

DEPARTMENT OF THE ARMY  
 RAYMOND W. BLISS ARMY HEALTH CENTER  
 Fort Huachuca, Arizona 85613-7079

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Medical Services  
 GUIDE FOR OBTAINING LABORATORY SUPPORT

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1. **HISTORY.** This is the first printing of this publication.
  
2. **PURPOSE.** This Laboratory Memorandum is designed to assist the medical staff of Raymond W. Bliss Army Health Center (RWBAHC) in utilizing laboratory resources.
  
3. **APPLICABILITY.** This Memorandum applies to all direct Health Care Providers (HCP) assigned or attached to RWBAHC and outlying clinics requesting services or support from the Department of Pathology at RWBAHC.
  
4. **REFERENCES.**
  - 4.1 College of American Pathologists Laboratory Accreditation Program Guidelines and Checklists, College of American Pathologists, current edition.
  
  - 4.2 Comprehensive Accreditation Manual for Hospitals, The Joint Commission, current edition.
  
5. **EXPLANATION OF ABBREVIATION AND TERMS.** Appendix A.

**6. BACKGROUND.** The Department of Pathology is responsible for providing responsive, high quality laboratory testing in support of patient care. Use of this Memorandum will reduce ordering errors and conserve resources.

**7. RESPONSIBILITIES.**

7.1 The Laboratory Officer will develop, maintain, and implement guidance for HCPs to obtain laboratory support, reference this memorandum.

7.2 Department/Division/Service Chiefs and Clinic staff will familiarize themselves with the RWBAHC Laboratory Memorandum, and obtain laboratory support and service using guidelines found within the Memorandum.

7.3 The Laboratory staff will monitor current laboratory practices and when technical and/or procedural guidance change, they will develop and broadcast Laboratory Bulletins updating HCPs on the new laboratory guidance.

**8. GENERAL INFORMATION.**

8.1 Location. The lab is located on the first floor, Building 45001, RWBAHC, Fort Huachuca, Arizona.

8.2 Telephone Numbers. Appendix B.

8.3 Information. HCP's may request information on the current test methods utilized by the laboratory, to include method performance specifications, by calling the appropriate section chief or the laboratory manager.

8.4 Laboratory Hours. The laboratory maintains 0700-1630, Monday-Friday, as normal duty hours for routine services. Routine services are generally not offered on weekends unless specifically arranged through the Commander. Routine services are not offered on Federal holidays, and designated training holidays.

8.5 Phlebotomy Hours.

8.5.1 Main Laboratory: 07:00 – 1630, Monday – Friday with the exception of designated mandatory training days. The operating hours on designated training days is 1300 – 1630.

8.5.2 Clinical/Commercial Laboratory Service. The laboratory has a variety of military and commercial laboratory services for those tests not performed in-house. All specimens submitted to the laboratory processing section for a civilian referral laboratory other than the Clinical contracted laboratory will require a properly completed submission form (SF Form 557 Miscellaneous Form if the test is not in CHCS). Failure to correctly fill out the submission form may result in shipping delays.

## 8.6 Request Procedures.

8.6.1 CHCS/AHLTA is the primary means by which HCPs submit laboratory orders. HCPs submitting laboratory orders for outpatients, PreOp patients, and patients being seen in the clinics will use CHCS/AHLTA order entry.

8.6.2 When CHCS is inoperative; it is necessary for the HCP to submit the appropriate laboratory request slip when placing an order on a patient, or for locations without Order Entry capability, See Appendix F, Laboratory Request Forms. All specimens and accompanying request slips must be clearly and appropriately labeled. All request slips MUST be printed legibly and MUST include the following:

8.6.2.1 Patient's name (last, first, MI).

8.6.2.2 Social security number (SSN) with Family Member Prefix (FMP).

8.6.2.3 Clinic or requesting location, to include the MEPR location code.

8.6.2.4 Date/time collected.

8.6.2.5 Test(s) requested.

8.6.2.6 Priority (ROUTINE, ASAP, PREOP, STAT).

8.6.2.7 Physician's full name (name stamp if available) and physician's clinic pager/ telephone number. Outside provider test requests must include the address of the office/facility of the provider.

8.6.2.8 Pertinent clinical information for assays requiring laboratory interpretation.

8.6.2.9 Cultures must show specimen source and site.

8.6.3 During extended CHCS downtimes (1+ hours), laboratory personnel will only accept written requests using the appropriate laboratory requisition slips. These orders are manually completed at the clinics. Laboratory personnel will place test orders into CHCS once it is back on-line.

8.7 Laboratory Priorities. The following four processing priorities are used:

8.7.1 STAT. The priority STAT will be used ONLY when a patient's life is in danger or in a situation wherein immediate life-saving treatment is pending the laboratory result. This priority should rarely be used. Rule of thumb: The patient's status should be that or equal to being on the SI or VSI (seriously ill or very seriously ill, respectively) list or in an unstable state. Test results submitted with STAT priority will be managed a turnaround-time (TAT) hour or less. ONLY the tests listed in Appendix C may be ordered in CHCS/AHLTA with a STAT priority.

8.7.2 ASAP. The priority ASAP is used only in a situation wherein treatment of a patient is urgent and the results are required as soon as possible to alleviate patient suffering and to ensure the patient's well being. This category will normally be used for the typical request from Outpatient Clinics when the patient must wait for a laboratory result before treatment is initiated or modified by the appropriate HCP.

8.7.3 PRE-OP. These tests are given priority by being placed ahead of routine tests and will be available on a same-day basis. PreOp requests and specimens should be received NLT noon the day before surgery.

8.7.4 ROUTINE. This is the usual category for most laboratory orders. Specimens with this priority will be managed in the most efficient way possible. Expected TAT for this priority is provided in the laboratory test list.

8.8 CHCS Order Entry. See Online User's Manual (OLUM) provided within the Composite Health Care System (CHCS).

8.9 Specimen Collection, Handling, and Transport.

8.9.1 Laboratory tests reveal and contribute vital information about a patient's health. Correct diagnostic and therapeutic decisions rely, in part, on the accuracy of test results.

8.9.2 Unlabeled samples will not be tested. No relabeling of specimens will be allowed, except in extreme circumstances (i.e. tissue, CSF). The accuracy of test results is dependent on the integrity of the specimen (patient preparation, specimen collection, and handling). In all settings in which specimens are collected and prepared for testing, laboratory and health care workers must follow OSHA and local infectious disease regulations and policies. The specimen collection container should be labeled with the following information:

8.9.2.1 Patient's complete name.

8.9.2.2 Patient's complete SSN with FMP.

8.9.2.3 Date and time of specimen collection.

8.9.2.4 Initials of individual who collected the specimen.

8.9.2.5 Health Care Provider's name and clinic location

8.9.2.6 Patient's date of birth

8.9.3 Because the potential for infectivity of any patient's blood and body fluids is unknown, Blood and Body Fluid Precautions required by OSHA will be adhered to for all patients. These precautions, called Standard Precautions, will be followed regardless of any lack of evidence of the patient's infective status.

8.9.4 The practice of Standard Precautions eliminates the need for using specific warning labels on specimens obtained from patients infected with Clinical Chemistry Virus or Human Immuno-deficiency Virus (HIV). All specimens must be treated as if infectious and capable of transmitting a serious infectious disease.

8.9.5 Upon being collected from the patient, all specimens should be placed into a leak-proof primary container with a secure closure. Care must be taken by the person collecting the specimen not to contaminate the outside of the primary container. Unless the specimen is a home collection(24hr. urines, fecal collection, oral biopsy, etc.), all specimens will be transported to the lab by health center employees only.

8.9.6 Before being transported to the laboratory, the primary container must be placed into a secondary container that will contain the specimen if the primary container breaks or leaks in transit to the laboratory. Plastic bags with zip-lock or twist-tie closures may be used as secondary containers.

8.9.7 Laboratory requisition slips (or computer-generated orders) should be protected from contamination and separated from the primary container. Contaminated requisition slips will not be accepted. The submitting location will be notified and requested to replace any contaminated slip.

8.9.8 Preparation. Prior to each collection, the person collecting the specimen should be familiar with the laboratory's specimen requirement(s). (See Laboratory Test Manual, Appendix E.) Note the proper specimen to be collected, the amount, the procedure to be used, the collection material, and the storage and handling requirements.

8.9.8.1 Preparing the Patient. Provide the patient, in advance, with appropriate collection instructions and information on fasting, diet, and medication restrictions when necessary.

8.9.8.2 Preparing the Specimen. To avoid incorrect identification, label the specimen container using an adhesive specimen label immediately following the collection. Confirm the accuracy of identification of the specimen in the presence of the patient. Process the specimen as required and store properly. During specimen collection, preparation, and submission, there is a much greater possibility of clerical error than during the actual testing or examination of the specimen. Errors in storage and handling compromise the integrity of the specimen and, thus, the test results.

8.9.8.3 One specimen should be submitted for each test requested. However, a single tube for multiple test requests may be drawn when a large number of tests are being ordered on a particular patient and the tests are performed on the same test specimen (e.g., serum or plasma). Drawing a single tube for multiple test requests helps to ensure that blood draws are limited to the least amount of blood possible, which benefits the patient. When a single tube is collected for a multiple test request, laboratory specimen processing personnel will split the specimen and ensure patient demographics are accurately transcribed to each aliquot tube. The individual overseeing the specimen collection must ensure sufficient specimen is provided for performing the requested tests. (NOTE: Serum or plasma normally makes up approximately 40% - 45% of a blood collection. Of this amount, about 75% can be removed from the clot/sedimented cells, i.e., only about 3 ml of serum/plasma can be obtained from a full 7-ml tube.)

8.9.9 Specimen Rejection (General Guidelines). The rejection of unacceptable specimens and the special handling of sub-optimal specimens will be considered very carefully and on a case-by-case basis by laboratory management or the senior Medical Technologist. If a specimen must be rejected, the requester will be notified and advised of the reason(s), and a comment will be entered in the laboratory report. Specimens may be rejected in the following situations:

8.9.9.1 Mismatched specimen and slip - submitting service will be notified and a new specimen will be requested when possible. Exceptions will require Laboratory Manager's approval.

8.9.9.2 Unlabeled specimens - submitting service will be notified and given the opportunity to resubmit for irreplaceable samples (ex. CSF, tissue, etc) only. Blood samples and swabs are not considered irreplaceable samples. A disclaimer form must be completed for improperly labeled irreplaceable specimens. This form will be initiated by the Laboratory staff. (QM 160.0.0, Appendix 8)

8.9.9.3 Contaminated specimen or slip - submitting service will be contacted and given the opportunity to provide a new specimen or slip.

8.9.9.4 Improper specimen container used for requested assay.

8.9.10 Common Errors to Avoid. Careful attention to routine procedures can eliminate most of the errors outlined in this section. The complete blood collection system and other collection materials provided by the laboratory can maintain the integrity of the specimen only when they are used in strict accordance with instructional materials. The following are General Specimen Collection Errors:

8.9.10.1 Some of the common errors affecting all types of specimens include:

- Insufficient quantity (ensure collection container is filled to the appropriate level).
- Failure to use correct container for appropriate specimen preservation.
- Inaccurate/incomplete patient instructions prior to collection.
- Failure to label specimen correctly and to provide all pertinent information.
- Failure to tighten specimen container lids, resulting in leakage and/or contamination of specimens.
- Failure to provide legible physician's full name (name stamp if available), physician's last four of SSN or unique provider number, and physician's clinic/pager telephone number so that results can be sent to the proper provider.

8.9.10.2 Serum Preparation Errors (Most Common):

- Failure to separate serum from red cells within 30 to 45 minutes after venipuncture.
- Hemolysis – RBC's damaged and intracellular components spilled into serum.
- Turbidity - cloudy or milky serum sometimes due to patient's diet.

8.9.10.3 Plasma Preparation Error (Most Common):

- Failure to mix with proper additive immediately after collection.
- Hemolysis - damage to RBC's.
- Incomplete filling of the collection tube, thereby creating an error in the anticoagulant to blood ratio, which can affect the accuracy of the test result(s).
- Failure to separate plasma from cells within 30 to 45 minutes after venipuncture.

8.9.10.4 Urine Collection Errors (Most Common):

- Failure to obtain a clean-catch, midstream specimen.
- Failure to refrigerate specimen.
- Failure to provide a complete 24-hour collection or other timed specimen.
- Failure to add proper preservative to the urine collection container after receipt of the specimen, prior to aliquotting.
- Failure to provide a sterile collection container and to refrigerate specimen when bacteriological examination of the specimen is required.

- Failure to tighten specimen collection lids, resulting in leakage of specimen.
- Failure to provide patients with adequate instructions for 24-hour urine collection.

8.9.10.5 Hemolysis. In general, grossly or even moderately hemolyzed blood specimens are not acceptable for testing. Hemolysis occurs when the red blood cells rupture and hemoglobin and other intracellular components spill into the serum/plasma. Hemolyzed serum/plasma is pink or red, rather than the normal, clear, straw color.

8.9.10.6 Vacuum Tubes Containing Anticoagulants. When using vacuum tubes containing anticoagulants and preservatives:

- Tap the tube gently at a point just below the stopper to release any additive adhering to the tube or stopper.
- Permit the tube to fill completely to ensure the proper ratio of blood to additive.
- To ensure adequate mixing of blood with anticoagulant or preservative, use a slow, rolling wrist motion to invert the tube gently five or six times.
- Rapid wrist motion or vigorous shaking contributes either to small clot formation or hemolysis and fails to initiate proper mixing action.
- Check to see that all the preservative or anticoagulant is dissolved. If any preservative powder is visible, continue inverting the tube slowly until the powder is dissolved.
- If multiple samples are drawn, invert each as soon as it is drawn. DO NOT DELAY.

8.9.10.7 Vacuum Tubes Without Anticoagulants. Permit the tube to completely fill when using vacuum tubes not containing anticoagulants or preservatives.

8.9.10.8 Turbidity (Lipemic Serum). Lipid-containing serum/plasma may not be a true indicator of the patient's physiological state. It is important to obtain a representative specimen that will help the physician differentiate between transient dietary lipemia and chronic lipemia caused by other factors. To avoid dietary induced high lipid levels prior to testing, many physicians require patients to exclude the high fat foods from their diets or to fast 10 to 14 hours prior to specimen collection. For morning specimen collection, the laboratory recommends that the patient be required to fast from 8 P.M. on the previous evening.

8.9.11 Laboratory Critical (Panic) Values.

8.9.11.1 A critical laboratory value is defined as, "a value at such variation from normal as to present a pathophysiologic state that is potentially life-threatening unless some action is taken in a very short time and for which an appropriate action is possible". It is a laboratory's responsibility to communicate these values within 15 minutes and flawlessly to the responsible clinician(s). A listing of Tests and Critical Values is located in Appendix C.

8.9.11.2 Whenever possible, CHCS will be programmed to identify and report critical values. Tests whose results are critical will cause a PRIORITY RESULT BULLETIN to be automatically generated. The bulletin is sent to the HCP entered in CHCS as the ordering physician.

8.9.11.3 Telephonic notification of critical values will also be made in accordance with JCAHO 2008 National Patient Safety Goal #2. CHCS notification does not relieve the laboratory personnel of their responsibility to ensure that all critical values are reported. Critical Test Values will be documented in the CHCS result comment section with the following information:

- Verified by repeat analysis
- Repeat Value is: (enter repeat value)
- Time reported and name/credential of provider or nurse reported to.
- Value repeated or Read back.

*Whenever possible, the requesting physician will be contacted. If that person is unavailable, another clinician or nurse from the requesting location will be notified. After hours, the on call physician will be notified.*

#### 8.9.12 Retrieval of Laboratory Results.

8.9.12.1 All results for tests ordered STAT, ASAP, all tests whose certified results exceed laboratory "CRITICAL VALUES", and all results that are amended cause a PRIORITY RESULT BULLETIN to be automatically generated in CHCS. The bulletin is sent to the HCP entered in the system as the ordering physician. The bulletin informs the user that Priority Laboratory Results are waiting and instructs the user to use the RNR option to retrieve the results.

8.9.12.2 Results for tests ordered with PREOP, ASAP, or ROUTINE priorities are NOT automatically printed at the ordering location.

8.9.12.3 The electronic patient file is considered the official file. HCP should review patient results in CHCS. There are no laboratory cumulative reports printed.

#### 8.9.13 Misrouted Laboratory Results.

8.9.13.1 HCPs who receive laboratory results that they have not ordered should not discard/toss the results until contact is made to the Laboratory.

8.9.13.2 HCPs who receive routine non-critical laboratory results that they have not ordered should bring the issue to the attention of the Laboratory.

8.9.13.3 The Laboratory, with the assistance of the Information Management Division (IMD), will take appropriate steps to determine the correct ordering HCP/department/service from which the order originated. The Laboratory will then contact the HCP originally receiving the results and request that he/she forward the results to the correct HCP. If that HCP cannot forward the results for whatever reason, the Laboratory will forward a hard copy of the results to the HCP who originated the orders or to his/her department/service chief. The HCP originally receiving the results may then discard/toss the results.

**9. ANATOMIC PATHOLOGY SERVICE.** All cytology specimens are forwarded to a Reference Lab.

9.1 General. The following guidelines for the handling and collecting of cytologic specimens have been developed by the Cytology Section at the reference lab to ensure the quality of care, patient safety, and to help the nursing staff and physicians obtain meaningful diagnostic information. Many of the procedures are required in accordance with our certifying agencies, including College of American Pathologists (CAP) and The Joint Commission (TJC).

9.2 General Information.

9.2.1 Specimen Labeling. All cytology specimens should be submitted in properly labeled containers, whether they are in a specimen cup, Preservcyt® vial, Cytolyt® vial, specimen trap, Plasma-Lyte® bag, thoracentesis bag, paracentesis bag or bottle, etc. Labels must have the following minimum information:

9.2.1.1 Patient's full name

9.2.1.2 SSN

9.2.1.3 FMP

9.2.1.4 HCP Name

9.2.1.5 Clinic

9.2.1.6 Date collected

9.2.1.7 Patients date of birth

9.2.2 Laboratory Requests. All cytology specimens must have CHCS order entry placed by the submitting HCP before the specimen is accepted by the Shipping Department.

9.2.3 All Cytology laboratory requests and/or computer generated copies must be in compliance with CAP and TJC requirements and have the following legible data on the submission slip:

9.2.3.1 Patient's Full Name

9.2.3.2 SSN

9.2.3.3 FMP

9.2.3.4 Date of Birth

9.2.3.5 Sex

9.2.3.6 Date of Specimen Collection

9.2.3.7 Submitting HCP Name (with phone or beeper #)

9.2.3.8 Clinic

9.2.3.9 Anatomic Site/Source

9.2.3.10 Pertinent Clinical Information

9.2.3.11 Reason for the Exam

9.2.4 Other pertinent clinical information includes:

9.2.4.1 Date of Last Menstrual Period (LMP)

9.2.4.2 Menopausal Status

9.2.4.3 Current Pregnancy Status

9.2.4.4 Oral Contraceptive/IUD Use

9.2.4.5 Hormone Therapy

9.2.4.6 History of Hysterectomy

9.2.4.7 Previous Abnormal Gyn Cytology Results

9.2.5 CHCS order entry procedures for Gyn Cytology Specimens:

9.2.5.1 At the CHCS/AHLTA Order Entry (ORE) prompt, type PATIENT NAME. Select requesting location and at the action prompt, enter "N" for new order. Select Order Type LAB.

9.2.5.2 At the select LABORATORY TEST prompt, enter CYTO to display a pick-list of:

9.2.5.3 Cytologic Gyn (PAP Smears)

9.2.5.4 Cytologic Non-Gyn

9.2.5.5 Select Option 1.

9.2.5.6 For all PAP Smear orders, please include LMP, menopausal status, current pregnancy status, oral contraceptive/IUD use, hormone replacement therapy, history of hysterectomy, and any previous abnormal GYN results when ordering in CHCS.

9.2.6 CHCS order entry for procedures for Non-Gyn Cytology Specimens:

9.2.6.1 Orders for Non-Gyn specimens (e.g., urines, respiratory specimens, fluids, etc.) will be entered at the ORE prompt by requesting LABORATORY for order type.

9.2.6.2 At the select LABORATORY TEST prompt, enter CYTO to display a pick list of:

- Cytologic Gyn (PAP Smears)
- Cytologic Non-Gyn
- Select Option 2.

9.2.6.3 Then follow the same steps for Order Entry of routine Surgical specimens. Required pertinent clinical information should include history, preoperative, operative, and postoperative findings.

9.2.6.4 If there are multiple Non-Gyn specimens obtained from different sites on the same patient, each specimen site should have a separate order entry.

9.2.7 Delivery of Specimens. Cytology specimens are to be delivered to the front desk receptionist so that the information can be verified prior to the nurse departing. Cytology specimens should have the "Patient order list" with the specimen.

9.2.8 Handling of Improperly Submitted Specimens. All improperly submitted specimens (those in a manner other than that required on the SF Form 541, SF Form 515, or CHCS Order Entry request) will be held unprocessed until the HCP is contacted. When the proper requests are made/corrected or completed by the submitting HCP, the specimen will be processed. The same will be true for unlabeled specimens, which will not be accepted for processing or examination until the submitting clinic and/or HCP is notified. Unlabeled specimens are automatically rejected by the Laboratory and returned to the submitting HCP/Clinic.

