANDOM, IFE IF INDICATED		
Update Status	MODIFIED – Changes to Result Codes		
Effective Date	3/12/25		
Test Code: (INTERFACE CODE) EMR Mapping	LAB2111445		
Interface Mapping Codes/Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	Remove 12309047	REVIEWED BY PROTEIN ELECTRO UR IFE	
	Remove 12302025	REVIEWED BY PROTEIN ELECTRO UR IFE	
	Remove 12301592	IFE INDICATED	
	NEW 12312549	IFE INDICATED	
	Keep all other result component codes the same.		

Test Name	H PYLORI ANTIGEN LEVEL STOOL		
Update Status	NEW - Replaces LAB1231363 HELICOBACTER ANTIGEN, STOOL		
Effective Date	3/12/25		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB11765		
Interface Mapping Codes/Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	123131310	H. PYLORI STOOL ANTIGEN	17780-8
CPT Code	87338		
ABN Price	\$37.00		
Additional Information	Refer to the Laboratory Test Directory for additional information.		

Test Name	HEMOGLOBIN F		
Update Status	MODIFIED - CPT Change		
Effective Date	2/24/2025		
Test Code: (INTERFACE CODE) EMR mapping	LAB1231295 and/or LAB1231441Q		
CPT Code	83020		
Additional Information	Refer to the Laboratory Test Directory for additional information.		

Corewell Health Reference Lab East EMR Compendium Update

Test Name	CHLAMYDIA TRACHOMATIS DNA W/CONFIRMATION (<14 YEARS)		
Update Status	NEW		
Effective Date	3/12/2025		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231875Q		
Ask at order Entry Questions with expected response	AOE Code	Question:	Allowed Responses: Required Response (Yes/No)
	ATLSC323	< 14 testing source?	Cervix Cervix/Vaginal Cervix, Endocervix Urine, Voided Throat Rectal/Anal Yes
	162483	Is Patient Pregnant	Yes No Yes (For females 10-55 years)
Result Components Interface Mapping Codes Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	123131316	CHLAMYDIA TRACHOMATIS DNA W/CO	N/A
CPT Code	87491		
ABN Price	Not Available		
Additional Information	Specimen Container(s): Multi-Collect Genital Swab Urine Cup Minimum Volume: Urine 2.1 mL Transport Temperature: Urine – Refrigerate Swab - Ambient Refer to the Laboratory Test Directory for additional information.		

Corewell Health Reference Lab East EMR Compendium Update

Test Name	NEISSERIA GONORRHOEAE DNA W/CONFIRMATION (<14 YEARS)		
Update Status	NEW		
Effective Date	3/12/2025		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231876Q		
Ask at order Entry Questions with expected response	AOE Code	Question:	Allowed Responses: Required Response (Yes/No)
	ATLSC323	< 14 testing source?	Cervix Cervix/Vaginal Cervix, Endocervix Urine, Voided Throat Rectal/Anal Yes
	162483	Is Patient Pregnant	Yes No Yes (For females 10-55 years)
Result Components Interface Mapping Codes Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	123131317	NEISSERIA GONORRHOEAE DNA W/CO	N/A
CPT Code	87591		
ABN Price	Not Available		
Additional Information	Specimen Container(s): Multi-Collect Genital Swab Urine Cup Minimum Volume: Urine 2.1 mL Transport Temperature: Urine – Refrigerate Swab - Ambient Refer to the Laboratory Test Directory for additional information.		

Corewell Health Reference Lab East EMR Compendium Update

Test Name	CHLAMYDIA/GONORRHOEAE DNA W/CONFIRMATION (<14 YEARS)		
Update Status	NEW		
Effective Date	3/12/2025		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB123180Q		
Ask at order Entry Questions with expected response	AOE Code	Question:	Allowed Responses: Required Response (Yes/No)
	ATLSC323	< 14 testing source?	Cervix Cervix/Vaginal Cervix, Endocervix Urine, Voided Throat Rectal/Anal Yes
	162483	Is Patient Pregnant	Yes No Yes (For females 10-55 years)
Result Components Interface Mapping Codes Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	123131316	CHLAMYDIA TRACHOMATIS DNA W/CO	N/A
	123131317	NEISSERIA GONORRHOEAE DNA W/CO	N/A
CPT Codes	87491/87591		
ABN Price	Not Available		
Additional Information	Specimen Container(s): Multi-Collect Genital Swab Urine Cup Minimum Volume: Urine 2.1 mL Transport Temperature: Urine – Refrigerate Swab - Ambient Refer to the Laboratory Test Directory for additional information.		

