



Arkansas Children's Hospital
1 Children's Way, Little Rock, AR 72202
Clinical Laboratory Service Manual
Version 1.1, 7/10/13

Test Name: **17 Hydroxypregnenolone**

Test Mnemonic: 17PREG

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **17 Hydroxyprogesterone**

Test Mnemonic: 17OH

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Transport to Lab ASAP as specimen must
be spun and frozen within one hour of
collection.
Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send out via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
Must separate and freeze within 1 hour
of collection.

Test Name: **18 OH Corticosterone**

Test Mnemonic: 18-OH

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must be spun down within 1 hour
of collection; send to Lab ASAP!
Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:

Specimen MUST be spun down within 1 hour
of collection!

Test Name: **1P36 Microdeletion Blood FISH**
Test Mnemonic: 1P36
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **21 Hydroxylase Mutation**
Test Mnemonic: CAHDETX
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (1ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 14-21 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **3 Hydroxyglutaric Acid, Serum**
Test Mnemonic: 3OHGLUT
Department: LAB - Metabolic Lab Send Out

1COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer for blood(s)
SPECIMEN REQUIRED: 3.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: 3.0 cc blood
SEND OUT: Yes
TESTING DAYS: 7 days
TESTING HOURS:
TURN-AROUND-TIME:
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 13102

Test Name: **5 Nucleotidase**
Test Mnemonic: 5NUCLEO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **7 Dehydrocholesterol**
Test Mnemonic: 7DHC
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation: 12-14 HR FAST PRIOR TO COLLECTION IS ADVISED
Limitation to Procedure: N/A
Specimen Container: PURPLE OR GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MONDAYS
Turn Around Time: 21 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **A1A Antitrypsin**
Test Mnemonic: AAT
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 1 ml Blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Tested Monday, Thursday 0800-1400; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: Special Immunology/1804

**Lab Processing Instructions:

Testing requires cell-free serum! Spin X 2 if necessary to clear serum of RBCs. Gross hemolysis and lipemia may interfere with results.

Test Name: **Aarskog Scott Syndrome (FGD1)**
Test Mnemonic: FGD1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **ABCA3 Related Surfactant Def**
Test Mnemonic: ABCA3
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Acetaminophen Level**
Test Mnemonic: ACETO
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: 1 Full Green or 1 Full Gold Microtainer or 1 ml
in Gold Top Vacutainer
Volume Required: 1 ml
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Acetoacetate, Ket Bodies Qt**
Test Mnemonic: AA
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Send to Lab on ice ASAP
Specimen Container: 2 ml Purple Top Vacutainer
Volume Required: 2 ml blood; *See "Minimum Acceptable Volume per
Tube Type" below.
Specimen Transport: Send via Tube System on ice. First place
specimen container(s) in an empty plastic bag to protect the
label(s); then place the bagged specimen in a second plastic
bag which contains ice. Seal both bags.
Testing Days/Hours: Tuesday 0700-1500; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 2-7 days, depending on day of collection
Lab Section/Phone Extension: Chemistry/Metabolics 1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE PLASMA WITHIN 30 MINUTES OF COLLECTION

Test Name: **Acetone, Quantitative**
Test Mnemonic: ACEQT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: GOLD TOP VACUTAINERS UNACCEPTABLE
Specimen Container: RED, PURPLE, GREEN OR GRAY TOP VACUTAINER
Volume Required: 2ML BLOOD (MINIMUM 1ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Acetylcholine Rec Blocking Ab**
Test Mnemonic: ACERBLOCK
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Acetylcholine Rec Modulating**
Test Mnemonic: ACERMOD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Acetylcholine Receptor Binding**
Test Mnemonic: ARA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Achondro/Hypochond Partial Seq**
Test Mnemonic: ACHHCH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Achondroplasia Hypochon Seq**
Test Mnemonic: ACHHCH SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Achondroplasia Target Mutation**
Test Mnemonic: ACH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Acid Labile Subunit
Test Mnemonic: ALS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: MINIMUM VOLUME DOES NOT PERMIT
REPEAT ANALYSIS
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 1ML BLOOD (0.5ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: ALTERNATE MONDAYS
Turn Around Time: 4-17 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN AND SEPARATE CELLS FROM
SERUM AND FREEZE SERUM ASAP

Test Name: Acid Phosphatase
Test Mnemonic: ACP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/24 HOURS/DAY
Turn Around Time: 2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN AND SEPARATE SERUM
FREEZE SERUM ASAP

Test Name: Activated Protein C Resistance
Test Mnemonic: APCR
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.

Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP

NOT ON ICE

Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week

Turn Around Time: 7 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:

Processed and sent out by Hematology section.

Test Name: **Acylcarnitines**

Test Mnemonic: AC

Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

CONTAINERS: Green top vacutainer

SPECIMEN REQUIRED: 1.0 ml blood

MINIMUM SPECIMEN REQUIREMENT: 1.0 ml blood

SEND OUT: NO, TESTING DAYS: M-F, but may collect 7days/week/24hr/day

LIMITATION TO PROCEDURE:**NOTE**URINE ACYLCARNITINE PROFILES ONLY

DIAGNOSTIC IF PT IS ON L-CARNITINE TX OR SAMPLE COL 4-8HRS AFTER

CARNITINE LOAD, LONG CHAIN DEFECTS NOT DETECTABLE IN URINE*****

TURN-AROUND-TIME: 7-14 Days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Chemistry/MGL/Extension 4-1311

LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST. SPIN, REMOVE PLASMA, AND FREEZE
WITHIN ONE HOUR OF COLLECTION.

Test Name: **Acylcarnitines/Carnitines**

Test Mnemonic: ACCP

Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

CONTAINERS: Green Top Vacutainer

SPECIMEN REQUIRED: 3 ml blood

MINIMUM SPECIMEN REQUIREMENT: 3 ml blood

SEND OUT: NO

TESTING DAYS: Monday & Wednesday

TESTING HOURS: 0600-1430

TURN-AROUND-TIME: 30 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Chemistry/MGL/Extension 4-1311

*LAB PROCESS INSTRUCTIONS: Spin, separate, freeze plasma ASAP

Test Name: **AdamTS13 Activity**

Test Mnemonic: ADAMTS13

Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: AdamTS13 Inhibitor
Test Mnemonic: ADAMTS13 I
Department: LAB - Coagulation

Test Name: Adenosine Deaminase, RBC
Test Mnemonic: ADRBC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 1-5 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN, DO NOT FREEZE

Test Name: Adenovirus Antigen By IFA
Test Mnemonic: ADENOAG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Nasal wash or sputum OR nasal aspirate
OR sputum
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Monday - Friday, but may be collected 7 days/week
TESTING HOURS: 8a.m. - 5p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: Adenovirus EIA
Test Mnemonic: ADENOEIA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Nasal wash or sputum OR nasal aspirate
OR sputum
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No

TESTING DAYS: Monday - Friday, but may be collected 7 days/week
TESTING HOURS: 8a.m. - 5p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Adrenal 21 Hydroxylase Ab**
Test Mnemonic: ADRENABY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUESDAYS
Turn Around Time: 2-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Adrenocorticotrophic Hormone**
Test Mnemonic: ACTH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Prechilled Purple Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags. Keep on ice until separated.
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5 - 7 Days
Lab Section/Phone Extension: Chemistry/1310
**Lab Processing Instructions: Spin, separate and freeze within one hour.

Test Name: **AFB Stain and Culture**
Test Mnemonic: AFB
Department: MIC - Mycobacteriology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Tissue- sterile cup
Fluid - sterile cup, tube, or capped syringe
Blood - MycoF Lytic bottle (red/white cap)
If the above can not be obtained, a well inoculated swab/culturette (blue cap) is acceptable from surgery only.

If Gastric Aspirate

-Notify Microbiology lab before collecting specimen.

- Specimen must be collected in early morning, preferably 5-7 am.
- Collect in sterile leak-proof container and transport to Micro lab immediately.
- Specimen must be sent out to reference lab to be processed within a 4 hour window, so transport and timing is critical.

Volume Required: 1-5mL (blood) in Myco/F Lytic bottle; 1-10 mL of fluid, tissue, as available, culturette

Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external spillage

Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day

Turn around Time: Prelim 2 weeks; Final 6 weeks

Lab Section/Phone Extension: Microbiology/41871

Test Name: **Aire Gene Analysis Seq**

Test Mnemonic: AIRE

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 4ML BLOOD (2ML MINIMUM)

Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER

Testing Days/Hours: MON-THURS

Turn Around Time: 4-6 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Alagille Amplified**

Test Mnemonic: JAG1

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 4-6 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Alagille Del/Dup**

Test Mnemonic: JAG1 DELDU

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Alanine Glyoxylate Aminotrans**
Test Mnemonic: AGXT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Albright Hered Osteodystrophy**
Test Mnemonic: AHO SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Albumin**
Test Mnemonic: ALB
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Microtainer or Vacutainer
Volume Required: 0.6 ML BLOOD *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing done 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Albumin/Globulin Ratio**
Test Mnemonic: A/G

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: GREEN OR GOLD MICROTAINER/VACUTAINER
Volume Required: 0.5 mL BLOOD
Specimen Transport: TUBE SYSTEM
Testing Days/Hours:24/7
Turn Around Time: 2 HR
Lab Section/Phone Ext:41300
Comments:

**Lab Processing Instructions:

Test Name: **Alcohol Chromatography, Volat**

Test Mnemonic: ALCQ

Department: LAB - Metabolic Lab-Blood/Plasma/CSF

SPECIMEN REQUIRED: 2 ML BLOOD IN GOLD, LAVENDAR OR GRAY TOP VACUTAINER
MINIMUM SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM/PLASMA)
SPEC STORAGE/TRANSPORT REQUIREMENTS: DO NOT PREP ARM WITH
ALCOHOL; TRANSPORT TO LAB ON ICE; REFRIGERATE OR FREEZE SERUM/PLASMA IN
TIGHTLY-CAPPED ARUP TUBE.
TESTING HOURS: 24 hours/7 days
LIMITATION TO PROCEDURE:
SEND OUT: ARUP ORDER ALCT #0090131
TESTING DAYS: AS NEEDED
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: MGL 4-1311
REFLEX TESTS ASSOCIATED WITH THIS TEST: OSMOLAR GAP

Test Name: **Alcohol Level**

Test Mnemonic: ALC

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Limitation to Procedure: *Do NOT prep arm with alcohol for collection.*
Specimen Container: Green or Gold Microtainer or Vacutainer
Volume Required: 0.5 ml blood, *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing done 7 days/week, 24 hours/day; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **ALD Diet Study**

Test Mnemonic: ADS

Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

CONTAINERS: Purple tope vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: 2 cc blood
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week

TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 30 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Metabolic Lab/Extension 1311

Test Name: **Aldolase**
Test Mnemonic: ALD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24 HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300

Test Name: **Aldosterone**
Test Mnemonic: ALDS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Alkaline Phosphatase**
Test Mnemonic: ALK
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Microtainer or Vacutainer
Volume Required: 0.6 ml blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Alkaline Phosphatase Isoenzyme**
Test Mnemonic: ALPISO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: OVERNIGHT FASTING IS RECOMMENDED
Limitation to Procedure: N/A
Specimen Container: GOLD OR GREEN TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24HOURS/DAY

Turn Around Time: 5-7 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Almond Rast**
Test Mnemonic: RALM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Alpha 1 Antitrypsin DNA Seq**
Test Mnemonic: A1ANTDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: SEND OUT TO AMBRY GENETICS

**Lab Processing Instructions: WHOLE BLOOD *DO NOT SPIN*

Test Name: **Alpha Fetoprotein Quant**
Test Mnemonic: ALFETOQ
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Limitation to Procedure: NON-MATERNAL-TUMOR MARKER ONLY
Specimen Container: GOLD Top Vacutainer
Volume Required: 2 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Microbiology/1871

Test Name: **Alpha-1-Antitrypsin Clearance**
Test Mnemonic: CA1A

Department: LAB - Referred Serology

Test Name: **Alpha-1-Antitrypsin Phenotype**

Test Mnemonic: AATPH

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 2 ml blood

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent Out; may be collected 24 hours/day,
7 days/week.

Turn Around Time: 7-10 days

Lab Section/Phone Extension: Microbiology/1871

Test Name: **Alpha-Galactosidase A Seq**

Test Mnemonic: FABRY

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 4-6 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Alport Syndrome Seq**

Test Mnemonic: ALPORT SEQ

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 4-6 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **ALPS Panel**

Test Mnemonic: ALPS

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: ALT (SGPT)
Test Mnemonic: ALT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 0.6 ml blood/ *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours//day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: Alternaria Rast
Test Mnemonic: RALT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Aluminum
Test Mnemonic: ALM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Metal-Free syringe (obtain from Lab)
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System in syringe
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: Amikacin Level, Peak

Test Mnemonic: PKAMK

Department: LAB - Chemistry

Time of medication administration and time of flush MUST be written on requisition delivered to Lab with specimen!! Do NOT draw sample from same line or above site of administration.

COLLECTION INSTRUCTIONS:

Patient Preparation: * Peak specimen should be collected 1/2 hour after the IV dose, including flush, or 1 hour after the IM dose.*

Specimen Container: Green or Gold Top Vacutainer

Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 3-5 Days

Lab Section/Phone Extension: Chemistry/1310

#####

Document EXACT times as follows:

Time Medication Administered: _____

Time flush completed: _____

#####

Test Name: Amikacin Level, Random

Test Mnemonic: AMK

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Vacutainer

Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 3-5 Days

Lab Section/Phone Extension: Chemistry/1310

Test Name: Amikacin Level, Trough

Test Mnemonic: TAMK

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS FOR TROUGH LEVEL

COLLECTION INSTRUCTIONS:

Patient Preparation: *Trough specimen should be collected IMMEDIATELY PRIOR to next dose*

Specimen Container: Green or Gold Top Vacutainer

Volume Required: 3 ml blood/ 2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may be collected 24 hours/day,

7 days/week.
Turn Around Time: 3-5 Days
Lab Section/Phone Extension: Chemistry/1310

#####

EXACT time specimen collected:_____

#####

Test Name: **Amitriptyline Level**
Test Mnemonic: AMI
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN OR RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ammonia**
Test Mnemonic: AMON
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: Green top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 2 cc blood
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab on ice
ASAP!
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST. SPIN, SEPARATE, AND FREEZE PLASMA
ASAP.

Test Name: **Amoxicilloyl Rast**
Test Mnemonic: RAMOX
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL
serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT

Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Ampicilloyl Rast**
Test Mnemonic: RAMP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Amylase**
Test Mnemonic: AMY
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 0.6 ml blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Anaerobe Culture**
Test Mnemonic: AC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Tissue - sterile cup
Fluid - sterile cup, tube, or capped syringe
If the above can't be obtained, a well inoculated swab/culturette (BLUE) is acceptable.

Volume Required: 1-10 ml of fluid, tissue as available, culturette
Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed w/no external contamination.
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be collected 24 hr/day
Turn around time: Prelim 48 hrs; Final 4-5 days
Lab Section/phone ext: Microbiology/41871

Test Name: **Androgen Insensitivity Seq**

Test Mnemonic: ANDROGENIN

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: COLLECT MONDAY-THURSDAY ONLY
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext:
Comments:

**Lab Processing Instructions:

Test Name: **Androstenedione**

Test Mnemonic: AND

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1.5 ml minimum; *See "Minimum Acceptable
Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Angelman Syn Ube3A Seq**

Test Mnemonic: UBE3ASEQ

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Angiotensin Converting Enzyme**

Test Mnemonic: ACE

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER

Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/24 HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Anion Gap (Without K+)**
Test Mnemonic: AGP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: GREEN OR GOLD MICROTAINER/VACUTAINER
Volume Required: 0.5 mL BLOOD
Specimen Transport: TUBE SYSTEM
Testing Days/Hours:24/7
Turn Around Time: 2 HR
Lab Section/Phone Ext:41300
Comments:

**Lab Processing Instructions:

Test Name: **Anser IFX at Prometheus**
Test Mnemonic: ANSERIFX
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD OR RED TOP VACUTAINER
Volume Required: 4ML
Specimen Transport: COURIER/TUBE SYSTEM
Testing Days/Hours: MON-FRI
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: PATIENT INSURANCE/MEDICAID INFORMATION MUST
BE PROVIDED WITH REQUISITION

**Lab Processing Instructions:

Test Name: **Anti-DNA**
Test Mnemonic: DNA
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab promptly so
that specimen may be
refrigerated for transport!

SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day

TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 187

Test Name: **Anti-DNAse B**
Test Mnemonic: ANDNB
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 1 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Microbiology/1871

Test Name: **Anti-Enterocyte Antibody**
Test Mnemonic: ANTENT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Anti-FC and R1 Antibody**
Test Mnemonic: ANTIFCER1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Anti-Glom Bsmt Mem, Im Asy Ms**
Test Mnemonic: AGBM
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Include physician name and phone number to contact

Specimen Container: Gold Top Vacutainer

Volume Required: 1 ml blood

Specimen Transport: Send via Tube System; Deliver to lab ASAP to be processed.

Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 7-10 days

Lab Section/Phone Extension: Microbiology/1871

**Lab Processing Instructions:

Separate serum ASAP.

Test Name: **Anti-Jo-1, ENA Ab Each**

Test Mnemonic: ANTIJO

Department: LAB - Referred Serology

Container: Gold top vacutainer.

Volume: 2 ml blood.

Special Instructions: Send out test TO MAYO.

Test Name: **Anti-Mitochondrial, Im Asy Ms**

Test Mnemonic: ANTIMI

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top tube

SPECIMEN REQUIRED: 1 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport ASAP so that specimen may be refrigerated for shipping!