### 9.3 Surgical Pathology Section.

9.3.1 Specimen containers must be labeled properly with the following: Patient's full name, FMP/SSN, DOB, Patient's location (clinic); Physician's name, site/source (i.e. specimen label: cervical biopsy, CHCS/AHLTA: cervical biopsy).

9.3.2 The LAB ORDERS must be placed into CHCS under "TISSUE EXAM". The transmittal list should accompany the specimen. Each container should be identified as "A", "B", etc.

9.3.3 Surgical Pathology reports (routine, non-complicated cases) are completed within five working days, with cases complicated by special procedures such as special stains, Immunohistochemical stains, decalcification, or extensive consultation taking longer. Inquiries concerning status of cases will be facilitated by knowledge of the date the specimen was accessioned, the accession number, and the Pathologist involved in the case. Inquiries should be directed to the Pathology Transcription Section (915) 569-1434/1435 and the RWBAHC's Shipping Department (533-2740). It is emphasized that definitive therapy or invasive diagnostic procedures predicated by the results of the surgical biopsy should be taken only after a final written Surgical Pathology report is in hand.

9.4. DEPARTMENT OF PATHOLOGY SERVICE. The Clinical Laboratory consists of the following services: Hematology, Chemistry, Urinalysis, Microbiology, and Immunohematology (IH) and Serology. Quality is the top priority. Test results from all sections are continuously monitored for reliability, precision, and accuracy by both internal and external quality control programs. All laboratories are directed by board-certified pathologists. The laboratory's accreditation, licensure, and other inspections include: The Joint Commission (TJC); College of American Pathologists (CAP); Inspector General; DoD Center for Clinical Laboratory Management (CCLM); U.S. Army Environmental Hygiene Agency; American Association of Blood Banks (AABB); Food and Drug Administration (FDA); Occupational, Safety and Health Administration (OSHA); and the Nuclear Regulatory Commission (NRC).

9.5. Microbiology. The Microbiology Section offers services in bacteriology.

9.5.1 Specimen Collection. Proper specimen selection, collection, and transport are critical to ensure that the specimen is representative of the disease process with minimal contamination from the microorganisms present in adjacent tissues. When possible, indicate disease process or etiologic agent suspected. For questions regarding specimens containing agents of emerging disease or bioterrorism, please contact Microbiology Technologist at 533-5667 for specific collection and transport procedures. Specimen containers should be transported within a sealable, leak-proof, plastic bag. Do not transport syringes with needles to the laboratory. Transfer contents to a sterile container or remove the needle and replace with a protective device. The capped syringe will be placed in a sealable, leak-proof, plastic bag.

9.5.2 Specimen Suitability. Specimens which have not been properly collected or transported will be subject to rejection. Irrecoverable specimens will be judged on an individual basis and the specimen will be salvaged with discussion between the provider and the Laboratory Supervisor. The HCP will be contacted to help resolve the deficiency or to explain the rejection.

9.5.3 General Rejection (Microbiology Guidelines).

9.5.3.1 Delays in transport which affect test results.

9.5.3.2 Duplicate specimens (except for blood culture) in a 24-hour period.

9.5.3.3 Improper collection container, handling, or collection, including unsuitable preservation and incorrect use of transport media.

9.5.3.4 Inadequate volume.

9.5.3.5 Inappropriate specimen for a given test.

9.5.3.6 Leaking specimen or gross external contamination of collection container.

9.5.3.7 Sample contaminated with barium.

9.5.3.8 Specimen received in fixative.

9.5.3.9 Specimen improperly labeled or received without a label or improper label.

The proponent of this publication is Information Department of Pathology. Send comments and suggested improvements on DA Form 2028 to CDR, USA MEDDAC, ATTN: MCXJ-DP, Fort Huachuca, AZ 85613-7079

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**APPENDIX A**

## Explanation of Abbreviations and Terms

AABB	American Association of Blood Banks
Ab	Antibody
ACTH	Adrenocorticotrophic Hormone
AFB	Acid Fast Bacillus
AG	Antigen
ALK	Alkaline
ALT	Alanine Aminotransferase
ANA	Anti Nuclear Antibody
AP	Anatomic Pathology
APTT	Activated Partial Thromboplastin Time
ASAP	As Soon As Possible
ASO	Antistreptolysin O
AST	Aspartate Aminotransferase
WBAMC	William Beaumont Army Medical Center
BASO	Basophile
BATT	Battery
BBF	Blood Body Fluid
BC	Blood Culture
BUN	Blood Urea Nitrogen
CA	Calcium
CAP	College of American Pathologists
CBC	Complete Blood Count
CDC	Center for Disease Control
CHCS	Composite Health Care System
CK	Creatine Kinase
CK-MB	Creatine Kinase Muscle/Brain
CMV	Cytomegalovirus
CO <sub>2</sub>	Carbon Dioxide
COAG	Coagulation
CP	Clinical Pathology
CSF	Cerebrospinal Fluid
CULT	Culture
Cytotech	Cytology Technologist
DNA	Deoxyribonucleic Acid
DoD	Department of Defense
DPALS	Department of Pathology and Area Laboratory Services
DSN	Defense Switched Network
EDTA	Ethylenediaminetetraacetate
EIA	Enzyme Immunoassay
EOS	Eosinophil
ER	Emergency Department
ER/PR	Estrogen/Progesterone

FBS	Fasting Blood Sugar (Glucose)
FDA	Food and Drug Administration
FFP	Fresh Frozen Plasma
FIB	Fibrinogen
FMP	Family Member Prefix
FNA	Fine Needle Aspiration
FTA	Fluorescent Treponemal Antibody
GGT	Gamma Glutamyltransferase
gm	gram
GYN	Gynecological
HC <sub>2</sub> HPV	Hybrid Capture 2 Human Papillomavirus
HCG	Human Chorionic Gonadotropin
HCP	Healthcare Providers
HCT	Hematocrit
HDL	High Density Lipoprotein
Hem/Onc	Hematology/Oncology Service
HGB	Hemoglobin
HIAA	Hydroxyindoleacetic Acid
HIV	Human Immunodeficiency Virus
HLA	Human Leukocyte Antigen
HR	Hour
HSC	Health Services Command
IAW	In Accordance With
IgA	Immunoglobulin A
IgG	Immunoglobulin G
IgM	Immunoglobulin
INR	International Normalized Ratio
IRR	Immediate Result Reporting
IV	Intravenous
TJC	The Joint Commission
LCX	Ligase Chain Reaction
LD	Lactate Dehydrogenase
MCH	Mean Corpuscular Hemoglobin
MCHC	Mean Corpuscular Hemoglobin Concentration
MCV	Mean Corpuscular Value
MEPR	Medical Expense and Performance Reporting
mg	milligrams
MI	Middle Initial
mL	milliliter
MLT	Medical Laboratory Technician
mm	millimeter
MOD	Medical Officer of the Day
MONO	Monocyte
MPV	Mean Platelet Volume

MRSA	Methicillin Resistant Staphylococcus Aureus
MTF	Medical Treatment Facility
NCOIC	Non Commissioned Officer in Charge
O&P	Ova and Parasite
OIC	Officer in Charge
OSHA	Occupational, Safety, and Health Administration
PERI	Peripheral
PLT	Platelet
PREOP	Preoperative
PT	Prothrombin Time
PTT	Partial Thrombin Time
QUAL	Qualitative
QUANT	Quantitative
R/O	Rule Out
RBC	Red Blood Cells
RDW	Red Cell Distribution Width
RNP	Ribonucleoprotein
RPR	Rapid Plasma Reagin
RSV	Respiratory Syncytial Virus
RWBAHC	Raymond W. Bliss Army Health Center
SCR	Screen
SSN	Social Security Number
SST	Silicone (Serum) Separator Tube
STAT	Emergency, Request Priority
TC	Throat Culture
T&S	Type and Screen
TAT	Turn Around Times
TB	Tuberculosis
TSH	Thyroid Stimulating Hormone
UA	Urinalysis
UC	Urine Culture
UCA	Uniform Charge Account
URN	Urine
vCJD	variant Creutzfeldt-Jakob Disease
VDRL	Venereal Disease Research Laboratory
VRE	Vancomycin Resistant Enterococcus
WBC	White Blood Count
WHMC	Wilford Hall Medical Center
β-HCG	Beta Human Chorionic Gonadotropin

**APPENDIX B**  
Laboratory Services Telephone Numbers

Commercial (520) 533-2918, DSN is 821-2918

Chief, Ancillary Service-----	533-1402
QA Coordinator-----	533-1403
Secretary-----	533-9952
NCOIC-----	533-5070
Chemistry Supervisor-----	533-1404
Hematology Supervisor-----	533-5163
Microbiology Supervisor-----	533-5667
Shipping Department-----	533-2740
Phlebotomy-----	533-2918
Front Desk-----	533-2918

**APPENDIX C**

Emergency (STAT) Test Menu

Procedures authorized to be ordered and performed as Emergency (STAT)

The tests listed in this appendix may be ordered STAT, individually. If other tests are ordered on the same laboratory specimen, the request will automatically be reprioritized to an ASAP request. ASAP turnaround time is within 2 hours.

<b>CHEMISTRY SECTION, CORE LABORATORY</b>	
Renal Panel: BUN, Chloride, CO <sub>2</sub> , Creatinine, Glucose, Potassium, Sodium	
β-HCG, quantitative	Serum HCG
CK	Urinalysis, macroscopic
<b>HEMATOLOGY SECTION, CORE LABORATORY</b>	
CBC with automated differential	
PT/PTT/FIB	
<b>MICROBIOLOGY</b>	
FLU A/B Antigen	
RSV Antigen	Rapid Strep Antigen – Done in clinics

**In-House Critical Values**

Critical Values are results that represent a pathophysiologic state which is potentially life threatening unless some action is taken immediately. This critical value listing includes those tests and values deemed to be critical by the consulting pathologist from WBAMC, All critical values will be reported IAW established RWBAHC and Laboratory policies and procedures.

## LABORATORY CRITICAL VALUES

TEST	LESS THAN / EQUAL TO	GREATER THAN / EQUAL TO
<b>CHEMISTRY / URINALYSIS</b>		
<b>SERUM VALUES</b>		
GLUCOSE	50 mg/dl	350 mg/dl
BUN 1-30 DAYS		30 mg/dl
BUN 31 DAYS – ADULT		50 mg/dl
CREATININE	0.4 mg/dl	3.0 mg/dl
URIC ACID	1.0 mg/dl	12.0 mg/dl
SODIUM	125 mmol/L	155 mmol/L
POTASSIUM	3.0 mmol/L	6.0 mmol/L
CO2 NEWBORN – 10 YRS	10 mEq/L	32 mEq/L
CO2 11YRS TO ADULT	10 mEq/L	40 mEq/L
PHOSPHORUS	1.0 mg/dl	8.0 mg/dl
CALCIUM NEWBORN – 13 YRS	2.0 mg/dl	12.0 mg/dl
CALCIUM 14YRS – ADULT	6.0 mg/dl	12.0 mg/dl
TOTAL PROTEIN	4.0 g/dl	9.0 g/dl
MAGNESIUM	1.0 mg/dl	5.0 mg/dl
CREATININE KINASE (CK)		350 lu/L
CK-MB		10% OF TOTAL CK (ng/ml)
NEONATAL BILIRUBIN		15 mg/dl
<b>RANDOM URINE VALUES</b>		
GLUCOSE		1000 mg/dl
BILIRUBIN		LARGE
KETONES		80 mg/dl
<b>HEMATOLOGY / COAGULATION</b>		
WBC	2,500 K/ul	25,000 K/ul
HEMATOCRIT ADULT	20%	55%
HEMATOCRIT NEWBORN	33%	65%
HEMOGLOBIN ADULT	7.0 g/dl	19.0 g/dl
HEMOGLOBIN NEWBORN	9.0 g/dl	22.5 g/dl
PLATELET COUNT ADULT	20,000 K/ul	750,000 K/ul
PLATELET COUNT PEDIATRIC/NEWBORN	30,000 K/ul	750,000 K/ul
FIBRINOGEN	70 mg/dl	800 mg/dl
APTT		90 Seconds
PROTHROMBIN TIME (PT/INR)		40 Seconds / INR 3.9
BLEEDING TIME		14 Minutes

<b>QUALITATIVE CRITICAL RESULTS – HEMATOLOGY</b>	
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PRESENCE OF BLASTS ON BLOOD SMEAR NEW DIAGNOSIS OR FINDINGS OF LEUKEMIA PRESENCE OF SICKLE CELLS OR APLASTIC CRISIS	
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<b>SHIPPING</b>
ALL RESULTS MARKED AS CRITICAL WHEN RECEIVED FROM REFERENCE LABORATORIES
<b>MICROBIOLOGY CRITICAL VALUES</b>
<b>RECORD ON MICROBIOLOGY CRITICAL VALUE REPORTING SHEET AND NOTIFY HCP</b>
<b>( * ) INDICATES CONTACT PRECAUTIONS</b>
ALL POSITIVE GRAM STAINS ON BLOOD CULTURES OR STERILE BODY CAVITY FLUID POSITIVE RSV RESULTS POSITIVE SALMONELLA, SHIGELLA, OR YERSINIA RESULTS ON STOOL CULTURES POSITIVE GROUP A STREP, INVASIVE ONLY *POSITIVE MRSA/MRSE, VRE, VRSA/VRSE RESULTS *ACINETOBACTER ON WOUNDS *ANY MULTIPLE DRUG RESISTANT ORGANISMS
<b>CRITICAL VALUES REPORTABLE TO THE STATE LABORATORY</b> POSITIVE SALMONELLA, SHIGELLA , OR YERSINIA RESULTS ON STOOL CULTURES, VRE, VRSA/VRSE SAMPLES WILL BE SENT TO THE STATE LAB FOR CONFIRMATION AND TYPING AS NEEDED.

**APPENDIX D**

## Tube Requirements for Laboratory Specimen Submission

The following table lists the collection tubes that should be used when drawing and/or submitting specimens. Please call the Laboratory 533-5163 for questions or additional guidance.

<b>Test</b>	<b>Tube(s)</b>	<b>Other Instructions</b>
Coagulation	Blue BD Vacutainer, 2.8 mL or 4.5 mL	Fill to middle of blue area
Hematology CBC Hemoglobin Electrophoresis Hgb A1C	BD Lavender, 4 mL	
Chemistry	SST/Red BD with or without gel	
Lipid Profiles	SST/Red BD with or without gel	
Hormone and Cancer Markers	Plain Red BD Glass	
Blood Bank	BD 4mL Lavender	
Cardiac Profiles	SST/Red BD	
Immunology/Serology	SST/Red BD with or without gel/BD Lavender 4 mL	
Thyroid Panel	Red BD without gel	
Renin	Lavender BD Vacutainer	
Sed Rates	4 mL BD Lavender top	
Urine Cultures	Sterile Cup	
Urinalysis	Urine Cup	

**APPENDIX E**  
Clinical Pathology Service Test Manual

<b>TEST NAME</b>	<b>SUBMITTING REQUIREMENTS</b>
1:1 COAG MIX STUDY	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Two 2.7 mL or one 4.5 mL blue top tubes (sodium citrate). 3.2%</li> <li>3. Specimen and Volume Required: Fill to line on tube that indicates "sodium citrate".</li> <li>4. Specimen Processing Instructions: Gently mix. Performed only on patients not on Coumadin or Heparin with abnormal PT and/or APTT.</li> <li>5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> </ol>
17-ALPHA HYDROXYPROGESTERONE (17-OHP)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Early morning specimen preferred</li> <li>2. Collection Container: Red top.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze or refrigerate serum. Record patient age and collect time on request form. Ship on dry ice.</li> <li>5. Cause for Rejection: Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 20 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b> Quest</li> </ol>
17-HYDROXYCORTICOSTEROID PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 25 mL of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: Laboratory will add 1-2 gm of Boric Acid to the 24-hour urine collection. After mixing well, aliquot 25 mL of the 24-hour urine collected into a labeled separate container. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: pH of urine must be between 4-7.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: 17-HYDROXYCORTICOSTEROIDS; URINE TOTAL VOLUME; 17-HYDROXYCORTICOSTEROIDS 24-HR</li> </ol>

1HR GLUCOSE CHALLENGE, PREGNANT	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Yellow Top.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Give patient 50 grams Glucola. Draw 1 hour after ingestion. If utilizing any tube other than a gray top, centrifuge and remove from clot within 30 minutes of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
24 HR URINE CALCIUM (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of random or 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 24 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: URINE TOTAL VOLUME; CALCIUM, URINE (24HR); URN CALCIUM CONCENTRATION</li> </ol>
24 HR URINE CATECHOLAMINES (Fractionated)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 50 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: Must be frozen. Do not add preservative.</li> <li>6. Expected TAT: 20 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: URINE TOTAL VOLUME; DOPAMINE, URINE; DOPAMINE, URINE (24HR); EPINEPHRINE, URINE (24HR); EPINEPHRINE, URINE (24HR); NOREPINEPHRINE, URINE; NOREPINEPHRINE, URINE (24HR)</li> </ol>

<p>24 HR URINE CHLORIDE (PANEL)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. All future urine voids should be collected in a clean 24-hour urine collection container. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Laboratory staff will mix the 24-hour urine well before pouring off a 10 mL aliquot. Record total volume of 24-hour urine on accession labels. Store refrigerated. Ship on wet ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 24 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: CHLORIDE, URINE (24HR); URINE TOTAL VOLUME; URN CHLORIDE CONCENTRATION</li> </ol>
<p>24 HR URINE CITRATE (PANEL)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 25 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: Laboratory will add 15 mL of concentrated Hydrochloric Acid (12N) to 24 hr collection. After mixing, aliquot 25 mL of 24 hr urine into labeled separate container. Record 24 hr total volume, date and time. Ship on dry ice.</li> <li>5. Cause for Rejection: pH of urine must be between 1-3.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: CITRATE, URINE; URN CITRATE CONCENTRATION; URINE TOTAL VOLUME</li> </ol>

24 HR URINE COPPER (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: Acid-washed 24-hour urine container.</li> <li>3. Specimen and Volume Required: 25 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix urine in 24-hour urine container well. Aliquot 25 mL of 24-hour collection into a separate labeled container. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: Must be collected in acid-washed container.</li> <li>6. Expected TAT: 20 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: COPPER, URINE (24HR); URN COPPER CONCENTRATION; URINE TOTAL VOLUME</li> </ol>
24 HR URINE CREATININE (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: CREATININE, URINE (24HR); URINE TOTAL VOLUME; URN CREATININE CONCENTRATION</li> </ol>

24 HR URINE MAGNESIUM (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 24 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: MAGNESIUM, URINE (24HR); URINE TOTAL VOLUME; URN MAGNESIUM CONCENTRATION</li> </ol>
24 HR URINE METANEPHRINE PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 50 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: Must be frozen. pH of urine must be between 1 and 3.</li> <li>6. Expected TAT: 20 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: URINE TOTAL VOLUME; METANEPHRINE, URINE (24HR); URN METANEPHRINE CONCENTRATION; NORMETANEPHRINE, URINE (24HR); URN NORMETANEPHRINE CONC; URN 3-METHOXYTYRAMNE CONC; 3-METHOXYTYRAMNE, URINE (24HR); TOTAL METANEPHRINE, URINE (24HR)</li> </ol>

<p>24 HR URINE OXALATE PANEL</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 80 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: Lab will add 15 mL of Hydrochloric Acid (12N). Record 24-hour collection total volume and date and time of collection on bottle. Ship on dry ice.</li> <li>5. Cause for Rejection: Must be frozen. Do not add preservative.</li> <li>6. Expected TAT: 20 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: URN OXALATE CONCENTRATION; OXALATE, URINE (24HR); URINE TOTAL VOLUME</li> </ol>
<p>24 HR URINE PHOSPHORUS (PANEL)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 20 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: PHOSPHORUS, URINE (24HR); URINE TOTAL VOLUME; URN PO4 CONCENTRATION</li> </ol>
<p>24 HR URINE POTASSIUM (PANEL)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. All future urine voids should be collected in a clean 24-hour urine collection container. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix the 24-hour urine collection well before pouring off a 10 mL aliquot. Record total volume on accession labels.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: POTASSIUM, URINE (24HR); URINE TOTAL VOLUME; URN POTASSIUM CONCENTRATION</li> </ol>

24 HR URINE PROTEIN (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: Do NOT add acid. Acidified specimen cannot be run.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: PROTEIN,URINE (24HR); URINE TOTAL VOLUME; PROTEIN, URINE</li> </ol>
24 HR URINE SODIUM (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. All future urine voids should be collected in a clean 24-hour urine collection container. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix the 24-hour urine well before pouring off a 10 mL aliquot. Record total volume on accession labels.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: URINE TOTAL VOLUME; SODIUM, URINE (24HR); URN SODIUM CONCENTRATION</li> </ol>
24 HR URINE URIC ACID (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required, mix urine in 24-hour urine container well before pouring off aliquot. Note date, time of collection and total volume on request slip.</li> <li>5. Cause for Rejection: Do NOT add acid. Acidified specimen cannot be run.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: URIC ACID,URINE (24HR); URINE TOTAL VOLUME; URN URIC ACID CONCENTRATION</li> </ol>