Corewell Health Reference Lab East EMR Compendium Update

Test Name	TRICHOMONAS VAGINALIS DNA (<14 YEARS)		
Update Status	NEW		
Effective Date	3/12/2025		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231879Q		
Ask at order Entry Questions with expected response	Interface Mapping Code:	Question:	Allowed Responses:
	ATLSC324	<14 testing source?	Cervix Cervix/Vaginal Cervix, Endocervix Urine, Voided
	162483	Is Patient Pregnant	Yes No
			Required Response (Yes/No) Yes Yes (For females 10-55 years)
Result Components Interface Mapping Codes Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	123131320	TRICHOMONAS VAGINALIS DNA	N/A
CPT Code	162483		
ABN Price			
Additional Information	Specimen Container(s): Multi-Collect Genital Swab Urine Cup Minimum Volume: Urine 2.1 mL Transport Temperature: Urine – Refrigerate Swab - Ambient Refer to the Laboratory Test Directory for additional information.		

Test Name	LAMELLAR BODY COUNT
Update Status	INACTIVATED– No Replacement Test
Effective Date	03/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231494

Corewell Health Reference Lab East EMR Compendium Update

Test Name	GONOCOCCUS PCR
Update Status	INACTIVATED – Replaced by GONOCOCCUS PCR (LAB1230887Q)
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231546Q and/or LAB1231546

Test Name	CHLAMYDIA PCR
Update Status	INACTIVATED – Replaced by CHLAMYDIA PCR (LAB1230885Q)
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231545Q and/or LAB1231545

Test Name	CHLAMYDIA/GONOCOCCUS PCR
Update Status	INACTIVATED – Replaced by CHLAMYDIA/GONOCOCCUS PCR (LAB1230885Q)
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231547Q and/or LAB1231547

Test Name	TOXOPLASMA QUANTITATIVE PCR WHOLE BLOOD
Update Status	Modified - Update to required specimen volume
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230268 and LAB1230268Q
Additional Information	Required Specimen Volume: 2 mL Refer to the Laboratory Test Directory for additional information.

Test Name	EBV QUANTITATIVE PCR BONE MARROW
Update Status	Modified - Update to required specimen volume
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230166 and LAB1230166
Additional Information	Required Specimen Volume: 2 mL Refer to the Laboratory Test Directory for additional information.

Test

Corewell Health Reference Lab East EMR Compendium Update

Test Name	EPSTEIN-BARR VIRUS (EBV) QUANTITATIVE PCR, CSF
Update Status	Modified - Updates to specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230165 and LAB1230165Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

Test Name	EBV QUALITATIVE PCR STOOL
Update Status	Modified - Updates to specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230167 and LAB1230167Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

Test Name	EBV QUANTITATIVE PCR BAL
Update Status	Modified - Updates to specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230168 and LAB1230168Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

Test Name	EBV QUANTITATIVE PCR TRACH ASPIRATE
Update Status	Modified - Updates to specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230171 and LAB1230171Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

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Test Name	EBV QUANTITATIVE PCR BRONCH WASH
Update Status	Modified - Updates to specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230172 and LAB1230172Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

Test Name	EBV QUANTITATIVE PCR TRACH WASH
Update Status	Modified - Updates to specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230173 and LAB1230173Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

Test Name	PNEUMOCYSTIS JIROVECI QUANTITATIVE PCR BAL
Update Status	Modified - Updates to specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230149 and LAB1230149Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

Test Name	TOXOPLASMA QUANTITATIVE PCR CSF
Update Status	Modified - Updates to specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230262 and LAB1230262Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

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Test Name	TOXOPLASMA QUANTITATIVE PCR BAL
Update Status	Modified - Updates to specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230264 and LAB1230264Q
Additional Information	Container: Sterile Container Transport Temperature: Frozen Refer to the Laboratory Test Directory for additional information.