SEND OUT: Yes

TESTING DAYS: Monday - Saturday but may be collected 7 days/week

TESTING HOURS: 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Anti-Mullerian Hormone**

Test Mnemonic: AMH

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: GOLD TOP VACUTAINER

Volume Required: 2ML BLOOD (1ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 2-3 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions: SPIN, SEPARATE,
AND FREEZE SERUM
WITHIN ONE HOUR

Test Name: **Anti-Neutrophil Ab, Granulocyt**

Test Mnemonic: NEUT

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Do Not use Gold Top Vacutainer
Specimen Container: Red Top Vacutainer Only!
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Anti-Neutrophil Cytoplasmic Ab**

Test Mnemonic: CNA

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Microtainer or Vacutainer
Volume Required: 4 ml blood/2 ml minimum; *See "Minimum Acceptable
Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Anti-Parietal Cell Ab**

Test Mnemonic: ANTIPAC

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (MINIMUM 1ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-SAT
Turn Around Time: 7-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Anti-Platelet Ab (Direct)**

Test Mnemonic: ANPLTD

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer
Volume Required: 6.0 ML
Minimum Volume: 5.0 ML (multiple 2 or 4 mL tubes may be collected in order
to attain required volume)
Specimen Transport: Tube Station to the Lab
Testing Days/Hours: Send out to ARUP, Sun thru Thursday (Has to be

at ARUP in 48 hrs) No Shipping on weekends

Turn Around Time: 3 to 5 days

Lab Extension: 4-1300

**Lab Processing Instructions: Do not spin or separate. Store at room temperature.

Test Name: **Anti-Platelet Ab (Indirect)**

Test Mnemonic: ANPLTI

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

For newborns less than 30 days old, collect specimen from mother, label specimen using patient's label, and mark as

"Mom's Blood" on label.

Specimen Container: Purple Top Vacutainer

Volume Required: 4.0 ML (multiple 2 mL tubes may be collected in order to attain required volume)

Specimen Transport: Tube Station to the Lab

Testing Days/Hours: Send out to ARUP, Sun thru Thursday

(Must arrive at ARUP within 48 hrs)

No Shipping on weekends

Turn Around Time: 3 to 5 days

Lab Extension: 4-1300

Test Name: **Anti-Single Stranded DNA**

Test Mnemonic: ASSD

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top tube

SPECIMEN REQUIRED: 2 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP so that specimen may be frozen for shipping!

SEND OUT: Yes

TESTING DAYS: 7 days/week

TESTING HOURS: 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Anti-Smith, ENA Ab Each**

Test Mnemonic: ANTISM

Department: LAB - Referred Serology

Container: Gold top vacutainer.

Volume: 2 ml blood.

Special Instructions: Send out test to Mayo.

Test Name: **Anti-Smooth Muscle Ab, FI Ab**

Test Mnemonic: ANTISMM

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport ASAP so that
specimen may be
refrigerated for shipping!
SEND OUT: Yes
TESTING DAYS: Monday - Saturday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Anti-Streptolysin O**
Test Mnemonic: ASOT
Department: LAB - Serology

Container: Gold top vacutainer
Volume: 1 ml blood, peripheral or serum.
Special Instructions: Titer performed automatically and
ONLY on positive Streptozyyme Screen.

Test Name: **Antibody Screen**
Test Mnemonic: ASGEL
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record
number, account number or emergency number,
date and time of collection and the computer
user mnemonic of the person collecting the
specimen.
Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220
along with the requisition
Phone Ext Blood Bank: 41314

*****FOR BLOOD BANK USE ONLY*****

HISTORY CHECK

Collected by: _____ Date/Time: _____

ABO & Rh: _____ Marker(s): _____

Ab ID: _____ Auto/Directed Available: Yes ___ No ___

Comment(s): _____

Tech: _____

Test Name: **Anticardiolipin IgG**
Test Mnemonic: AIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 ml (Anticardiolipin IgG and IgM Antibodies may be performed from the same specimen).
*See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3 days
Lab Section/Phone Extension: Hematology/1313
Comments: Anticardiolipin Antibodies are also known as Phospholipid Antibodies, or Cardiolipin Antibodies.

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: Anticardiolipin IgM
Test Mnemonic: AIGM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 ml (Anticardiolipin IgG and IgM Antibodies may be performed from the same specimen).
*See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3 days
Lab Section/Phone Extension: Hematology/1313
Comments: Anticardiolipin Antibodies are also known as Phospholipid Antibodies, or Cardiolipin Antibodies.

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: Antidiuretic Hormone
Test Mnemonic: ADH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Purple Top Vacutainer
Volume Required: 6 ml blood/3 ml minimum. *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turnaround Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: Antigen Proliferation
Test Mnemonic: AGT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Requires Immunology consult. Do NOT collect on Wednesdays.

Specimen Container:(2) 5 ml Green Top Vacutainers and (1) 3 ml Red Top Vacutainer

Volume Required: 10 ml blood in Green Tops and 1 ml in Red Top (minimum 5 ml in green top; 1 ml in red top). *See "Minimum Acceptable Volume by Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Tested Tues, Friday 0900; Do NOT collect on Wednesday!

Turn Around Time: 1 week

Lab Section/Phone Extension: Special Immunology/1804

**Lab Processing Instructions:

DO NOT SPIN GREEN TOPS OR RED TOP

Test Name: Antinuclear Ab Scr w/ Reflex

Test Mnemonic: ANA

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 2.0 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab promptly so that specimen may be refrigerated for transport!

SEND OUT: Yes

TESTING DAYS: Monday - Friday but may be collected 7 days/week

TESTING HOURS: 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: Antithrombin 3

Test Mnemonic: AT3

Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Test performed 24/7.

Turn Around Time: 24 hours

Lab Section/Phone Extension: Hematology/41313

Test Name: Apple Rast

Test Mnemonic: RAPPLE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **ARPKD Seq**
Test Mnemonic: ARPKD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Arrhythmia Genes Sequencing**
Test Mnemonic: ARVC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Arsenic**
Test Mnemonic: ARS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: METAL FREE SYRINGE OR ROYAL BLUE
VACUTAINER - BOTH CAN BE OBTAINED
FROM LAB
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Aspergillus Galactomannan Ag**
Test Mnemonic: ASPGLACTO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
NO SERUM SEPARATOR TUBES
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Aspergillus Rast Ige**
Test Mnemonic: RASPE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Aspergillus Titer**
Test Mnemonic: ASPERT
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP so
specimen may be
refrigerated for shipping!
SEND OUT: Yes
TESTING DAYS: Monday, Wednesday, and Friday but may be collected
7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **AST (SGOT)**
Test Mnemonic: AST
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 0.6 ml blood; *See "Minimum Acceptable Volume per
Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **ATRX Alpha Thalassemia X-Linkd**
Test Mnemonic: ATRX
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: N/A
Limitation to Procedure: NO BULLET TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **B-Hydroxy Butyric Acid, Ket Qt**
Test Mnemonic: BOBA
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Transport to lab immediately. Lab must
spin and separate within 30 minutes of collection.
Specimen Container: Purple Top Vacutainer
Volume Required: 2 ml blood/1.5 ml
Specimen Transport: Send via Tube system on ice. First place specimen container(s) in an empty
plastic bag to protect the label(s), then place the bagged specimen in a second plastic bag which
contains ice. Seal both bags.

Testing Days/Hours: Performed on Tuesday only; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 7-10 days, depending on day of collection

Lab Section/Phone Extension: Metabolics/1311

LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE PLASMA WITHIN 30 MINUTES OF COLLECTION

Test Name: **Baclofen Level**
Test Mnemonic: BACLO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINER: #3 or #4 Tube
SPECIMEN REQUIRED: 2 cc CSF
MINIMUM SPECIMEN REQUIREMENT: 1.5 cc CSF
LIMITATION TO PROCEDURE: Salicylic acid has the potential to interfere.

SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 3 to 4 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310
COMMENTS: Patient should not have taken aspirin within 24 hours of sample collection.

Test Name: **Bahia Rast**
Test Mnemonic: RBAH
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **BAL Anaerobic Culture**
Test Mnemonic: BA
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: sterile cup or tube
Volume Required: 1-10 ml fluid (swab/culturette is NOT acceptable)
Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed w/no external contamination.
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be collected 24 hr/day

Turn around time: Prelim 48 hrs; Final 4-5 days
Lab Section/phone ext: Microbiology/41871

Test Name: **BAL Cell Count**
Test Mnemonic: CCBAL
Department: LAB - Hematology Fluids

Test Name: **BAL Culture/Gram Stain**
Test Mnemonic: BALC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Gram stain is included.

Specimen Container: Fluid - sterile cup or tube. SWAB/CULTURETTE IS NOT ACCEPTABLE.

Volume Required: 1-10 ml of fluid as available.

Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed w/no external spillage.

Testing days/hrs: Testing performed 7 days/wk 0700-1500; may be collected 24 hr/day

Turn around time: Prelim 24 hours; Final 5 days.

Lab Section/phone ext: Microbiology/41871

Test Name: **Banana Rast**
Test Mnemonic: RBAN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None

Specimen Container: gold vacutainer

Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)

Specimen Transport: RT

Testing Days/Hours: M-F 8am

Turn Around Time: 2-4 days

Lab Section/Phone Ext: Immunology 44242

Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Bardet-Biedl Syndrome Seq**
Test Mnemonic: BBS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Basic Metabolic Profile**
Test Mnemonic: ED
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top microtainer or vacutainer or
Gold Top vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines,
mix gently.

Test Name: **Batten Disease CLN1 Seq**
Test Mnemonic: PPT1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Batten Disease CLN3 Del**
Test Mnemonic: BATTENS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **BCR-ABL1, Major(P210), Quant**
Test Mnemonic: BCRABL1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML WHOLE BLOOD -OR- 1ML BONE MARROW
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Beckwith-Wiedemann Syn Methyl**
Test Mnemonic: BECKWIED
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Beef Rast**
Test Mnemonic: RBEF
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Benign Hered Chorea TTF1 Seq**
Test Mnemonic: TTF1

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Bermuda Rast**

Test Mnemonic: RBER

Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Beta 2 Glycoprotein IgA**

Test Mnemonic: B2GA

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 1-3 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Beta 2 Glycoprotein IgG/IgM**

Test Mnemonic: B2BGM

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Prep: None

Specimen Container: Gold Top Vacutainer, no bullet tubes
Volume Required: 2ML

Specimen Transport: Send via Tube System
Testing Days/Hours: Mon thru Friday, 24 hours

Turn Around Time: 4 to 7 days
Lab Section/Phone Extension: 41300

Test Name: **Beta HCG (Quantitative)**
Test Mnemonic: BHCG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml blood minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Beta-2 Transferrin**
Test Mnemonic: BETA2TRAN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: N/A
Limitation to Procedure: SERUM AND AURAL/NASAL FLUID REQUIRED
Specimen Container: GOLD TOP VACUTAINER & FLUID IN STERILE CUP
Volume Required: 4ML BLOOD (2ML MINIMUM) & 2ML FLUID
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Beta-2-Microglobulin**
Test Mnemonic: B2MICRO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST

SEPARATE CELLS FROM
SERUM AND FREEZE ASAP

Test Name: **Bethlem/Ullrich Myopathies Seq**
Test Mnemonic: COL6A1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: YELLOW (ACD) TOP VACUTAINER
Volume Required: 10ML BLOOD (8ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Bile Acids Fractionated**
Test Mnemonic: BAFR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days/Send Out
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Bile Acids, Total**
Test Mnemonic: BA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NONE
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (MINIMUM 3ML BLOOD)
Specimen Transport: TUBE SYSTEM
Testing Days/Hours: 7 DAYS/WEEK
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL TESTING 4-1300
Comments: SEND OUT TEST TO ARUP

**Lab Processing Instructions: NONE

Test Name: **Bilirubin, Total**
Test Mnemonic: TBIL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Bilirubin,Direct
Test Mnemonic: DBIL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top microtainer or vacutainer or Gold Top vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Top Microtainer to within lines; mix gently.

Test Name: Bioavailable Testosterone-SHBG
Test Mnemonic: TSTBIOSHBG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 5ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUES-SAT
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Biotinidase
Test Mnemonic: BTNDASE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 mL blood/1 mL minimum

A control specimen is no longer required for this test.

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/wk
Turn Around Time: 5-7 Days/Send Out
Lab Section/Phone Extension: Chemistry/1310
*LAB PROCESSING INSTRUCTIONS: Spin, separate, freeze plasma ASAP

Test Name: **Biotinidase Def 5 Mutation**
Test Mnemonic: BTMD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO MICROTAINERS
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 7-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Blastomyces Immunodiffusion**
Test Mnemonic: BLASID
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 2 cc blood
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Blastomyces, Comp Fix**
Test Mnemonic: BLASCF
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 2 cc blood
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Blood Anaerobic Culture**
Test Mnemonic: BCA
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

Patient Preparation: See Clinical Policies/Procedures Drawer
in Nursing Division Info Cabinet for
proper collection procedures.

Limitation to Procedure: See weight chart for patients > 50 kg
which would require a different
order/collection.

Specimen Container: (Pink) Bactec Peds/F vial and
(Purple) Bactec Lytic vial

Volume Required: 8-10 mls in Lytic vial and 1-3 mls in
Peds/F vial

Specimen Transport: Send via Tube System ASAP in foam, one
vial per bag; assure no external
contamination

Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: Prelim 24 hours; Final 5 days

Lab Section/Phone Extension: Microbiology/41871

Comments: Comment source of specimen if collected

Test Name: **Blood Bank Hold Specimen**
Test Mnemonic: HOLD
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
 Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
 Label MUST include patient name, medical record
 number, account number or emergency number,
 date and time of collection and the computer
 user mnemonic of the person collecting the
 specimen.

Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE

Specimen Transport: Send via Tube System to Blood Bank Station 220
 along with the requisition

Phone Ext Blood Bank: 41314

***** THIS SPECIMEN WILL ONLY BE HELD 72 HOURS *****

*****FOR BLOOD BANK USE ONLY*****

HISTORY CHECK

Collected by: _____ Date/Time: _____

ABO & Rh: _____ Marker(s): _____

Ab ID: _____ Auto/Directed Available: Yes ___ No ___

Comment(s): _____

Tech: _____

Test Name: **Blood Culture**
Test Mnemonic: BC
Department: MIC - Microbiology

**** COLLECTION REQUIREMENTS ARE BASED ON PATIENT WEIGHT ****

0-13.9 kg patient weight:

Specimen Container: (Pink) Bactec Peds/F vial
Volume Required: 1-3 mL

14-49.9 kg patient weight:

Specimen Container: (Pink) Bactec Peds/F vial x 2
Volume Required: 1-3 mLs in each vial

>=50 kg patient weight:

Specimen Container: (Purple) Bactec Lytic vial and
(grey-blue) Bactec Aerobic Plus vial
Volume Required: 8-10 mLs in each vial (minimum amt 3 mLs)

Patient Preparation: See Clinical Policies/Procedures Drawer in Nursing Division
Info Cabinet for proper collection procedures.

Specimen Transport: Send via Tube System ASAP in foam, one vial per bag;
assure no external contamination

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.

Turn Around Time: Prelim 24 hours; Final 5 days

Lab Section/Phone Extension: Microbiology/41871

Comments: Comment source of specimen if collected from line (i.e. white lumen)

Test Name: Blood Fungus Culture
Test Mnemonic: FBC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info
Cabinet for proper collection procedures.

Specimen Container: MycoF Lytic bottle (red/white cap)
Volume Required: 1-5mL blood
Specimen Transport: Send via Tube system, ASAP in foam, one vial per
bag, assure no external contamination.
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be
collected 24 hours/day
Turn around Time: Prelim 48 hours; Final 4 weeks.
Lab Section/Phone Extension: Microbiology/41871

Test Name: Blood Type
Test Mnemonic: BT
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:

Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record
number, account number or emergency number,
date and time of collection and the computer
user mnemonic of the person collecting the
specimen.

Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220
along with the requisition

Phone Ext Blood Bank: 41314

*****FOR BLOOD BANK USE ONLY*****

HISTORY CHECK

Collected by: _____ Date/Time: _____

ABO & Rh: _____ Marker(s): _____

Ab ID: _____ Auto/Directed Available: Yes ___ No ___

Comment(s): _____

Tech: _____

Test Name:
Test Mnemonic:
Department:

Blood Type & Antibody Screen

TS

BBK - Blood Bank

COLLECTION INSTRUCTIONS:

Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE

Label MUST include patient name, medical record number, account number or emergency number, date and time of collection and the computer user mnemonic of the person collecting the specimen.

Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE

Specimen Transport: Send via Tube System to Blood Bank Station 220 along with the requisition

Phone Ext Blood Bank: 41314

*****FOR BLOOD BANK USE ONLY*****

HISTORY CHECK

Collected by: _____ Date/Time: _____

ABO & Rh: _____ Marker(s): _____

Ab ID: _____ Auto/Directed Available: Yes ___ No ___

Comment(s): _____

Tech: _____

Test Name:
Test Mnemonic:
Department:

Blood Urea Nitrogen

BUN

LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer

Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chemistry/1310

Test Name: **Body Fluid Amylase**
Test Mnemonic: BFAMY
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non sterile urine container
Volume Required: 1 ml fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Body Fluid Bilirubin**
Test Mnemonic: BFB
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Cell Count**
Test Mnemonic: CCBF
Department: LAB - Hematology Fluids

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Testing should be performed within 2 hours
of collection.
Specimen Container: Purple Top Microtainer or Vacutainer preferred;
will accept Red Top Vacutainer or other
non-anticoagulated containers
Volume Required: 0.5 ml fluid
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: Includes cytopsin WBC Differential
Specify fluid source

Test Name: **Body Fluid Chloride**
Test Mnemonic: BFCL
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Creatinine**
Test Mnemonic: BFCR
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: NSU
Volume Required: 1 mL
Specimen Transport: TUBE SYSTEM
Testing Days/Hours: 24/7
Turn Around Time: 4 HR
Lab Section/Phone Ext:41300
Comments:

**Lab Processing Instructions:

Test Name: **Body Fluid Crystals**
Test Mnemonic: BFCRY
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml body fluid/1.0 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Culture/Gram Stain**
Test Mnemonic: WBF
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in
Nursing Division Info Cabinet for proper collection procedures. Gram
stain is included in order.

