



September 29, 2008

Dear Valued Client:

In our continuing effort to provide you with the highest quality toxicology laboratory services available, we have compiled the enclosed packet of important changes regarding a number of tests we perform. Listed below are the types of changes included in this packet.

Type of Change	Explanation
Test Changes	Tests that have had changes to their method/CPT code, units of measurement, scope of analysis or specimen requirements
Discontinued Tests	Tests being discontinued with alternate testing suggestions

Please be advised all changes listed in this packet will go into effect on **January 5, 2009**. Please use this packet of information to update your computer systems/records. These changes are important to ensure standardization of our mutual laboratory databases.

If you have any questions about the information contained in this packet, please call our Client Support Department at (866) 522-2206. Thank you for your continued support of NMS Labs and your assistance in implementing these changes.

Sincerely,

NMS Labs

Database Changes - Summary

Test Code	Test Name	New Test	Method	Units	Scope	Specimen Reqs	Discontinued	Reference Comment	Misc.
1261B	Chromium, Blood					.			
1261R	Chromium, RBCs					.			
2526B	Leflunomide as Metabolite, Blood		.						
2526SP	Leflunomide as Metabolite, Serum/Plasma		.						
2526U	Leflunomide as Metabolite, Urine		.						
2663B	Metals/Metalloids Panel 3, Blood					.			
3020B	Methylphenidate and Metabolite, Blood		.						
3020FL	Methylphenidate and Metabolite, Fluid		.						
3020SP	Methylphenidate and Metabolite, Serum/Plasma		.						
3020TI	Methylphenidate and Metabolite, Tissue		.						
3020U	Methylphenidate and Metabolite, Urine		.						
3066B	Mineral Profile, Blood					.			
3082B	Molindone, Blood		.						
3082FL	Molindone, Fluid		.						
3082SP	Molindone, Serum/Plasma		.						
3082U	Molindone, Urine		.						
3148B	Nicotine and Metabolite, Blood						.		
3148SP	Nicotine and Metabolite, Serum/Plasma						.		
3148U	Nicotine and Metabolite, Urine						.		
3227B	Beta-Blockers Panel, Blood		.						
3227SP	Beta-Blockers Panel, Serum/Plasma		.						
3227TI	Beta-Blockers Panel, Tissue		.						
3227U	Beta-Blockers Panel, Urine		.						
3426B	Perfluorooctanoic Acid, Blood		.						
3426SP	Perfluorooctanoic Acid, Serum/Plasma		.						
3772B	Pindolol, Blood		.						
3772SP	Pindolol, Serum/Plasma		.						
3772U	Pindolol, Urine		.						
4000B	Propranolol, Blood		.						
4000FL	Propranolol, Fluid		.						
4000SP	Propranolol, Serum/Plasma		.						
4000TI	Propranolol, Tissue		.						
4000U	Propranolol, Urine		.						
4275B	Sumatriptan, Blood		.						
4275SP	Sumatriptan, Serum/Plasma		.						
4275U	Sumatriptan, Urine		.						
4482B	Timolol, Blood		.						
4482SP	Timolol, Serum/Plasma		.						
4830U	Yohimbine, Urine					.			
4860B	Ziprasidone, Blood		.					.	
4860SP	Ziprasidone, Serum/Plasma		.					.	
5132U	Methylphenidate and Metabolite Confirmation, Urine		.						
5433B	Propranolol Confirmation, Blood		.						
5433SP	Propranolol Confirmation, Serum/Plasma		.						
8511U	AR BON Methylphenidate and Metabolite, Urine (CSA)		.						
9193U	Methylphenidate and Metabolite Screen, Urine		.						
9247B	Propranolol Screen, Blood		.						
9247SP	Propranolol Screen, Serum/Plasma		.						

