



Client Communication

Consolidation of TORCH Panel Testing on Roche Instrumentation

Effective December 12, 2022, Clinical Pathology Laboratories (CPL) is pleased to announce the consolidation of components of TORCH testing onto a single test system. This consolidation increases efficiency, optimizes handling of low volume specimens, and offers improved turnaround time and throughput.

As a result of this instrumentation change, providers will see changes in methodology, reference ranges, and reporting units used to describe Non-reactive (Negative), Borderline (Equivocal), and Reactive (Positive) results. It is important to keep in mind that values determined on patient samples by different methodologies cannot be directly compared to one another.

The new method utilizes the electrochemiluminescence immunoassay (ECLIA) methodology.

The tests in a TORCH panel are used to help diagnose infections that could cause harm to a baby during pregnancy. **The CPL TORCH Panels include testing for:**

- **Toxoplasmosis:** This infection is caused by a parasite commonly picked up from cat stools. Fetuses may be affected *in utero* via transplacental infection to produce congenital toxoplasmosis. If untreated, it can cause blindness, deafness, seizures, and intellectual disability.
- **Rubella:** Also called German measles, this is a viral infection that can easily be passed from person to person through sneezing or coughing. Rubella is less common today because standard MMR vaccination offers protection against it, however, the virus may be passed to the fetus, which can cause miscarriage, premature birth, or congenital rubella syndrome.
- **Cytomegalovirus (CMV):** CMV is a type of herpes virus and is the most common congenital infection in babies. Mothers can get CMV by sexual contact or contact with bodily fluids, such as saliva from a person who has CMV. CMV can have long-term consequences in babies, including problems with vision, hearing, and mental development.
- **Herpes simplex virus (HSV):** Pregnant people can acquire genital herpes simplex virus through sexual contact with an infected individual or through reactivation of latent virus. Virus can be passed to the developing fetus transplacentally or during delivery. Congenital HSV can cause low birth weight, miscarriage, and preterm birth. Perinatal infection may cause lesions that affect skin, eyes, and mouth, or in rare cases, can cause serious brain and organ damage.



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Order Codes Affected:

Name	Order Code	Current Reporting	New Reporting
CMV IgG	4544	NEGATIVE: <0.60 U/ML EQUIVOCAL: 0.60-0.69 U/ML POSITIVE: >=0.70 U/ML	NON-REACTIVE: <0.500 INDEX BORDERLINE: 0.500 - <1.000 INDEX REACTIVE: >=1.000 INDEX
CMV IgM	4546	NEGATIVE: <30.0 AU/ML EQUIVOCAL: 30.0-34.9 AU/ML POSITIVE: >=35.0 AU/ML	NON-REACTIVE: <0.700 INDEX BORDERLINE: >=0.700 - <1.000 INDEX REACTIVE: >=1.000 INDEX
HSV 1 IgG	5340	NEGATIVE: <=0.90 INDEX EQUIVOCAL: 0.91-1.09 INDEX POSITIVE: >=1.10 INDEX	NON-REACTIVE: <1.000 INDEX REACTIVE: >=1.000 INDEX
HSV 2 IgG	5342	NEGATIVE: <=0.90 INDEX EQUIVOCAL: >0.90 AND <1.10 INDEX POSITIVE: >=1.10 INDEX	NON-REACTIVE: <1.000 INDEX REACTIVE: >=1.00 INDEX
Rubella IgM	4602	NEGATIVE: <20.0 AU/ML EQUIVOCAL: 20.0-24.9 AU/ML POSITIVE: >=25.0 AU/ML	NON-REACTIVE: <0.800 INDEX BORDERLINE: >=0.800 - <1.000 INDEX REACTIVE: >= 1.000 INDEX
MMR Profile	152		
Torch Antibodies IgG	155		
MMR and Varicella Panel	164		
Obstetric Panel	514		
Obstetric Panel + HIV	518		
Obstetric Panel + HIV	519		
Torch Antibodies IgG and IgM	4612	Panels. See individual Order Codes above for reporting changes.	
Rubella IgG and IgM	4613		
Torch Antibodies IgM	5644		
Cytomegalovirus IgG/IgM Panel	4543		
Rubella IgG and IgM	4613		
Herpes Simplex 1/2 IgG	4592		
Herpes Simplex Virus IgG And IgM	4647		

Please note: *Toxoplasma IgG (4659), Toxoplasma IgM (4658), and Rubella IgG (4600)* already performed on Roche cobas e801 instrumentation