Specimen Container: sterile cup, tube, or capped syringe
Volume Required: 1-10 ml of fluid as available
Specimen Transport: Send via tube system, ASAP, assure container is
tightly sealed w/no external spillage.
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be
collected 24 hr/day
Turn around time: Prelim 48 hrs, final 5 days
Lab Section/phone ext: Microbiology/41871

Test Name: **Body Fluid Glucose**
Test Mnemonic: BFGLUC
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml body fluid/1.0 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid LDH (Total)**
Test Mnemonic: BFLDH
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Lipase**
Test Mnemonic: BFLIP
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Osmolality**
Test Mnemonic: BFOSM
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid pH**
Test Mnemonic: BFPH
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Potassium**
Test Mnemonic: BFK
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Protein**
Test Mnemonic: BFP
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Sodium**
Test Mnemonic: BFNA
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Triglyceride**
Test Mnemonic: BFTRIG
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Bordetella Pertussis PCR**
Test Mnemonic: BPPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

If a pertussis PCR is collected, you must wear a mask during collection. If pertussis is suspected this patient must be placed in a private room on airborne/droplet isolation.

Limitation to Procedure: Specimens must be received by Monday and Thursday to be included in Tuesday or Friday testing.
Specimen Container: 1 cotton/dacron mini-tip swab or culturette;
DO NOT USE CHARCOAL OR GEL SWABS
Volume Required: 1 swab
Transport: Transport at room temperature but store in lab at 4C;
send via Tube System
Testing Days/Hours: Performed Tuesdays and Fridays;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1 to 4 days
Lab Section/Phone Extension: Molecular Diagnostics/1804
Comments: Call the lab for emergent specimens

Lab Processing Instructions
Store at 4C in BP PCR box in front send out area refrigerator.

Test Name: **Box Elder Maple Rast**
Test Mnemonic: RBEM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Branched Chain Amino Acids**

Test Mnemonic: BCAA
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:
CONTAINERS: Green or gold top vacutainer or 2 green microtainers
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab on ice!!
SEND OUT: No
TESTING DAYS: Thursdays, but may be collected 7 days/week
TESTING HOURS: 7a.m. to 5 p.m., but may be collected 24 hours/day
TURN-AROUND-TIME: Within 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LIMITATION TO PROCEDURE: FOR PATIENTS WITH MSUD ONLY
LAB SECTION/PHONE EXTENSION: Metabolic Diagnostic Lab/Ext 1311

Test Name: **Branchiootic Syndrome**
Test Mnemonic: BOR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Brazil Nut Rast**
Test Mnemonic: RBRAZIL
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Brugada Syndrome Seq**
Test Mnemonic: BRS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **BTK Xlink Agammaglobulinem Seq**
Test Mnemonic: BTK
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **C-Peptide**
Test Mnemonic: CPEP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer.
Volume Required: 4 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System.
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **C-Reactive Protein**
Test Mnemonic: CRP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold or Green Top Vacutainer
Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See "Minimum Acceptable Volume per Tube Type" below.
Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours

Test Name: **C1 Esterase Inhib, Functional**

Test Mnemonic: C1ESIF

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold SST

SPECIMEN REQUIRED: 2 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP so that
specimen may be frozen for
shipping!

SEND OUT: Yes

TESTING DAYS: Mondays, Wednesdays, and Thursdays but may be
collected 7 days/week

TESTING HOURS: 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **C1 Esterase Inhibitor, Quant**

Test Mnemonic: C1ESIQ

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold SST

SPECIMEN REQUIRED: 2 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP so that
specimen may be frozen for
shipping!

SEND OUT: Yes

TESTING DAYS: Mondays, Wednesdays, and Thursdays but may be
collected 7 days/week

TESTING HOURS: 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **C1Q Binding Assay, Im Cmplx Asy**

Test Mnemonic: CQB

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: RED TOP VACUTAINER

Volume Required: 2ML BLOOD

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON, THURS

Turn Around Time: 1-8 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments: NO GOLD TOP TUBES ACCEPTED

**Lab Processing Instructions: LET STAND ON CLOT

TWO HOURS BEFORE
SEPARATING.

Test Name: C3 Complement
Test Mnemonic: C3
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green,Red or Gold Top
Volume Required: 1 mL blood
Specimen Transport: Send via Tube System
Testing Days/Hours: 24hours/day
Turn Around Time: Daily
Lab Section/Phone Extension: Chem/41310

Test Name: C4 Complement
Test Mnemonic: C4
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green,Red or Gold Top
Volume Required: 1 mL blood
Specimen Transport: Send via Tube System
Testing Days/Hours: 24hours/day
Turn Around Time: Daily
Lab Section/Phone Extension: Chem/41310

Test Name: CA 125, IM Asy Tumor Ag
Test Mnemonic: CA125
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold SST
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SPEC STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP!!
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 to 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: CACNA1A Calcium Channel
Test Mnemonic: CALCIUM CH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 6-12 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: CADASIL Complete DNA Seq
Test Mnemonic: CADASIL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4.0ML
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-THURS/24HR/DAY
Turn Around Time: 1-4 WEEKS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD - DO NOT SPIN

Test Name: Caffeine Level
Test Mnemonic: CAFF
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer or Gold
microtainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Monday thru Friday;
may be collected 24 hours/day,
7 days/week.
Turn Around Time: 24 to 72 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: CAH3 Steroids
Test Mnemonic: CAH3
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer or microtainer
Volume Required: 1 ml blood/0.5ml whole blood minimum
Send out?: NO
Transport via tube system: Yes
Specimen Transport: RT
Testing Days/Hours: Sunday thur Thursday 6am-2:30pm

Turn Around Time: 48 hours
Lab Section/Phone Extension: Chemistry/1311

LAB PROCESSING INSTRUCTIONS: DO NOT SPIN

Test Name: Calcitonin Level
Test Mnemonic: CALN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS: *SEND ON ICE*****

Specimen Container: Gold Top Vacutainer

Volume Required: 4 ml blood/3 ml minimum

Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.

Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 5-7 Days/Send Out

Lab Section/Phone Extension: Chemistry/1310

Test Name: Calcium,Ionized

Test Mnemonic: ICA

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Heparinized Syringe or Green Top Vacutainer

Volume Required: 0.5 ml blood/0.3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 1 Hr

Lab Section/Phone Extension: Chem/1310

Test Name: Calcium>Total

Test Mnemonic: CA

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer

Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chemistry/1310

Test Name: Campomelic Dysplasia Del/Dup

Test Mnemonic: CDDELDUP

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Campomelic Dysplasia Seq**
Test Mnemonic: CAMPDSEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Candida Titer**
Test Mnemonic: CANT
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Mondays, Wednesdays, and Fridays but may be collected
7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Carbamazepine (Tegretol)**
Test Mnemonic: FTEG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 2-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Carbon Dioxide**

Test Mnemonic: CO2
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Carcinoembryonic Antigen**
Test Mnemonic: CEA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cardiofaciocutaneous Braf Seq**
Test Mnemonic: CARDIOFCS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cardiofaciocutaneous Kras Seq**
Test Mnemonic: KRAS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Carnitine Assay
Test Mnemonic: CARN
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

INCLUDES FREE, TOTAL AND ESTERIFIED
COLLECTION INSTRUCTIONS: Transport on ice to lab ASAP!!!
CONTAINERS: GREEN, PURPLE OR RED top vacutainer
SPECIMEN REQUIRED: 2 ml blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport on ice ASAP.
SEND OUT: NO
TESTING DAYS: Saturday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7-10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/MGL/Extension 4-1311

LAB PROCESS INSTRUCTIONS: CRITICAL FROZEN TEST
Spin, separate, freeze plasma/serum ASAP!

Test Name: Carnitine, Total Plasma
Test Mnemonic: TPC
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS: Transport on ice to lab ASAP!!!
CONTAINERS: GREEN, PURPLE OR RED top vacutainer
SPECIMEN REQUIRED: 2 ml blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport on ice ASAP
SEND OUT: NO
TESTING DAYS: Saturday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7-10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/MGL/Extension 4-1311

LAB PROCESS INSTRUCTIONS: CRITICAL FROZEN TEST
Spin, separate, freeze plasma/serum ASAP!

Test Name: Carotene
Test Mnemonic: CAR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT FROM LIGHT
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Carrot Rast
Test Mnemonic: RCARROT
Department: LAB - Special Immunology

Test Name: Cashew Rast
Test Mnemonic: RCASH
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Cat Rast
Test Mnemonic: RCAT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Cat Scratch Dis Ab G, Bact Nes
Test Mnemonic: CSDAG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 21 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870
COMMENTS: Includes both Bartonella henselac and Bartonella quintana

Test Name: **Cat Scratch Dis Ab M, Bact Nes**

Test Mnemonic: CSDAM

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 21 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870
COMMENTS: Includes both Bartonella henselac and Bartonella quintana

Test Name: **Catecholamines, Plasma Fract**

Test Mnemonic: CATP

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: PATIENT SHOULD BE CALM AND IN A SUPINE FOR 30
MINUTES WITH VENOUS CATHETER IN PLACE
Limitation to Procedure: COLLECT AND SEND TO LAB ON ICE
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 5ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE ASAP

Test Name: **Catfish Rast**

Test Mnemonic: RCATFISH

Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am

Turn Around Time:2-4 days

Lab Section/Phone Ext: Immunology 44242

Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Cath Tip Culture
Test Mnemonic: WCCT
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Special Instructions: Only venous (arterial cath) No JP drains or Foley catheter tips will be accepted. Anaerobic cultures can not be done on this source.

Specimen Container: Sterile Cup

Volume Required: Tip of Catheter

Specimen Transport: Send via tube system.ASAP, assure container is tightly sealed with no external contamination.

Testing days/hours: 7 days/wk,24 hr/day

Turn Around: Prelim 24 hrs,final 48 hrs

Lab Section/Phone Extension: Microbiology/41871.

Test Name: CBC With Differential
Test Mnemonic: CBC
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.

Specimen Container: Purple Top Microtainer or Vacutainer

Volume Required: 0.25 ml (to bottom fill line) in microtainer or 1.0 ml in vacutainer. See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week

May be collected 24 hours/day, 7 days/week

Turn Around Time: 4 hours

Lab Section/Phone Extension: Hematology/1313

Comments: CBC includes WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT, WBC Differential, and RBC Morphology

Test Name: CBC Without Differential
Test Mnemonic: HEM
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.

Specimen Container: Purple Top Microtainer or Vacutainer

Volume Required: 0.25 ml (to bottom fill line) in microtainer or 1.0 ml in vacutainer. See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week

May be collected 24 hours/day, 7 days/week

Turn Around Time: 4 hours

Lab Section/Phone Extension: Hematology/1313

Comments: Includes WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT

Test Name: CD alpha beta T Cells
Test Mnemonic: ALPHA BETA
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: CD19 B Cell
Test Mnemonic: BC
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: CD2
Test Mnemonic: CD2
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: CD20 B Cells
Test Mnemonic: CD20B
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent

issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: **CD3 T Cell**
Test Mnemonic: TC
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: **CD4 Thelper**
Test Mnemonic: THP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: **CD45 RORA CD8**
Test Mnemonic: 45RORA T S
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: CD45RORA CD4
Test Mnemonic: 45RORA T H
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: CD56 NK Cells
Test Mnemonic: NK CELL
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: CD5CD19 B Cells
Test Mnemonic: CD519
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: **CD8 T Suppressor**
Test Mnemonic: TSP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: **CDgammadelta T Cells**
Test Mnemonic: GAMMA DELT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Concurrent CBC REQUIRED for absolute quantitation.
Specimen Container: Green top tube
Volume Required: 2 ml whole blood optimal; 1 ml whole blood minimum
Specimen Transport: RT transport and storage
Testing Days/Hours: Mon-Fri. Flow lab closed weekends and holidays. Call Dr. Harville for emergent issues @ 688-6209.
Turn Around Time: 2 days
Lab Section/Phone Ext: 41804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: **CDKL5 Comprehensive**
Test Mnemonic: CDKL5
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Celia Gene**

Test Mnemonic: CG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Celiaplus (Celiac+Celia Gene)**
Test Mnemonic: CELIAPLUS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure:
Specimen Container: 2ML Gold Vacutainer & Purple Vacutainer
Volume Required: 2ml
Limitation to Procedure: NO BULLET TUBES
Testing Days: Mon - Fri
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out, 24 hrs

Turn Around Time: 3-5 days
Lab Section/Phone Extension: 41300
Comments: Lab processing Instructions: Whole blood and Serum
3ml specimen required, minimum 2ml.
Reflex tests associated w/this test: No

Test Name: **Celontin & Normethsuximide**
Test Mnemonic: CELON
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: NO GOLD TOP VACUTAINER
Specimen Container: Red Top Vacutainer ONLY!
Volume Required: 3 ml blood; *See "Minimum Acceptable Volume
per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Centronuclear Myopathy Seq**
Test Mnemonic: MTMT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Ceruloplasmin
Test Mnemonic: CER
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: CF Glucose Tolerance Test
Test Mnemonic: CFOGTT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: 1 full green microtainer, or 1 ml in gold
vacutainer
SPECIMEN REQUIRED: 0.5 ml blood for EACH draw
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

*****SPECIAL INSTRUCTIONS*****

See policy "Oral Glucose Tolerance Testing for Cystic Fibrosis Patients (CF-OGTT) at Arkansas Children's Hospital".

1. Draw blood for the FBS and label as "fasting", with collection date, time, and initials.
2. Deliver to Lab with the test requisition for CFOGTT.
3. Glucola obtained from Lab will be administered according to the dosages listed in the above policy.
4. Draw blood for the post-glucola specimen 2 hours after

administration of glucola.

5. Label 2 hour specimen as "2 hour post", with collection date, time, and initials, and deliver to Lab.

Test Name: **CF Respiratory Culture**
Test Mnemonic: CFRC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Gram stain is included in order.

Specimen Container: Sputum - sterile cup or tube

If the above cannot be obtained, a well inoculated swab/culturette (BLUE) is acceptable.

Volume Required: 1 mL of sputum as available or culturette.

Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed with no external spillage.

Testing performed 7 days/wk, 0700-1500; may be collected 24 hr/day

Turn around Time: Prelim 48 hrs; final 5 days

Lab Section/Phone Extension: Microbiology/41871

Test Name: **CFTR DNA 46 Mutation Panel**
Test Mnemonic: CFTR
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Limitation to Procedure:

Specimen Container: Purple top or newborn screen card.

Volume Required: 1.0ml Whole Blood, min req'd 0.5ml
or one full circle on NBS card.

Send out: NO

Specimen Transport: RT, Tube system ok

Testing Days/Hours: Monday only 7am to 3pm but can be collected anytime

Turn around time: 7 days

Lab section/phone: MGL 41311

**Lab Processing Instructions: DO NOT SPIN

Test Name: **CH50-Complement Activity**
Test Mnemonic: CH50
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO SEPARATOR OR GEL TUBES

Specimen Container: RED TOP VACUTAINER

Volume Required: 5ML BLOOD (3ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 2 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST

SEPARATE CELLS FROM SERUM
AND FREEZE TO -70C ASAP

Test Name: **Chaetomium Rast**
Test Mnemonic: RCHAE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Chagas Dis Ab G, Protoz Nes/Int**
Test Mnemonic: CDABG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Chagas Dis Ab M, Protoz Nes/In**
Test Mnemonic: CDABM
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold SST
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 to 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **CHARGE Syndrome Seq**
Test Mnemonic: CHD7
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chicken Feathers Rast**
Test Mnemonic: RCHICF
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Chicken Rast**
Test Mnemonic: RCHIC
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Chlamydia Antibody, IgG/IgM**
Test Mnemonic: CGA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: 4ml Gold Top Vacutainer

Volume Required: 2 ml Blood (1ml Serum)
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday
Turn Around Time: 1-4 DAYS
Lab Section/Phone Extension: Send-outs/4-1300

Test Name: **Chlamydia Antigen**
Test Mnemonic: CHLAMA
Department: LAB - Virology

Container: Microtrak collection kit - obtain in lab
Volume: Vaginal, urethral, or eye scraping
Special Instructions: Call Virology before collecting
ext. 1300 or 1630.

Test Name: **Chlamydia PCR (Swab)**
Test Mnemonic: CHLAMPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
IF THIS TEST IS BEING ORDERED ON A PRE-PUBERTAL CHILD OR AN OLDER CHILD WHO IS NOT SEXUALLY ACTIVE AS PART OF A SEXUAL ABUSE EVALUATION, IT SHOULD ONLY BE CONSIDERED A SCREENING TOOL. IT IS NOT DIAGNOSTIC OF INFECTION WITHOUT FOLLOW-UP CONFIRMATORY TESTING IN THESE GROUPS OF PATIENTS.

Patient Preparation: Remove excess mucous from cervix using the large cleaning swab in the red/black package prior to collection. Discard cleaning swab.

Limitation to Procedure: Leave blue shaft collection swab only in Tube!!!

Specimen Container: Aptima swab specimen transport tube
Specimen Required: 1 Endocervical/Male urethral (ONLY!)
Volume Required: 1 swab per tube
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon, Wed, Fri 0800; may be collected 24 hrs/day, 7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: Molecular Diagnostics/1804
**Lab Processing Instructions: Place specimens in CT/NG cup in front sendout area refrigerator within 1 hour of receipt.