NMS Labs

3701 Welsh Road, Willow Grove, PA 19090

800-522-6671

Changes effective:
January 5, 2009

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
8511U	AR BON Methylphenidate and Metabolite, Urine (CSA) Scope: Methylphenidate, Ritalinic Acid Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
3227B	Beta-Blockers Panel, Blood Scope: Pindolol, Metoprolol, Atenolol, Sotalol, Nadolol, Propranolol, Acebutolol, Timolol, Labetalol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
3227SP	Beta-Blockers Panel, Serum/Plasma Scope: Pindolol, Metoprolol, Atenolol, Sotalol, Nadolol, Propranolol, Acebutolol, Timolol, Labetalol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
3227TI	Beta-Blockers Panel, Tissue Scope: Pindolol, Metoprolol, Atenolol, Sotalol, Nadolol, Propranolol, Acebutolol, Timolol, Labetalol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/g	LC-MS/MS (80103, 82542)
3227U	Beta-Blockers Panel, Urine Scope: Pindolol, Metoprolol, Atenolol, Sotalol, Nadolol, Propranolol, Acebutolol, Timolol, Labetalol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
1261B	Chromium, Blood Specimen Requirements: Specimen Requirements: 2 mL Blood Transport Temperature: Refrigerated Specimen Container: Royal Blue top tube (Trace metal-free; EDTA) Light Protection Required: Not Required Special Handling: Submit in container with a non-Heparin based anticoagulant. Tubes containing Heparin based anticoagulants are not acceptable. Rejection Criteria: Green top tube (Sodium Heparin). Light Green top tube (Lithium Heparin). Royal Blue top tube (Trace metal-free; Sodium Heparin). Tan top tube - glass (Sodium Heparin). Summary of Changes: For Quality Improvement purposes the following changes were made. Requested volume was increased.		

Changes effective:
January 5, 2009

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
1261R	Chromium, RBCs Specimen Requirements: Specimen Requirements: 2 mL RBCs Transport Temperature: Refrigerated Specimen Container: Royal Blue top tube (Trace metal-free; EDTA) Light Protection Required: Not Required Special Handling: Centrifuge and separate RBCs into an acid washed plastic screw capped vial within two hours of collection. Rejection Criteria: Received Frozen. Summary of Changes: For Quality Improvement purposes the following changes were made. Requested volume was increased.		
2526B	Leflunomide as Metabolite, Blood Teriflunomide Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
2526SP	Leflunomide as Metabolite, Serum/Plasma Teriflunomide Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
2526U	Leflunomide as Metabolite, Urine Teriflunomide Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
2663B	Metals/Metalloids Panel 3, Blood Specimen Requirements: Specimen Requirements: 7 mL Blood Transport Temperature: Refrigerated Specimen Container: Royal Blue top tube (Trace metal-free; EDTA) Light Protection Required: Yes Special Handling: Avoid seafood consumption for 48 hours prior to sample collection. Submit in container with a non-Heparin based anticoagulant. Tubes containing Heparin based anticoagulants are not acceptable. Rejection Criteria: Not received Light Protected. Green top tube (Sodium Heparin). Light Green top tube (Lithium Heparin). Royal Blue top tube (Trace metal-free; Sodium Heparin). Tan top tube - glass (Sodium Heparin). Summary of Changes: For Quality Improvement purposes the following changes were made. Requested volume was increased.		
3020B	Methylphenidate and Metabolite, Blood Methylphenidate Ritalinic Acid Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL ng/mL	LC-MS/MS (82542)

Changes effective:
January 5, 2009

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
3020FL	Methylphenidate and Metabolite, Fluid Methylphenidate Ritalinic Acid Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL ng/mL	LC-MS/MS (82542)
3020SP	Methylphenidate and Metabolite, Serum/Plasma Methylphenidate Ritalinic Acid Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL ng/mL	LC-MS/MS (82542)
3020TI	Methylphenidate and Metabolite, Tissue Methylphenidate Ritalinic Acid Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/g ng/g	LC-MS/MS (80103, 82542)
3020U	Methylphenidate and Metabolite, Urine Methylphenidate Ritalinic Acid Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL ng/mL	LC-MS/MS (82542)
9193U	Methylphenidate and Metabolite Screen, Urine Methylphenidate Ritalinic Acid Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL ng/mL	LC-MS/MS (82542)
5132U	Methylphenidate and Metabolite Confirmation, Urine Methylphenidate Ritalinic Acid Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL ng/mL	LC-MS/MS (82542)