24 HR URINE UREA NITROGEN (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. From then on collect in a clean bottle all urine during the day and night. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix the 24-hour urine well before pouring off a 10 mL aliquot. Record total volume on accession labels.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: UUN, URINE (24HR); URINE TOTAL VOLUME; URN UUN CONCENTRATION</li> </ol>
2HR POSTPRANDIAL GLUCOSE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient is to eat 2 hours prior to having their blood drawn.</li> <li>2. Collection Container: Sodium Fluoride tube (gray top).</li> <li>3. Specimen and Volume Required: 1 mL plasma.</li> <li>4. Specimen Processing Instructions: Draw 2 hours after meal. If utilizing any tube other than a gray top, centrifuge and remove from clot within 30 minutes of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
2HR URINE AMYLASE (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. From then on collect in a clean bottle all urine during the 2-hour time period. Keep 2-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 2-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix the 2-hour urine well before pouring off a 10 mL aliquot. Record total volume on accession labels.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 24 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: URINE TOTAL VOLUME; AMYLASE, URINE (TIMED)</li> </ol>

5 HIAA URINE PANEL (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 20 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: Lab should add 20 mL of concentrated Acetic Acid (Glacial) to 24 hr container. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: Must be frozen. Do not add preservative.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: URINE TOTAL VOLUME; 5 HIAA; 5 HIAA (24 HR)</li> </ol>
ABO GROUP & RH TYPE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: EDTA 10 ml glass Purple Top</li> <li>3. Specimen and Volume Required: 10 mL whole blood.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly collected or labeled; hemolysis.</li> <li>6. Expected TAT: 48 hours</li> <li>7. <b>Test Performed Monday thru Thursday.</b></li> </ol>
ACETAMINOPHEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Plasma levels most accurately predict toxicity when samples are drawn between four and 12 hours after ingestion.</li> <li>2. Collection Container: Red top tube</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Two Days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>
ACETEST (URINE)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Urine collection container.</li> <li>3. Specimen and Volume Required: 10 mL urine.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Urinalysis.</b></li> </ol>
ACETYLCHOLINE RECEPTOR ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze within 1 hour. Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolysis or lipemia.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>

<p>ACID FAST CULTURE AND STAIN (MYCOBACTERIAL CULTURE)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: NA.</li> <li>2. Collection Container: See number 3 below.</li> <li>3. Specimen and Volume Required:             <ol style="list-style-type: none"> <li>a. 3-10 mL body fluid, sterile tube</li> <li>b. 1-3 mL CSF, sterile tube</li> <li>c. Greater than 1 gram feces, specimen cup. Clean, dry, wax-free cup without preservatives.</li> <li>d. Gastric fluid, representative portion, sterile cup.</li> <li>e. Pericardial, representative portion, sterile cup.</li> <li>f. 3-5 mL pleural fluid, sterile tube.</li> <li>g. Tissue/bone, sterile cup. Do not allow specimen to dry out, small amount of saline may be added.</li> <li>h. Bronchial wash, representative portion, sterile cup.</li> <li>i. 10 mL sputum, bronchial wash, and sterile cup.</li> <li>j. Minimum 40 mL urine, sterile cup. Early morning CCMS, 3 consecutive days. Do not submit 24-hour urines.</li> </ol> </li> <li>4. Specimen Processing Instructions: Transport refrigerated.</li> <li>5. Cause for Rejection: See Microbiology Section, general rejection criteria. Transport delay more than 24 hours for local specimens, and more than 72 hours for off-post specimens.</li> <li>6. Expected TAT: 3 months.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>
<p>ACID FAST STAIN FOR CRYPTOSPORIDIUM (INCLUDED IN ROUTINE O&amp;P REQUESTS)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Collect 1 stool each day for 3 consecutive days. Select the bloody or slimy portion of sample for submission.</li> <li>2. Collection Container: O&amp;P Collection Kit.</li> <li>3. Specimen and Volume Required: Preserved or fresh stool. Add stool to the sample vial until formalin liquid reaches the Clinical line on the bottle.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly collected or labeled. Specimens submitted in PVA. Specimen taken from toilet bowl or contaminated with urine or water. Specimen containing barium or bismuth compounds.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>
<p>ACTH</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Pre-chilled siliconized EDTA.</li> <li>3. Specimen and Volume Required: 2 mL plasma.</li> <li>4. Specimen Processing Instructions: Separate cells from plasma and freeze plasma immediately. Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolyzed sample. Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 10 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>

ALBUMIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
ALDOLASE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Store frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Specimen must be frozen if not analyzed within 24 hours.</li> <li>6. Expected TAT: 10 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>
ALDOSTERONE, SERUM	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 20 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>
ALK PHOSPHATASE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST)</li> <li>3. Specimen and Volume Required: 1 mL serum or plasma.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
ALKALINE PHOSPHATASE ISOENZYMES	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Hemolysis; received at room temperature.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>

ALPHA-1 ANTITRYPSIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Store frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Specimen must be frozen if not analyzed within 24 hours.</li> <li>6. Expected TAT: 14 Days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>
ALT	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
AMMONIA	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA.</li> <li>3. Specimen and Volume Required: 2 mL EDTA plasma.</li> <li>4. Specimen Processing Instructions: Avoid hemolysis. Keep on ice. Separate within 20 minutes. Ship on dry ice.</li> <li>5. Cause for Rejection: Submitted at room temperature.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>
AMYLASE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge within 4 hours of collection.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
ANCA (NEUTROPHIL CYTOPLASMIC ANTIBODY)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
ANGIOTENSIN CONVERTING ENZYME	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Gross hemolysis.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

ANTI ENA PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: ANTI-RNP; ANTI-SMITH; ANTI-SSA; ANTI-SSB, ANTI SCL-70, ANTI JO-1, ANTI PCNA</li> </ol>
ANTI NUCLEAR ANTIBODIES (ANA) PATTERN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Not performed on CSF or Body Fluids.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Separate and refrigerate</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>
ANTI NUCLEAR ANTIBODIES (ANA) SCREEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Not performed on CSF or Body Fluids.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Separate and refrigerate</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>
ANTIBODY SCREEN/ IDENTIFICATION	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: EDTA 10 ml glass Purple Top</li> <li>3. Specimen and Volume Required: 10 ml whole blood.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly collected or labeled; hemolysis.</li> <li>6. Expected TAT: 7 days</li> <li>7. <b>Test performed by Reference Laboratory</b></li> </ol>
ANTIBODY TITER	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: EDTA Lavender Top.</li> <li>3. Specimen and Volume Required: 4-7 mL whole blood.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>

ANTI-CARDIOLIPIN PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
ANTIGLOBULIN TEST, DIRECT (DAT)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: EDTA Lavender Top.</li> <li>3. Specimen and Volume Required: 4-7 mL whole blood.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
ANTIGLOBULIN TEST, INDIRECT	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: EDTA 10 ml glass Purple Top.</li> <li>3. Specimen and Volume Required: 10 ml whole blood.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly collected or labeled. SF 518 mismatch</li> <li>6. Expected TAT: 48 hours</li> <li>7. <b>Test Performed Monday thru Thursday.</b></li> </ol>
ASO PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Refrigerate</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: ANTI DNASE B; ANTI STREP O</li> </ol>
AST	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
BETA 2 MICROGLOBULIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Fasting.</li> <li>2. Collection Container: Red Top.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Store frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Specimen must be frozen if not analyzed within 24 hours; hemolyzed specimen.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

BILIRUBIN, DIRECT	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge within 4 hours of collection. Protect from light.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
BILIRUBIN, TOTAL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge within 4 hours of collection. Protect from light.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
BLEEDING TIME	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient will be subjected to a small cut on the surface of the skin (usually on the inside of the forearm). The time it takes for a clot to form and bleeding to stop will be monitored. Patient must remain in the collection room during the procedure. Procedure will last approximately 15 minutes.</li> <li>2. Collection Container: NA</li> <li>3. Specimen and Volume Required: NA.</li> <li>4. Specimen Processing Instructions: NA.</li> <li>5. Cause for Rejection: NA.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Phlebotomy Room.</b></li> </ol>

BLOOD CULTURE	<ol style="list-style-type: none"><li>1. Patient Preparation:<ol style="list-style-type: none"><li>a. Site preparation. Decontaminate venipuncture site with 1-step ChloroPrep. If kits are unavailable or patient is allergic to this type of preparation, use 70% isopropyl. Vigorously cleanse the site with 70% isopropyl or ethyl alcohol, repeat two times. Allow the site to dry. Do not palpate vein.</li><li>b. Specimen collection. Disinfect top of bottle with 70% alcohol or iodine. Allow to sit on bottle tops for 1 minute. Wipe off excess with sterile gauze. Collect the blood aseptically. If vein is missed, redraw using a new needle and syringe. For difficult to draw patients, direct draw with a butterfly adapter can be performed.</li></ol></li><li>2. Collection Container:<ol style="list-style-type: none"><li>a. Adults: Bacti/Alert(aerobic)/Bacti/Alert(anaerobic) set.</li><li>b. Pediatric patients: Peds (yellow cap) pediatric bottle. (Note: can also be used for adults with difficult access and low volume draws).</li></ol></li><li>3. Specimen and Volume Required:<ol style="list-style-type: none"><li>a. Adults: 5 to 10 mL blood/bottle. (Do not overfill)</li><li>b. Pediatrics: up to 3 mL blood./bottle. (Do not overfill)</li></ol></li><li>4. Specimen Processing Instructions: Label bottle with patient information. Do not cover bottle bar code. Do not cover bottle sensor on bottom. Submit to specimen processing immediately.</li><li>5. Cause for Rejection: Improperly collected or labeled blood cultures, and items listed under Microbiology general rejection criteria. Transport delays more than 24 hours. Bottles which have been refrigerated.</li><li>6. Expected TAT: 5-7 days. Positive blood culture bottles are Gram stained and reported immediately after detection of growth.</li><li>7. <b>Test Performed in Microbiology Section.</b></li></ol> <p style="text-align: center;">E-16</p>
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<p>BLOOD PARASITES (MALARIA SMEARS)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Aseptically obtain capillary blood from finger sticks for slide preparation, 3 thick and 3 thin smears. For thick smears, place 2 drops of blood on a slide and spread each drop out to the size of a dime. For thin smears, place a drop of blood on a slide and using another slide, streak out the blood as you would for a differential slide. Allow both thick and thin smears to dry. Whole blood may also be submitted in an EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: Capillary blood or 4 mL whole blood.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly labeled or collected.</li> <li>6. Expected TAT: Preliminary report available within 48 hours during normal duty hours. Final report available within 10 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
<p>BODY FLUID CELL COUNT AND DIFFERENTIAL (PLEURAL, PERICARDIAL, PERITONEAL, SYNOVIAL)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube, gently mix tube immediately after collection.</li> <li>3. Specimen and Volume Required: ½ volume of tube.</li> <li>4. Specimen Processing Instructions: Gently mix tube immediately to assure anti-coagulant is effective.</li> <li>5. Cause for Rejection: Clotted specimens.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed at SVRHC (reference lab)</b></li> </ol>
<p>BODY FLUID CELL COUNT AND DIFFERENTIAL (CEREBROSPINAL FLUID, CSF)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile screw capped (CSF) tubes.</li> <li>3. Specimen and Volume Required: 3-5 mL CSF.</li> <li>4. Specimen Processing Instructions: All CSF's must be collected in a sterile screw capped tube, labeled #1, #2, #3, #4, in the order they are filled. Tube #1 is for Chemistry and Immunology testing. Do not perform a cell count as this tube contains cells introduced by the spinal tap procedure. Tube #2 is for Microbiology (keep at room temperature). Tube #3 is for Hematology for a cell count and differential. Tube #4 may be used for a second cell count if requested and for Microbiology. If a cell count and microbiology request is ordered on Tube #4, deliver to Hematology with Microbiology labels. The Hematology technologist will pour off fluid for the cell count to avoid contamination and deliver Tube #4 to Microbiology with the correct labels. Chemistry and Hematology tubes are to be refrigerated following test.</li> <li>5. Cause for Rejection: Quantity not sufficient; clotted.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed at SVRHC (reference lab)</b></li> </ol>

CRYSTAL EXAM (SYNOVIAL FLUID)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Capped syringe subunit without needle. Gently mix tube after collection to ensure anti-coagulant is effective.</li> <li>3. Specimen and Volume Required: ½ volume of tube.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Quantity not sufficient.</li> <li>6. Expected TAT: 2 hours.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>
BODY FLUID CULTURE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Disinfect overlying skin with iodine. Obtain specimen via percutaneous needle aspiration or surgery. Transport to the laboratory immediately.</li> <li>2. Collection Container: Sterile Container.</li> <li>3. Specimen and Volume Required: Peritoneal, ascites, dialysates, synovial, and pleural fluid. (5-10 ml). (For other body fluids see Wound Culture, Deep).</li> <li>4. Specimen Processing Instructions: Order gram stain separately, transport to laboratory immediately.</li> <li>5. Cause for Rejection: Items listed under Microbiology general rejection criteria.</li> <li>6. Expected TAT: 5-7 days.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>
B-TYPE NATRIURETIC PEPTIDE (BNP)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top.</li> <li>3. Specimen and Volume Required: Plasma.</li> <li>4. Specimen Processing Instructions: If testing will not be performed within 4 hours, centrifuge and freeze plasma.</li> <li>5. Cause for Rejection: Whole blood specimens older than 4 hours or samples received unfrozen from off-post facilities.</li> <li>6. Expected TAT: 10 Days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
C DIFFICILE A/B TOXIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile, leak-proof container.</li> <li>3. Specimen and Volume Required: 5 mL fresh stool.</li> <li>4. Specimen Processing Instructions: Deliver to laboratory immediately. Specimens from off-post should be kept frozen and shipped on ice.</li> <li>5. Cause for Rejection: Specimens submitted on swabs. Preserved or formed stool specimens.</li> <li>6. Expected TAT: Test performed Monday, Wednesday, and Friday. Results available within 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

CA 15-3	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CA 27-29	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CALCITONIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolysis or lipemia; received refrigerated or at room temperature.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CALCIUM	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Maintain integrity of sample by keeping sample container closed until testing.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
CANCER ANTIGEN 125 (CA 125)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

CARBAMAZEPINE	<ol style="list-style-type: none"> <li>1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 2 Days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CARBOHYDRATE ANTIGEN 19-9	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CARBON DIOXIDE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge within 4 hours of collection. Maintain integrity of sample by keeping sample container closed until testing.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
CARCINOEMBRYONIC ANTIGEN (CEA)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Turbid or lipemic serum. Heterophilic antibodies in human serum can react with the immunoglobulins included in the assay components causing interference with in vitro immunoassays. Patients receiving therapy with high biotin doses (&gt;5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose.</li> <li>6. Expected TAT: 7 Days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

CAROTENE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Separate serum from cells within 1 hour, place serum tube in light protective barrier (aluminum foil) to protect from light and freeze until analysis. Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolyzed specimens cannot be analyzed, nor can specimens that are unfrozen or unprotected from light.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CBC ONLY	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube or Pediatric bullet tube.</li> <li>3. Specimen and Volume Required: Minimum 3-5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Allow Vacutainer to draw to the level of its vacuum, mix gently. Transport sample to the laboratory at room temperature. Must be received by the laboratory within 8 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis, clots, or quantity not sufficient.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> <li>8. Tests in Panel: HGB; HCT; WBC; RBC; MCV; MCH; MCHC; RDW; PLT; MPV</li> </ol>
CBC/DIFF PROFILE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube or Pediatric bullet tube.</li> <li>3. Specimen and Volume Required: Minimum 3-5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Allow Vacutainer to draw to the level of its vacuum, mix gently. Transport sample to the laboratory at room temperature. Must be received by the laboratory within 8 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis, clots, or quantity not sufficient.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> <li>8. Tests in Panel: HGB; HCT; WBC; RBC; MCV; MCH; MCHC; RDW; PLT; MPV; %:NEUTRO; %:LYMPH; %:MONO; %:EOS; %:BASO; EOS; BASO; NEUTRO; LYMPH; MONO; RBC MORPH</li> </ol>



CERULOPLASMIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze specimen. Ship on dry ice.</li> <li>5. Cause for Rejection: Non-frozen specimen received from outside source.</li> <li>6. Expected TAT: 7 Days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CHLAMYDIA TRACHOMATIS IgG ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Collect acute sample upon onset of illness and convalescent sample 2-4 weeks from onset.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CHLAMYDIA/ GONORRHEA DNA NUCLEIC ACID PROBE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Sample to be collected in clinic or ward. Female: Pink label swab. Use first swab to clean cervix, use second swab for sample collection. Male: Blue label swab. Insert swab 2-3 cm into urethra and rotate. Can use blue male collection for Chlamydia test on eye only.</li> <li>2. Collection Container: PACE-2 Collection Kit.</li> <li>3. Specimen and Volume Required: Male urethra, female endocervical canal using the Gen-Probe Pace specimen collection kit.</li> <li>4. Specimen Processing Instructions: Transport ASAP at room temperature.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 3-5 days.</li> <li>7. <b>Test Performed in Microbiology.</b></li> </ol>
CHLORIDE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge within 4 hours of collection.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
CHLORIDE, URINE (RANDOM)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Urine collection container.</li> <li>3. Specimen and Volume Required: 1 mL urine.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>



CHOLESTEROL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Refrigerate. Ship on wet ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
CHOLINESTERASE, PLASMA	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA tube (2 tubes).</li> <li>3. Specimen and Volume Required: 2 mL EDTA plasma and whole blood.</li> <li>4. Specimen Processing Instructions: Freeze plasma if not analyzed within 24 hours. Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolyzed specimens cannot be analyzed. Non-frozen specimens from outside source.</li> <li>6. Expected TAT: 20 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CHROMOSOME ANALYSIS, BLOOD	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic specimen</li> <li>2. Collection Container: Sodium Heparin tube (green top).</li> <li>3. Specimen and Volume Required: 3 mL whole blood.</li> <li>4. Specimen Processing Instructions: Ship at room temperature.</li> <li>5. Cause for Rejection: Hemolyzed specimen. Frozen specimen.</li> <li>6. Expected TAT: 4 weeks.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CK	<ol style="list-style-type: none"> <li>1. Patient Preparation: Avoid exercise and/or intramuscular injections prior to venipuncture.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
CK-MB	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>

CLINITEST	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Urine collection container.</li> <li>3. Specimen and Volume Required: 10 mL urine.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Urinalysis.</b></li> </ol>
COCCIDIOIDES ANTIBODIES	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2.5 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Less than 2 mL, leaking specimens, or specimens over 24 hours old.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: COCCIDIOIDES IMMITIS IGG, COCCIDIOIDES IMMITIS IGM</li> </ol>
COLD AGGLUTININS	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 4 mL serum.</li> <li>4. Specimen Processing Instructions: Blood must be placed at 37° C for 30 minutes before centrifugation. Immediately separate serum from cells. If samples can not be incubated immediately, leave at room temperature until it can.</li> <li>5. Cause for Rejection: Accurate testing CANNOT be performed if blood is not incubated prior to centrifugation.</li> <li>6. Expected TAT: 7 days .</li> <li>7. <b>Test Performed in Reference Laboratory.</b></li> </ol>
COMPLEMENT C3	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze aliquot.</li> <li>5. Cause for Rejection: Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
COMPLEMENT C4	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze aliquot</li> <li>5. Cause for Rejection: Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

COPPER, SERUM	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Royal blue acid-washed trace metal Vacutainer (no preservative).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Laboratory should draw royal blue acid-washed trace metal tube and allow to clot. Centrifuge and transfer serum into another royal blue acid-washed trace metal tube. Refrigerate. Ship on wet ice.</li> <li>5. Cause for Rejection: Specimens not drawn in trace metal royal blue tubes.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CORTISOL Shipping	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Record time of day specimen was collected on laboratory request.</li> <li>5. Cause for Rejection: Grossly hemolyzed specimens.</li> <li>6. Expected TAT: 7 days .</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CORTISOL UA PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient must be given instructions to keep urine collection refrigerated during the collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 50 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix well before pouring off 50 mL aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: Unfrozen specimens cannot be analyzed.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: CORTISOL, FREE, (24HR URINE); URN CORTISOL CONCENTRATION; URINE TOTAL VOLUME</li> </ol>

C-PEPTIDE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Fasting (12 hours).</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolyzed sample. Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
C-REACTIVE PROTEIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: none</li> <li>5. Cause for Rejection: QNS</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Chemistry.</b></li> </ol>
CREATININE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
CREATININE CLEARANCE PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient must be given instructions to keep urine collection refrigerated during the collection period.</li> <li>2. Collection Container: <ol style="list-style-type: none"> <li>a. Silicone Stopper Tube (SST) for serum.</li> <li>b. 24-hour urine container.</li> </ol> </li> <li>3. Specimen and Volume Required: <ol style="list-style-type: none"> <li>a. 1 mL serum.</li> <li>b. 10 mL aliquot urine.</li> </ol> </li> <li>4. Specimen Processing Instructions: <ol style="list-style-type: none"> <li>a. Refrigerate serum. Ship on wet ice.</li> <li>b. No preservative required for urine collection. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Urine is stored refrigerated. Ship on wet ice.</li> </ol> </li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: URINE TOTAL VOLUME; CREATININE CLEARANCE; URN CREATININE CONCENTRATION; xCREATININE, SERUM</li> </ol>

CRYOGLOBINLIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None</li> <li>2. Collection Container: 1 red top (no serum separator gel)</li> <li>3. Specimen and Volume Required: 7 mL whole blood in red top tube. Once blood is drawn, place the tube at 37° C immediately.</li> <li>4. Specimen Processing Instructions: Blood must be placed at 37° C immediately after drawing. Specimen must be received within 48-hours of collection. Mail-in specimens. Battery cannot be performed on this sample. Cryoglobulin only will be assayed: whole blood drawn in plain red top; specimen placed in 37° C incubator to clot; centrifuge specimen at 3600 RPM for 3-5 minutes; immediately separate serum from cells and ship serum at room temperature; do not ship refrigerated; minimum 2 mL serum must be received within 48 hours.</li> <li>5. Cause for Rejection: Test CANNOT be performed on lipemic specimens. Accurate testing CANNOT be performed if blood is not maintained at 37° C prior to testing.</li> <li>6. Expected TAT: 7-10 days</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CRYPTOCOCCAL ANTIGEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2.5 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Less than 2 mL, leaking specimens, or specimens over 24 hours old.</li> <li>6. Expected TAT: 10 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CRYPTOSPORIDIUM STAIN (MODIFIED AFB)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile screw-top cup. May be submitted in a formalin O&amp;P collection.</li> <li>3. Specimen and Volume Required: Stool, 1 gm.</li> <li>4. Specimen Processing Instructions: Transport directly to the laboratory. If delay is anticipated, submit in a formalin O&amp;P, SAF, or C&amp;S collection kit.</li> <li>5. Cause for Rejection: Items listed under the Microbiology general rejection criteria.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CYCLOSPORIN MONOCLONAL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 2 mL plasma.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Clotted.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

CYSTINE URN QUAL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient must be given instructions to keep urine collection refrigerated during the collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 5 mL aliquot of 24-hour urine collection or random urine.</li> <li>4. Specimen Processing Instructions: No preservative required. Mix well before pouring off 5 mL aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
CYTOMEGALOVIRUS IgG/IgM  Shipping	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days</li> <li>7. <b>Test Performed by Reference Laboratory</b></li> </ol>
D-DIMER	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Blue top tube (sodium citrate).</li> <li>3. Specimen and Volume Required: 2.7 mL or 4.5 mL, fill to line on tube that indicates "sodium citrate". <b>CAUTION:</b> A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube.</li> <li>4. Specimen Processing Instructions: Allow Vacutainer tube to draw to level of its vacuum. Gently mix tube after collection to ensure effectiveness of anti-coagulant. Transport to laboratory immediately.</li> <li>5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient.</li> <li>6. Expected TAT: 4- 7 days</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

DEHYDROEPIANDRO- STERONE SULFATE (DHEA-S)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolyzed or lipemic sample. Non-frozen sample from outside source. Patients receiving therapy with high biotin doses (&gt;5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
DIALYSATE FLUID	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile container.</li> <li>3. Specimen and Volume Required: 1 mL dialysate fluid.</li> <li>4. Specimen Processing Instructions: Label with source (port).</li> <li>5. Cause for Rejection: See Microbiology Section, general rejection criteria.</li> <li>6. Expected TAT: 72 hours.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>
DIGOXIN LEVEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Collect 8 to 12 hours after last oral dose, 12 to 14 hours after last intramuscular dose, and 4 to 6 hours after last intravenous dose.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 2 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
DILANTIN LEVEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 2 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

DISOPYRAMIDE	<ol style="list-style-type: none"> <li>1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time. Collect at a trough specimen.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Collection in a SST tube.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
DNA DOUBLE STRAND ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Not performed on CSF or Body Fluids.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Separate and freeze.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
DIPHThERIA ANTIOXOID (DIPHThERIA)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Specimen must be refrigerated.</li> <li>5. Cause for Rejection: Room temperature specimen, SST serum.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
ELECTROLYTES PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum or plasma.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove from clot within 2 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: SODIUM; POTASSIUM; CHLORIDE; CARBON DIOXIDE</li> </ol>

ELECTROPHORESIS, SERUM PROTEIN (SPEP)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Gross hemolysis or lipemia.</li> <li>6. Expected TAT: 14 days (TAT may vary depending on results obtained).</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: ALBUMIN FRACTION; ALPHA-1 FRACTION; ALPHA-2 FRACTION; BETA FRACTION; GAMMA FRACTION; ALBUMIN/GLOBULIN (SPEP); PROTEIN, (SPEP) (TOTAL); IG G (SPEP); IG A (SPEP); IG M (SPEP); PATH REVIEW ELECTROPHORESIS</li> </ol>
ENDOMYSIAL ANTIBODY (IgA)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
EPSTEIN BARR VIRAL (EBV) PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed at Reference Laboratory.</b></li> <li>8. Tests in Panel: EBV NA<sub>g</sub>; EBV IgG; EBV IgM; EBV EAb</li> </ol>
ERYTHROCYTE SEDIMENTATION RATE (ESR)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 4 mL EDTA whole blood.</li> <li>4. Specimen Processing Instructions: Gently mix tube after collection to ensure anti-coagulant is effective.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> </ol>
ERYTHROPOIETIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Hemolysis or lipemia.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

ESTRADIOL, SERUM (E2)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST) or Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
ESTRIOL, TOTAL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Separate serum from cells, transfer serum to another transport tube and freeze. Ship on dry ice.</li> <li>5. Cause for Rejection: Must be stored frozen until analysis.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
ETHANOL (MEDICAL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Do not use alcohol wipe to clean arm before drawing blood. Disinfect arm using Betadine wipe.</li> <li>2. Collection Container: Gray top tube (sodium fluoride) or red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum or plasma.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
FACTOR V LEIDEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

FECAL FAT, SCREEN (QUALITATIVE)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile container.</li> <li>3. Specimen and Volume Required: 5 g fresh, unpreserved stool. Do not submit 24, 48, or 72-hour samples.</li> <li>4. Specimen Processing Instructions: Do NOT preserve. Freeze if transport is delayed. Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled. Presence of preservative.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
FECAL LEUKOCYTE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Plastic white cup with lid.</li> <li>3. Specimen and Volume Required: Fresh, unpreserved stool. Must submit within two (2) hours of collection.</li> <li>4. Specimen Processing Instructions: Must perform test on receipt of specimen as cells may lyse over time. Refrigerate if transport is delayed.</li> <li>5. Cause for Rejection: Improperly collected or labeled. Presence of preservative. Contaminated with urine.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test performed in Microbiology Section.</b></li> </ol>
FIBRINOGEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Blue top tube (sodium citrate).</li> <li>3. Specimen and Volume Required: 2.7 mL or 4.5 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube.</li> <li>4. Specimen Processing Instructions: Tube must be filled to the fill line. The tube(s) must be mixed gently after collection. Avoid specimen hemolysis and clotting. Transport to the laboratory at room temperature.</li> <li>5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> </ol>
FRAGILE X	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 10 mL whole blood.</li> <li>4. Specimen Processing Instructions: Ship at room temperature. Do NOT Freeze.</li> <li>5. Cause for Rejection: Improperly collected</li> <li>6. Expected TAT: 4 weeks.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
FSH	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> </ol>

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|  | <ol style="list-style-type: none"><li>4. Specimen Processing Instructions: Frozen. Ship on dry ice.</li><li>5. Cause for Rejection: Non-frozen specimens from outside source.</li><li>6. Expected TAT: 14 days.</li><li>7. <b>Test Performed by Reference Laboratory.</b></li></ol> |
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FTA ABS	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique, not performed on CSF or body fluids only.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Refrigerate.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
FUNGAL BLOOD	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Bactec bottle.</li> <li>3. Specimen and Volume Required: 5-10 mL blood.</li> <li>4. Specimen Processing Instructions: Consult Infectious Disease Service.</li> <li>5. Cause for Rejection: Less than 2 mL, leaking specimens, or specimens over 24 hours old.</li> <li>6. Expected TAT: 6 weeks.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
FUNGAL CULTURE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: See number 3 below.</li> <li>3. Specimen and Volume Required: <ol style="list-style-type: none"> <li>a. 3-10 mL abscess, sterile tube.</li> <li>b. Swab from deep wound</li> <li>c. Eye, corneal, scrapings, submitted on specialized fungal plated media, submitted in sterile containers.</li> <li>d. 3-10 mL fluid, sterile cup.</li> <li>e. Hair, skin, and nails, representative portion, specialized fungal plated media, or sterile container.</li> <li>f. Oral thrush, submit portion, sterile cup.</li> <li>g. Lesion, place in 1 mL saline, sterile cup.</li> <li>h. 5-10 mL sputum, sterile cup.</li> <li>i. Tissue, sterile cup. Do not allow specimen to dry out, small amount of saline may be added.</li> </ol> </li> <li>4. Specimen Processing Instructions: Ship sample ASAP. Refrigerate if transport is delayed. Ship on wet ice.</li> <li>5. Cause for Rejection: Transport delay more than 24 hours for local specimens, and shipped specimens must be received within 72 hours.</li> <li>6. Expected TAT: 6 weeks.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

FUNGAL ANTIBODY PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2.5 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Less than 2 mL, leaking specimens, or specimens over 24 hours old.</li> <li>6. Expected TAT: 147 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: ASPERGILLUS SP AB; BLASTOMYCES ID; COCCIDIOIDES IMMITIS AB; H CAPSULATUM AB.</li> </ol>
G-6-PDH DEFICIENCY SCREEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Submit whole blood, do NOT separate cells or freeze specimen. Refrigerate. Ship on wet ice.</li> <li>5. Cause for Rejection: Specimen cannot be analyzed if over 7 days old, separated, or frozen.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
G-6-PDH QUANTITATIVE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Submit whole blood, do NOT separate cells or freeze specimen. Refrigerate. Ship on wet ice.</li> <li>5. Cause for Rejection: Specimen cannot be analyzed if over 7 days old, separated, or frozen.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
GASTRIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Fasting.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

<p>GENITAL CULTURE (INCLUDES N. GONORRHOEAE)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile swab. Submit immediately upon collection to the laboratory.</li> <li>3. Specimen and Volume Required: Genital exudate.</li> <li>4. Specimen Processing Instructions: Inoculate specimen using Dacron or Rayon swab onto appropriate media. Indicate source.</li> <li>5. Cause for Rejection: Swab not delivered immediately. Out-dated swab.</li> <li>6. Expected TAT: 3-5 days.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> <li>8. NOTE: GC/Chlamydia DNA Probe also available</li> </ol>
<p>GGT</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
<p>GIARDIA EIA</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile screw-top cup. May be submitted in a formalin O&amp;P collection.</li> <li>3. Specimen and Volume Required: Stool, 1 gm.</li> <li>4. Specimen Processing Instructions: Transport directly to the laboratory. If delay is anticipated, submit in a formalin O&amp;P, SAF, or C&amp;S collection kit.</li> <li>5. Cause for Rejection: Specimen other than stool.</li> <li>6. Expected TAT: 1 week.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
<p>GLIANDIN ANTIBODIES (IgG, IgA)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled. Grossly hemolyzed, avoid lipemia.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

GLUCOSE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sodium fluoride (gray top), Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: If utilizing any tube other than a gray top, centrifuge and remove from clot within 30 minutes of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
GLUCOSE TOLERANCE TEST (GTT)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Procedure must be scheduled. Patient is to follow a 150 carbohydrate meal for three consecutive days prior to the procedure. Patient is required to fast 10 to 14 hours prior to the start of this test. Alcohol should not be consumed seven days prior. Smoking and mild exercise should be avoided during the test.</li> <li>2. Collection Container: Sodium fluoride (gray top tube).</li> <li>3. Specimen and Volume Required: 1 mL plasma.</li> <li>4. Specimen Processing Instructions: If utilizing any tube other than a gray top, centrifuge and remove from clot within 30 minutes of collection. Procedure is halted if FBS is greater than 126 mg/dL. Once FBS result is obtained, give pregnant patient 100 grams of Glucola and all others 75 grams of Glucola.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
GLUCOSE, 2 HOUR POST PRANDIAL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient is to eat 2 hours prior to having their blood drawn.</li> <li>2. Collection Container: Sodium fluoride (gray top tube).</li> <li>3. Specimen and Volume Required: 1 mL plasma.</li> <li>4. Specimen Processing Instructions: Draw 2 hours after meal ingestion.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>

GRAM STAIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Gram stains are normally performed as routine on sputum cultures, wound cultures, sterile body fluids (except those submitted in blood bottles) and tissues. For optimal gram stain results a second swab or specimen should be submitted. Gram stains are not normally performed on urine, vaginal, catheter tips, or stool samples.</li> <li>2. Collection Container: Transport swab or second specimen.</li> <li>3. Specimen and Volume Required: NA.</li> <li>4. Specimen Processing Instructions: NA.</li> <li>5. Cause for Rejection: Items listed under Microbiology general rejection criteria 6.</li> <li>6. Expected TAT: Routine 24 hours; ASAP 4 hours.</li> <li>7. <b>Test Performed in Microbiology Section. Test performed in Hematology Section, as STAT, only when Microbiology Section is not available.</b></li> </ol>
HAPTOGLOBIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Serum must be stored frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Specimens stored unfrozen for more than 24 hours CANNOT be analyzed.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HDL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Normally performed as part of Lipid Profile. Ship on dry ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>

HEAVY METALS SCREEN, URINE (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. Patient should refrain from eating seafood or taking mineral and herbal supplements three (3) days prior to the test.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 7 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: Must be frozen. Do not add preservative.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: URINE TOTAL VOLUME; LEAD SCREEN; MERCURY; ARSENIC</li> </ol>
HELICOBACTER PYLORI ANTIGEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: NA.</li> <li>2. Collection Container: Leak-proof container obtained from the Lab.</li> <li>3. Specimen and Volume Required: 2 grams fresh stool.</li> <li>4. Specimen Processing Instructions: Deliver to laboratory immediately or within 24 hours.</li> <li>5. Cause for Rejection: Specimens submitted on swabs.</li> <li>6. Expected TAT: 5-7 days</li> <li>7. <b>Test Performed in Microbiology</b></li> </ol>
HELICOBACTER PYLORI IgG	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled, hemolyzed specimen.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HELICOBACTER PYLORI IgM	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 3-4 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

HEMATOCRIT BODY FLUID (SPUN)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Lavender top tube (EDTA). Gently mix tube immediately after collection.</li> <li>3. Specimen and Volume Required: Body fluid, ½ volume of tube.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Clotted specimen.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> </ol>
HEMOGLOBIN A1C	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Refrigerate. Ship on wet ice.</li> <li>5. Cause for Rejection: More than 7 days old, gross lipemia, clots.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HEMOGLOBIN ELECTROPHORESIS PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Refrigerate. Ship on wet ice.</li> <li>5. Cause for Rejection: Gross lipemia, more than 7 days old, clots.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: HEMOGLOBIN A; HEMOGLOBIN S; HEMOGLOBIN C; HEMOGLOBIN OTHER; HEMOGLOBIN A2; HEMOGLOBIN F; PATH REVIEW ELECTROPHORESIS</li> </ol>
HEPATIC PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same Day.</li> <li>7. <b>Test Performed in Clinical Chemistry</b></li> <li>8. Tests in Panel: ALBUMIN; BILIRUBIN, TOTAL; ALK PHOSPHATASE; AST; ALT; BILIRUBIN, DIRECT; GGT</li> </ol>
HEPATITIS A ANTIBODY, TOTAL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1-2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

HEPATITIS A VIRUS ANTIBODY IGM	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1-2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HEPATITIS B CORE ANTIBODY IGM	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1-2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HEPATITIS B SURFACE ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1-2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HEPATITIS B SURFACE ANTIGEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1-2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HEPATITIS Be ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1-2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HEPATITIS Be ANTIGEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1-2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 4 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

HEPATITIS C RNA	<ol style="list-style-type: none"> <li>1. Patient Preparation: <b>None; this test is performed to confirm positive HCV Ab.</b></li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1-2 mL serum</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled. <b>No record of a positive HCV Ab test.</b></li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HEPATITIS C VIRUS ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1-2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 4 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol> <p>Note: Positive specimens that are <math>\geq 3.8</math> (s/co) will not be submitted for confirmation assay (RNA QUAL). Positive specimens that are <math>&lt; 3.8</math> (s/co) will be submitted for RNA QUAL test.</p>
HEPATITIS SURFACE ANTIGEN, CONFIRMATION (HBSAG CONFIRMATION)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1-2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 4 days.</li> <li>7. <b>Test Performed in Reference Laboratory.</b></li> </ol>
HERPES 1 & 2 IgG	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Collect acute sample upon onset of illness and convalescent sample 2-4 weeks from onset.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected, labeled, or hemolyzed specimen.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HERPES CULTURE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms.</li> <li>2. Collection Container: Virocult swab or sterile container.</li> <li>3. Specimen and Volume Required: Body fluid or tissue (except serum or plasma).</li> <li>4. Specimen Processing Instructions: Transport delays over 48 hours, the sample should be frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

HETEROPHILE AB (INFECTIOUS MONONUCLEOSIS TEST)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: SST tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Hemolysis or quantity not sufficient.</li> <li>6. Expected TAT: 48 hours.</li> <li>7. <b>Test Performed in Immunology on Mon/Wed/Fri.</b></li> </ol>
HISTOPLASMA ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Plastic vial.</li> <li>3. Specimen and Volume Required: 10 mL urine/serum/CSF.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HLA B27	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: 1 ACD yellow top tubes.</li> <li>3. Specimen and Volume Required: 10 mL whole blood.</li> <li>4. Specimen Processing Instructions: Ship at room temperature.</li> <li>5. Cause for Rejection: More than 48 hours old specimen; hemolyzed, EDTA.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HOMOCYSTEINE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA</li> <li>3. Specimen and Volume Required: 1 mL plasma.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled. Gross hemolysis or lipemia.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
HUMAN PARVOVIRUS B19 ANTIBODY (IgG)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Hemolysis, lipemia, or icteric.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
ICTOTEST	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Urine collection container.</li> <li>3. Specimen and Volume Required: 10 mL urine.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in: Urinalysis.</b></li> </ol>

IMMUNOGLOBULIN A	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Serum must be stored frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Specimens stored unfrozen for more than 24 hours CANNOT be analyzed.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
IMMUNOGLOBULIN E	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
IMMUNOGLOBULIN G	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST) or CSF Collection tube #3.</li> <li>3. Specimen and Volume Required: 2 mL serum or CSF.</li> <li>4. Specimen Processing Instructions: Specimens must be stored frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Specimens stored unfrozen for more than 24 hours CANNOT be analyzed.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
IMMUNOGLOBULIN M	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Serum must be stored frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Specimens stored unfrozen for more than 24 hours CANNOT be analyzed.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

INFLUENZA A/B ANTIGEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile container for nasal wash, or two sterile swabs.</li> <li>3. Specimen and Volume Required: 2-3 mL nasal wash or nasal aspirate. Pharyngeal swabs are less optimal.</li> <li>4. Specimen Processing Instructions: Transport to laboratory immediately.</li> <li>5. Cause for Rejection: Bloody specimens.</li> <li>6. Expected TAT: During influenza season (January through April), influenza antigens will be run within 2 hours of arrival in lab, from 0730-1630, Monday-Friday and 0800-1200 on Saturday and Sunday. Specimens submitted at other times will be run at the beginning of the next duty day.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> <li>8. Back-up viral culture recommended.</li> </ol>
INSULIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Fasting.</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Separate serum from cells ASAP and freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolysis. Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 30 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
INSULIN-LIKE GROWTH FACTOR I (IGF-1)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Hemolysis or lipemia. Recommend room temperature.</li> <li>6. Expected TAT: 5-7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
IRON	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST)</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Refrigerate serum. Ship on wet ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>

IRON PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Separate from cells, transfer to transport tube, refrigerate. Ship on wet ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: IRON BINDING CAPACITY, UNSAT; IRON BINDING CAPACITY, TOTAL; IRON; FERRITIN; FE SAT%</li> </ol>
LACTATE (Lactic Acid)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient should avoid exercise of arm prior and during collection.</li> <li>2. Collection Container: Sodium fluoride (gray top tube).</li> <li>3. Specimen and Volume Required: 1 mL plasma.</li> <li>4. Specimen Processing Instructions: Submit on ice or frozen. Centrifuge and separate cells from plasma within 15 minutes of receipt.</li> <li>5. Cause for Rejection: Submitted at room temperature or unfrozen.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
LD	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove serum from clot within 1 hour of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
LEAD SCREEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 7 mL whole blood (adult); 3 mL or capillary whole blood (pediatric).</li> <li>4. Specimen Processing Instructions: Mix specimen after collection to prevent clotting. Refrigerate whole blood if transport delayed. Ship on wet ice.</li> <li>5. Cause for Rejection: Frozen or clotted specimens.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
LEGIONELLA ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected, labeled, or hemolyzed specimen.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

LH	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Non-frozen specimens from outside source. Patients receiving therapy with high biotin doses (&gt;5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
LIPASE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
LIPID PROFILE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient should fast 12-14 hours prior to collection.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Refrigerate if transport is delayed. Ship on wet ice.</li> <li>5. Cause for Rejection: Patient must fast 12-14 hours.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: HDL/CHOL RATIO; CHOLESTEROL; HDL; LOW DENSITY LIPOPROTEIN; TRIGLYCERIDE; CHOLESTEROL IN VLDL</li> </ol>
LITHIUM	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sodium Heparin (Green).</li> <li>3. Specimen and Volume Required: 2 mL plasma.</li> <li>4. Specimen Processing Instructions: Commonly drawn 12 hours after last dose. Centrifuge and remove plasma from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