Test Name: **Chloride**
Test Mnemonic: CL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Chocolate Rast**

Test Mnemonic: RCHOC
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Cholesterol, Total**
Test Mnemonic: CHOL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Chondrodysplasia Seq/Del/Dup**
Test Mnemonic: ARSE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **CHRNE Cong Myasthenic Seq**
Test Mnemonic: CHRNE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chromium Level**
Test Mnemonic: CHROM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: ROYAL BLUE TOP VACUTAINER OR
METAL FREE SYRINGE (BOTH OBTAINED FROM LAB)
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chromosome Analys Leukemic Bld**
Test Mnemonic: CALB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Chromosome Analysis Blood**
Test Mnemonic: CABP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: DAILY
Turn Around Time: 7-14 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN!!!

Test Name: **Chromosome Analysis Bonemarrow**
Test Mnemonic: CA BONEMAR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BONE MARROW (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chromosome Analysis Hi Res**
Test Mnemonic: CAHR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: DAILY
Turn Around Time: 7-14 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN!!!

Test Name: **Chromosome Analysis Lymph Node**
Test Mnemonic: CA LYMPH N
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: STERILE CUP
Specimen Required: LYMPH NODE BIOPSY IN TRANSPORT MEDIA
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Chromosome Analysis Rapid**
Test Mnemonic: CARPD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: DAILY
Turn Around Time: 7-14 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN!!!

Test Name: **Chromosome Analysis Tumor**
Test Mnemonic: CA TUMOR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: STERILE CUP
Specimen Required: TUMOR IN TRANSPORT MEDIA
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 7-14 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chromosome Breakage Studies**
Test Mnemonic: CBS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chromosome Microarray-Ambry**

Test Mnemonic: CMAMB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: Do not share specimens between other tests
Specimen Container: One green vacutainer AND one purple vacutainer
Volume Required: 3.0 mL in EACH vacutainer
**** NOTE: One green top vacutainer with 2 mL blood
**** is sufficient for neonate patients
Specimen Transport: Tube system/courier
Testing Days/Hours: Daily
Turn Around Time: 7-14 days
Lab Section/Phone Extension: Referral Testing 4-1300
Comments:

Lab Processing Instructions: Do Not Spin

Test Name: **Cimetidine (Tagamet)**
Test Mnemonic: TAGA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER (MULTIPLE TUBES)
Volume Required: 7ML BLOOD (6ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **CK Isoenzymes**
Test Mnemonic: CKISO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: 4ml Gold Top Vacutainer
Volume Required: 2 ml Blood (1ml Serum)
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: Send-outs/4-1300

Test Name: **CKMB (CK2)**
Test Mnemonic: CKMB
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;

may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: **Cladosporium Rast**
Test Mnemonic: RCLAD
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None

Specimen Container: gold vacutainer

Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)

Specimen Transport: RT

Testing Days/Hours: M-F 8am

Turn Around Time: 2-4 days

Lab Section/Phone Ext: Immunology 44242

Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Clam Rast**
Test Mnemonic: RCLAM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None

Specimen Container: gold vacutainer

Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)

Specimen Transport: RT

Testing Days/Hours: M-F 8am

Turn Around Time: 2-4 days

Lab Section/Phone Ext: Immunology 44242

Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **CLCN1 DNA Sequencing Athena**
Test Mnemonic: CLCN1DNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 4ML BLOOD (3ML MINIMUM)

Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 2-6 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Clonazepam (Klonopin)**
Test Mnemonic: CLON
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Clostridium botulinum Toxin ID**
Test Mnemonic: RCBT
Department: MIC - Referred Microbiology

Patient Preparation: Collect stool and serum sample
Limitation to Procedure: Only performed by special request
Specimen Container: Stool- can be non sterile container, serum in gold or red top tube.
Volume Required: Stool= 2 ml, serum= 2 ml
Specimen Transport: Is transportable in the tue system.
Testing Days/Hours:M-F/ anytime
Turn Around Time: unknown
Lab Section/Phone Ext: Microbiology 41871
Comments: Sent out to CDC labs, Atlanta, GA

**Lab Processing Instructions: Must have CDC form filled out by physician and must have State Health approval.

Test Name: **CLOTest (H. Pylori ID)**
Test Mnemonic: CLO
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: CLOtest, acquire from Microbiology Laboratory
Volume Required: Small amount of tissue collected in GI Lab
Specimen Transport: Send via Tube system, ASAP, assure container has no external contamination
Testing Days/Hours: Testing performed 7 days/week, 24 hours/day
Turn around Time: Prelim 4 hours; Final 24 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: **CMV IgG Antibody**
Test Mnemonic: CMVIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS: Limitation to Procedure: Acute & convalescent levels required for diagnostic purposes. Recent transfusion

or immune globulin administration can cause erroneous results. Test results from neonates should be interpreted with caution.

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL Whole blood *See
"Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Run on Wed. only, (may collect 24/7)
Comment: must be in lab by 0700 Wed to be run that day.
Turn around time: 1 - 7 days
Lab Section/Phone Extension:Virology/1630

Test Name: **CMV IgM Antibody**
Test Mnemonic: CMVIGM
Department: LAB - Virology

Test Name: **CMV PCR Quantitative**
Test Mnemonic: CMVPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 5 cc blood
MINIMUM SPECIMEN REQUIREMENT: 2 cc blood
SEND OUT: No
TESTING DAYS:
TESTING HOURS:
TURN-AROUND-TIME: Thursday following submission of specimen
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Molecular Diagnostics/Extension 1804
COMMENTS:

Test Name: **Cobalt**
Test Mnemonic: COBALT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: METAL FREE SYRINGE OR ROYAL BLUE VACUTAINER
Volume Required: 5ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: BOTH METAL FREE SYRINGE AND ROYAL BLUE VACUTAINER
CAN BE OBTAINED FROM LAB

**Lab Processing Instructions:

Test Name: **Coccidioides Antibody**
Test Mnemonic: COCCI
Department: LAB - Referred Serology

Container: Gold top vacutainer.
Volume: 2 cc blood.
Special Instructions: Send out test to Mayo.

Test Name: **Cockayne Syndrome-B Seq**
Test Mnemonic: CS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cockroach Rast**
Test Mnemonic: RCKR
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Coconut Rast**
Test Mnemonic: RCOCONUT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Coenzyme Q10 Level
Test Mnemonic: COENZQ10
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT FROM LIGHT
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN,TUES,THURS
Turn Around Time: 3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: CoI5A1 Del/Dup
Test Mnemonic: COL5A1 DEL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: CoI5A1 Seq
Test Mnemonic: COL5A1 SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: CoI5A2 Del/Dup
Test Mnemonic: COL5A2 DEL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Col5A2 Seq**
Test Mnemonic: COL5A2 SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Complement 3 Nephritic Factor**
Test Mnemonic: C3NF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-SAT
Turn Around Time: 1-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Compound S (11-Deoxycortisol)**
Test Mnemonic: CMPS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: DO NOT USE FOR METYRAPONE TEST
Specimen Container: GOLD TOP VACUTAINER

Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON,WED,FRI
Turn Around Time: 2-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN, SEPARATE SERUM
FROM CELLS AND FREEZE
ASAP

Test Name: **Comprehensive Metabolic Panel**
Test Mnemonic: CMP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: GREEN OR GOLD MICROTAINER/VACUTAINER
Volume Required: 1.5 mL BLOOD
Specimen Transport: TUBE SYSTEM
Testing Days/Hours:24/7
Turn Around Time: 2 HR
Lab Section/Phone Ext:41300
Comments:

**Lab Processing Instructions:

Test Name: **Congenital Cen.Hypoventilation**
Test Mnemonic: PHOX2B
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Congenital Hyperinsulinism Seq**
Test Mnemonic: CHIE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI

Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Congenital Myasthenic CHAT Seq**
Test Mnemonic: CHAT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Congenital Myasthenic Musk Seq**
Test Mnemonic: MUSKSEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Connexin 26 Seq**
Test Mnemonic: CX26
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Connexin 30 Del**
Test Mnemonic: CONX30
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Connexin Related Deafness Seq**
Test Mnemonic: CX RELATED
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Contractural Arachnodactyly Sq**
Test Mnemonic: CCA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Copper Level**
Test Mnemonic: CU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Royal Blue, Metal-free vacutainer (obtained from lab)
OR a Zinc/Metal-free syringe (obtain from Lab)
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Room Temp via Tube System or courier
Testing Days/Hours: May be collected 24 hours/day,
7 days/week
Turn Around Time: 48-72 hours
Special Instructions: Royal Blue vacutainers and Zinc/Metal-free collection
syringes must be obtained from the Laboratory. Call X41300 to
obtain tubes.
Lab Section/Phone Extension: Referred Testing/1300

Test Name: Cord Blood Hepatitis B Surf Ag
Test Mnemonic: CBHBSAG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Daily
TESTING HOURS: Varies; Call extension 1314 for specific testing
times
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension
COMMENTS: **If specimen already has mother's label on it, please
leave label visible. Also attach baby's label, and write on
baby's label "Cord Blood".**

Test Name: Cord Blood RPR
Test Mnemonic: CBRPR
Department: LAB - Serology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL minimum. *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon - Wed - Fri (0800 - 1630);
may be collected 24 hours/day, 7 days/week.
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in
the receiving refrigerator in the box marked "Serology".
COMMENTS: **If specimen already has mother's label on it, please
leave label visible. Also attach baby's label, and write on
baby's label "Cord Blood".**

Test Name: Corn Rast
Test Mnemonic: RCRN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Corticosterone
Test Mnemonic: CORC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: Cortisol
Test Mnemonic: CORT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Vacutainer or microtainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed on Thursday; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-7 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: CPK
Test Mnemonic: CK
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs

Test Name: **Crab Rast**
Test Mnemonic: RCRAB
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Craniodysmorphology FGFR Twist**
Test Mnemonic: FGFR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Craniostylosis FGFR2 Seq**
Test Mnemonic: CRANIOSYNO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Creatine**

Test Mnemonic: CRNS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Creatinine**
Test Mnemonic: CR
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Cri-Du-Chat Blood FISH**
Test Mnemonic: CRI
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Cryoglobulin**
Test Mnemonic: CRYOG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Red top vacutainers kept warm in water ~37 C

SPECIMEN REQUIRED: 10 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Tubes should be pre-warmed in warm water. After specimen collected, return tubes to warm water and transport to Lab ASAP!
SEND OUT: Yes
TESTING DAYS: Monday - Thursday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: NO, must be transported in warm water
LAB SECTION/PHONE EXTENSION: Serology/Extension 1630
COMMENT: Patient should be FASTING.

Test Name: **Cryptococcus Antigen**
Test Mnemonic: CRYPS
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 5 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **CSF Adenovirus Antibodies**
Test Mnemonic: MENADCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF Amino Acid Individual**
Test Mnemonic: AAIC
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

Test Name: **CSF Amino Acids, Quant**
Test Mnemonic: AAQC
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

Container: CSF #2
Volume: Minimum 0.5 ml
Special Instructions: Keep on ice, refrigerate or freeze.
*** Tubed specimens, requiring ice, should first be placed in an

empty plastic bag to protect the label(s); the bagged specimen is then placed in a second plastic bag which contains ice.

LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN Separate and freeze 0.5 mL of CSF

Test Name: CSF Bacterial Antigen
Test Mnemonic: BACAGC
Department: LAB - Serology

Test Name: CSF California Encep IgM
Test Mnemonic: MENCALMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF California Encephalitis
Test Mnemonic: MENCALGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF Cell Count
Test Mnemonic: CCCSF
Department: LAB - Hematology Fluids

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Testing should be performed within 2 hours of collection.
Specimen Container: CSF #3 or sterile container for shunt specimens
Volume Required: 0.5 ml CSF
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: Includes cytospin WBC Differential
Specify if from shunt collection

****Lab Processing Instructions:**

Use tube #3 if three tubes are available, or tube #1 if only two tubes are available. If the specimen is bloody, the least bloody tube without visible clots should be used regardless of the tube number. MAINTAIN STERILITY OF ALL CSF SPECIMENS.

Test Name: CSF CMV IgG
Test Mnemonic: MENCMVGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF CMV IgM
Test Mnemonic: MENCMVMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF Coxsackie A Virus
Test Mnemonic: MENCXACSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF Coxsackie B Virus
Test Mnemonic: MENCXBCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF Cryptococcus Antigen**

Test Mnemonic: CRYPC

Department: LAB - Referred Serology

Patient Preparation: CSF acquired by routine lumbar puncture
Specimen Container: Sterile CSF tube
Volume Required: 1 mL, 0.25 mL minimum
Specimen Transport: Is transportable in tube system.
Testing Days/Hours: SUN - SAT, anytime
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Microbiology/ 41871
Comments: Note CSF on form and label.

**Lab Processing Instructions:

Send out to ARUP. Refrigerated good for 3 days, frozen= indefinitely.

Test Name: **CSF Culture/Gram Stain**

Test Mnemonic: CCG

Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Gram stain is included in order.

Specimen Container: Sterile cup, tube (#2), or capped syringe

Volume Required: 1-10 mL of fluid as available

Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external spillage

Testing Days/Hours: Testing performed 7 days/week, 24 hours/day

Turn around Time: Gram stain - STAT 30 minutes, urgent 1 hour, routine within 8 hours

Culture - Prelim 24 hours; Final 3 days (LP),

Final 5 days (shunt)

Laboratory Section/Extension: Microbiology/41871

Test Name: **CSF Eastern Equine IgG**

Test Mnemonic: MENE EEGCSF

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: CSF

SPECIMEN REQUIRED: 3ml CSF

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF Eastern Equine IgM**

Test Mnemonic: MENE EMCSF

Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF Echovirus Antibodies**
Test Mnemonic: MENECHOCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF Glucose**
Test Mnemonic: SFG
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

| | |
|------------------------------|------------------------------------------------------------------------------------------------|
| Specimen Container: | Sterile CSF Tube |
| Volume Required: | 0.5 ml csf/0.3 ml minimum |
| Specimen Transport: | Send via Tube System |
| Testing Days/Hours: | Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week. |
| Turn Around Time: | 4 Hrs |
| Lab Section/Phone Extension: | Chem/1310 |

Test Name: **CSF Glycine**
Test Mnemonic: C/GLY
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

Container: CSF #2
Volume: Minimum 0.5 ml
Special Instructions: Keep on ice, refrigerate or freeze.

Test Name: **CSF HSV IgG Antibody**
Test Mnemonic: MENHSVIGGC
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF HSV IgM Antibody**
Test Mnemonic: MENHSVIGMC
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF Influenza A Antibodies**
Test Mnemonic: MENINACSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF Influenza B Antibodies**
Test Mnemonic: MENINBCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF Lactate/Pyruvate**
Test Mnemonic: CP/L
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

Container: Special container. Obtain in lab.
Volume: 1 cc CSF
Special Instructions: Fill to line on tube with CSF. Shake vigorously. Place on ice and transport ASAP.

Test Name: CSF LCM Virus IgG

Test Mnemonic: MENLCMGCSF

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: CSF

SPECIMEN REQUIRED: 3ml CSF

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF LCM Virus IgM

Test Mnemonic: MENLCMMCSF

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: CSF

SPECIMEN REQUIRED: 3ml CSF

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF Measles Virus IgG

Test Mnemonic: MENMEAGCSF

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: CSF

SPECIMEN REQUIRED: 3ml CSF

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF Measles Virus IgM

Test Mnemonic: MENMEAMCSF

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: CSF

SPECIMEN REQUIRED: 3ml CSF

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF Mumps Virus IgG

Test Mnemonic: MENMUMGCSF

Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF Mumps Virus IgM

Test Mnemonic: MENMUMMCSF

Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF Mycobacterium Tb Amplified

Test Mnemonic: MTB

Department: LAB - Referred Serology

Patient Preparation: Routine lumbar puncture
Limitation to Procedure: Bloody specimens unacceptable
Specimen Container: Csf tube, sterile
Volume Required: 1 mL, 0.5 mL minimum
Specimen Transport: Is transportable in tube system.
Testing Days/Hours: SUN- FRI
Turn Around Time: 1-3 days from receipt by reference lab
Lab Section/Phone Ext: Microbiology/ 41871
**Lab Processing Instructions: Send to ARUP frozen.

Test Name: CSF Myelin Basic Protein

Test Mnemonic: MBP

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: CSF COLLECTION TUBE
Volume Required: 1ML CSF (0.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: CSF Neurotransmitr Metabolites
Test Mnemonic: NTM
Department: LAB - Metabolic Lab Send Out

Patient Preparation: Nursing Unit will phone the lab (X4-1300) to ensure collection tubes and dry ice are available. Someone from the unit must go to the lab to get the collection tubes (in the specimen processing refrigerator) and box of dry ice. Each set of tubes consists of 5 small centrifuge tubes attached to a strip of paper. One set of tubes is required per patient.

Specimen Container: **Collect in special tubes at bedside (see comment under Patient Preparation for location of tubes).**

Volume Required: Minimum 3.5 mL CSF

Specimen Transport: CSF should be collected from the first drop into the special collection tubes in the order indicated. The amount required in each tube is marked on the tube. Mix and freeze CLEAR samples at the bedside on dry ice; RUSH the frozen samples to the Lab. MILDLY CONTAMINATED CSF must be RUSHED to the Lab on WET ICE to be centrifuged and the supernate FROZEN WITHIN 5 MINUTES.

Limitation to Procedure: Specimens GROSSLY CONTAMINATED WITH BLOOD should be recollected at a later date.