Test Name	TOXOPLASMA QUANTITATIVE PCR TRACH ASP
Update Status	Modified - Updates to specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230269 and LB1230269Q
Additional Information	Container: Sterile Container Transport Temperature: Frozen Refer to the Laboratory Test Directory for additional information.

Test Name	TOXOPLASMA QUANTITATIVE PCR BRONCH WASH
Update Status	Modified - Updates to required specimen volume, specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230270 and LAB1230270Q
Additional Information	Container: Sterile Container Transport Temperature: Frozen Required Specimen Volume: 5 mL Refer to the Laboratory Test Directory for additional information.

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Test Name	TOXOPLASMA QUANTITATIVE PCR VITREOUS FLUID
Update Status	Modified - Updates to required specimen volume, specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230267 and LAB1230267Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Required Specimen Volume: 1 mL</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

Test Name	EBV QUANTITATIVE PCR, TISSUE
Update Status	Modified - Updates to required specimen volume, specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230289 and LAB1230289Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Required Specimen Volume: 5 mg</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

Test Name	EBV QUALITATIVE PCR, TISSUE
Update Status	Modified - Updates to required specimen volume, specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230290 and LAB1230290Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Required Specimen Volume: 5 mg</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

Corewell Health Reference Lab East EMR Compendium Update

Test Name	TOXOPLASMA QUANTITATIVE PCR AQUEOUS FLUID
Update Status	Modified - Updates to required specimen volume, specimen transport temperature, and collection container
Effective Date	3/12/2025
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230271 and LAB1230289Q
Additional Information	<p>Container: Sterile Container</p> <p>Transport Temperature: Frozen</p> <p>Required Specimen Volume: 1 mL</p> <p>Refer to the Laboratory Test Directory for additional information.</p>

Test Name	THROMBIN TIME											
Update Status	MODIFIED – New Result Component											
Effective Date	03/12/2025											
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1230581											
Result Components Interface Mapping Codes/Result Codes (for trending by client if desired)	<table><tr><td>Status</td><td>Result Code:</td><td>Result Code Name:</td><td>LOINC Code:</td></tr><tr><td>New</td><td>12310605</td><td>THROMBIN TIME W HEPZYME</td><td></td></tr></table>				Status	Result Code:	Result Code Name:	LOINC Code:	New	12310605	THROMBIN TIME W HEPZYME	
	Status	Result Code:	Result Code Name:	LOINC Code:								
New	12310605	THROMBIN TIME W HEPZYME										
Additional Information	Refer to the Laboratory Test Directory for additional information.											

Test Name	BORDETELLA PERTUSSIS ANTIBODIES, IGA, IGG, IGM
Update Status	INACTIVATED – Replaced by LAB1231874 BORDETELLA PERTUSSIS ANTIBODIES, IGA, IGG AND IGM BY ELISA WITH REFLEX TO IMMUNOBLOT
Effective Date	3/12/25
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231505

Corewell Health Reference Lab East EMR Compendium Update

Test Name	BORDETELLA PERTUSSIS ANTIBODIES, IGA, IGG AND IGM BY ELISA WITH REFLEX TO IMMUNOBLOT		
Update Status	NEW TEST – Replaces LAB1231505 BORDETELLA PERTUSSIS ANTIBODIES, IGA, IGG, IGM		
Effective Date	3/12/25		
TEST CODE: (INTERFACE CODE) EMR Mapping	LAB1231874		
Interface Mapping Codes/Result Codes (for trending by client if desired)	Result Code:	Result Code Name:	LOINC Code:
	123131322	B. PERTUSSIS AB IGG BY ELISA	42330-1
	123131321	B. PERTUSSIS AB IGM BY ELISA	42329-3
	123131323	B. PERTUSSIS AB IGA BY ELISA	42328-5
CPT Code	86615 x3		
ABN Price	Not Available		
Additional Information	Container: 5 ML GOLD TOP SST R Transport Temperature: Refrigerated Minimum Volume: 1mL Refer to the Laboratory Test Directory for additional information.		