

# Test Bulletin

December 2025

### **ACL Announces Update for Helicobacter Pylori Culture**

**Effective Wednesday, January 21, 2026,** updates will be made to the Helicobacter Pylori Culture test. In preparation for this update, details are being shared early, for providers and clients to prepare for a key change with specimen collection requirements.

Helicobacter Pylori Culture testing will transition from being performed at Mayo Laboratory to testing being performed at ARUP Laboratory. ARUP will perform susceptibilities on any positive culture.

ARUP specimen collection requires a duodenal or gastric biopsy to be preserved in Brucella broth with 20% glycerol immediately following collection. Also acceptable: Brucella broth, BHI, or equivalent with or without 10%-20% glycerol.

#### Supply ordering information:

- Advocate/Aurora/ACL locations will place order through Workday
  - » Workday order number 3066421 MEDIA CULTURE REMEL L103 MM BRUCELLA BROTH TUBE OD15 MM 5.0 ML: FISHER SCIENTIFIC COMPANY LLC
- ACL Outreach clients should write Brucella Broth on the ACL supply request order form.

	<b>Current</b> (To be Deactivated January 21, 2026)	<b>Replacement</b> (To be Activated January 21, 2026)		
Test Name	Helicobacter Pylori Culture with Antimicrobial Susceptibilities	Helicobacter Pylori Culture		
Test Order Code	LAB18672	LAB13111		
Performing Lab	Mayo	ARUP		
Specimen Type	Tissue: Duodenal or gastric biopsy Gastric Fluid	Tissue: Duodenal or gastric biopsy		
Collection container	Tissue or biopsy placed in sterile container with sterile saline Gastric fluid in sterile container	Tissue or biopsy placed in Brucella Broth		
Temperature	Refrigerated	Refrigerated		
Stability	48 hours	48 hours		
Methodology	Conventional Culture Technique with Minimal Inhibitory Concentration (MIC) (Agar Dilution or Broth Microdilution or Gradient Diffusion) or Disk Diffusion if appropriate	Qualitative Culture / Matrix-Assisted Laser Desorption Ionization-Time of Flight (MALDI-TOF) Mass Spectrometry		
TAT	Flnal within 30 days	Final within 11 days		

For additional information regarding these tests, as well as specimen collection requirements, please contact ACL Client Services at 1.800.877.7016 or visit our website at <a href="https://www.acllaboratories.com/providers/test-directory/">https://www.acllaboratories.com/providers/test-directory/</a>.

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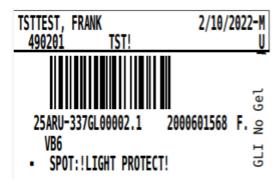
### **Light Protected Tests for ARUP**

ACL sends several tests to ARUP Laboratory that requires plasma or serum to be submitted light protected.

ARUP recently notified ACL that they have noticed several incidents where specimens for Vitamin B6, Plasma (Test Order Code LAB9883) are **not** being protected from light. This is resulting in ARUP placing the specimens on except. While most have been processed with a disclaimer, results should be interpreted with caution.

To help reduce exceptions and ensure we are providing quality patient care, assistance is requested when collecting specimens ensuring specimens are being processed/submitted appropriately. In this case, making sure the specimen is protected from light.

"Light Protect" prints on the Advocate Health Beaker label in the SPOT Code field.



In ACL's Directory of Service, specimen collection requirements indicate "Protect from light" as well for Vitamin B6, Plasma (Test Order Code LAB9883).

#### Transport Protect from light

Best practice for submitting light protected specimens is to submit serum or plasma in an amber transport tube.

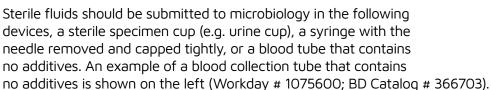
- Advocate/Aurora/ACL locations can order amber transport tubes through Workday, workday order # 1109428 - TUBE 5ML FALSE-BOTTOM 5X92 WITH ROUNDED BASE AMB: SARSTEDT INC.
- Outreach clients can order amber transport tubes from the ACL Warehouse following normal supply ordering process.

# BD Vacutainer Red Top Serum Tubes are Inappropriate for Microbiology Cultures

ACL Laboratories Microbiology Department is seeing an increase in sterile fluid specimens,



especially synovial fluid, submitted for bacterial cultures in BD Vacutainer Red Top Serum tubes (Workday # 1075638; BD Catalog # 367815). These tubes contain a clotting factor, which can interfere with the accuracy of microbiology cultures and decrease the sensitivity of the tests.





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CM-HB-2512a

### **2026 CPT Code Changes**

The following CPT changes will be effective Thursday, January 1, 2026.

ACL Test Order Code	Test Description	2025 CPT Code(s)	2026 CPT Code(s)
LAB10659	CARBA - PCR	87150	87183
LAB10673	CARBA - PCR 2	87150	87183
LAB10674	CARBA - PCR 3	87150	87183
LAB9913	Chlamydia/Gonorrhea Nucleic Acid Amplification	87491 87591	87494
LAB11872	Chlamydia/Gonorrhea/Trichomonas by Nucleic Acid Amplification Panel	87491 87591 87661	87494
POC317	POCT SARS-COV-2 ANTIGEN/FLU ANTIGEN PANEL	87811 87804 x2	87661
POC383	POCT SARS-COV-2 ANTIGEN/FLU ANTIGEN PANEL	87811 87804 x2	87812

## **ACL Announces Updates to ANA Screen**

**Effective Wednesday, January 21, 2026,** Ribosomal P Protein (Ribo-P) testing will be removed from the following ANA Screen orders:

- ANA Screen with Antibody and IFA Reflex
  - » If the ANA Screen is positive, Ribo-P will be included in the reflex antibody panel.
- ANA Screen with Reflex IFA

A two-week review of approximately 1,500 Ribo-P tests showed the lowest positivity rate (0.26%) compared to other ANA antibodies. In cases where Ribo-P was positive, the ANA screen (which currently includes SSA, SSB, Sm, RNP, ScI-70, Jo-1, and Centromere) and/or double-stranded DNA antibodies were also positive.

Ribosomal P Protein (Ribo-P) Antibodies are typically not included in most ANA antibody screening methods. The protein is generally used as a targeted follow-up, second level test. While Ribo-P antibodies are highly specific for Systemic Lupus Erythematosus (SLE), they are not highly sensitive. They are found in only 10% – 20% of patients with SLE. A negative Ribo-P result alone cannot rule out SLE. It is generally ordered as a specific test only when clinically indicated. This includes a high suspicion of SLE with negative standard markers or when a patient has specific symptoms like neuropsychiatric lupus.

### Referral Testing Updates

**Effective immediately,** the following send out assay has been updated.

#### **Diuretic Survey, Urine**

Diuretic Survey, Urine (Test Order Code LAB9502), removed Benthiazide as a result component.

# 3-Hydroxy-3-Methylglutaryl Coenzyme A Reductase (HMGCR) Antibody, IGG

3-Hydroxy-3-Methylglutaryl Coenzyme A Reductase (HMGCR) Antibody, IGG (Test Order Code LAB11878), CPT updated from 83516 to 82397.

#### Anti IgA Antibody

Anti IgA Antibody (Test Order Code LAB9349) has been deactivated. No replacement test available.

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