SEND OUT: TO MEDICAL NEUROGENETICS
ONE DUNWOODY PARK, SUITE 250
ATLANTA, GA 30338
PHONE: 678-225-0222

Testing Days/Hours: MONDAY - FRIDAY 7 AM - 5 PM

Turn Around Time: USUALLY WITHIN 2 WEEKS

Lab Section/Phone Ext: REFERRALS 4-1300

Test Name: CSF Protein
Test Mnemonic: SFP
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: CSF Tube

Volume Required: 1 ml CSF/0.5 ml minimum

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chemistry/1310

Test Name: CSF Protein Electrophoresis
Test Mnemonic: CSF ELEC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: CSF Tube

Volume Required: 1.5 ml CSF/1 ml minimum

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.

Turn Around Time: 3-5 days

Lab Section/Phone Extension: Chem/1310

Test Name: CSF Pyruvate

Test Mnemonic: CPYR
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:
Specimen Container: Special container on ice - obtain from Lab
Volume Required: 1 ml CSF/0.5 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: 0700 - 1700 Monday - Friday; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 24 - 72 hours
Lab Section/Phone Extension: Metabolics/1311

Test Name: **CSF St Louis Encephalitis IgG**
Test Mnemonic: MENSLGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF St Louis Encephalitis IgM**
Test Mnemonic: MENSLMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **CSF Varicella Antibodies**
Test Mnemonic: MENVZVCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF VDRL Group
Test Mnemonic: VDRLC
Department: LAB - Referred Serology

Container: Sterile tube
Volume: 1 cc CSF
Special Instructions: Send out test to Mayo.
Requires 2 weeks to result.

Test Name: CSF West Equine Enceph IgG
Test Mnemonic: MENWEEGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF West Equine Enceph IgM
Test Mnemonic: MENWEEMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: CSF/Serum IgG Index
Test Mnemonic: IGIN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: CSF Tube and Gold Top Vacutainer
Volume Required: 1 ml CSF and 2 ml blood/0.5 ml CSF and
1 ml blood
Specimen Transport: Sent via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: CSF/Serum Oligoclonal Banding
Test Mnemonic: OLIG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: CSF Tube & Gold Top Vacutainer
Volume Required: 1 ml CSF & 3 ml blood/0.5 ml CSF & 2 ml
blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Curvularia Rast**
Test Mnemonic: RCURV
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Cyanide**
Test Mnemonic: CYAN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 5ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN
DO NOT REFRIGERATE OR FREEZE

Test Name: **Cyclic Citrullinated Peptide**
Test Mnemonic: CCP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3.0ML
Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 1-3 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cyclosporin A,Whole Blood**
Test Mnemonic: CYC A WB
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer or Purple Top Microtainer
Volume Required: 2 ml blood /0.5 ml minimum;
See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 0700-2200, 7 days/week; may be
collected 24 hours/day, 7 days/week.
Turn Around Time: 4-8 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Cystatin C**
Test Mnemonic: CYSTATINC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cytogenomic SNP Microarray**
Test Mnemonic: SNPARRAY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (1ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SAT-SUN
Turn Around Time: 10-14 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!!

Test Name: **D-Dimer Quantitative**

Test Mnemonic: D-DIMER
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week

Turn Around Time: 4 hours

Lab Section/Phone Extension: Hematology/1313

Comments: PT, PTT, Fibrinogen, and D-Dimer may all be performed from the same specimen.

Test Name: **D-Lactate**
Test Mnemonic: D-LA
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Vacutainer

Volume Required: 4 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Place on ice and transport immediately!
Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.

Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 7-10 Days

Lab Section/Phone Extension: Chemistry/Metabolics/1311

**Lab Processing Instructions:

Plasma must be separated and frozen immediately.

Test Name: **Dehydroepiandrosterone Sulfate**
Test Mnemonic: DHEAS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 4 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent Out; may be collected 24 hours/day,

7 days/week.

Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Dehydroepiandrosterone-DHEA**
Test Mnemonic: DHEA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Deoxycorticosterone (DOC)**
Test Mnemonic: DOC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Desipramine**
Test Mnemonic: DES
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO SERUM SEPARATOR TUBES
Specimen Container: GREEN OR RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: SPECIMEN SHOULD BE COLLECTED 12 HR AFTER LAST DOSE

**Lab Processing Instructions:

Test Name: **Desipramine**
Test Mnemonic: DES
Department: LAB - Send Out Test

Test Name: Diazepam & Nordiazepam
Test Mnemonic: VAL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Dibucaine Number
Test Mnemonic: DIB
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer/microtainer
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 1 day
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1630

Test Name: Digorge/VCF Blood FISH
Test Mnemonic: DIGEORGE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: Digoxin Level
Test Mnemonic: DIG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 1.5 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs.
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Dihydropteridine Reductase**
Test Mnemonic: DHPR
Department: LAB - Metabolic Lab Send Out

Test Name: **Dihydrotestosterone**
Test Mnemonic: DHT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Dilantin Level**
Test Mnemonic: DIL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top microtainer or vacutainer or Gold Top vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Dilated Cardiomyopathy Seq**
Test Mnemonic: DCM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Dilutional Prolactin**
Test Mnemonic: DPROL
Department: LAB - Chemistry

Patient Preparation:

Limitation to Procedure:
Specimen Container: 1 Green or Gold Top Vacutainer
Volume Required: 1 mL blood
Specimen Transport: through tube system
Testing Days/Hours: 24/7
Turn Around Time: 2 hours
Lab Section/Phone Extension: Chem/41300
Comments:

**Lab Processing Instructions:

Test Name: **Diphtheria Antibody**
Test Mnemonic: DPT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SEND OUT: No
TESTING DAYS: Varies but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 30 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunology/Extension 1804
COMMENT: Note whether PRE IMMUNIZATION, POST IMMUNIZATION, or RANDOM

Test Name: **Diphtheria Culture**
Test Mnemonic: RCD
Department: MIC - Referred Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Call Microbiology Laboratory for additional instructions.

Container: Amies Clear Gel swab (BLUE)
Specimen transport: Send via tube system, ASAP, assure container is tightly sealed with no external contamination.
Testing days/hours: Testing performed by the Arkansas Department of Health, specimen may be collected 24 hours/day, 7 days/week
Turn around Time: Call Microbiology Laboratory
Lab Section/Phone Extension: Microbiology/41871

Test Name: Direct Coombs Test
Test Mnemonic: DCT
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:

Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record number, account number or emergency number, date and time of collection and the computer user mnemonic of the person collecting the specimen.

Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE

Specimen Transport: Send via Tube System to Blood Bank Station 220 along with the requisition

Phone Ext Blood Bank: 41314

Comments: Order Category: BB for patients greater than 4 months old
BBNEO for patients less than 4 months old

*****FOR BLOOD BANK USE ONLY*****

HISTORY CHECK

Collected by: _____ Date/Time: _____

ABO & Rh: _____ Marker(s): _____

Ab ID: _____ Auto/Directed Available: Yes ___ No ___

Comment(s): _____

Tech: _____

Test Name: Disaccharidases
Test Mnemonic: DIS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

PATIENT PREP: Biopsy Preparation
CONTAINERS: STERILE VIAL ON DRY ICE (Obtained from Lab before bx)
SPECIMEN REQUIRED: Small Bowel biopsy
SPEC STORAGE/TRANS REQ: Dry Ice Box with Specimen
SEND OUT: Yes
TESTING DAYS: Mon - Fri
TESTING HOURS: Daily
TURN-AROUND-TIME: 3-5 Days
TRANSPORTABLE VIA TUBE SYSTEM: NO
LAB SECTION/PHONE EXTENSION: 41300

LAB PROCESSING INSTRUCTIONS: BIOPSY VIAL IN -70 FREEZER**

Test Name: DMD Stepwise Dystrophin 1
Test Mnemonic: DMDSTEP1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **DNA Extraction**
Test Mnemonic: DNAEXT
Department: LAB - MOLECULAR GENETIC PATHOLOGY

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1 DAY
Lab Section/Phone Ext: MOLECULAR GENETICS 4-4245
Comments:

**Lab Processing Instructions:

Test Name: **Dog Dander Rast**
Test Mnemonic: RDOG
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Dominant CMT Evaluation**
Test Mnemonic: DOMCMT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 6ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-THURS
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Duchenne's Musc Dys Females**
Test Mnemonic: DMD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 3cc if 7 months of age or older
2cc if less than 7 months of age
MINIMUM SPECIMEN REQUIREMENT: As above
STORAGE/TRANSPORTATION REQUIREMENTS: Room temperature only
SEND OUT: No
TESTING DAYS: Monday - Friday, but may be collected 7 days/week
TESTING HOURS: 8 a.m. - 4 p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Molecular Diagnostics/Extension 1804
COMMENTS: If patient tests positive, suggest testing family members.
***** LAB PROCESSING INSTRUCTIONS: Do NOT spin. *****

Test Name: **Duck Rast**
Test Mnemonic: RDUCK
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Dystonia DNA Test Athena**
Test Mnemonic: DYST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Dystrophin Gene Seq. (DMD)**
Test Mnemonic: DYSTROSEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **E. Chaffeensis Ab G, Bact,Nes**
Test Mnemonic: ECABG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab promptly so
that specimen may be frozen for shipping!
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **E. Chaffeensis Ab M, Bact,Nes**
Test Mnemonic: ECABM
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold SST
SPECIMEN REQUIRED: 2 cc blood
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 to 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **E. histolytica (Amebiasis) IgG**
Test Mnemonic: AIHAT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP!
SEND OUT: Yes
TESTING DAYS: Monday, Wednesday and Fridays but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Early Onset Obesity MC4R Seq**
Test Mnemonic: MC4R
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **EBV Early Antigen**
Test Mnemonic: EBVEA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 ml blood
MINIMUM SPECIMEN REQUIREMENT: As above
LIMITATION TO PROCEDURE: Recent transfusion or immune globulin administration may cause erroneous results. Some auto-immune disorders may cause false positive results.
SEND OUT: No
TESTING DAYS: Friday but may be collected 7 days/week
TESTING HOURS: 8a.m. - 4:30p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 - 7 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630
COMMENT: Must be received in Lab by 8a.m. Friday to be resultd same day!

Test Name: **EBV Nuclear Antigen**
Test Mnemonic: EBNA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See

"Minimum Acceptable Volume per Tube Type" below.

Transport: Send via Tube System

Testing Days/Hours: Testing performed Thursdays; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 1 - 7 Days

Lab Section/Phone Extension: Virology/1630

**Lab Processing Instructions: Place all serology specimens in the receiving refrigerator in the box marked "Serology".

Test Name: **EBV PCR Quantitative**

Test Mnemonic: EBVPCR

Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

CONTAINERS: Purple top vacutainer

SPECIMEN REQUIRED: 3.0 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: Mon-Fri but may be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **EBV Viral Capsid Antigen IgG**

Test Mnemonic: EBVG

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See "Minimum Acceptable Volume per Tube Type" below.

Transport: Send via Tube System

Testing Days/Hours: Testing performed Thursdays; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 1 - 7 Days

Lab Section/Phone Extension: Virology/1630

**Lab Processing Instructions: Place all serology specimens in the receiving refrigerator in the box marked "Serology".

Test Name: **EBV Viral Capsid Antigen-IgM**

Test Mnemonic: EBVM

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See "Minimum Acceptable Volume per Tube Type" below.

Transport: Send via Tube System

Testing Days/Hours: Testing performed Thursdays; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 1 - 7 Days

Lab Section/Phone Extension: Virology/1630

**Lab Processing Instructions: Place all serology specimens in the

receiving refrigerator in the box
marked "Serology".

Test Name: **Efavirenz (Sustiva)**
Test Mnemonic: EFVL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
PATIENT PREPARATION:
LIMITATION TO PROCEDURE:
SPECIMEN CONTAINER: GREEN VACUTAINER
VOLUME REQUIRED: 4ML SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 24 HRS/DAY 7 DAYS/WK
TURN AROUND TIME: 7 DAYS
LABE SECTION/PHONE EXTENSION: MDL 41311

Test Name: **Egg White Rast**
Test Mnemonic: REGG
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Egg Yolk Rast**
Test Mnemonic: RYOLK
Department: LAB - Special Immunology

Test Name: **Ehlers-Danlos Syndrome**
Test Mnemonic: EDS
Department: LAB - Metabolic Lab Send Out

Test Name: **Ehlers-Danlos Type 1 & 2 Seq**
Test Mnemonic: EDS TYPE1,
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Ehlers-Danlos Type 4 Del/Dup
Test Mnemonic: EDSTYPE4DE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Ehlers-Danlos Type 4 Seq
Test Mnemonic: EDS TYPE I
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Ehrlichia PCR
Test Mnemonic: EHRPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 4 ml blood in purple top vacutainer
MINIMUM SPECIMEN REQUIREMENT: 4 ml blood in purple top vacutainer
SEND OUT: No
TESTING DAYS:
TESTING HOURS:
TURN-AROUND-TIME: 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Molecular Diagnostics/Extension 1804

COMMENTS: Patient should NOT have received antibiotics for 24 hours prior to collection.

***** LAB PROCESSING INSTRUCTIONS: Do NOT spin. *****

Test Name: Electrolytes
Test Mnemonic: LYT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: Electron Transport Chain Fibro
Test Mnemonic: ETCFIB
Department: LAB - Metabolic Lab Send Out

Test Name: Electron Transport Chain Mus
Test Mnemonic: ETC
Department: LAB - Metabolic Lab Send Out

Test Name: Elm Rast
Test Mnemonic: RELM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Employee Health Wellness Scr
Test Mnemonic: EHWS
Department: LAB - Chemistry

Test Name: Endomysial IgA Screen
Test Mnemonic: ENDOMYSIAL
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Endomysial titer performed if positive
Specimen Container: Gold Top
Volume Required: 1 ml whole blood (0.5ml serum required)
Specimen Transport: RT transport. Refrig. Freeze after 48 hrs
Testing Days/Hours: Tuesday
Turn Around Time: nearest Tuesday
Lab Section/Phone Ext: X44242
*****This is an IN-HOUSE TEST*****

Test Name: English Plantain Rast
Test Mnemonic: REP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Enterovirus PCR
Test Mnemonic: ENVPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

CONTAINERS: CSF Tube #10R Purple Top Vacutainer
SPECIMEN REQUIRED: 0.5 cc CSF or 3 mL Blood in Purple Top Vacutainer
MINIMUM SPECIMEN REQUIREMENT: 0.2 cc CSF or 1 mL Blood in Purple Vacutainer
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab within 1 hour of collection!!
SEND OUT: No
TESTING DAYS: MON, THUR
TESTING HOURS:
TURN-AROUND-TIME: 7 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Molecular Diagnostics/Extension 1804

Test Name: Environmental Culture
Test Mnemonic: EC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Gram stain is included in order.

Specimen Container: Sterile cup, tube (#2), or capped syringe

Volume Required: 1-10mL of fluid as available

Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external spillage

Testing Days/Hours: Testing performed 7 days/week, 24 hours/day

Turn around Time: Gram stain - STAT 30 minutes, urgent 1 hour, routine within 8 hours

Culture - Prelim 24 hours; Final 3 days (LP),

Final 5 days(shunt)

Lab Section/Phone Extension: Microbiology/41871

Test Name: **Ephedrine/Pseudoephedrine**

Test Mnemonic: EPHPS

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: URINE COLLECTION CUP/TUBE

Volume Required: 10ML URINE (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 2 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Erythrocyte Porphyrin**

Test Mnemonic: FEP

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: PROTECT FROM LIGHT

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 1ML BLOOD (0.5ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON,WED,SAT

Turn Around Time: 3-4 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN

Test Name: **Erythrocyte Sed Rate**

Test Mnemonic: ESR

Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.

Specimen Container: Purple Top Vacutainer

Volume Required: 1.5 ml *See MINIMUM ACCEPTABLE VOLUME PER TUBE

TYPE below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week

May be collected 24 hours/day, 7 days/week

Turn Around Time: 4 hours

Lab Section/Phone Extension: Hematology/1313

Test Name: **Erythropoietin**
Test Mnemonic: ERP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: GOLD TOP VACUTAINER

Volume Required: 4ML BLOOD (3ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: SUN-SAT

Turn Around Time: 3-4 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Essential Fatty Acid**
Test Mnemonic: EFA
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation: 12-14 Hr (overnight) fast is advised.

Specimen Container: Purple Top Vacutainer

Volume Required: 3 ml blood/2 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent Out; may be collected 24 hours/day,
7 days/week.

Turn Around Time: 21 Days

Lab Section/Phone Extension: Chem/Metabolics/1311

Test Name: **Estradiol Level**
Test Mnemonic: EST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 5 ml blood/3 ml minimum

Limitations: No other testing may be performed from this vacutainer!

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent Out; may be collected 24 hours/day,
7 days/week.

Turn Around Time: 7-10 Days

Lab Section/Phone Extension: Chem/1310

Test Name: **Estrone Level**
Test Mnemonic: ETN

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: Ethotoin Level

Test Mnemonic: ET

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO SERUM SEPARATOR TUBES
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Fabry Disease Seq

Test Mnemonic: FD SEQ

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Factor 10 Assay

Test Mnemonic: F10

Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen

volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week

Turn Around Time: 7 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:

Processed and sent out by Hematology section.

Test Name: Factor 11 Assay

Test Mnemonic: F11

Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week

Turn Around Time: 7 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:

Processed and sent out by Hematology section.

Test Name: Factor 12 Assay

Test Mnemonic: F12

Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: Factor 13 Assay
Test Mnemonic: F13A
Department: LAB - Coagulation

Test Name: Factor 13 Screen
Test Mnemonic: F13
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Sent out;
may be collected 24 hours/day; 7 days/week.

Turn Around Time: 7 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: Factor 2 Assay
Test Mnemonic: F2
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center

of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week

Turn Around Time: 7 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:

Processed and sent out by Hematology section.

Test Name: Factor 5 Assay
Test Mnemonic: F5A
Department: LAB - Coagulation

Test Name: Factor 5 Leiden
Test Mnemonic: F5L
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer

Volume Required: 2.0 ml

Specimen Transport: Send via Tube System

Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week

Turn Around Time: 9 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:

Processed and sent out by Hematology section.