<p>LYME ANTIBODY PROFILE</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: LYME DISEASE AB SCREEN, TOTAL; B BURGDORFERI IGG BAND PAT (REFLEX); B BURGDORFERI IGM BAND PAT (REFLEX)</li> </ol>
<p>LYSOZYME</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Avoid alcohol.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Hemolysis or lipemia.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
<p>MAGNESIUM</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
<p>MALARIA IDENTIFICATION (SEE BLOOD PARASITES)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Aseptically obtain capillary blood from finger sticks for slide preparation, 3 thick and 3 thin smears. For thick smears, place 2 drops of blood on a slide and spread each drop out to the size of a dime. For thin smears, place a drop of blood on a slide and using another slide, streak out the blood as you would for a differential slide. Allow both thick and thin smears to dry. Whole blood may also be submitted in an EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: Capillary blood or 3 mL whole blood.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly labeled or collected.</li> <li>6. Expected TAT: 3 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

<p>MANUAL DIFFERENTIAL</p> <p>NOTE: Performed when indicated by automated differential flags or if authorized by supervisor or medical director of hematology.</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: Minimum 3-5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Allow Vacutainer to draw to the level of its vacuum, mix gently. Transport to laboratory at room temperature. Must be received within 8 hours.</li> <li>5. Cause for Rejection: Clotted, hemolyzed, or quantity not sufficient, age of specimen more than 12 hours.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> <li>8. Tests in Panel: SEGS; BANDS; LYMPH; MONO; EOS; BASOPHIL; ATYPICAL LYMPHS; METAMYELOCYTES; PLATELET ESTIMATE; ANISOCYTOSIS; POIKILOCYTOSIS; MACROCYTES; POLYCHROMASIA; HYPOCHROMASIA; MICROCYTOSIS; RBC MORPH; NUCLEATED RBC/100 WBC; BLASTS; PROMYELOCYTE; MYELO; OTHER WBC; BASO STI; TOXIC GRAN; CORRECTED WHITE BLOOD COUNT; ECHINOCYTES; DACROCYTES; ACANTHOCYTES; CODOCYTES; SCHISTOCYTES; OVALOCYTES; STOMATOCYTES; SMUDGE CELLS; DOHLE BODIES; HOWELL JOLLY BODIES</li> </ol>
<p>METHYLMALONIC ACID</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled. Recommend room temperature</li> <li>6. Expected TAT: 15 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
<p>MICROALBUMIN PANEL (RANDOM OR TIMED URINE)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Random or timed urine.</li> <li>3. Specimen and Volume Required: 10 mL urine, no preservative.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 10-15 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: MICROALBUMIN, MICROALBUMIN RATIO</li> </ol>

MUMPS ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
MYCOPLASMA IgG ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
MYOGLOBIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Lithium Heparin (Green).</li> <li>3. Specimen and Volume Required: 2 mL plasma.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Grossly Hemolyzed.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
MYOGLOBIN, URINE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Plastic vial.</li> <li>3. Specimen and Volume Required: 5 mL urine.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
NASAL SMEAR	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Nasal smear swab.</li> <li>3. Specimen and Volume Required: Nasal cellular material.</li> <li>4. Specimen Processing Instructions: Transport to laboratory ASAP.</li> <li>5. Cause for Rejection: Dry swab.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> </ol>

O&P (INTESTINAL PARASITES)	<ol style="list-style-type: none"> <li>1. Patient Preparation: One fresh stool each day for 3 consecutive days.</li> <li>2. Collection Container: PVA O&amp;P Collection Kit.</li> <li>3. Specimen and Volume Required: Fresh stool in PVA preservative (zinc containing formulations is preferred over mercury).</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 30 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
OCCULT BLOOD	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Hemocult card.</li> <li>3. Specimen and Volume Required: Fresh stool.</li> <li>4. Specimen Processing Instructions: Transfer fresh stool from collection container to Hemocult card using a clean wooden disposable applicator stick.</li> <li>5. Cause for Rejection: Improperly collected or unlabeled.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>
OSMOLALITY	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: No additive red top or urine collection container.</li> <li>3. Specimen and Volume Required: 2 mL serum or urine.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 2-4 days.</li> <li>7. <b>Test Performed by Reference laboratory.</b></li> </ol>
PARATHORMONE PANEL (PTH)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Fasting.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Separate serum from cells ASAP and freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolyzed sample. Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: PARATHYRIN INTACT; CALCIUM</li> </ol>

PHENOBARBITAL	<ol style="list-style-type: none"> <li>1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Refrigerate.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
PHOSPHORUS	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove plasma from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
PINWORM PREPARATION	<ol style="list-style-type: none"> <li>1. Patient Preparation: Avoid fecal contamination.</li> <li>2. Collection Container: Pinworm paddle, clear Scotch tape prep.</li> <li>3. Specimen and Volume Required: Apply paddle to perianal area in the morning. Avoid fecal contamination.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 2 days.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>
PORPHOBILINOGEN, URINE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Random urine container.</li> <li>3. Specimen and Volume Required: 10 mL random urine.</li> <li>4. Specimen Processing Instructions: Freeze immediately and wrap in aluminum foil to protect from light. Ship on dry ice.</li> <li>5. Cause for Rejection: Specimen received unfrozen or unprotected from light.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
POTASSIUM	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove from clot within 2 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>

POTASSIUM,URINE (RANDOM)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Urine collection container.</li> <li>3. Specimen and Volume Required: 1 mL urine.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
PREALBUMIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Specimen received unfrozen from outside source.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
PREGNANCY TEST (HCG), QUANT	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube, Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
PRENATAL SCREEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 10ml glass Purple Top tube</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: Mon/Tue/Wed/Thur.</li> <li>7. <b>Test Performed in Blood Bank.</b></li> </ol>

PROGESTERONE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source. Patients receiving phenylbutazone at therapeutic dosage levels showed interference with the assay (below PGN levels). In patients receiving therapy with high biotin doses (&gt;5mg/day) no sample should be taken until at least 8 hours after the last administration. Erroneous findings may be obtained from samples taken from patients who have been treated with monoclonal mouse antibodies or who have received them for diagnostic purpose.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
PROLACTIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Non-frozen specimen from outside source. Patients receiving therapy with high biotin doses (&gt;5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose.</li> </ol> <p>Note: When determining prolactin, it should be remembered that the measured concentration is dependent upon when the blood sample was taken, since the secretion of prolactin occurs in episodes and is also subject to a 24-hour cycle. The release of prolactin is promoted physiologically by suckling and stress. In addition, elevated serum prolactin concentrations are caused by a number of pharmaceuticals (e.g. dibenzodiazepines, phenothiazine), TRH, and estrogen. The release of prolactin is inhibited by dopamine, L-dopa, and ergotamine derivatives. A number of publications report the presence of macroprolactin in the serum of female patients with various endocrinological diseases or during pregnancy.</p> <ol style="list-style-type: none"> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

PROSTATE SPECIFIC ANTIGEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Frozen. Ship on dry ice.</li> <li>5. Cause for Rejection: Gross hemolysis. Non-frozen specimen from outside source. Patients receiving therapy with high biotin doses (&gt;5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies. These specimens may show erroneous results in such assay.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
PROTEIN, TOTAL	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove serum from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
PROTEIN, URINE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient should be given instructions to keep urine collection refrigerated during the collection process.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: No preservative is required. Mix 24-hour urine collection well. Aliquot 10 mL of the 24-hour urine collection into a separate labeled container. Record 24-hour collection total volume and date and time of collection on request. Refrigerate. Ship on wet ice.</li> <li>5. Cause for Rejection: Acidified specimens cannot be analyzed.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>

<p>PT/INR</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Coumadin patients only.</li> <li>2. Collection Container: Blue top tube (sodium citrate).</li> <li>3. Specimen and Volume Required: 2.7 mL or 4.5 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube.</li> <li>4. Specimen Processing Instructions: Tube must be filled to fill line. The tube(s) must be mixed gently after collection. Avoid specimen hemolysis and clotting. Transport to the laboratory room temperature</li> <li>5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> </ol>
<p>PTT</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Blue top tube (sodium citrate).</li> <li>3. Specimen and Volume Required: 2.7 mL or 4.5 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube.</li> <li>4. Specimen Processing Instructions: Tube must be filled to fill line. The tube(s) must be mixed gently after collection. Avoid specimen hemolysis and clotting. Transport to the laboratory room temperature.</li> <li>5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> </ol>

PT/PTT (PANEL)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Blue top tube (sodium citrate).</li> <li>3. Specimen and Volume Required: 2.7 mL or 4.5 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube.</li> <li>4. Specimen Processing Instructions: Gently mix tube after collection to ensure effectiveness of anti-coagulant.</li> <li>5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> <li>8. Tests in Panel: PT; APTT; INR</li> </ol>
QUINIDINE	<ol style="list-style-type: none"> <li>1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
RAPID PLASMA REAGIN (RPR)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Refrigerate</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 2 days.</li> <li>7. <b>Test Performed in Immunology on Mon/Wed/Fri.</b></li> </ol>
RAST	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 10 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 30 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

REDUCING SUBSTANCES, STOOL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Sterile container.</li> <li>3. Specimen and Volume Required: Random, unpreserved stool, minimum 1 gm.</li> <li>4. Specimen Processing Instructions: Refrigerate if transport is delayed.</li> <li>5. Cause for Rejection: Improperly collected, such as in preservative or submission of diapers, or improperly labeled.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test performed in Urinalysis.</b></li> </ol>
RENAL PANEL – BASIC METABOLIC	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> <li>8. Tests in Panel: CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM, UREA NITROGEN</li> </ol>
RENIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Fasting preferred.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 2 mL plasma.</li> <li>4. Specimen Processing Instructions: Separate plasma immediately and fast freeze immediately. Ensure plasma remains frozen at all times.</li> <li>5. Cause for Rejection: Lipemic.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
RETICULOCYTE COUNT	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Lavender top tube (EDTA) or pediatric bullet tube (EDTA). Gently mix sample immediately following collection.</li> <li>3. Specimen and Volume Required: Minimum 3-5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Allow Vacutainer to draw to the level of its vacuum, mix gently. Transport to the laboratory at room temperature. Must be received within 8 hours.</li> <li>5. Cause for Rejection: Hemolysis, clots, or quantity not sufficient.</li> <li>6. Expected TAT: 4 hours.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> </ol>

RHEUMATOID FACTOR, QUANT	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected, labeled, or hemolyzed specimen.</li> <li>6. Expected TAT: 48 hours</li> <li>7. <b>Test Performed in Immunology on Mon/Wed/Fri.</b></li> </ol>
ROTAVIRUS ANTIGEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: Fresh stool sample required. Collect specimens 1 to 3 days after onset of symptoms.</li> <li>2. Collection Container: Sterile screw cap container.</li> <li>3. Specimen and Volume Required: 2 grams fresh stool, rectal swabs (no preservative).</li> <li>4. Specimen Processing Instructions: Freeze sample if transportation is delayed.</li> <li>5. Cause for Rejection: Improperly collected or labeled; received at room temperature.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
RSV ANTIGEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile container or swab.</li> <li>3. Specimen and Volume Required: 2-3 mL nasopharyngeal washes or aspirates, or nasopharyngeal swabs.</li> <li>4. Specimen Processing Instructions: Transport to laboratory immediately.</li> <li>5. Cause for Rejection: Improper specimen submission.</li> <li>6. Expected TAT: 1 hour for STAT specimens. 4 hours during normal operating hours. If sample is submitted at other times, sample will be tested next duty day.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>
RUBELLA IgG	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

RUBEOLA IgG	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset.</li> <li>2. Collection Container: Red Top Tube</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
SALICYLATE	<ol style="list-style-type: none"> <li>1. Patient Preparation: For therapeutic monitoring, collect just prior to next dose. For overdose, specimens should be collected as soon as possible and at least 6 hours after ingestion.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 1 day.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
SEMEN ANALYSIS, COMPLETE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Abstain from sexual activity for 72 hours. Patient should be instructed to schedule an appointment and report to the laboratory collection processing area, third floor to receive specimen collection instructions.</li> <li>2. Collection Container: Sterile urine cup.</li> <li>3. Specimen and Volume Required: Semen, representative portion.</li> <li>4. Specimen Processing Instructions: The laboratory must receive sample within 1 hour after collection. Performed only between 0700 and 0800 on Tuesday and Thursday only. An appointment is required.</li> <li>5. Cause for Rejection: Quantity not sufficient.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Urinalysis Section.</b></li> <li>8. Tests in Panel: VOL; PH; SPERM COUNT; MOTILITY; MORPH; OTHER</li> </ol>

SPERM COUNT, POST VAS	<ol style="list-style-type: none"> <li>1. Patient Preparation: Abstain from sexual activity for 72 hours. Patient should be instructed to schedule an appointment and report to the laboratory collection processing area, third floor to receive specimen collection instructions.</li> <li>2. Collection Container: Sterile urine cup.</li> <li>3. Specimen and Volume Required: Semen, representative portion.</li> <li>4. Specimen Processing Instructions: The laboratory must receive sample within 1 hour after collection. Performed only between 0700 and 0930 on Thursday only.</li> <li>5. Cause for Rejection: Quantity not sufficient.</li> <li>6. Expected TAT: 72 hours.</li> <li>7. <b>Test Performed in Urinalysis Section.</b></li> </ol>
SICKLE CELL SCREEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube.</li> <li>3. Specimen and Volume Required: 5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Mix well to avoid clots. Ship on wet ice.</li> <li>5. Cause for Rejection: Gross hemolysis, clots.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Hematology.</b></li> </ol>
SODIUM	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
SPECIFIC GRAVITY, FLUID (SP,F)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile cup.</li> <li>3. Specimen and Volume Required: 1 mL fluid.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Urinalysis.</b></li> </ol>
STONE RISK ANALYSIS (URORISK)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Mission Pharmacal request form must be completed and submitted with sample.</li> <li>2. Collection Container: 24 hour special container.</li> <li>3. Specimen and Volume Required: 24-hour urine.</li> <li>4. Specimen Processing Instructions: Call (915) 569-1220.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 7-10 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

STOOL CULTURE (SALMONELLA, SHIGELLA)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Pass specimen directly into clean, dry container. Do not contaminate with urine, barium, or toilet paper. For rectal swabs, carefully insert transport swab 2.5 cm beyond anal sphincter, gently rotate swab to sample crypts. Test should not be requested on patients hospitalized for more than 3 days.</li> <li>2. Collection Container: Leak-proof, wide month container or rectal swab.</li> <li>3. Specimen and Volume Required: Greater than 2 gram fresh sample or rectal swab.</li> <li>4. Specimen Processing Instructions: Transport to the laboratory within 1 hour. Cultures are screened for Salmonella and Shigella. Requests for other bacterial agents, such as Yersinia, Campylobacter, E Coli, or VRE must be noted in comment section of test request.</li> <li>5. Cause for Rejection: Formed or preserved specimen or items listed under Microbiology general rejection criteria.</li> <li>6. Expected TAT: 3-5 days.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>
STOOL pH	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Sterile container.</li> <li>3. Specimen and Volume Required: Fresh stool.</li> <li>4. Specimen Processing Instructions: Refrigerate if transport is delayed.</li> <li>5. Cause for Rejection: Improperly labeled. Specimen submitted in preservatives.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
SULFOSALICYLIC ACID (3%) SCREEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Urine collection container.</li> <li>3. Specimen and Volume Required: 10 mL urine.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Urinalysis.</b></li> </ol>
TAPE WORM	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Sterile container.</li> <li>3. Specimen and Volume Required: Entire segment of worm placed in saline.</li> <li>4. Specimen Processing Instructions: Refrigerate if transportation is delayed. Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 3 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

TESTOSTERONE	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolyzed sample. Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
TETANUS ANTIBODIES (IGG)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
THEOPHYLLINE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Collect just prior to next oral dose, at steady state concentration during IV administration or 30 minutes after completion of IV dose.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
THROAT CULTURE (N. GONORRHOEAE)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Throat Swab Transport Device (indicate source).</li> <li>3. Specimen and Volume Required: Throat swabs.</li> <li>4. Specimen Processing Instructions: Transport immediately to the Lab onto Blood and Martin Lewis media. Place in CO<sub>2</sub> incubator. and transport to Spe Indicate source.</li> <li>5. Cause for Rejection: Swab not delivered immediately or was refrigerated. Out-dated media.</li> <li>6. Expected TAT: 72 hours.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>

<p>THROAT CULTURE (STREPTOCOCCAL GROUP A CULTURE)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Swab transport device.</li> <li>3. Specimen and Volume Required: NA.</li> <li>4. Specimen Processing Instructions: Transport to laboratory immediately, store at room temperature if delay occurs.             <ol style="list-style-type: none"> <li>a. This request is to rule out beta-hemolytic group A streptococci, (<i>Streptococcus pyogenes</i>). Contact Chief, Microbiology for special requests.</li> <li>b. A request to rule out <i>Neisseria gonorrhoeae</i> requires special media and transport and should be coordinated with Bacteriology prior to request. Inoculate specimen using Dacron or Rayon swab onto selective media by streaking the media by the swab in a "Z" pattern. Place in CO<sub>2</sub> pouch and transport to Specimen Processing immediately.</li> <li>c. Requests for <i>Corynebacterium diphtheriae</i> require special media and transport. Coordinate with Bacteriology, Microbiology Section.</li> </ol> </li> <li>5. Cause for Rejection: Items listed under Microbiology general rejection criteria.</li> <li>6. Expected TAT: 24-72 hours.</li> <li>7. <b>Test Performed in Microbiology Section</b></li> </ol>
<p>THYROGLOBULIN QUANT</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2.0 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
<p>THYROID ANTIBODY PANEL</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Red Top Tube</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected, labeled or hemolyzed specimens unsuitable for testing.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: THYROGLOBULIN ANTIBODY; THYROID MICROSOMAL ANTIBODIES</li> </ol>

<p>THYROID PEROXIDASE ANTIBODIES</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
<p>THYROID STIMULATING HORMONE (TSH)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
<p>THYROID STIMULATING IMMUNOGLOBULIN</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
<p>TOBRAMYCIN PEAK</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: For intravenous therapy, peak concentration occurs 15 to 30 minutes following completion of infusion. For intramuscular therapy, peak concentration occurs 45 to 75 minutes following administration.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 1 mL serum</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory</b></li> </ol>
<p>TOBRAMYCIN RANDOM</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

TOBRAMYCIN TROUGH	<ol style="list-style-type: none"> <li>1. Patient Preparation: For intravenous therapy and intramuscular, trough concentration occurs not more than 30 minutes before next dose.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 1 mL serum</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
TOTAL COMPLEMENT (CH 50)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled; received at room temperature or refrigerated.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
TOTAL EOSINOPHIL COUNT, AUTOMATED	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: EDTA lavender top tube or pediatric bullet tube. Gently mix immediately following collection.</li> <li>3. Specimen and Volume Required: Minimum 3-5 mL whole blood.</li> <li>4. Specimen Processing Instructions: Allow Vacutainer to draw to the level of its vacuum, mix gently. Transport to laboratory at room temperature. Must be received within 8 hours.</li> <li>5. Cause for Rejection: Hemolysis, clots, or quantity not sufficient.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Hematology Section.</b></li> </ol>
TOXICOLOGY SCREEN (SERUM)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 7 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 7-14 days</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: ETHANOL; SALICYLATES; ACETAMINOPHEN</li> </ol>

TOXICOLOGY SCREEN (URINE)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Plastic vial.</li> <li>3. Specimen and Volume Required: 20 mL urine.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Urinalysis.</b></li> <li>8. Tests in Panel: BARBITUATES; BENZODIAZEPINES; COCAINE; OPIATES; CANNABINOIDS; AMPHETAMINES; PCP.</li> </ol>
TOXOPLASMOSIS PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique.</li> <li>2. Collection Container: Red Top Tube.</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14-21 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: TOXOPLASMOSIS IgG; TOXOPLASMOSIS IgM</li> </ol>
TRANSFERRIN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum.</li> <li>4. Specimen Processing Instructions: Separate cells from serum ASAP. Freeze serum. Ship on dry ice.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 14-21 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
TRIGLYCERIDE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient should fast 12-14 hours prior to collection.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Refrigerate serum. Ship on wet ice.</li> <li>5. Cause for Rejection: Non-fasting specimen.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
TRIPLE MARKER PROFILE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Complete IERA Form 03 and submit with sample.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on wet ice.</li> <li>5. Cause for Rejection: Improperly collected and improperly labeled.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

TROPONIN I	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: SST Tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: Freeze after draw.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
UREA NITROGEN	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum</li> <li>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
URIC ACID	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 1 mL serum</li> <li>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
URIC ACID, URINE (RANDOM)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Urine cup.</li> <li>3. Specimen and Volume Required: 10 mL urine.</li> <li>4. Specimen Processing Instructions: NO preservative. Refrigerate if transport delayed. Ship on dry ice.</li> <li>5. Cause for Rejection: Acidified specimens cannot be analyzed.</li> <li>6. Expected TAT: Same day.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>