Changes effective:
January 5, 2009

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
3066B	Mineral Profile, Blood Specimen Requirements: Specimen Requirements: 9 mL Blood Transport Temperature: Refrigerated Specimen Container: Green top tube (Sodium Heparin) AND Royal Blue top tube (Trace metal-free; EDTA) Light Protection Required: Not Required Special Handling: Submit in container with a non-Heparin based anticoagulant. Tubes containing Heparin based anticoagulants are not acceptable. Rejection Criteria: Gray top tube (Sodium Fluoride / Potassium Oxalate). Green top tube (Sodium Heparin). Lavender top tube (EDTA). Light Blue top tube (Sodium Citrate). Light Green top tube (Lithium Heparin). Royal Blue top tube (Trace metal-free; EDTA). Royal Blue top tube (Trace metal-free; Sodium Heparin). Tan top tube - glass (Sodium Heparin). Tan top tube - plastic (K2EDTA). Yellow top tube (ACD - Acid Citrate Dextrose). Summary of Changes: For Quality Improvement purposes the following changes were made. Requested volume was increased.		
3082B	Molindone, Blood Molindone Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
3082FL	Molindone, Fluid Molindone Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
3082SP	Molindone, Serum/Plasma Molindone Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
3082U	Molindone, Urine Molindone Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
3426B	Perfluorooctanoic Acid, Blood Perfluorooctanoic Acid Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
3426SP	Perfluorooctanoic Acid, Serum/Plasma Perfluorooctanoic Acid Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)

Changes effective:
January 5, 2009

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
3772B	Pindolol, Blood Pindolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
3772SP	Pindolol, Serum/Plasma Pindolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
3772U	Pindolol, Urine Pindolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
4000B	Propranolol, Blood Propranolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
4000FL	Propranolol, Fluid Propranolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
4000SP	Propranolol, Serum/Plasma Propranolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
4000TI	Propranolol, Tissue Propranolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/g	LC-MS/MS (80103, 82542)
4000U	Propranolol, Urine Propranolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
9247B	Propranolol Screen, Blood Propranolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)

Changes effective:
January 5, 2009

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
9247SP	Propranolol Screen, Serum/Plasma Propranolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
5433B	Propranolol Confirmation, Blood Propranolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
5433SP	Propranolol Confirmation, Serum/Plasma Propranolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
4275B	Sumatriptan, Blood Sumatriptan Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
4275SP	Sumatriptan, Serum/Plasma Sumatriptan Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
4275U	Sumatriptan, Urine Sumatriptan Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
4482B	Timolol, Blood Timolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
4482SP	Timolol, Serum/Plasma Timolol Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)

Changes effective:
January 5, 2009

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
4830U	Yohimbine, Urine		
	Specimen Requirements: Specimen Requirements: 1 mL Urine Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection Required: Not Required Special Handling: None Rejection Criteria: None Summary of Changes: For Quality Improvement purposes the following changes were made. Requested volume was decreased.		
4860B	Ziprasidone, Blood		
	Ziprasidone Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)
4860SP	Ziprasidone, Serum/Plasma		
	Ziprasidone Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed.	ng/mL	LC-MS/MS (82542)

Changes effective:
January 5, 2009

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



DISCONTINUED TESTS

Test Code	Test Name	Alternative Test
3148B	Nicotine and Metabolite, Blood	3150B Nicotine and Metabolite, Blood
3148SP	Nicotine and Metabolite, Serum/Plasma	3150SP Nicotine and Metabolite, Serum/Plasma
3148U	Nicotine and Metabolite, Urine	3150U Nicotine and Metabolite, Urine

REFERENCE COMMENT CHANGES

Test Code	Test Name / Compound	New Reference Comment
4860B	Ziprasidone, Blood <ul style="list-style-type: none"> Ziprasidone 	<p>In clinical trials, the following mean Plasma concentrations (+/- 1 sd) were reported in non-fasting subjects at steady-state:</p> <p>14.8 +/- 6.7 ng/mL (10 mg/day), 44.6 +/- 48 ng/mL (40 mg/day), 118 +/- 80 ng/mL (80 mg/day), 139 +/- 81 ng/mL (120 mg/day).</p> <p>Steady-state concentrations occurred 1 to 3 days following initialization of dosing.</p>
4860SP	Ziprasidone, Serum/Plasma <ul style="list-style-type: none"> Ziprasidone 	<p>In clinical trials, the following mean Plasma concentrations (+/- 1 sd) were reported in non-fasting subjects at steady-state:</p> <p>14.8 +/- 6.7 ng/mL (10 mg/day), 44.6 +/- 48 ng/mL (40 mg/day), 118 +/- 80 ng/mL (80 mg/day), 139 +/- 81 ng/mL (120 mg/day).</p> <p>Steady-state concentrations occurred 1 to 3 days following initialization of dosing.</p>