Test Name: Factor 7 Assay
Test Mnemonic: F7A
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Testing generally performed on Tuesdays from
0700-1430; may be collected 24 hrs/day, 7 days/
week

Turn Around Time: 2-9 days, depending on day of collection
(results available by Thursday PM)

Lab Section/Phone Extension: Hematology/1313

Comments: Up to two factor assays may be performed from the same blue top vacutainer.

Test Name: Factor 8 Assay
Test Mnemonic: F8
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Testing generally performed on Tuesdays from 0700-1430; may be collected 24 hrs/day, 7 days/week

Turn Around Time: 2-9 days, depending on day of collection
(results available by Thursday PM)

Lab Section/Phone Extension: Hematology/1313

Comments: Up to two factor assays may be performed from the same blue top vacutainer. Each inhibitor ordered will require an additional blue top vacutainer.

Test Name: Factor 8 Inhibitor
Test Mnemonic: F8 IN
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Testing generally performed on Tuesdays from 0700-1430; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 2-9 days, depending on day of collection
(results available by Thursday PM)

Lab Section/Phone Extension: Hematology/1313

Comments: Factor 8 Assay must also be ordered with this test. The

Factor Assay and Factor Inhibitor each require one blue top vacutainer.

Test Name: **Factor 9 Assay**
Test Mnemonic: F9
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Testing generally performed on Tuesdays from 0700-1430; may be collected 24 hrs/day, 7 days/week

Turn Around Time: 2-9 days, depending on day of collection
(results available by Thursday PM)

Lab Section/Phone Extension: Hematology/1313

Comments: Up to two factor assays may be performed from the same blue top vacutainer. Each inhibitor ordered will require an additional blue top vacutainer.

Test Name: **Factor 9 Inhibitor**
Test Mnemonic: F9 IN
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Testing generally performed on Tuesdays from 0700-1430; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 2-9 days, depending on day of collection
(results available by Thursday PM)

Lab Section/Phone Extension: Hematology/1313

Comments: Factor 9 Assay must also be ordered with this test. The Factor Assay and Factor Inhibitor each require one blue top vacutainer.

Test Name: Fam Mediterranean Fever Seq
Test Mnemonic: MEDITERRAN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-5 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: Familial Hibernian Fever Seq
Test Mnemonic: TRAPS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-5 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Fap (Apc Seq/Del/Dup)
Test Mnemonic: FAP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: FAP APC Known Family Mut
Test Mnemonic: APC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fatty Acid Free, Nonesterified**
Test Mnemonic: FFA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: OVERNIGHT FASTING IS PREFERRED
Limitation to Procedure: CRITICAL FROZEN - SEND TO LAB ON ICE
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fatty Acid Oxidation Scrn**
Test Mnemonic: FAO
Department: LAB - Metabolic Lab Send Out

Test Name: **Febrile Seizure Evaluation**
Test Mnemonic: FSE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 6-10 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Felbamate Level**
Test Mnemonic: FELB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Ferret Rast
Test Mnemonic: RFER
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Ferritin
Test Mnemonic: FER
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top microtainers
or vacutainer
Volume Required: 1.5 ml blood/1 ml minimum; *See
"Minimum Acceptable Volume per Tube
Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: 24 hours/day
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310
Comments: Fill green bullet to within lines, mix
gently.

Test Name: Fescue Rast
Test Mnemonic: RFES
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Fetal Hemoglobin APT Test**
Test Mnemonic: APT
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 gm stool or 1 ml gastric fluid
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Stool is the specimen of choice, but gastric may be used.

Test Name: **Fibrinogen Assay**
Test Mnemonic: FIB
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: PT, PTT, Fibrinogen, and D-Dimer may all be performed from
the same specimen.

Test Name: **Fibroblast PC/PEPCK Assay**
Test Mnemonic: PC/PEPCK
Department: LAB - Metabolic Lab Send Out

Test Name: **Fibroblast PDH Complex**
Test Mnemonic: PDHF
Department: LAB - Metabolic Lab Send Out

Test Name: **Fibrospect Or Fibrosure**
Test Mnemonic: FIBROSPECT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fire Ant Rast**
Test Mnemonic: RFIRE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **FISH Acute Lymph Leukemia**
Test Mnemonic: FISH ALL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML WHOLE BLOOD -OR- BONE MARROW
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **FISH Acute Myelo Leukemia**
Test Mnemonic: FISH AML
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML WHOLE BLOOD -OR- BONE MARROW
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fish Cod Rast**
Test Mnemonic: RFSH
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **FISH Eosinophilia**
Test Mnemonic: FISH EOS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen TYPE: BONE MARROW OR WHOLE BLOOD
SPECIMEN CONTAINER: GREEN TOP VACUTAINER
Volume Required: 3ML BONE MARROW OR 5ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!

Test Name: **FISH Myelodysplastic**
Test Mnemonic: FISH MDS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen TYPE: BONE MARROW OR WHOLE BLOOD
SPECIMEN CONTAINER: GREEN TOP VACUTAINER
Volume Required: 3ML BONE MARROW OR BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!

Test Name: **Flecainide Level**
Test Mnemonic: FLC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Do NOT collect in Gold Top Vacutainer.
Specimen Container: Red Top Vacutainer Only
Volume Required: 3 ml blood/1.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon-Fri; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1 Day
Lab Section/Phone Extension: Chemistry/1310
Comments: Test must be collected before 1100 for same day results. Requires call-back by pathologist on nights/weekends.

Test Name: **Flow XM-T-Cell**
Test Mnemonic: FLOWXM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Yellow Top Vacutainer
Volume Required: 20 ml blood in Yellow Top Vacutainer and 10 ml in Red Top; minimum 20 ml in Yellow Top and 5 ml in Red Top
Specimen Transport: Send via Tube System
Testing Days/Hours: Routine testing performed Monday - Friday, 0800-1600; on call 24/7 for heart and renal transplant only; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 24 hours
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* Do NOT Spin; hold at room temperature; call HLA to pickup.

Test Name: Flunitrazepam (Rohypnol)
Test Mnemonic: ROHY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 5ML URINE (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Fluoride Level
Test Mnemonic: FLUORIDE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 7ML BLOOD (6ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Folate
Test Mnemonic: FOL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5 to 7 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: Follicle Stim Hormone Ser
Test Mnemonic: FSH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold or Green Top Vacutainer or Green or Gold microtainer
Volume Required: 1.5 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Fragile X DNA Analysis**
Test Mnemonic: FRAX
Department: LAB - Molecular Genetic Pathology

COLLECTION INSTRUCTIONS:
Specimen Container: Purple or Green Top Vacutainer
Volume Required: 0.5 mL
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed on Wednesdays
May be collected 24 hours/day, 7 days/week
Turn Around Time: 3 weeks
Lab Section/Phone Extension: MGP Lab/4-4245
Comments: Final reports can be found in the EMR under the Reports tab, Pathology category.

Test Name: **Free T3**
Test Mnemonic: FT3
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Vacutainer, Green Top Microtainer is acceptable.
Volume Required: 2ml Blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Free/Total Testos With SHBG**
Test Mnemonic: TSTFREESHB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Friedreichs Ataxia Profile Seq**
Test Mnemonic: FRIEDREICH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: FSHD DNA Analysis Del
Test Mnemonic: FSHDDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: FTA-ABS
Test Mnemonic: FTA
Department: LAB - Referred Serology

Test Name: Fumarylacetoacetate Hydrolase
Test Mnemonic: FAH
Department: LAB - Metabolic Lab Send Out

Test Name: Fungus Culture/Wet Prep
Test Mnemonic: FCG
Department: MIC - Mycology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Tissue - sterile cup
Fluid - sterile cup, tube, or capped syringe
If the above can not be obtained, a well inoculated swab/culturette (BLUE) is acceptable.

Volume Required: 1-10 mL of fluid, tissue, as available, culturette
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external contamination
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Wet prep - 24 hours,
Culture - Prelim 48 hours; Final 4 weeks
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Gabapentin (Neurotin)**
Test Mnemonic: GABA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Gal-1-Phos Uridyl Transferase**
Test Mnemonic: GALT
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

LIMITATION TO PROCEDURE: PATIENT MUST NOT HAVE BEEN TRANSFUSED WITHIN THE PREVIOUS 90-120 DAYS.

Specimen Container: Green Top Vacutainer on ice
Volume Required: 3 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.

Testing Days/Hours: May be collected 24/7

Turn Around Time: Up to 1 week
Lab Section/Phone Extension: Chemistry/Metabolics/4-1311

**Lab Processing Instructions:
DO NOT SPIN!

Test Name: **Galactokinase**
Test Mnemonic: GK
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation: Patient should not have been transfused within the previous 60 days.
Specimen Container: Green Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7 - 10 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
DO NOT SPIN!

Test Name: Galactose-1-Phosphate, RBC

Test Mnemonic: GAL1P

Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Patient should not have been transfused within the previous 90-120 days.
Specimen Container: Green Top Vacutainer on ice
MIX SPECIMEN WELL TO AVOID CLOTTING
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: May collect Mon-Fri, 1000-1700. RBC's must be prepared by lab within 30 mins. of collection.
Turn Around Time: Sent to Los Angeles (CA) Children's Hosp
Lab Section/Phone Extension: Chemistry/Metabolics/41311

**Lab Processing Instructions: DO NOT SPIN!

Test Name: Galactosemia Galt Mutations

Test Mnemonic: GALDNA

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: GARS (CMT2D) DNA Sequencing

Test Mnemonic: GARS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Gastric Acid Free & Total**
Test Mnemonic: GA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: STERILE CUP/CONTAINER
Volume Required: 1ML GASTRIC CONTENTS/WASHINGS
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Gastric Fluid Occult Blood**
Test Mnemonic: GBLD
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:

Specimen Container: Nonsterile Urine Container
Volume Required: 0.5 ml gastric/0.3 minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Gastrin**
Test Mnemonic: GAST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PUT ON ICE IMMEDIATELY AFTER COLLECTION
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Gaucher Monitoring
Test Mnemonic: GAUM
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
Specimen Container: 2 Red Top Vacutainers
Volume Required: 10 ml blood; *See "Minimum Acceptable
Volume per Tube Type" below.
Specimen Transport: Sent via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 30 days
Lab Section/Phone Extension: MDL/Chem/1311

Test Name: GC Culture
Test Mnemonic: WCGC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info
Cabinet for proper collection procedures.
Specimen Container: Aimes gel swab/culture (BLUE), if
mini-tip is needed or small orifice, use mini-
tip Aimes gel swab/culturette (BLUE)
Volume Required: see above
Specimen Transport: Send via Tube system, ASAP, assure container is
tightly sealed with no external contamination
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be
collected 24 hours/day
Turn around Time: Prelim 48 hours; Final 3 days
Lab Section/Phone Extension: Microbiology/41871

Test Name: Gentamicin Level
Test Mnemonic: GENT
Department: LAB - Chemistry

**Time of medication administration and time of flush MUST be
written on requisition delivered to Lab with specimen!! Do NOT draw
sample from same line or above site of administration.**

COLLECTION INSTRUCTIONS:
Patient Preparation: Peak specimen should be collected 30
minutes after IV dose and 1 hour after
IM dose.
Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.6 minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

#####

Document EXACT times as follows:

Time Medication Administered:

Time flush completed:

#####

Test Name: Gentamicin Level, Peak
Test Mnemonic: PKGENT
Department: LAB - Chemistry

Time of medication administration and time of flush MUST be written on requisition delivered to Lab with specimen!! Do NOT draw sample from same line or above site of administration.

COLLECTION INSTRUCTIONS:

Patient Preparation: Peak specimen should be collected 30 minutes after IV dose and 1 hour after IM dose.

Specimen Container: Green or Gold Top Microtainer or Vacutainer

Volume Required: 1 ml blood/0.6 minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

#####

Document EXACT times as follows:

Time Medication Administered:

Time flush completed:

#####

Test Name: Gentamicin Level, Trough
Test Mnemonic: TGENT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer

Volume Required: 1 ml blood/0.6 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: GGT
Test Mnemonic: GGT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: Giardia/Crypto Antigen
Test Mnemonic: GIAR CRYPT
Department: MIC - Parasitology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Stool - sterile cup or Parapak formalin vial (fill to line)
Rectal swab - well inoculated liquid Stuart's media swab/culturette (WHITE)
Volume Required: Fresh stool in cup, send ASAP; other, see above
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external spillage
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Final 24 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: Gliadin deamidated IgA
Test Mnemonic: AGLA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: None
Specimen Container: Gold Top
Volume Required: 1 ml whole blood (0.5ml serum required)
Specimen Transport: RT transport. Refrig. Freeze after 48 hrs
Testing Days/Hours: Monday and Thursday,
Turn Around Time: nearest Monday or Thursday
Lab Section/Phone Ext: X44242

*****This is an IN-HOUSE TEST*****

Test Name: **Gliadin deamidated IgG**
Test Mnemonic: AGLG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: None
Specimen Container: Gold Top
Volume Required: 1 ml whole blood (0.5ml serum required)
Specimen Transport: RT transport. Refrig. Freeze after 48 hrs
Testing Days/Hours: Monday and Thursday,
Turn Around Time: nearest Monday or Thursday
Lab Section/Phone Ext: X44242

*****This is an IN-HOUSE TEST*****

Test Name: **Glucagon**
Test Mnemonic: GLUG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PURPLE TOP SHOULD BE PRE-CHILLED
BEFORE COLLECTION
PUT ON ICE IMMEDIATELY AFTER COLLECTION
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: TUES
Turn Around Time: 3-11 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN, SEPARATE PLASMA FROM
CELLS AND FREEZE ASAP

Test Name: **Glucose**
Test Mnemonic: GLUC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gray, Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See
"Minimum Acceptable Volume per Tube
Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Glucose Tol Test 3 Hr**

Test Mnemonic: 3HGTT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Green or gold top tube or green microtainer for blood(s)
Non-sterile container for urine(s)
SPECIMEN REQUIRED: 0.5 ml blood for EACH draw
1.0 ml urine for EACH collection
MINIMUM SPECIMEN REQUIREMENT: 0.4 ml blood for EACH draw
0.5 ml urine for EACH collection
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

*****SPECIAL INSTRUCTIONS*****

1. NPO after midnight.
2. The FBS is drawn and delivered to Lab.
3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

Under 12 yrs . . . 1oz/5kg
12 yrs and older . . . 10 oz
4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, and 3 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.
5. After testing completed, resume previous diet orders.

Test Name: **Glucose Tol Test 4 Hr**
Test Mnemonic: 4HGTT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer for blood(s)
Non-sterile container for urine(s)
SPECIMEN REQUIRED: 2.0 ml blood for EACH draw
1.0 ml urine for EACH collection
MINIMUM SPECIMEN REQUIREMENT: 1.5 ml blood for EACH draw
0.5 ml urine for EACH collection
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

*****SPECIAL INSTRUCTIONS*****

1. NPO after midnight.
2. The FBS is drawn and delivered to Lab.
3. If FBS is greater than 200, notify MD prior to administering

glucola. Administer glucola according to the following dosages:

Under 12 yrs . . . 1oz/5kg
12 yrs and older . . . 10 oz

4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, 3 hours, and 4 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.
5. After testing completed, resume previous diet orders.

Test Name: **Glucose Tol Test 5 Hr**
Test Mnemonic: 5HGTT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold or green top tube for blood(s)
Non-sterile container for urine(s)

SPECIMEN REQUIRED: 0.5 ml blood for EACH draw
1.0 ml urine for EACH collection

MINIMUM SPECIMEN REQUIREMENT: 0.4 ml blood for EACH draw
0.5 ml urine for EACH collection

SEND OUT: No

TESTING DAYS: 7 days/week

TESTING HOURS: 24 hours/day

TURN-AROUND-TIME: 1 hour

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

*****SPECIAL INSTRUCTIONS*****

1. NPO after midnight.
2. The FBS is drawn and delivered to Lab.
3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

Under 12 yrs . . . 1oz/5kg
12 yrs and older . . . 10 oz

4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, 3 hours, 4 hours, and 5 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.
5. After testing completed, resume previous diet orders.

Test Name: **Glucose-6-Phos Dehydrogenase**
Test Mnemonic: G6PD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: PATIENT MUST NOT HAVE BEEN
TRANSFUSED WITHIN 90-120 DAYS
OF DRAWING SPECIMEN

Specimen Container: PURPLE OR GREEN TOP VACUTAINER

Volume Required: 3ML BLOOD

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN

Test Name: **Glucose/Insulin Tol Test 3 Hr**
Test Mnemonic: 3HGITT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
Non-sterile container for urine(s)
SPECIMEN REQUIRED: 2.0 ml blood for EACH draw
1.0 ml urine for EACH collection
MINIMUM SPECIMEN REQUIREMENT: 1.5 ml blood for EACH draw
0.5 ml urine for EACH collection
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

*****SPECIAL INSTRUCTIONS*****

1. NPO after midnight.
2. The FBS is drawn and delivered to Lab.
3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

Under 12 yrs . . . 1oz/5kg
12 yrs and older . . . 10 oz
4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, and 3 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.
5. After testing completed, resume previous diet orders.

Test Name: **Glucose/Insulin Tol Test 4 Hr**
Test Mnemonic: 4HGITT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer for blood(s)
Non-sterile container for urine(s)
SPECIMEN REQUIRED: 2.0 ml blood for EACH draw
1.0 ml urine for EACH collection
MINIMUM SPECIMEN REQUIREMENT: 1.5 ml blood for EACH draw
0.5 ml urine for EACH collection
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

*****SPECIAL INSTRUCTIONS*****

1. NPO after midnight.
2. The FBS is drawn and delivered to Lab.
3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

Under 12 yrs . . . 1oz/5kg
12 yrs and older . . . 10 oz
4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, 3 hours, and 4 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.
5. After testing completed, resume previous diet orders.

