

# Clinical Pathology Laboratories

Results Field/Component Update

Notification Date: March 22, 2019

Effective Date: April 08, 2019

## CRYOGLOBULIN, QUALITATIVE REFLEX TO IgG, IgA, IgM

Order Code: 5030

**Notes:**

**Specimen Requirements:**

**Transport Temperature:**

**Result Fields:**

Effective 4/8/19, the following components of this profile will be updated as follows:

503000 - CRYOBLOB QL, RFLX

Will only contain result field: 50370 - CRYOGLOB, QL RFLX

This field will always be reported.

When the qualitative result is POSITIVE, the following component will also be reported:

REFLEX CRYOGLOBULIN, QUANTITATIVE

Result fields:

50371 - IgG, CRYOPRECIPITATE

50372 - IgA, CRYOPRECIPITATE

50373 - IgM, CRYOPRECIPITATE

**Methodology:**

**Reference Range:**

**CPT:**

**Addtl Notes:**

LOINC:

CRYOGLOB, QL RFLX: 12203-6

IgG, CRYOPRECIPITATE: 2465-3

IgA, CRYOPRECIPITATE: 2458-8

IgM, CRYOPRECIPITATE: 2472-9

**Testing Location:**

Associated Regional University Pathologists

**Information Updated (if Applicable):**

- |                                                |                                                   |                                           |
|------------------------------------------------|---------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Test Name             | <input type="checkbox"/> Transport Temperature    | <input type="checkbox"/> CPT Code(s)      |
| <input type="checkbox"/> Order Code            | <input checked="" type="checkbox"/> Result Fields | <input type="checkbox"/> Testing Location |
| <input type="checkbox"/> Effective Date        | <input type="checkbox"/> Methodology              |                                           |
| <input type="checkbox"/> Specimen Requirements | <input type="checkbox"/> Reference Range(s)       |                                           |



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|------------------------------------------------|---------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Test Name             | <input type="checkbox"/> Transport Temperature    | <input type="checkbox"/> CPT Code(s)      |
| <input type="checkbox"/> Order Code            | <input checked="" type="checkbox"/> Result Fields | <input type="checkbox"/> Testing Location |
| <input type="checkbox"/> Effective Date        | <input type="checkbox"/> Methodology              |                                           |
| <input type="checkbox"/> Specimen Requirements | <input type="checkbox"/> Reference Range(s)       |                                           |



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LABORATORIES

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