

Inactivations

The following will be discontinued from ARUP's test menu on **January 21, 2025**
Replacement test options are indicated when applicable.

| Test Number | Test Name | Refer to Replacement Test |
|-------------|--|---|
| 0090015 | Amikacin, Random Level(Change effective as of 01/21/25: Refer to 3018754 in the January Hotline) | Amikacin Level, Random, Serum (3018754) |
| 0090130 | Gentamicin, Random Level(Inactive as of 01/21/25) | |
| 0090270 | Tobramycin, Random Level(Change effective as of 01/21/25: Refer to 3018760 in the January Hotline) | Tobramycin Level, Random, Serum (3018760) |
| 0090285 | Vancomycin, Random Level(Change effective as of 01/21/25: Refer to 3018771 in the January Hotline) | Vancomycin Level, Random, Serum (3018771) |
| 0090295 | Amikacin, Peak Level(Change effective as of 01/21/25: Refer to 3018769 in the January Hotline) | Amikacin Level, Peak, Serum (3018769) |
| 0090300 | Amikacin, Trough Level(Change effective as of 01/21/25: Refer to 3018756 in the January Hotline) | Amikacin Level, Trough, Serum (3018756) |
| 0090305 | Gentamicin, Peak Level(Inactive as of 01/21/25) | |
| 0090310 | Gentamicin, Trough Level(Inactive as of 01/21/25) | |
| 0090315 | Tobramycin, Peak Level(Inactive as of 01/21/25) | |
| 0090320 | Tobramycin, Trough Level(Change effective as of 01/21/25: Refer to 3018762 in the January Hotline) | Tobramycin Level, Trough, Serum (3018762) |

| Test Number | Test Name | Refer to Replacement Test |
|-------------|--|--|
| 0090325 | Vancomycin, Peak Level(Inactive as of 01/21/25) | |
| 0090330 | Vancomycin, Trough Level(Change effective as of 01/21/25: Refer to 3018758 in the January Hotline) | Vancomycin Level, Trough, Serum (3018758) |
| 2002653 | Acute Myelogenous Leukemia (AML) with Myelodysplastic Syndrome (MDS) or Therapy-Related AML, by FISH (Inactive as of 1/21/2025) | |
| 2013990 | Polymyositis Panel (Change effective as of 01/21/25: Refer to 3018868 in the January Hotline) | Polymyositis Panel (3018868) |
| 3001781 | Extended Myositis Panel (Change effective as of 01/21/25: Refer to 3018867 in the January Hotline) | Extended Myositis Panel (3018867) |
| 3001782 | Dermatomyositis Autoantibody Panel (Change effective as of 01/21/25: Refer to 3018870 in the January Hotline) | Dermatomyositis Autoantibody Panel (3018870) |
| 3001783 | Dermatomyositis and Polymyositis Panel (Change effective as of 01/21/25: Refer to 3018866 in the January Hotline) | Dermatomyositis and Polymyositis Panel (3018866) |
| 3001784 | Interstitial Lung Disease Autoantibody Panel (Change effective as of 01/21/25: Refer to 3018869 in the January Hotline) | Interstitial Lung Disease Autoantibody Panel (3018869) |
| 3002912 | Francisella tularensis Antibodies, IgG and IgM with Reflex to Agglutination (Change effective as of 01/21/25: Refer to 3018856 in the January Hotline) | Francisella tularensis Antibodies, IgG and IgM (3018856) |
| 3004753 | Allergen, Food, Nut Component Panel IgE (Change effective as of 01/21/25: Refer to 3018650 in the January Hotline) | Allergen, Food, Nut Components Panel,IgE (3018650) |



*A nonprofit enterprise of the University of Utah
and its Department of Pathology*