Test Name: Glucose/Insulin Tol Test 5 Hr
Test Mnemonic: 5HGITT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top tube for blood(s)

Non-sterile container for urine(s)

SPECIMEN REQUIRED: 2.0 ml blood for EACH draw

1.0 ml urine for EACH collection

MINIMUM SPECIMEN REQUIREMENT: 1.5 ml blood for EACH draw

0.5 ml urine for EACH collection

SEND OUT: No

TESTING DAYS: 7 days/week

TESTING HOURS: 24 hours/day

TURN-AROUND-TIME: 1 hour

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

*****SPECIAL INSTRUCTIONS*****

1. NPO after midnight.
2. The FBS is drawn and delivered to Lab.
3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

Under 12 yrs . . . 1oz/5kg
12 yrs and older . . . 10 oz
4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, 3 hours, 4 hours, and 5 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.
5. After testing completed, resume previous diet orders.

Test Name: Glutamic Acid Decarboxylase-65
Test Mnemonic: GAD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Glutaric Acid, Serum**
Test Mnemonic: GLUT
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer for blood(s)
SPECIMEN REQUIRED: 3.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: 3.0 cc blood
SEND OUT: Yes
TESTING DAYS: 7 days
TESTING HOURS:
TURN-AROUND-TIME:
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Test Name: **Glycine Receptor Alpha1 Seq**
Test Mnemonic: GLRA1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Glycine Receptor Beta Seq**
Test Mnemonic: GLRB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Glycine, Plasma
Test Mnemonic: P/GLY
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:
CONTAINERS: Green or gold top vacutainer or 2 green microtainers
SPECIMEN REQUIRED: 2 ml blood
MINIMUM SPECIMEN REQUIREMENT: 1 ml blood
SPEC STORAGE/TRANSPORT REQUIREMENTS: Transport specimen on ice!!
SEND OUT: No
TESTING DAYS: Started on Thursdays but may be collected 7 days/week
TESTING HOURS: 7 a.m. to 5 p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: Within 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Metabolic Diagnostic Lab/Ext 1311
Lab Processing Instructions: If only P/GLY (Glycine) is ordered, change ord to "AAIND" and type "Glycine" in cmts when spec rec'd.

Test Name: Glycogen Stor Disease Scr
Test Mnemonic: GSDE
Department: LAB - Metabolic Lab Send Out

Clinical History - (Symptoms with indication of suspected disease or enzyme deficiency)

Test Name: Glycogen Stor Disease Scr
Test Mnemonic: GSDE
Department: LAB - Metabolic Lab Send Out

Container: Sterile Cup
Volume: 1 gm tissue (biopsy), unfixed
Special Instructions:
- Call Metabolic Lab before obtaining - Ext. 1311
- Transport to lab immediately - must be frozen in lab.
- Clinical Summary MUST ACCOMPANY specimen!!!!
- Send out test to: Y.T. Chen, M.D., Ph D.
Glyeogen Storage Disease Lab
Room 234, Bell Bldg, Trent Drive
Duke University Medical Center
Durham, NC 27710

Test Name: Glycogen Storage Type 1A Seq

Test Mnemonic: GSD1A
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Glycogen Storage Type 1B Seq**
Test Mnemonic: GSD1B
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Glycogen Storage Type 2 Seq**
Test Mnemonic: GSDTYPEII
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Glycogen Storage Type 3B**
Test Mnemonic: GSD3B
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Goose Rast**
Test Mnemonic: RG00
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Gorlin Syndrome**
Test Mnemonic: GORLINSYN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 6ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **GPC ALT (SGPT)**
Test Mnemonic: CCALT
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC AST (SGOT)**
Test Mnemonic: CCAST
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Basic Metabolic Profile**
Test Mnemonic: CCBMP
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 2 green-top microtainers filled to top line (600 uL) or 2 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Blood Urea Nitrogen**
Test Mnemonic: CCBUN
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Calcium**
Test Mnemonic: CCCA
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Carbon Dioxide**
Test Mnemonic: CCCO2
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC CBC With Differential**
Test Mnemonic: CCCBC
Department: LAB - CCC Lab Hematology

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

COMMENTS: This test includes an automated Hemagram and a manual Differential.

Test Name: **GPC CBC Without Differential**
Test Mnemonic: CCHEMA
Department: LAB - CCC Lab Hematology

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

COMMENTS: This test includes only an automated Hemagram. A manual Differential is NOT performed.

Test Name: **GPC Chloride**

Test Mnemonic: CCCL
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Cholesterol**
Test Mnemonic: CCCHOL
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Creatine Phosphokinase**
Test Mnemonic: CCKK
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Creatinine**
Test Mnemonic: CCCR
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Dermatophyte Culture**
Test Mnemonic: CCDTM
Department: MIC - CCC Lab Microbiology

LIMITATION TO PROCEDURE: The specimen must adhere to the SURFACE of the media only. A false positive result may be obtained if the specimen is pushed below the surface of the media.

SPECIMEN VOLUME/CONTAINER: Visible skin scrapings or hair shaft inoculated onto the DTM media (Dermatophyte Test Media). The DTM media is obtained from the GPC lab and is inoculated by the physician. The physician should obtain a skin scraping with a swab or the edge of a glass slide. The physician should obtain the hair shaft with tweezers.

COMMENTS: If the specimen is obtained at a location other than the GPC Clinic, a DTM tube of the same lot number (which has not been inoculated) must be sent with the inoculated tube to be used as a test control.

Test Name: **GPC Electrolytes**
Test Mnemonic: CCLYT
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Erythrocyte Sed Rate**
Test Mnemonic: CCSR
Department: LAB - CCC Lab Hematology

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

COMMENTS: The test must be run within 2 hours after collection of the specimen. Because this is an automated test and temperature-dependent, the room temperature where the instrument is located must be within 20 - 24 degrees Centigrade.

Test Name: **GPC Glucose**
Test Mnemonic: CCGLUC
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Group A Strep Culture**
Test Mnemonic: CCSS
Department: MIC - CCC Lab Microbiology

LIMITATION TO PROCEDURE: Throat swab collected in blue-cap culturette containing gel. The swab is returned to the culturette after collection. The swab should be refrigerated if not returned to the lab immediately.

COMMENTS: All specimens for culture are sent to Microbiology in the main Clinical Laboratory for processing.

Test Name: **GPC Group A Strep Scr (Rflx)**
Test Mnemonic: CCSTLA
Department: LAB - CCC Lab Serology

LIMITATION TO PROCEDURE: Gel swab must NOT be used for strep antigen collection.

SPECIMEN VOLUME/CONTAINER: Throat swab obtained with dual swabs contained in culturette with red cap. Swabs are returned to the culturette after collection. If no dual-swab red-cap culturettes are available, two swabs may be used from two white-cap culturettes which only contain one swab and have no gel. Swabs are returned to the culturettes after collection. Refrigerate the culturettes if not brought to the lab immediately after collection.

COMMENTS: All negative antigen tests will have back-up culture performed. The back-up culture is ordered automatically by entering a negative strep antigen result.

Test Name: **GPC Hematocrit**
Test Mnemonic: CCHEMAT
Department: LAB - CCC Lab Hematology

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

COMMENTS: This test is performed by an automated method.

Test Name: **GPC Hemoglobin**
Test Mnemonic: CCHGB
Department: LAB - CCC Lab Hematology

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in

purple-top (EDTA) vacutainer. Mix gently.

Test Name: **GPC KOH Prep**
Test Mnemonic: CCKOH
Department: MIC - CCC Lab Microbiology

LIMITATION TO PROCEDURE: Visible skin scrapings or hair shaft are obtained from the infected area and placed on a glass slide obtained from the GPC lab. Skin scrapings may be obtained by swabbing the infected area or by scraping the infected area with a second glass slide.

COMMENTS: An additional glass slide should be placed on top of the inoculated slide for protection during transport to the GPC laboratory.

Test Name: **GPC Monotest**
Test Mnemonic: CCMONO
Department: LAB - CCC Lab Serology

SPECIMEN VOLUME/CONTAINER:
First choice: 500 uL in purple-top (EDTA) microtainer.
Second choice: 3.0 mL in gold-top vacutainer (will have extra specimen for EBV if ordered later).

COMMENTS: Collecting specimen for mono-test in a purple-top microtainer will decrease the turn-around time of the test result. If a CBC is also ordered, collect a second purple-top (EDTA) microtainer for the CBC.

Test Name: **GPC Pinworm Prep**
Test Mnemonic: CCPWP
Department: MIC - CCC Lab Microbiology

SPECIMEN VOLUME/CONTAINER: Specimen is obtained with a pinworm paddle obtained from the GPC Lab. The pinworm paddle is inoculated by touching the sticky side of the paddle to the patient's anal area. Return the inoculated paddle to the tube from which it came and transport it to the GPC lab for examination.

COMMENTS: For best results, the specimen should be obtained in the morning before the patient arises.

Test Name: **GPC Platelet Count**
Test Mnemonic: CCPLT
Department: LAB - CCC Lab Hematology

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

Test Name: **GPC Potassium**
Test Mnemonic: CCK
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Ref Specific Gravity**
Test Mnemonic: CCREF
Department: LAB - CCC Lab Urinalysis

Test Name: **GPC Rheumatoid Screen**
Test Mnemonic: CCRAS
Department: LAB - CCC Lab Serology

SPECIMEN VOLUME/CONTAINER: 2.0 mL in gold-top vacutainer

Test Name: **GPC RSV**
Test Mnemonic: CCRSV
Department: LAB - CCC Lab Serology

LIMITATION TO PROCEDURE: Inadequate collection may cause a false negative result.

SPECIMEN VOLUME/CONTAINER: Preferred specimen is 5.0 mL of a nasal wash collected in a Steritube obtained from the GPC lab. Minimum specimen required is 1.5 mL of nasal wash.

COMMENTS: Inadequate congestive material in the nasal wash may indicate improper collection.

Test Name: **GPC Sodium**
Test Mnemonic: CCNA
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Spun Hematocrit**
Test Mnemonic: CCSPEMAT
Department: LAB - CCC Lab Hematology

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

COMMENTS: This test is performed manually.

Test Name: **GPC Stool Guaiac-Grp/1-3 Cards**
Test Mnemonic: CCGUAG
Department: LAB - CCC Lab Urinalysis

LIMITATION TO PROCEDURE: Visible stool should be on guaiac card for best test results.

SPECIMEN VOLUME/CONTAINER: 1.0 gram (walnut-size) in urine cup.
Will also accept 2 or 3 guaiac cards inoculated with visible stool specimen.

COMMENTS: Keep stool specimen refrigerated if not sent to lab immediately after collection. Bring to lab within 24 hours of collection.

Guaiac card does not require refrigeration but should be returned to lab as soon as possible.

Test Name: **GPC Stool Guaiac-Single**
Test Mnemonic: CCGUAS
Department: LAB - CCC Lab Urinalysis

LIMITATION TO PROCEDURE: Visible stool should be on guaiac card for best test results.

SPECIMEN VOLUME/CONTAINER: 1.0 gram (walnut-size) in urine cup.
Will also accept one guaiac card inoculated with visible stool specimen.

COMMENTS: Keep stool specimen refrigerated if not sent to lab immediately after collection. Bring to lab within 24 hours of collection.

Guaiac card does not require refrigeration but should be returned to lab as soon as possible.

Test Name: **GPC Stool pH**
Test Mnemonic: CCSPH
Department: LAB - CCC Lab Urinalysis

SPECIMEN VOLUME/CONTAINER: 1.0 gram (walnut-size) stool in urine cup.

COMMENTS: Keep stool specimen refrigerated if not sent to lab immediately after collection. Bring to lab within 24 hours of collection.

Test Name: **GPC Stool Reducing Substance**
Test Mnemonic: CCSRS
Department: LAB - CCC Lab Urinalysis

SPECIMEN VOLUME/CONTAINER: 1.0 gram (walnut-size) stool in urine cup.

COMMENTS: Keep stool specimen refrigerated if not sent to lab immediately after collection. Bring to lab within 24 hours of collection.

Test Name: **GPC Stool WBC**
Test Mnemonic: CCSWBC
Department: LAB - CCC Lab Urinalysis

SPECIMEN VOLUME/CONTAINER: 1.0 gram (walnut-size) stool in urine cup.

COMMENTS: Keep stool specimen refrigerated if not sent to lab immediately after collection. Bring to lab within 24 hours of collection.

Test Name: **GPC Streptozyme**
Test Mnemonic: CCSTREP
Department: LAB - CCC Lab Serology

SPECIMEN VOLUME/CONTAINER: 2.0 mL in gold-top vacutainer

Test Name: **GPC Total Bilirubin**
Test Mnemonic: CCTBIL
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Triglyceride**
Test Mnemonic: CCTRIG
Department: LAB - CCC Lab Chemistry

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **GPC Urinalysis**
Test Mnemonic: CCUA
Department: LAB - CCC Lab Urinalysis

SPECIMEN VOLUME/CONTAINER: 10 mL in sterile urine cup or urine cath tube. Minimum specimen required is 2.0 mL.

COMMENTS: Refrigerate specimen if unable to bring specimen to lab within 2 hours of collection. This test includes a urine dipstick test and a microscopic analysis.

Test Name: **GPC Urine Dipstick**
Test Mnemonic: CCUADIP
Department: LAB - CCC Lab Urinalysis

SPECIMEN VOLUME/CONTAINER: 10 mL urine in sterile urine cup or urine cath tube. Minimum specimen required is 2.0 mL.

COMMENTS: Refrigerate specimen if unable to bring specimen to lab within 2 hours of collection.

Test Name: **GPC Urine Microscopic**
Test Mnemonic: CCUMIC
Department: LAB - CCC Lab Urinalysis

SPECIMEN VOLUME/CONTAINER: 10 mL urine in sterile urine cup or urine cath tube. Minimum specimen required is 2.0 mL.

COMMENTS: Refrigerate specimen if unable to bring specimen to lab within 2 hours of collection.

Test Name: **GPC Urine Pregnancy**
Test Mnemonic: CCUPREG
Department: LAB - CCC Lab Urinalysis

LIMITATION TO PROCEDURE: This test is ordered when a GPC URINALYSIS is also ordered.

SPECIMEN VOLUME/CONTAINER: 10 mL urine in sterile urine cup. Minimum specimen required is 2.0 mL.

COMMENTS: First morning specimen is preferred.

Test Name: **GPC Urine Pregnancy Profile**
Test Mnemonic: CCPGP
Department: LAB - CCC Lab Urinalysis

LIMITATION TO PROCEDURE: This test is ordered only if a complete UA is not ordered as well.

SPECIMEN VOLUME/CONTAINER: 2 mL urine in sterile urine cup. Minimum specimen required is 1.0 mL.

COMMENTS: First morning specimen is preferred.

Test Name: **GPC White Blood Cell Count**
Test Mnemonic: CCWBC
Department: LAB - CCC Lab Hematology

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

Test Name: **Gram Stain**
Test Mnemonic: GS

Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Tissue-sterile cup

Fluid-sterile cup, tube, or capped syringe

If the above cannot be obtained, a well inoculated swab/culturette (BLUE) is acceptable.

Volume Required: Fluid, tissue, as available, culturette

Specimen Transport: Sent via tube system, assure container is tightly sealed with no external contamination.

Testing Days/Hrs: 7 days/wk 0700-1500; may be collected 24/7.

Turn around Time: STAT 30 min.; Urgent 1 hr; routine within 8 hr

Lab Section/Phone Extension: Microbiology/41871

Test Name: **Green Bean Rast**

Test Mnemonic: RGBEAN

Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None

Specimen Container: gold vacutainer

Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)

Specimen Transport: RT

Testing Days/Hours: M-F 8am

Turn Around Time: 2-4 days

Lab Section/Phone Ext: Immunology 44242

Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Green Pea Rast**

Test Mnemonic: RPEA

Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None

Specimen Container: gold vacutainer

Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)

Specimen Transport: RT

Testing Days/Hours: M-F 8am

Turn Around Time: 2-4 days

Lab Section/Phone Ext: Immunology 44242

Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Growth Hormone**

Test Mnemonic: GH

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Test performed on Monday or Thursday; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5 - 7 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: Growth Hormone Binding Protein
Test Mnemonic: GHBP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: WITHIN 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Guinea Pig Rast
Test Mnemonic: RGUIN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: H pylori IgG Ab
Test Mnemonic: HPYLAB
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be severely lipemic, hemolyzed, heat inactivated or contaminated.
Specimen Container: 6 mL SST vacutainer
Volume Required: 1.5 mL minimum in Red or SST vacutainer
Specimen Transport: Send via tube system
Testing Days/Hours: Testing performed on Mondays;

may be collected 24 hrs/7 days
Turn Around Time: 7 days
Lab Section/Phone Extension: Virology/41871
Comments: Label specimen as "Acute" or "Convalescent"

**Lab Processing Instructions:
Separate serum ASAP

Test Name: **H. Influenzae B IgG Ab**
Test Mnemonic: HIBTITER
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: IF THIS IS A VACCINATION SPECIMEN, LABEL IF PRE AND POST.
PRE AND POST SHOULD BE SENT TOGETHER.