URINE ANALYSIS	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Urine collection container.</li> <li>3. Specimen and Volume Required: 10 mL urine.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: Urine samples received more than 4 hours from collection time.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Urinalysis.</b></li> <li>8. Tests in Panel: URN:GLUCOSE; URN:COLOR; URN:APPEARANCE; URN:BILIRUBIN; URN:KETONES; URN:SPECIFIC GRAVITY; URN:BLOOD; URN:PH; URN:PROTEIN; URN:UROBILINOGEN; URN:NITRITE; URN:LEUKOCYTE ESTERASE; MIC:RBC; MIC:WBC; MIC:BACTERIA; MIC:YEAST; MIC:EPITHELIAL CELLS; MIC:MUCUS; MIC:TRICHOMONAS; MIC:CASTS; MIC:CRYSTALS</li> </ol>
URINE CULTURE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Obtain a clean catch, midstream urine (CCMS) specimen, after cleaning the external genitalia. First morning specimens are preferred. Catheterized and bladder samples may also be submitted. Identify the specific source when ordering. Do NOT submit Foley catheter tips.</li> <li>2. Collection Container: Sterile urine cup, screw top container, or urine transport kit.</li> <li>3. Specimen and Volume Required: Greater than 1 mL urine.</li> <li>4. Specimen Processing Instructions: Transport specimen to laboratory within 2 hours of collection for unpreserved specimen. Store refrigerated or use appropriate transport devise, if transport is delayed.</li> <li>5. Cause for Rejection: Specimens not properly preserved. Preserved specimens more than 24 hours old. Pooled 24-hour sample. Urine submitted from catheter bag or Foley catheter tip. Items listed under Microbiology general rejection criteria.</li> <li>6. Expected TAT: 24-72 hours.</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>

<p>URINE PROTEIN ELECTROPHORESIS (UPEP)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 25 mL urine well mixed.</li> <li>4. Specimen Processing Instructions: NO preservatives added. Aliquot 25 mL urine from the total volume of the 24-hour collection. Record total volume on laboratory request. State if other than 24-hour urine sent. Notify laboratory if request is accompanied by serum protein electrophoresis request. Ship on wet ice.</li> <li>5. Cause for Rejection: NA.</li> <li>6. Expected TAT: 14 days (TAT may vary depending on results obtained).</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: UA/ALBUMIN; URINE ALPHA-1; URINE ALPHA-2; URINE BETA; URINE GAMMA; IGG HEAVY CHAIN AG; IGM HEAVY CHAIN AG; IGA HEAVY CHAIN AG; KAPPA LIGHT CHAIN FREE; LAMBDA LIGHT CHAIN FREE.</li> </ol>
<p>URINE TOTAL VOLUME</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. All future urine voids should be collected in a clean 24-hour urine collection container. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: Not applicable.</li> <li>4. Specimen Processing Instructions: No preservative required. Record total volume and enter result in the computer.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 1-4 hours.</li> <li>7. <b>Test Performed in Clinical Chemistry.</b></li> </ol>
<p>VALPROIC ACID</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Blood samples should be drawn immediately prior to the next dose. A prerequisite for monitoring serum levels is that dosage must be stable for at least two days; doses should not be changed or missed.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

VANCOMYCIN PEAK	<ol style="list-style-type: none"> <li>1. Patient Preparation: Peak serum levels should be obtained one to two hours after intravenous administration.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
VANCOMYCIN RANDOM	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
VANCOMYCIN TROUGH	<ol style="list-style-type: none"> <li>1. Patient Preparation: Trough levels are reflected by samples obtained immediately prior to the next dose.</li> <li>2. Collection Container: Red top tube.</li> <li>3. Specimen and Volume Required: 2 mL serum.</li> <li>4. Specimen Processing Instructions: None.</li> <li>5. Cause for Rejection: None.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
VANILLYLMANDELIC ACID (VMA)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Patient should be given instructions to keep urine collection refrigerated during the collection process.</li> <li>2. Collection Container: 24-hour urine container.</li> <li>3. Specimen and Volume Required: 25 mL aliquot of 24-hour urine collection.</li> <li>4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</li> <li>5. Cause for Rejection: Must be frozen. Do not add preservative.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: VOLUME 24H; VANILLYLMANDELATE 24H, VANILLYLMANDELATE UA</li> </ol>

VARICELLA ANTIBODY	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
VARICELLA ANTIGEN (DFA)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms. Coordination with the Shipping Section requested.</li> <li>2. Collection Container: Sterile container.</li> <li>3. Specimen and Volume Required: 2 slides and 1 viral swab for culture.</li> <li>4. Specimen Processing Instructions: Collect cellular sample using sterile swab. Smear cellular material onto labeled glass slide. Place slide in sterile container and transport. Each request should be accompanied with a separate order and sample for Herpes culture.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
VIRUS CULTURE	<ol style="list-style-type: none"> <li>1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms.</li> <li>2. Collection Container: Sterile container.</li> <li>3. Specimen and Volume Required: CSF, respiratory fluids and swabs, urine, stool, and lesions.</li> <li>4. Specimen Processing Instructions: Add sterile saline to biopsy specimens. Freeze sample if transport is delayed.</li> <li>5. Cause for Rejection: Improperly collected or labeled.</li> <li>6. Expected TAT: 30-45 days.</li> <li>7. <b>Test performed by Reference Laboratory.</b></li> </ol>
VITAMIN B-12 AND FOLATE PANEL	<ol style="list-style-type: none"> <li>1. Patient Preparation: Fasting (12 hours).</li> <li>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Frozen within 8 hours, protect serum from light.</li> <li>5. Cause for Rejection: Hemolysis sample. Non-frozen specimen from outside source.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> <li>8. Tests in Panel: VITAMIN B-12; FOLATE</li> </ol>

VITAMIN D (1,25 DIHYDROXY)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolysis.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
VITAMIN D (25 HYDROXY)	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Silicone Stopper Tube (SST).</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: Ship on dry ice.</li> <li>5. Cause for Rejection: Hemolysis or lipemia.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
WOUND CULTURE, DEEP (INCLUDES GRAM STAIN)	<ol style="list-style-type: none"> <li>1. Patient Preparation: Remove surface exudate by wiping with sterile saline or 70% alcohol. For superficial and/or open wounds aspirate or swab deep into lesion at the lesion's advancing edge. For deep or closed wounds, aspirate material with a needle and syringe and aseptically transfer all material into anaerobic transport device or vial.</li> <li>2. Collection Container: Sterile container with aspirate, swab, anaerobic transport device for anaerobes when required.</li> <li>3. Specimen and Volume Required: Representative portion.</li> <li>4. Specimen Processing Instructions: Deliver promptly to the laboratory. Indicate source of specimen and when appropriate type of infection and/or organism suspected. Please note if wound is from a bite. For optimal Gram stain results, request a separate swab be submitted.</li> <li>5. Cause for Rejection: See Microbiology Section, general rejection criteria.</li> <li>6. Expected TAT: 3-5 days for aerobic culture (7 days for anaerobic culture).</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>

<p>WOUND CULTURE, SUPERFICIAL (INCLUDES GRAM STAIN)</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: Remove surface exudate by wiping with sterile saline or 70% alcohol. For superficial and/or open wounds aspirate or swab deep into lesion at the lesion's advancing edge. For deep or closed wounds, aspirate material with a needle and syringe and aseptically transfer all material into anaerobic transport device or vial.</li> <li>2. Collection Container: Sterile container with aspirate, swab, anaerobic transport device for anaerobes when required.</li> <li>3. Specimen and Volume Required: Representative portion.</li> <li>4. Specimen Processing Instructions: Indicate site. Please note if wound is from a bite. For optimal Gram stain results, request a separate swab be submitted.</li> <li>5. Cause for Rejection: See Microbiology Section, general rejection criteria.</li> <li>6. Expected TAT: 3-5 days for aerobic culture (7 days for anaerobic culture).</li> <li>7. <b>Test Performed in Microbiology Section.</b></li> </ol>
<p>ZINC</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Royal blue acid-washed tube.</li> <li>3. Specimen and Volume Required: 3 mL serum.</li> <li>4. Specimen Processing Instructions: After drawing in royal blue acid-washed tube, separate cells from serum promptly and transfer serum into another labeled royal blue acid-washed tube.</li> <li>5. Cause for Rejection: Serum must have been collected and stored in royal blue acid-washed tube. Store refrigerated. Ship on wet ice.</li> <li>6. Expected TAT: 7-14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>
<p>ZINC PROTOPORPHYRIN</p>	<ol style="list-style-type: none"> <li>1. Patient Preparation: None.</li> <li>2. Collection Container: Lavender top tube EDTA, 7 mL tube or capillary.</li> <li>3. Specimen and Volume Required: Whole blood, entire collection.</li> <li>4. Specimen Processing Instructions: Store refrigerated. Ship on wet ice.</li> <li>5. Cause for Rejection: Serum, frozen, or clotted whole blood cannot be used for analysis.</li> <li>6. Expected TAT: 14 days.</li> <li>7. <b>Test Performed by Reference Laboratory.</b></li> </ol>

**APPENDIX F**

## Laboratory Request Forms

*Standard Form 515	Tissue Examination
Standard Form 518	Blood or Blood Component Transfusion
*Standard Form 541	Gynecologic Cytology
*Standard Form 546	Chemistry I
*Standard Form 548	Chemistry III (Urine)
*Standard Form 549	Hematology
*Standard Form 551	Immunology
*Standard Form 552	Parasitology
*Standard Form 553	Microbiology I
*Standard Form 556	Immunohematology
*Standard Form 557	Miscellaneous

\* Forms to be used when tests/procedures are not available on CHCS.

**APPENDIX G**

## Names and Synonyms of Laboratory Tests

<b><u>NAME</u></b>	<b><u>SYNONYM</u></b>
11-DEOXYCORTISOL	COMPOUND S DESOXYCORTISOL 11-DESOXYCORTISOL
17-A HYDROXYPROGESTERONE	17-ALPHA HYDROXYPROGESTERONE
17-HYDROXYCORTICOSTEROIDS	17 HYDROXYSTEROIDS 17OH 17OH-CORTICOSTEROIDS
17-HYDROXYPROGESTERONE	17-OH PROGESTERONE 17 OH PROGESTERONE 17OHPG
17-KETOSTEROIDS	17-KETOS
18-HYDROXYCORTICOSTERONE	18 OHCORTICOSTERONE 18 OH-CORTICOSTERONE 18 HYDROXYCORTICOSTERONE
1:1 MIX PT RM TEMP	PT MIXING STUDY MIXING STUDY,PT MX STDY PT
1:1 MIX PTT RM TEMP	MXPTT MIXING STUDY, PTT MX STDY PTT
2-AMINO BUTYRATE	2-AMINO BUTYRIC ACID AAS-2-AMINO BUTYRIC ACID

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24 HOUR URINE LYTES

24 HR URINE LYTES  
URINE LYTES,24 HR  
LYTES,24 HR URINE

24 HR URINE METANEPHRINE PANEL

METANEPHRINE, URINE 24 HR

3-METHOXYTYRAMINE 24H

3-METHOXYTYRAMINE 24HR  
3-METHOXYTYRAMNE 24H

3-METHOXYTYRAMNE CONC UA

3-METHOXYTYRAMINE, CONC  
URN 3-METHOXYTYRAMNE CONC  
TYRAMINE 3-METHOXY UR

5-HYDROXYINDOLEACETATE

5-HIAA  
SEROTONIN METABOLITE  
24 HR 5-HIAA  
5 HYDROXYINDOLEACETIC ACID

5-HYDROXYTRYPTOPHAN

5-HTP

68KD AB

ANTI-68 KD (HSP-70) ANTIBODIES

A FLAVUS AB

ASPERGILLUS FLAVUS ANTIBODY  
ASPERGILLUS FLAVUS AB

A FUMIGATUS AB

ASPERGILLUS FUMIGATUS ANTIBODY  
ASPERGILLUS FUMIGATUS AB

A NIGER AB

ASPERGILLUS NIGER ANTIBODY  
ASPERGILLUS NIGER AB

A-1-ANTITRYPSIN

AAT  
ANTITRYPSIN ALPHA 1  
ALPHA 1 ANTITRYPSIN  
ALPHA-1-ANTITRYPSIN

A-1-FETOPROTEIN

AFP TUMOUR MARKER  
ALPHA FETOPROTEIN

A-1-GLOBULIN

ALPHA-1  
ALPHA 1 GLOBULIN

A-2-GLOBULIN

ALPHA-2  
ALPHA 2 GLOBULIN

A-AMINO-N-BUTYRATE

AAS-A-AMINO-N-BUTYRIC ACID  
ALPHA AMINO-N-BUTYRIC  
ALPHA AMINO-N-BUTYRIC 10/0  
ALPHA AMINO-N-BUTYRIC 10/00

A-AMINOADIPATE

AAS-AMINOADIPIC ACID  
2-AMINOADIPIC ACID  
ALPHA AMINOADIPATE

A-GALACTOSIDASE

FABRY'S DISEASE  
ALPHA GALACTOSIDASE

ABO/RH GROUP - CHCS

ABO GROUP/RH TYPE  
BLOOD TYPE  
ABO/RH

ACETAMINOPHEN

TYLENOL

ACETYLCHOLINESTERASE

ACHE  
ACETYLCHOLINESTERASE, AMN FLD  
CHOLINESTERASE,RBC

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ACID FAST CULTURE

TB CULTURE  
TB CULTURE & SMEAR  
AFB SMEAR & CULTURE  
TB SMEAR & CULTURE  
AFB CULTURE  
MYCOBACTERIAL CULTURE  
AFB CULTURE & SMEAR  
ACID FAST CULTURE  
ACID-FAST CULTURE

ACID FAST STAIN

TB SMEAR  
TB STAIN  
AFB STAIN  
MYCOBACTERIAL STAIN  
ACID FAST SMEAR  
AFB SMEAR

ACTH

ADRENOCORTICOTROPIC HORMONE

ACTIVATED PROTEIN C RESISTANCE

APC-R

ACYLCARNITINE LONG-CHAIN

LONG-CHAIN ACYLCARNITINE

ADRENAL AB

ADRENAL ANTIBODIES, SERUM  
ADRENAL CORTEX ANTIBODIES  
ANTIADRENAL ANTIBODIES, QUANT.

AEROBIC CULTURE

CULTURE, BODY FLUID  
BF CULTURE  
FLUID CULTURE  
CULTURE, FLUID  
BODY FLUID CULTURE

AFP

AFP (TRIPLE SCREEN)  
DM-AFP  
DM:AFP

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AFP, TUMOR MARKER

AFP (AMNIO FLUID)

AFP,AMNIOTIC FLUID PANEL

AMNIOTIC FLUID AFP  
AFP,AMNIOTIC FLUID

ALANINE AMINOTRANSFERASE

ALANINE AMINATRANSFERASE  
SGPT  
ALT

ALDOLASE

ALDO

ALDOSTERONE

ALDS

ALDOSTERONE/CREATININE

24 HR URINE ALDOSTERONE

ALK PHOS ISOENZYME

ALK PHOS ISOENZYMES  
ALK PHOS ISOENZYMES 10/00

ALKALINE PHOSPHATASE

ALKP  
ALK PHOS

ALPHA 2 ANTIPLASMIN

ALPHA-2 ANTIPLASMIN  
A-2 ANTIPLASMIN  
A 2 ANTIPLASMIN  
A2A

ALPHA PGH

ALPHA SUBUNIT OF PITUITARY GLYCOPROTEIN HORMONE  
A-PGH  
@-PGH  
A PGH SUBUNIT  
ALPHA SUBUNIT OF PGH

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ALPHA-1-ANTITRYPSIN PHEN.

AATP  
ALPHA 1 ANTITRYPSIN PHENOTYPE

AMIKACIN RANDOM 10/00

AMIKIN  
AMIKACIN  
AMIKACIN RANDOM

AMINO ACID PROFILE

AAS-PROFILE

AMINOLEVULINATE DEHYDRATAS

ALA DEHYDRATASE  
AMINOLEVULINIC ACID DEHYDRATAS

AMINOLEVULNATE UA

ALA 24HR URINE  
AMINOLEVULINIC ACID, 24HRURINE  
AMINOLEVULNIC ACID, URINE

AMIODARONE

CORDARONE

AMITRIPTYLINE

ELAVIL  
ENDEP  
ETRAFON  
TRIAVIL

AMMONIA

NH3

AMOEBIC TITER

AMOEB  
AMOEBIC AB TITER  
AMOEBIC ANTIBODY TITER

AMPHETAMINES

SPEED

AMYLASE 24 HOUR URINE

24 HOUR URINE AMYLASE  
24 HR URINE AMYLASE

AMYLASE ISOENZYMES 10/00

AMYLASE FRACTIONATED  
ISOAMYLASE  
MACROAMYLASE  
AMYLASE, ISOENZYMES  
AMYLASE ISOENZYMES

ANAEROBIC CULTURE

CULTURE  
ANA

ANCA PANEL

ANTINEUTROPHIL CYTOPLASMIC ANTIBODY  
ANCA

ANDROSTENEDIONE

ANDROSTENE  
3,17 DIONE  
ANDROSTENDIONE

ANGIOTENSIN CONVERTING ENZYME

ACE

ANTI GLIADIN ANTIBODY PANEL

GLIADIN AB PANEL

ANTI-JO ANTIBODIES 10/00

T-RNA SYNTHETASE  
POLYMYOSITIS  
ANTI-JO-1  
ANTI-JO 1  
ANTI-JO ANTIBODIES

ANTI-PM-1 10/00

POLYMYOSITIS  
ANTI PM-1 ABS  
ANTI-PM-1

ANTI-SCL-70 05/01

ANTI-SCL 70  
SCL 70  
ANTI-SCL-70

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MEDDAC MEMO 40-17528

ANTI-SMITH 05/01

ANTI SMITH  
SM  
ANTI-SMITH

ANTI-SMOOTH MUSCLE AB 05/01

ASMA  
ANTISMOOTH  
ANTI SMOOTH MUSCLE AB  
SMOOTH MUSCLE AB  
ANTI-SMOOTH MUSCLE ANTIBODIES  
ANTI-SMOOTH MUSCLE ANTIBODY

ANTIBODY IDENTIFICATION

ABID  
IDENTIFICATION, ANTIBODY

ANTIBODY SCREEN - CHCS

COOMBS,INDIRECT  
INDIRECT COOMBS  
AB SCREEN  
IAT  
ANTIBODY SCREEN

ANTICARDIOLIPIN AB IGG,IGM

CARDIOLIPIN AB  
ACA  
ANTIPHOSPHOLIPIDS

ANTIDIURETIC HORMONE

ARGINIAL VASOPRESSIN  
AVP  
ADH

ANTINUCLEAR ANTIBODY PATTERN

ANTINUCLEAR AB (ANA) PATTERN  
ANA PATTERN

ANTINUCLEAR ANTIBODY SCREEN

ANA  
AUTOIMMUNE SCREEN  
SLE  
LUPUS ANTIGEN  
ANTINUCLEAR ANTIBODY (ANA)  
ANA SCR

ANTINUCLEAR ANTIBODY TITER

ANTINUCLEAR ANTIBODY TITER  
ANA TITER

ANTITHROMBIN III ACTIVITY

ATIII  
HEPARIN COFACTOR ACTIVITY  
ANTITHROMBIN III, FUNCTIONAL  
AT III,ACTIVITY  
ANTI-THROMBIN III  
ANTI THROMBIN III ACTIVITY  
THROMBIN III AB ACTIVITY

ANTITHROMBIN III ANTIGEN

ATII,ANTIGEN  
AT III,ANTIGEN  
ATIII, ANTIGEN  
ANTITHROMBIN III, ANTIGEN  
ANTI THROMBIN III ANTIGEN  
THROMBIN III ANTIGEN AB

ARSENIC

ARSU

ARYLSULFATASE

ARYLSUFATASE A, LEUKOCYTES

ASO PANEL

ASO

ASPARTATE AMINOTRANSFERASE

ASPARATED AMINATRANSFERASE  
SGOT  
AST

ASPARTIC ACID 10/00

AAS-ASPARTIC ACID  
ASPARTIC ACID

ASPERGILLUS SP AB

ASPERGILLUS TITER  
ASPERGILLUS ANTIBODIES

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MEDDAC MEMO 40-17528

AUTOANTIBODY PROFILE

AUTO ANTIBODY PROFILE  
AUTO-ANTIBODY PROFILE

AV ENCEPHALOMYELITIS VIRUS AB

ARBOVIRAL ENCEPHALITIS AB IGM

B BURGDORFERI AB

LYME ANTIBODY  
B BURGDORFERI AB  
B. BURGDORFERI AB

B BURGDORFERI CSF INDEX

CSF LYME  
LYME DISEASE,CSF  
B BURGDORFERI CSF INDEX  
B. BURGDORFERI CSF INDEX

B HENSELAE IGG

BARTONELLA HENSELAE IGG

B HENSELAE IGM

BARTONELLA HENSELAE IGM

B QUINTANA IGG

BARTONELLA QUINTANA IGG

B QUINTANA IGM

BARTONELLA QUINTANA IGM

B-2-MICROGLOBULIN 10/02

MICROGLOBULIN BETA 2  
B-2 MICROGLOBULIN  
BETA-2 MICROGLOBULIN  
B2M  
BETA 2 MICROGLOBULIN  
BETA-2-MICROGLOBULIN  
BETA 2-MICROGLOBULIN

B-2-TRANSFERRIN

BETA-2-TRANSFERRIN  
BETA-2 TRANSFERRIN

B-TYPE NATRIURETIC PEPTIDE

BNP

B2-GLYCOPROTEIN I (IGG,IGM,IGA

BETA 2 GLYCOPROTEIN PANEL (IGG,IGA,IGM)

BARTONELLA ANTIBODIES,IGG&IGM

CAT SCRATCH DISEASE

BASOPHILS

SBASO  
BASO,STOOL

BETA INTERFERON NEUTRALZING AB

NAbs

BILIRUBIN DIRECT

DIRECT BILIRUBIN  
DBIL  
D BILI  
DBILI  
BILIRUBIN,DIRECT

BILIRUBIN UA

UBIL  
BILI,U  
URN:BILIRUBIN

BILIRUBIN,NEONATAL

NEONATAL BILIRUBIN  
NBIL  
N BILI  
NBILI

BILIRUBIN,TOTAL

TOTAL BILIRUBIN  
T BILI  
TBIL  
BILIRUBIN

BLADDER TUMOR ANTIGEN

BTA

BLOOD CULTURE

BC  
BACTEC  
CULTURE,BLOOD

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MEDDAC MEMO 40-17528

BLOOD SMEAR, FOR PICKUP

SLIDE FOR REVIEW (ONCOLOGY ONLY)  
SMEAR FOR REVIEW (ONCOLOGY ONLY)

BLOOD UA

UHGB  
BLOOD, U  
URN: BLOOD

BONE MARROW BIOPSY

BM  
BONE MARROW

C BOTULINUM TOXIN 10/02

CLOSTRIDIUM BOTULINUM TOXIN

C DIFFICILE TOXIN A

C. DIFF TOXIN TEST  
ANTIBIOTIC ASSOCIATED COLITIS (AAC)  
PSEUDOMEMBRANOUS COLITIS TEST  
CLOSTRIDIUM DIFFICILE TOXIN A  
CLOSTRIDIUM DIFF TOX A 10/00

C-PEPTIDE

CPEP

C-REACTIVE PROTEIN

C-REACTIVE PROTEIN  
PROTEIN C-REACTIVE  
C REACTIVE PROTEIN  
CRPH

C. PSITTACI IGM/G/A AB PANEL

CHLAMYDIA PSITTACI ANTIBODY PANEL

C1 ESTERASE INHIB, QUANTITATION

C1 ESTERASE INHIBITOR, PROTEIN QUANTITATION

C1 ESTERASE INHIBITOR

C1 ES  
C1 ESTERASE INHIB  
C1 ESTERASE INHIBITOR, FUNCTIONAL

CALCITONIN

THYROCALCITONIN

CALCIUM,24 HOUR URINE

URINE CALCIUM  
24 HOUR URINE CALCIUM  
CALCIUM, 24 HOUR URINE  
24 HR URINE CALCIUM

CAMPYLOBACTER CULTURE

CAMPY STOOL CULTURE  
STOOL CAMPY CULTURE

CANCER AG 125

CA125  
CA-125

CANCER AG 15-3

CA 15-3

CANCER AG 27-29

TRUQUANT BR CA27.29 ANTIGEN  
CA27.29

CANNABINOIDS

TETRAHYDROCANABINOL  
THC  
CANNABINOID

CARBAMAZEPINE

TEGRETOL

CARBOHYDRATE ANTIGEN 19-910/00

CA 19-9  
CA19-9  
CA199  
CARBOHYDRATE 19-9  
CARBOHYDRATE ANTIGEN 19-9

CARCINOEMBRYONIC AG

CEA  
CARCINOEMBRYONIC ANTIGEN

CARDIOLIPIN IGG

ANTICARDIOLIPIN AB,IGG

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CARDIOLIPIN IGM

ANTICARDIOLIPIN AB,IGM

CATECHOLAMINES,FRAC+TOT,PLAS

PLASMA CATECHOLAMINES

CATECHOLAMINES,FRACTIONATED,U

FRACTIONATED CATECHOLAMINES,U

CATECHOLAMINES,URINE,FRACTIONA

CATECHOLAMINES,FRACTIONATED,U

CBC ONLY

BLOOD COUNT  
COMPLETE BLOOD COUNT  
WHOLE BLOOD COUNT  
CBC

CBC/DIFF PROFILE

CBC  
CBC/D

CELL COUNT, BODY FLUIDS

BODY FLUIDS,CELL COUNT  
FLUID COUNT  
FLUID CELL COUNT

CELL COUNT, CSF

CSF CELL COUNT  
FLUID CELL COUNT

CELL COUNT, SYNOVIAL

SYNOVIAL FLUID, CELL COUNT  
FLUID CELL COUNT

CHARCOT-MARIE TOOTH TEST

CMT1A  
CHARCOT MARIE TOOTH TYPE 1A  
CMT2

CHLAMYDIA PROBE

GC/DNA PROBE  
GC  
CHLAMYDIA/GONORRHEA DNA SCREEN

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CHLAMYDIA PSITTACI IGA

CHLAMYDIA PSITTACI AB IGA

CHLORAMPHENICOL

CHLOROMYCETIN

CHLORIDE,24 HR URINE

24 HR URINE CHLORIDE  
24 HR UCL

CHLORIDE,SERUM

SERUM CHLORIDE  
CL

CHOLESTEROL

CHOL

CHORIONIC VILLUS SAMPLING

CVS

CHROMOSOME ANALYSIS

CHROMO. ANALY. SOLID TISSUE

CITRATE

UCIT

CK ISOENZYMES 10/00

CK-ISOENZYMES  
CREATINE KINASE ISOENZYMES  
CK ISOENZYMES

CK-MB

CREATINE PHOSPHOKINASE  
CK MB FRACTION  
CREATINE KINASE-MB  
MB FRACTION  
CKMB  
CK MB  
CK-MB

CLOMIPRAMINE+DESMETHYLCLOM

ANAFRANIL

CLONAZEPAM

KLONOPIN

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CLORAZEPATE

TRANXENE

CMV ANTIBODY PANEL

CYTOMEGALOVIRUS ANTIBODY PANEL

COAG RUSSELL VIPER VENOM IND

RVVT  
STYPVEN TIME  
RUSSELL'S VIPER VENOM

COCAINE

COKE

COCCIDIOIDES ANTIBODIES

COCCI AB

COCCIDIOIDES IMMITIS IGG

COCCIDIOIDES F (IgG)

COCCIDIOIDES IMMITIS IGM

COCCIDIOIDES AB TP (IgM)

COMPLEMENT CH50

COMPLEMENT  
TOTAL HEMOLYTIC  
CH 50  
TOTAL COMPLEMENT  
CH50

COOXYMETRY PANEL

COOX

COPPER

Cu  
CU

COPROPORPHYRIN

COPU  
COPRO  
TETRACARBOXYPORPHYRIN  
COPROPORPHYRINS

CORTISOL FREE

UCORT  
CORTISOL FREE URINE  
FREE CORTISOL  
CORTISOL.FREE

CREAT FOR MICROALB

CREATININE FOR MICROALBUMIN PANEL

CREATINE KINASE

CREATINE KINASE  
CK

CREATININE

CREAT

CREATININE CLEARANCE

CREAT CL  
CLEARANCE

CREATININE,24 HOUR URINE

URINE CREATININE  
UCR  
UCREAT  
24 HOUR URINE CREATININE  
24 HR URINE CREATININE

CRYOGLOBULIN

CRYOG

CRYPTOCOCCUS SP AG

CRYPTO ANTIGEN  
CSF CRYPTOCOCCAL ANTIGEN  
SPINAL FLUID CRYPTOCOCCAL AG  
SERUM CRYPTOCOCCAL ANTIGEN TEST  
CRYPTOCOCCAL ANTIGEN TEST

CRYPTOSPORIDIUM STAIN

MODIFIED AFB STAIN

CRYSTAL EXAM ONLY, SYNOV

FLUID CELL COUNT

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CYCLIC CITRULINATED PEPTIDE AB

ANTI-CCP  
CCP ANTIBODY

CYSTINE 24H

CYST  
CYSTINE URINE  
CYSTINE 24HR

CYTOLOGIC GYN

GYN  
PAP SMEAR

CYTOMEGALOVIRUS DNA

CMV DNA

DAT

ANTI-IGG  
DIRECT ANTIGLOBULIN TEST  
COOMBS

DEHYDROEPIANDROSTERONE

DHEA  
DEHYDROEPIANDROSTERONE SERUM

DEOXYCHOLATE

DEOXYCHOLIC ACID

DEOXYRIBONUCLEOPROTEIN AB

ANTI-DNP  
LUPUS ANTIGEN(RESEARCH ONLY)  
LE FACTOR ANTIBODIES  
ANTI DNP

DHEA SULFATE

DHEA-S  
DHEAS  
DHEA-SO4  
DEHYDROEPIANDROSTERONE SULFATE  
DHEA-SULFATE

DIGITOXIN

DIGITALIS  
CRYSTODIGIN

DIGOXIN

LANOXIN

DIPHENHYDRAMINE

BENADRYL

DIPHThERIA TOXOID IGG

DIPHThERIA ANTITOXOID  
DIPHThERIA TOXOID AB IGG

DISOPYRAMIDE

NORPACE

DNA DOUBLE STRAND AB

DOUBLE STRANDED DNA SCREEN  
DS-DNA  
DSDNA  
DNA SCREEN

DNASE B AB STREPTOCOCCAL 10/00

DEOXYRIBONUCLEASE AB  
STREPTONASE B  
ANTI-DNASE B  
ANTI DNASE B  
DNASE B AB STREPTOCOCCAL

DOXEPIN

SINEQUAN, SERUM  
ADAPIN

DRUG SCREEN

DRUG PROFILE  
TOXICOLOGY SCREEN  
URINE DRUG SCREEN  
DAU

E CHAFFEENSIS AB

E CHAFFEENSIS  
EHRlichIA CHAFFEENSIS SEROLOGY  
EHRlichIA CHAFFEENSIS AB

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E. COLI O:157 CULTURE

O:157 CULTURE  
O157 CULTURE  
E. COLI O157  
CULTURE, O157

EMETINE

IPECAC

ENA

EXTRACTABLE NUCLEAR ANTIGEN  
ENA PANEL

ENDOMYSIUM IGA

ENDOMYSIAL ANTIBODY IGA  
ANTI ENDOMYSIAL  
ANTI-ENDOMYSIAL  
ENDOMYSIAL AB IGA  
tTG AB,IGA  
TISSUE TRANSGLUTAMINASE  
ENDOMYSIUM AB IGA  
CELIAC ANTIBODY

EOS COUNT, ABS

ABSOLUTE EOSINOPHIL COUNT

EOSINOPHILS

SEOS  
EOS,STOOL

EPIDERMAL AB

ANTI SKIN ANTIBODIES  
CUTANEOUS IMMUNOFLOURESCENCE,INDIRECT  
ANTISKIN ABS  
ANTI-SKIN ABS QN  
ANTI-EPIDERMAL ANTIBODY

EPSTEIN BARR VIRUS CAPSID IGG

EBV IgG  
EPSTEIN BARR VIRUS IgG AB

EPSTEIN BARR VIRUS CAPSID IGM

EBV IgM  
EPSTEIN BARR VIRUS IgM AB

EPSTEIN BARR VIRUS DNA

EPV DNA BY PCR  
EPSTEIN BARR VIRUS DNA BY PCR

EPSTEIN BARR VIRUS EARLY AB

EBV-EA  
EPSTEIN BARR VIRUS EARLY AG

EPSTEIN BARR VIRUS NUCLEAR AG

EBV NA

ERYTHROPOIETIN

EPO  
ERYTHROPOIETIN,EIA

ESR

WESTERGREN SEDIMENTATION RATE  
WSR  
SED RATE (WSR)

ESTRIOL

ESTR  
SERUM ESTRIOL  
TOTAL ESTRIOL

ETHANOL

ETOH  
ALCOHOL

ETHYLENE GLYCOL

ANTIFREEZE

FACTOR IX ACT

CHRISTMAS FACTOR  
ANTIHEMOPHILIC FACTOR B  
FACTOR 9  
FACTOR IX ACT  
FACTOR IX ACTIVITY

FACTOR V ACT

FACTOR 5  
FACTOR V ACT  
FACTOR V ACTIVITY

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FACTOR V LEIDEN MUTATION

FACTOR V MUTATION  
LEIDEN,FACTOR V MUTATION

FACTOR VII

STABLE FACTOR  
AUTOPROTHROMBIN I  
PROCONVERTIN  
SERUM PROTHROMBIN CONVERSION ACCELERATOR (SPCA)  
SPCA  
FACTOR 7

FACTOR VIII ACT

ANTIHEMOPHILIC FACTOR  
AHF  
FACTOR 8  
FACTOR VIII

FACTOR VIII INHIBITOR

BETHESDA INHIBITOR  
FACTOR 8 INHIBITOR

FACTOR X ACT

STUART FACTOR  
STUART PROWER FACTOR  
AUTOPROTHROMBIN C  
AUTOPROTHROMBIN III  
FACTOR 10

FACTOR XI ACT

FACTOR 11

FACTOR XII ACT

HAPEMAN FACTOR  
FACTOR 12

FACTOR XIII ASSAY

FIBRIN STABILIZING FACTOR  
FACTOR 13

FATTY ACIDS NONESTERIFIED FREE

FATTY ACIDS  
FATTY ACID, FREE (NONESTER)

FECAL FAT PANEL

LIPIDS,FECES

FECAL FAT,QUANT

STOOL FAT  
FECAL LIPIDS  
FECAL FAT QUANTITATIVE

FETAL MATERNAL HEMORRHAGE

FMH

FISH

FLUORESCENCE IN SITU HYBRIDIZATION

FLECAINIDE

TAMBOCOR

FLOW CYTOMETRY HIV T&B SUBSETS

PANEL A  
T AND B SUBSETS

FLOW CYTOMETRY LYMPHOMA PANEL

LYMPHOMA PANEL  
PANEL C

FLOW CYTOMETRY MYELOID PANEL

MYELOID PANEL  
PANEL D

FLOW CYTOMETRY- HIV

PANEL A  
T&B SUBSETS  
T AND B SUBSETS

FLOW CYTOMETRY- LEUKEMIA

PANEL B  
LEUKEMIA FLOW PANEL

FLOW CYTOMETRY- LYMPHOMA

LYMPHOMA FLOW PANEL

FLUOXETINE

PROZAC

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FLUVOXAMINE

LUVOX

FOLLICLE STIMULATING HORMONE

FSH  
FOLLITROPIN

FRANCISELLA TULARENSIS AB

TULAREMIA AB

FRIEDREICH ATAXIA DNA

FRDA1  
ATAXIA  
FRIEDREICH ATAXIA

FUNGAL CULTURE

FUNGUS CULTURE  
YEAST CULTURE  
DERMATOPHYTE TEST DTM  
THRUSH CULTURE  
MONILIA CULTURE  
MOLD CULTURE  
CULTURE FUNGAL

G-AMINO BUTYRATE

AAS-GAMMA-AMINO-BUTYRIC ACID  
GAMMA AMINO BUTYRATE

G-GLOBULIN

GAMMA/ELECTRO  
GAMMA GLOBULIN

G-GLUTAMYL TRANSFERASE

GAMMA GT  
GT  
GGT  
GAMMA GLUTAMYL TRANSFERASE

G-HYDROXY BUTYRATE

GHB  
GAMMA HYDROXY BUTYRATE

G6PD

G-6-PDH SCREEN  
G6PD SCREEN

MEDDAC MEMO 40-175

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G6PD QN

G6PD QUANTITATIVE  
G6PD,QUANT  
G-6-PDH QUAN

GANGLIOSIDE GM1 AB

ANTI GM1  
GM1 GANGLIOSIDE ANTIBODIES  
ANTIBODY TO GANGLIOSIDE GM1

GASES

ABG  
ARTERIAL BG  
BLOOD GAS  
CORD ARTERIAL  
CORD BG  
CORD VENOUS  
VENOUS BG

GENETIC SEQUENCING

DNA SEQUENCE  
MELAS  
MERRF  
MECP2  
GJB2

GENITAL CULTURE

ENDOCERVICAL CULTURE  
URETHRAL CULTURE  
VAGINAL CULTURE  
LABIAL CULTURE  
UROGENITAL CULTURE  
CERVICAL CULTURE  
RECTAL/GC CULTURE  
GC  
GENITAL CULTURE  
GENTIAL CULT

GIARDIA LAMBLIA AG

GIARDIA SPECIFIC ANTIGEN

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GLOMERULAR BASEMENT MEMB AB

ANTI-GBM ABS  
ANTI GBM ANTIBODIES  
ANTI GLOMERULAR ANTIBODIES  
GBM ANTIBODIES  
GOOD PASTURE'S SYNDROME  
ANTIGLOMERULAR BASEMT MEMBRANE  
ANTIGLOMERULAR BASEMENT MEMB

GLUCAGON

PANCREATIC GLUCAGON

GLUCOSE 1H PT GLUC PO 10/00

1 HR PP  
DEXTROSE SCREEN  
POSTPRANDIAL 1 HR  
1 HR, GLUCOSE  
GLUCOSE 1HR PT CHAL  
GLUCOSE 1H PT GLUC PO

GLUCOSE 2H PT GLUCOSEPO10/00

2 HR PP  
POSTPRANDIAL 2 HR  
2 HRS, GLUCOSE  
GLUCOSE 2H PT GLUC PO  
GLUCOSE 2H PT GLUCOSE PO

GLUCOSE 30M PT GLUCOSEPO10/00

1/2 HR, GLUCOSE  
GLUCOSE 30M PT GLUCOSE PO

GLUCOSE 3H PT GLUCOSE PO10/00

3 HRS, GLUCOSE  
GLUCOSE 3H PT GLUC PO  
GLUCOSE 3H PT GLUCOSE PO

GLUCOSE 4H PT GLUCOSE PO10/00

4 HRS, GLUCOSE  
GLUCOSE 4H PT GLUC PO  
GLUCOSE 4H PT GLUCOSE PO

GLUCOSE 5H PT GLUCOSE PO10/00

5 HRS, GLUCOSE  
GLUCOSE 5H PT GLUC PO  
GLUCOSE 5H PT GLUCOSE PO

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GLUCOSE BS 10/00

0 HR. GLUCOSE  
GLUCOSE BS

GLUCOSE UA

UGL  
GLUCOSE, URINE  
URN:GLUCOSE

GLUCOSE, FLUID

FLUID GLUCOSE  
FGLU  
CSF GLUCOSE

GLUCOSE, SERUM

FBS  
FASTING BLOOD SUGAR  
SUGAR  
GLUCOSE, FASTING  
SERUM, GLUCOSE

GLUCOSE 1.5H POST GLUCOSE PO 10/00

1.5 HR, GLUCOSE  
GLUCOSE 1.5H POST GLUCOSE PO

GLUTAMATE DECARBOXYLASE 65 AB

GAD65 AB

GLYCOSAMINOGLYCANS

GAGS

GRAM STAIN

GRAM SMEAR  
BACTERIAL SMEAR

GRANULOCYTE AB

ANTI GRANULOCYTE ANTIBODIES

H CAPSULATUM AB

HISTOPLASMA CAPSULATUM AB

H CAPSULATUM AG

HISTOPLASMA CAPSULATUM AG

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H INFLUENZAE LATEX

H FLU LATEX

H PYLORI AB

H PYLORI ANTIBODIES  
HELICOBACTER PYLORI  
PYLORI  
H.PYLORI

HAEMOPH INFLUENZAE B AG 07/01

HAEMOPHILUS INFLUENZAE B ANTIGEN  
INFLUENZAE B ANTIGEN  
H INFLUENZAE B ANTIGEN  
HAEMOPH INFLUENZAE TYPE B AG

HAEMOPHILUS INFLUENZAE B IGG

HIB TITER

HANTAVIRUS AB

SIN NOMBRE VIRUS  
PUUMALA VIRUS

HAPTOGLOBIN

HPT

HBCO

COHb  
BG:HBCO

HCG

CHORIOGONADOTROPIN

HCG QN

HCG,QUANTITATIVE (RWBAHC ONLY)  
HCG, BETA (RWBAHC ONLY)

HCG QUALITATIVE, CTMC ONLY

HUMAN CHORIONIC GONADOTROPIN,QUAL

HCT,SPUN

HCTS  
HCT, SPUN  
SPUN CRIT  
SPUN HEMATOCRIT

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HDL

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HIGH DENSITY LIPOPROTEIN  
HDL CHOLESTEROL

HEMOCHROMATOSIS HLA

HEREDITARY HEMOCHROMATOSIS

HEMOGLOBIN A1C

GLYCATED HEMOGLOBIN  
A1C HEMOGLOBIN  
HGB A1C  
HA1C

HEMOGLOBIN ELECTROPHORESIS

HGBELE  
HGBEP

HEMOGLOBIN H;SCREEN

UNSTABLE HEMOGLOBIN  
HEMOGLOBIN,UNSTABLE,SCREEN  
HGB H

HEP,FIB

HEPASORB, FIB

HEP,PT

HEPASORB, PT

HEP,PTT

HEPASORB, PTT

HEPARIN ANTI-XA ASSAY

ANTI-FACTOR 10A

HEPATIC PANEL

LIVER PANEL  
LFTS  
LIV1

HEPATITIS A AB, TOTAL

HEPATITIS A IGG/IGM AB  
HEPATITIS A VIRUS AB(TOTAL)

HEPATITIS A IGM

HAVab,IgM  
ANTI-HAV,IgM  
ANTIBODY TO HEP A VIRUS,IgM  
HEPATITIS A ANTIBODY, IGM  
HEPATITIS A VIRUS IGM  
HEPATITIS A IGM

HEPATITIS B CORE IGM

ANTI-HBC,IgM  
HBcAB,IgM  
HBCAB  
HEPATITIS B CORE ANTIBODY,IgM  
HEPATITIS B VIRUS CORE IGM

HEPATITIS B DNA

HBV DNA  
HEPATITIS B VIRUS DNA

HEPATITIS B SURFACE AB

ANTI-HBS  
HBsAB  
HBsANTIBODY  
HEP Bs ANTIBODY  
AB TO HEP B SURFACE ANTIGEN  
HBSAB  
HEPATITIS B SURFACE ANTIBODY  
HEPATITIS B VIRUS SURFACE AB

HEPATITIS B SURFACE AG

HBSAG  
HEP B SURFACE ANTIGEN  
HEPATITIS B SURFACE ANTIGEN  
HEPATITIS B VIRUS SURFACE AG

HEPATITIS B VIRAL LOAD

HEPATITIS B VIRAL DNA QUANT,PCR

HEPATITIS BE AB

ANTI-HBE  
HBEAB  
ANTIBODY TO HEP BE ANTIGEN  
HEPATITIS BE ANTIBODY

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HEPATITIS BE AG

HEPATTIS BE AG  
BEAG  
HEPATITIS BE ANTIGEN

HEPATITIS C AB

HCV Ab  
HCAB  
HEPATITIS C VIRUS ANTIBODY  
HEPATITIS C VIRUS AB

HEPATITIS C GENOTYPING

HCV GENOTYPING

HEPATITIS C RIBA

HCV-RIBA  
RIBA  
HEP C RIBA

HEPATITIS C RNA

HEPTIMAX  
HEPATITIS C VIRUS RNA  
HCV RNA

HEPATITIS D AB

ANTI-HDV  
HDV ANTIBODY  
HEPATITIS D ANTIBODY  
HEPATITIS, DELTA ANTIBODY  
HEPATITIS D VIRUS AB

HERPES ANTIBODY I&II

HSVAB

HERPES CULTURE

HEREPS SIMPLEX VIRUS TEST  
HSV TEST

HERPES SIMPLEX AG

HSV ANTIGEN TEST  
HERPES SIMPLEX ANTIGEN TEST  
HERPES SIMPLEX VIRUS AG

HETEROPHILE AB

MONOSPOT  
HETEROPHILE ANTIBODY  
MONOTEST

HGB ELECTROPHORESIS PNL(BAMC)

HEMOGLOBIN ELECTROPHORESIS

HGB/HCT PANEL

HEMOGLOBIN/HEMATOCRIT  
H/H  
HH  
HGB  
H&H

HISTONE AB

D16  
DRUG INDUCED LUPUS ANTIBODIES  
HISTONE DIMER AUTOANTIBODIES  
ANTI-HISTONE ANTIBODIES  
ANTI-HISTONE ANTIBODIES 05/01

HIV

HIV-ELISA  
HIV PANEL  
ZZHIV

HIV-1 VIRAL LOAD

HIV-1 GENOTYPE

HLA-B27

HLAB27  
HLAB 27

HLA-DR PHENOTYPE

HLA DR PHENOTYPE  
HLA PHENOTYPE DR

HOMOGENITISATE

HOMOGENITISIC ACID

HPV TYPING HIGH RISK

BHPV  
HPV TYPING, HIGH RISK

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HSV ENCEPHAL DETECT.PCR,CSF

HERPES SIMPLEX VIRUS ENCEPHALITIS DETECTION BY PCR

HUMAN GROWTH HORMONE

HGH  
SOMATOTROPIC HORMONE  
SOMATOTROPIN  
STH  
GROWTH HORMONE SERUM

HYDROXYPROLINE 24H

OHPL  
HYDROXYPROLINE 24HR

HYPERSENS PNEUMONITIS PANEL

HYPERSENSITIVITY PNEUMONITIS QL

IBUPROFEN

MOTRIN  
ADVIL  
NUPRIN  
IBUPRO

IGD

IMMUNOGLOBULIN D

IGE

IMMUNOGLOBULIN E

IGF BINDING PROTEIN-3 1/02

IGF-BP3  
IGF BINDING PROTEIN-3

IMIPRAMINE

TOFRANIL

IMIPRAMINE+DESIPRAMINE

TOTAL (IMI+DES)

IMMUNE COMPLEXES, C1q BINDING

C1q BINDING TEST  
C1Q

IMMUNOFIXATION

IFE

IMMUNOGLOBULIN A

IGA

IMMUNOGLOBULIN G

IGG

IMMUNOGLOBULIN G, QUANT CSF

CSF IGG  
IGG CSF

IMMUNOGLOBULIN M

IGM

INFLUENZA VIRUS A/B AG

PROJECT GARGLE  
INFLUENZA VIRUS A+B AG

INR

INTERNATIONAL NORMALIZED RATIO

INSULIN AB

INSULIN ANTIBODIES

INTERLEUKIN 5

IL5

IRON

FE

IRON BINDING CAPACITY TOTAL

TOTAL IRON BINDING CAPACITY  
TIBC

IRON BINDING CAPACITY UNSAT

UNSATURATED IRON BINDING CAPACITY  
UIBC

IRON PANEL

FEPR  
FE PANEL  
IRON

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MEDDAC MEMO 40-175

IRON SATURATION

SAT  
% TRANSFERRIN SATURATION  
% SATURATION  
%SATURATION

KAPPA LIGHT CHAIN FREE

IKAPPA

KETONES

UKET  
KETONES,U

KLEIHAUER-BETKE

KB

KOH PREP

KOH WET PREP  
FUNGAL WET PREP

L PNEUMOPHILA AB

DFA LEGIONELLA  
LEGIONELLA DIR. FLUORESCENT AB  
LEGIONELLA PNEUMOPHILA AB

L PNEUMOPHILA AG

LEGIONELLA ANTIGEN  
LEGIONELLA PNEUMOPHILA AG

LA CROSSE VIRUS AB

CALIF ENCEPH AB IGG  
CALIFORNIA ENCEPHALITIS AB IGG

LACTATE

LACTIC ACID

LACTATE DEHYDROGENASE

LDH

LACTOSE 1H PT 50G LACT PO 1/02

LACTOSE 60 MIN  
LACTOSE 1H PT 50 G LACTOSE PO

LACTOSE 2H PT 50G LACT PO 1/02

LACTOSE 120 MIN  
LACTOSE 2H PT 50 G LACTOSE PO

LACTOSE 30M PT 50G LACT 1/02

LACTOSE 30 MIN  
LACTOSE 30M PT 50 G LACTOSE PO

LACTOSE 90 MIN

90 MIN LACTOSE

LAMOTRIGINE

LAMICTAL

LD FRACTION 1

LACTATE DEHYDROGENASE 1 ISOENZYME  
LD 1 ISOENZYME

LD FRACTION 2

LACTATE DEHYDROGENASE 2 ISOENZYME  
LD 2 ISOENZYME

LD FRACTION 3

LACTATE DEHYDROGENASE 3 ISOENZYME  
LD 3 ISOENZYME

LD FRACTION 4

LACTATE DEHYDROGENASE 4 ISOENZYME  
LD 4 ISOENZYME

LD FRACTION 5

LACTATE DEHYDROGENASE 5 ISOENZYME  
LD 5 ISOENZYME

LD ISOENZYMES 10/00

LDH ISOENZYME (TOTAL)  
LD ISOENZYMES

LD ISOENZYMES.

LACTATE DEHYDROGENASE ISOENZYMES  
LDH ISOENZYMES

LDL

LOW DENSITY LIPOPROTEIN

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LEAD, BLOOD

BLOOD LEAD  
BLEAD  
PEDIATRIC LEAD

LECITHIN/SPHINGOMYELIN

LECITHIN/SPHINGOMYELIN RATIO  
L/S RATIO

LEGIONELLA SP AB

LEGIONELLA ANTIBODY  
LEGIONARIES  
LEGIONNARIES ANTIBODY

LEPTOSPIRA SP AB

LEPTOSPIROSIS ANTIBODIES  
FT BRAGG FEVER  
SWAMP FEVER  
SWINEHERD'S DISEASE  
WEIL'S DISEASE  
CANICOLA FEVER  
LEPTOSPIRAL ANTIBODIES

LEUKOCYTE ACID PHOSPHATASE

TRAP

LEUKOCYTE ALKALINE PHOSPHATASE

LAP

LEUKOCYTE ESTERASE

ULE  
LEUK ESTERASE,U

LEVETIRACETAM

KEPPRA

LIDOCAINE

XYLOCAINE

LIVER KIDNEY MICROSOMAL AB

LKM  
LIVER/KIDNEY MICROSOME TYPE 1

LUPUS ANTICOAGULANT

ACQUIRED ANTICOAGULANT  
CAC  
INHIBITOR SCREEN, COAGULATION

LUTEINIZING HORMONE

LH

LYSOZYME

MURAMIDASE

LYTES

ELECTROLYTE PROFILE

M PNEUMONIAE IGG

MYCOPLASMA PNEUMONIAE IGG

M PNEUMONIAE IGM

MYCOPLASMA PNEUMONIAE IGM

MAGNESIUM,24 HOUR URINE

24HR URINE MAGNESIUM  
24HR UR MAGNESIUM  
24HR UMG  
URINE MAGNESIUM 24HR  
24 HR UMG  
24HR  
MG 24 HR URINE

MALARIA/BLOOD PARASITE 10/00

MALARIA SMEAR (THICK/THIN)  
MALARIA EXAM  
MALARIA/BLOOD PARASITE

MCH

MEAN CORPSCULAR HEMOGLOBIN

MCV

MEAN CORPUSCULAR VOLUME

MDMA AND METABOLITE SCREEN

ECSTASY  
METHYLENEDIOXYMETHAMPHETAMINE

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MELANIN QUALITATIVE URINE

MELANOGEN

MENINGITIS PANEL

BACTERIAL MENINGITIS PANEL  
LATEX MENINGITIS PANEL

MEPERDINE,QUALITATIVE

DEMEROL

METANEPHRINE TOTAL 24H

TOTAL METANEPHRINE,URINE(24HR)

METANEPHRINES, PHEO. SCREEN

PHEOCHROMOCYTOMA SCREEN

METHOTREXATE

MEXATE  
MTX

METHYLMALONIC ACID 10/00

METHYMAL  
METHYLMALONIC ACID

MEXILETINE

MEXITIL

MITOCHONDRIAL AB

AMA  
ANTIMITOCHONDRIAL AB  
AMAT  
ANTI MITOCHONDRIAL AB  
MITOCHONDRIAL AB  
ANTI-MITOCHONDRIAL ANTIBODY

MRSA CULTURE

MRSA SURVEILLANCE CULTURE  
METHICILLIN RESISTANT STAPH. AUREUS CULTURE

MUCIN CLOT

MUCIN  
RPOES TEST

MUMPS VIRUS IGG

MUMPS AB  
MUMPAB  
MUMPS ANTIBODY TITER

MYELIN ASS GLYCOPROTEIN AB

MAG ANTIBODY

MYELIN BASIC PROTEIN

MBP

MYOGLOBIN

SERUM MYOGLOBIN  
MYOGLOBIN,SERUM

MYOGLOBIN UA

URINE MYOGLOBIN  
MYOGLOBIN,URINE  
MYOGOLOBIN UA

N-ACETYLGALACTOSAMINE-6-SULF

SULFATE FIBROBLAST

N-ACETYLPROCAINAMIDE

NAPA

N-TELOPEPTIDE

CROSS-LINKED N-TELOPEPTIDE  
TELOPEPTIDE,N

N-TELOPEPTIDE COLLAGEN XLINKED

N-TELOPEPTIDE  
NTX  
COLLAGEN XLINKED N-TELOPEPTIDE

NAPHTHOL CHLOROACETATE ESTER.

SPECIFIC  
LEDER  
CHLOROACETATE

NAPHTHYL BUTY. ESTERASE

BUTYRATE  
NON-SPEC

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NEURONAL NUCLEAR TYPE 1 AB

ANNA-1  
HU ANTIBODY  
ANTI-NEURONAL ANTIBODY TYPE 1

NEURONAL NUCLEAR TYPE 2 AB

ANNA-2  
ANTI-NEURONAL ANTIBODY TYPE 2

NEUT CYTOPLASMIC AB C-ANCA10/00

C-ANCA  
ANCA-CYTOPLASMIC  
NEUT CYTOPLASMIC AB C-ANCA

NEUT CYTOPLASMIC AB P-ANCA10/00

P-ANCA  
ANCA-PERINUCLEAR  
NEUT CYTOPLASMIC AB P-ANCA

NORTRIPTYLINE

AVENTYL  
PAMELOR

O&P PARASITE TEST

OVA & PARASITE TEST  
O&P EXAM  
O/P EXAM  
PARASITE EXAM  
STOOL FOR GIARDIA  
GIARDIA STOOL EXAM

OCCULT BLOOD

STOOL GUAIAC  
GUAIAC  
OCCULT BLOOD TEST

OLIGOCLONAL BANDS

BANDING,OLIGOCLONAL  
OLIGOCLONAL BANDING

ONTD RISK

OPEN NEURAL TUBE DEFECT RISK  
DM:ONTD RISK

PAS

PERIODIC ACID-SCHIFF

PATH REVIEW CBC

SLIDE  
BLOOD SMEAR,PATH CONSULTATION  
CONSULT

PENTACARBOXYLPORPHYRINS

PENTACARBOXYPORPHYRIN

PERIFERAL BLOOD, FRAGILE X

BLDFX  
FRAGILE X

PG

PG SPOT

PHENCYCLIDINE

PCP

PHENYLKETONURIA

PKU

PHENYTOIN

DILANTIN  
PTN

PHOSPHORUS

PO4  
INORGANIC PHOSPHORUS  
PHOSPHATE  
SERUM PHOSPHORUS  
SERUM PO4

PHOSPHORUS,24 HOUR URINE

24 HOUR URINE PHOSPHORUS  
24 HR UPO4  
24 HR URINE PO4  
PO4 24 HR URINE  
PHOSPHATE 24 HR URINE  
24 HR URINE PHOSPHATE  
24HR

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PLATELET AB DIRECT

ANTIPLATELET  
ANTI PLATELET ANTIBODY  
CIRCULATING PLATELET ANTIBODIES  
ANTIPLATELET ANTIBODY  
ANTI-PLATELET AB DIRECT

PNEUMOCYST DFA

DFA PNEUMOCYSTIS  
PNEUMOCYSTIS D.FLUORESCENT AB

PORPHOBILINOGEN DEAMINASE

PbG DEAMINASE  
PBG DEAMINASE

POTASSIUM,SERUM

SERUM POTASSIUM  
K+

PREALBUMIN

PAB

PRIMIDONE

MYSOLINE

PROSTATE SPECIFIC AG

PSA  
PROSTATE SPECIFIC ANTIGEN

PROSTATIC ACID PHOSPHATASE

PAP  
ACID PHOSPHATASE PROSTATIC

PROTEIN, URINE

TP URINE  
URINE PROTEIN  
TOTAL PROTEIN,URINE

PROTOPORPHYRIN ZINC

ZPP  
ZINC PROTOPORPHYRIN

PSEUDOCHOLINESTERASE

CHOLINESTERASE,PLASMA

PT

PROTHROMBIN TIME  
PROTIME

PTT

PARTIAL THROMBOPLASTIM TIME

PURKINJE CELLS AB

YO ANTIBODIES  
PURKINJE CELL (YO) ANTIBODIES

PYRUVATE

PYRUVIC ACID

QUINIDINE

CARDIOQUIN  
QUINIDEX  
DURAQUIN  
QUINORA  
QUINAGLUTE

RABIES VIRUS AB

ANTI-RABIES TITER  
RABIES ANTIBODY  
ANTIRABIES TITER  
RABI AB  
ANTI RABIES TITER

RAPID PLASMA REAGIN

RPR

RBC MORPH

MORPHOLOGY

RENAL PANEL

CHEM7  
CHEM 7  
SMA7  
SMA 7  
PANEL7  
PANEL 7  
P7  
C7

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RENAL STONE ANALYSIS

KIDNEY STONE ANALYSIS  
CALCULI, URINARY  
URINARY CALCULI

RESP SYNCYTIAL VIRUS AG

RSV ANTIGEN  
RESPIRATORY SYNCYTIAL VIRUS

RESPIRATORY CULTURE

CULTURE RESPIRATORY  
SPUTUM CULTURE

RETICULIN IGA

RETIC AB  
RETICULIN IGA ANTIBODY  
RETICULIN AB IGA

RETICULOCYTES

RETICULOCYTE COUNT  
RET  
RETIC COUNT

RETINOL

VITAMIN A

REVERSE T3 10/00

T3 REVERSE  
REVERSE TRI-iodothyronine  
REVERSE T3

RHEUMATOID FACTOR, QUANT

RA  
RHEUMATOID ARTHRITIS TEST

RICKETTSIA AB PROFILE IGM

ROCKY MOUNTAIN SPOTTED FEVER  
TYPHUS

ROHYPNOL SCREEN

FLUNITRAZEPAM SCREEN

ROTAVIRUS AG

ROTAVIRUS ANTIGEN DETECTION

RUBELLA VIRUS AB

HAI  
RUBELLA

RUBEOLA VIRUS IGG

MEASLES IgG ANTIBODY  
RUBEOLA IgG  
RUBEOLA ANTIBODY  
MEASLES IgG

SALICYLATES

ASPIRIN  
SALICYLIC ACID  
SALICYLATE

SEROTONIN

5-HT, PLATELET  
PLATELET SEROTONIN  
5 HYDROXYTRYPTAMINE, PLATELET

SERUM DRUG SCREEN

TOXICOLOGY SERUM SCREEN  
DSS

SERUM PROTEIN ELECTROPHORESIS

SPEP  
ELECTROPHORESIS

SEX HORMONE BINDING GLOBULIN

SHBG  
TEBG  
TESTOSTERONE BINDING GLOBULIN

SGPG AUTOANTIBODIES

SULFOGLUCURONYL PARAGLOBOSIDE AUTO ANTIBODIES

SICKLE CELL SCREEN

SICKLING SCREEN  
HGB S SCREEN

SMALLPOX

VACCINIA

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SOMATOMEDIN C

GROWTH FACTOR I INSULIN-LIKE  
SM-C/IGF-1  
SOMATOMEDIN-C  
SULFATION FACTOR  
IGF-1

SPOROTRICHOSIS AB

SPOROTHRIX AB

STOOL CULTURE

STOOL FOR SALMONELLA  
STOOL FOR SHIGELLA  
STOOL FOR ENTERIC PATHOGENS  
RECTAL SWAB FOR ENTERIC PATHOGENS  
SALMONELLA CULTURE  
SHIGELLA CULTURE  
ENTERIC PATHOGENS STOOL CULTURE  
SC

STRIATED MUSCLE AB

ANTISKELETAL MUSCLE ANTIBODIES  
STRIATED MUSCLE ANTIBODY

T4 BY DIALYSIS

EQUILIBRIUM DIALYSIS, SERUM  
T4

T4 FREE

FREE THYROXINE  
T4  
FREE T4

TACROLIMUS

FK506

TAY-SACHS

HEXOSAMINIDASE A & TOTAL ANALYSIS

TETANUS ANTITOXIN IGG

TETANUS ANTIBODY  
ANTI TETANUS TOXOID  
ANTI-TETANUS TOXOID  
ANTITETANUS TOXOID IGG  
TETANUS ANTITOXIN AB IGG

THIAMINE PYROPHOSPHATE

B1  
VITAMIN B1-THIAMINE  
VITAMIN B1

THIOPURINE METHYLTRANSFERASE

PRO-PREDICTR TPMT  
TPMT

THROMBIN TIME

T TIME  
TT

THYROID MICROSOMAL AB

THYROID AUTOANTIBODIES  
TPO ANTIBODIES  
ANTI-MICROSOMAL ANTIBODY  
ANTIMICROSOMAL ANTIBODY

THYROTROPIN BINDING INHIB IGB

TBII

THYROXINE AB

ANTI-T4 AUTOANTIBODY

THYROXINE, TOTAL

TOTAL T4

TOCAINIDE

TONOCARD

TRANSCOBALAMIN

VITAMIN B12 UBC  
VITAMIN B-12 UNSAT BIND CAP  
VITAMIN B12 UNSAT BIND CAP  
VIT B12 BINDING CAP UNSAT

TRAZODONE

DESYREL

TRH-TSH STIMULATION PANEL

STIMULATION PANEL  
TSH STIMULATION PANEL

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TRICHROME STAIN

PARASITE STAIN

TRIIODOTHYRONINE

T3  
TOTAL T3

TRIPLE SCREEN

TRIPLE MARKER PROFILE  
TSS

TSH AUTOANTIBODY

ANTI THYROTROPIN AB  
THYROTROPIN AUTO AB  
ANTI-TSH AUTOANTIBODY

TSH, SENSITIVE

THYROID STIMULATING HORMONE  
TSH

TYPE & SCREEN

T&S  
TYSC

UREA NITROGEN

BUN  
BLOOD UREA NITROGEN  
UREA NITROGEN, BLOOD

MEDDAC MEMO 40-175

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URINE CULTURE

CULTURE URINE  
UC

URINE MUCOPOLYSACCHARIDES

UMPLY

URINE ORGANIC ACIDS

ORGANIC ACIDS, URINE

URINE PROTEIN ELECTROPHORESIS

UPEP

URISTIX

URINE GLUCOSE/PROTEIN

UROPORPHYRINOGEN I SYNTHASE

UPG-S

VAGINAL/RECTAL GpB STREP CX

GENITAL CULTURE

VALPROATE

DEPAKENE  
VALPROIC ACID

VITAMIN B6

B 6 VITAMIN  
PYRIDOXINE  
PYRIDOXAL 5-PHOSPHATE

VITAMIN E

ALPHA TOCOPHEROL

VMA,24HR URINE

VANILLYLMANDELIC ACID,24HR  
VMA

VON WILLEBRAND FACTOR AG

VWF ANTIGEN  
VON WILLIBRAND FACTOR ANTIGEN

WARFARIN

COUMADIN