**Lab Processing Instructions: SEPARATE SERUM FROM
CELLS ASAP

Test Name: **H.Pylori Breath Test**
Test Mnemonic: UBT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: SEE BREATH KIT INSTRUCTIONS
Limitation to Procedure: MUST USE COLLECTION KIT AND
INSTRUCTIONS FOLLOWED
Specimen Container: BREATH TECK UBIT KIT (OBTAINED FROM LAB)
Volume Required: SEE KIT INSTRUCTIONS
Specimen Transport: COURIER (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **H6IgG**
Test Mnemonic: H6IGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab as soon as
possible so that specimen may be prepared for send-out!
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 3 to 5 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: H6IgM
Test Mnemonic: H6IGM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab as soon as possible so that specimen may be prepared for send-out!
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 3 to 5 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: Haptoglobin
Test Mnemonic: HAPT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Hazelnut Rast
Test Mnemonic: RHZL
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: HCV Genotyping (PCR and Seq)
Test Mnemonic: HCVGEN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24 HOURS/DAY
Turn Around Time: 3-7 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: HDL Cholesterol
Test Mnemonic: HDLC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer or Gold Top
Microtainer
Volume Required: 2 ml blood/ 1.5 ml minimum; *See
"Minimum Acceptable Volume per Tube
Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: Same day
Lab Section/Phone Extension: Chem/1310

Test Name: Helminthosporium Rast
Test Mnemonic: RHELM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL
serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by
physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Hematocrit

Test Mnemonic: HCT
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in microtainer or
1.0 ml in vacutainer. See MINIMUM ACCEPTABLE
VOLUME PER TUBE TYPE below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **Hemiplegic Migraine FHM1&2**
Test Mnemonic: FHM12
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hemochromatosis Pt Mut**
Test Mnemonic: HEMODNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hemoglobin**
Test Mnemonic: HGB
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.

Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in microtainer or
1.0 ml in vacutainer.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: Hemoglobin Elect Hypertrans
Test Mnemonic: HGBEH
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer or Microtainer
Volume Required: 2 ml blood/0.5 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out/may be collected 24 hours/day,
7 days/week. Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions: Do NOT Spin!

Test Name: Hemoglobin Electrophoresis
Test Mnemonic: HGB ELEC
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer or Microtainer
Volume Required: 2 ml blood/0.5 ml minimum; *See
"Minimum Acceptable Volume per Tube
Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed on Tuesdays/ may be
collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions: Do NOT Spin!

Test Name: Hemoglobin,A1C
Test Mnemonic: A1C
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINER: Purple top vacutainer or microtainer
COLLECTION INSTRUCTIONS:
Specimen Container: 2 ml Purple Top Vacutainer
Volume Required: 1 ml blood; *See "Minimum Acceptable Volume per Tube
Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon-Fri 0700-1500; may be
collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310
Lab Processing Instructions: **Do NOT Spin

Test Name: Hemophag Lymphohist MUNC13-4
Test Mnemonic: FHLMUNC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Heparin Anti-Xa Low Molecular
Test Mnemonic: HEPXa LMWH
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines. May NOT be performed from the same specimen as PT/PTT, FIB or D-DIMER. May be performed from the same specimen as AT3

Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Test performed 7 days/week, Shift 1; may be collected 24 hours/day, 7 days/week
Turn Around Time: 24 hours
Lab Section/Phone Extension: Hematology/41313

Test Name: Heparin Anti-Xa UFH
Test Mnemonic: HEPXa UFH
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines. May NOT be performed from the same specimen as PT/PTT, FIB, or D-Dimer. May be performed from the same specimen as AT3.

Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen

volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Test performed 7 days/week, Shift 1;
may be collected 24 hours/day, 7 days/week

Turn Around Time: 24 hours

Lab Section/Phone Extension: Hematology/41313

****ECMO ROCKS!****

Test Name: **Heparin Induced Thrombocytopen**

Test Mnemonic: HIT

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: SEPARATE SPECIMENS MUST BE SUBMITTED
WHEN MULTIPLE TESTS ARE ORDERED

Specimen Container: BLUE VACUTAINER - MUST BE FILLED TO LINE

Volume Required: 2.5 ML BLOOD (1ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: PERFORMED BY SVI AT 1000 DAILY

Turn Around Time: 1-2 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions: TEST NOW GOING EXCLUSIVELY TO SVI.
ONLY BLUE TOP NOW ACCEPTABLE.
NOTIFY REFERRAL STAFF TO CALL COURIER
ASAP.

Test Name: **Hepatic Function Profile**

Test Mnemonic: LFT

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or
Gold Top Vacutainer

Volume Required: 1 ml blood/0.5 minimum; *See "Minimum
Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Comments: Fill Green Microtainer to within lines,
mix gently.

LFT Includes:

Albumin Direct Bili

Alk Phos Total Bili

ALT(Sgpt) Total Protein

AST(Sgot)

Test Name: Hepatitis A Antibody Total

Test Mnemonic: HAV

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold or purple top tube

SPECIMEN REQUIRED: 2.0 mL blood

MINIMUM SPECIMEN REQUIREMENT: As above

SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Send via tube system

SEND OUT: No

TESTING DAYS: Testing performed on Tuesdays;
may be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: Closest Tuesday

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: Hepatitis A IgM Antibody

Test Mnemonic: HAVM

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top tube

SPECIMEN REQUIRED: 1 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: No

TESTING DAYS: Tuesday and Friday but may be collected 7 days/week

TESTING HOURS: 7a.m. - 3.m. but may be collected 24 hours/day

TURN-AROUND-TIME: 24 hours

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314

Test Name: Hepatitis Acute Profile

Test Mnemonic: HEP

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: Green, or Gold Top Vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: 3 cc blood

SEND OUT: No

TESTING DAYS: Monday and Friday but may be collected 7 days/week

TESTING HOURS: 0700 - 1500 but may be collected 24 hours/day

TURN-AROUND-TIME: 24 - 72 hours

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314

COMMENTS: Panel includes Hepatitis B Surface Antigen, Hepatitis B Core IGM Antibody, Hepatitis A IGM Antibody, and Hepatitis C Antibody.

Test Name: Hepatitis Auto Immune Panel

Test Mnemonic: HEPAUTOIMM

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: CANNOT SHARE SPECIMENS BETWEEN OTHER TESTS
Specimen Container: PURPLE TOP VACTAINER AND GOLD TOP VACUTAINER
Volume Required: 4.0ML IN PURPLE TOP AND 4.0ML IN GOLD TOP
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments: **DO NOT SHARE SPECIMENS WITH OTHER TESTS**

Test Name: Hepatitis B Core IgM Antibody
Test Mnemonic: HBCM
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Tuesday and Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314

Test Name: Hepatitis B DNA Quant PCR
Test Mnemonic: HBVDNAQN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: N/A
Limitation to Procedure:
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24HOURS/DAY
Turn Around Time: 2-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Hepatitis B Surface Ab EH
Test Mnemonic: HBSABEH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 - 7 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314
COMMENT: Specimen must be received by 7a.m. on Friday to be tested
that day.

Test Name: Hepatitis B Surface Antibody

Test Mnemonic: HBSAB

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 - 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314
COMMENT: Specimen must be received by 7a.m. on Friday to be tested
that day.

Test Name: Hepatitis B Surface Antigen

Test Mnemonic: HBSAG

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Daily
TESTING HOURS: Varies; Call extension 1314 for specific testing
times
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension

Test Name: Hepatitis B Total Core Antib

Test Mnemonic: HEPBTC

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Tuesday and Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314

Test Name: Hepatitis B Virus Genotype

Test Mnemonic: HBVGEN

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24HOURS/DAY
Turn Around Time: WITHIN 10 DAYS OF COLLECTION
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Hepatitis Be Virus Antibody
Test Mnemonic: HEPBEAB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 3.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
Lab section/phone extension: Send-outs 4-1300

SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: Sent out; may be collected 7 days/wk, 24 hr/day
TURN-AROUND-TIME: 3 to 5 days depending on day of collection
TRANSPORTABLE VIA TUBE SYSTEM: Yes

Test Name: Hepatitis Be Virus Antigen
Test Mnemonic: HEPBEAN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3.0ml
SPECIMEN TRANSPORT: Send via tube system
SEND OUT: yes
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 7 DAYS/WK, 24HR/DAY
LAB SECTION/PHONE EXT: SENT-OUTS 4-1300

COMMENTS:

**LAB PROCESSING INSTRUCTIONS:

Test Name: Hepatitis C Virus Antibody
Test Mnemonic: HCV
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Tuesday and Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 24 - 48 hours

TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314

Test Name: **Hepatitis C Virus RNA Qnt PCR**
Test Mnemonic: HCVPCRQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Lavender Top Vacutainer
SPECIMEN REQUIRED: Lavender Top Vacutainer
VOLUME REQUIRED: 5 ML
LIMITATION TO PROCEDURE: NO BULLETS OR GREEN OR GOLD TOP TUBES. NO OTHER TESTING MAY BE PERFORMED FROM THIS VACUTAINER.
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 2-4 DAYS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: X41300

Test Name: **Hepatitis D Virus Ab**
Test Mnemonic: HDVAB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT 24 HOURS/DAY
Turn Around Time: 1-7 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hered Hemor Telangiectasia Seq**
Test Mnemonic: HHT SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hereditary Multiple Exostoses**

Test Mnemonic: HME
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 3 ML blood

SEND OUT: Yes

TESTING HOURS: 24 hours/day, 7 DAYS A WEEK
TURN-AROUND-TIME: 3-6 WEEKS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: SEND OUTS 4-1300

Test Name: **Hereditary Spastic Paraplegia**
Test Mnemonic: CHSP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hgb Structural Analysis**
Test Mnemonic: HGBSA
Department: LAB - Metabolic Lab Send Out

Test Name: **HGPRT/APRT**
Test Mnemonic: HGPRT/AP
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
CONTAINERS: Blood spots on a PKU card.
SPECIMEN REQUIRED: 4 to 8 drops of blood to fill the PKU circle.
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 8a.m. - 5p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 3 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Metabolics/Extension 1311

***** LAB PROCESSING INSTRUCTIONS: Do NOT spin. *****

Test Name: **Hickory Rast**
Test Mnemonic: RHIC
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Histoplasma Antibody by CF&ID**
Test Mnemonic: HISYM
Department: LAB - Referred Serology

Pt Prep: None
Limitation to Proc: None
Specimen container: Gold Top, 1ml required
Specimen Transport: Send via Tube System
Testing Days/Hours: 24 hrs/day
Turn Around Time: 5 days
Lab Section/Phone: Serology/41870

Test Name: **Histoplasma Antigen**
Test Mnemonic: HISAG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS
Specimen Container: Gold Vacutainer
Volume Required: 4 ml
Specimen Transport: Send via tube system
Testing Days/Hours: Sent out; may be collected 7 days/24 hrs
Turn Around Time: 7-10 days
Lab Section/Phone Extension: 4-1300
Comments:
** If this is needed on Urine, order 'Urine Histoplasma Antigen'.
** If this is needed on CSF, do not order this test - send to Lab with an
** 'Nonorderable Test' form.

Test Name: **HIV 1 & 2 Antibody Screen**
Test Mnemonic: HIV
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Daily
TESTING HOURS: Varies; Call extension 1314 for specific times
TURN-AROUND-TIME: 24 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314

COMMENTS: This is a screening test only and requires further diagnostic work-up before patient can be considered positive.

Test Name: **HIV 1 DNA (PCR)**

Test Mnemonic: HIVDNA1

Department: LAB - Virology

Patient Preparation: NONE

Limitation to Procedure: SEND OUT TO ARUP

Specimen Container: PURPLE VACUTAINER

Volume Required: 4ML WHOLE BLOOD

Specimen Transport: RT

Testing Days/Hours: MON and THURS

Turn Around Time: NEAREST MON AND THURS

Lab Section/Phone Extension: 41300

Comments: **Lab Processing Instructions**

*****DO NOT SPIN*****

REFERRAL TESTING TO ARUP. WHOLE BLOOD. TRANSPORT EITHER ROOM TEMP OR REFRIGERATED 72 HOURS STABILITY

Test Name: **HIV 1 RNA (PCR) Quantitative**

Test Mnemonic: HIVRNA

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

CONTAINERS: Lavender Top Vacutainer

SPECIMEN REQUIRED: Lavender Top Vacutainer

VOLUME REQUIRED: 5 ML

LIMITATION TO PROCEDURE: NO BULLETS OR GREEN OR GOLD TOP TUBES

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 2-4 DAYS

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: X41300

Test Name: **HIV Genotyping**

Test Mnemonic: HIVGENO

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER -WILL NEED TWO 4ML TUBES

Volume Required: 8ML BLOOD (5ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: TUES-SAT

Turn Around Time: 5-10 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST

SEPARATE PLASMA FROM
CELLS AND FREEZE ASAP

Test Name: HLA ABC-Class I
Test Mnemonic: HLAABC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Yellow Top Vacutainer
Volume Required: 10 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Monday-Friday, 0800-1600; may
be collected 24 hours/day, 7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* Do NOT Spin; hold at room temperature; call HLA to pickup.

Test Name: HLA ABCDR CadXM Confirmatory
Test Mnemonic: HLACAD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: Performed for heart and kidney transplant
programs for patients matched by UNOS.
Limitation to Procedure: See above.
Specimen Container: Yellow Top Vacutainer
Volume Required: 10 ml in Yellow Top
Specimen Transport: Send via Tube System
Testing Days/Hours: 24 hour call; Testing performed 24 hours/day,
7 days/ week. May be collected 24 hours/day,
7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* Do NOT Spin; hold at room temperature; call HLA to pick up.

Test Name: HLA B27 Single Antigen
Test Mnemonic: HLAB27
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: YELLOW (ACD) TUBE
Volume Required: 5ML
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time:
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: SEND OUT TO UAMS HLA LAB

Lab Processing Instructions: **DO NOT SPIN
STORE AT ROOM TEMP

Test Name: HLA B5701 Single Antigen
Test Mnemonic: HLAB5701
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: YELLOW (ACD) TUBE
Volume Required: 5ML
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time:
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: SEND OUT TO UAMS HLA LAB

****Lab Processing Instructions: **DO NOT SPIN**
STORE AT ROOM TEMP**

Test Name: HLA DR/DQ-Class II
Test Mnemonic: HLADR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Yellow Top Vacutainer
Volume Required: 10 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Monday-Friday, 0800-1600;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: HLA/1803
****Lab Processing Instructions:**
* Do NOT Spin; hold at room temperature; call HLA to pickup.

Test Name: HLA HIGH RESOLUTION
Test Mnemonic: HLAHIGH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE VACUTAINER OR BUCCAL SWABS
Volume Required: 10ML WHOLE BLOOD OR 24 BUCCAL SWABS (12 PER CHEEK)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: VARIES
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: SEND OUT TO SW IMMUNODIAGNOSTICS LAB

****Lab Processing Instructions: **DO NOT SPIN**
STORE AT ROOM TEMP**

Test Name: HLA LOW RESOLUTION
Test Mnemonic: HLALOW
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE VACUTAINER OR BUCCAL SWABS
Volume Required: 10ML WHOLE BLOOD OR 24 BUCCAL SWABS (12 PER CHEEK)
Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI
Turn Around Time: VARIES
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: SEND OUT TO SW IMMUNODIAGNOSTICS LAB

****Lab Processing Instructions: **DO NOT SPIN****
STORE AT ROOM TEMP

Test Name: HLA XM Autologous
Test Mnemonic: HLAXMA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: No additional blood needed; order with HLA ABC and DR on Recipient.
Testing Days/Hours: Testing performed Monday-Friday, 0800-1600
Turn Around Time: 72 hours
Lab Section/Phone Extension: HLA/1803
****Lab Processing Instructions:**
* No additional blood needed for this test - ordered with HLA ABC and DR.

Test Name: HLA XM-CAD
Test Mnemonic: HLAXM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Yellow Top Vacutainer
Volume Required: 20 ml blood in Yellow Top Vacutainer and 10 ml in Red Top; Minimum 20 ml in Yellow Top and 5 ml in Red Top.
Specimen Transport: Send via Tube System
Testing Days/Hours: 24 Hr Call; Testing performed 24 hours/day, 7 days/week. May be collected 24 hours/day, 7 days/week.
Turn Around Time: 24 hours
Lab Section/Phone Extension: HLA/1803
****Lab Processing Instructions:**
* Do NOT Spin; hold at room temperature; call HLA to pick up.

Test Name: HLA XM-Living Donor
Test Mnemonic: HLAXMLD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: No additional blood needed; order with HLA ABC and DR on Recipient.
Testing Days/Hours: Testing performed Monday-Friday, 0800-1600
Turn Around Time: 72 hours
Lab Section/Phone Extension: HLA/1803
****Lab Processing Instructions:**
* No additional blood needed for this test - ordered with HLA ABC and DR.

Test Name: Holoprosencephaly (HPE)
Test Mnemonic: HPE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THUR
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Homocysteine
Test Mnemonic: HCYS
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:***HOMOCYSTEINE AND PLASMA AMINO ACIDS MUST BE ORDERED ON TWO SEPARATE REQUISITIONS.

CONTAINERS: Gold, Green or Purple
SPECIMEN REQUIRED: 2 ml blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Wednesday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: Within 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Metabolic/Extension 1311

LAB PROCESS INSTRUCTIONS: Spin, separate, freeze plasma/serum ASAP!

Test Name: Honeybee Rast
Test Mnemonic: RBEE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Horse Dander Rast
Test Mnemonic: RHORSE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **House Dust Mites Df Rast**
Test Mnemonic: RHD MDF
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **House Dust Mites Dp Rast**
Test Mnemonic: RHDMDP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **HSPB1 (CMT2F)DNA Sequencing**
Test Mnemonic: HSPB1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **HSV 1 IgG Antibody Titer**
Test Mnemonic: HSV1IGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold top vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL minimum; *See
"Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; May
collect 24 hours/day, 7 days/week.
Turn around time: 1 - 7 days
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Freeze at -20C

Test Name: **HSV 2 IgG Antibody Titer**
Test Mnemonic: HSV2IGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold top vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL minimum; *See
"Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; May
collect 24 hours/day, 7 days/week.
Turn around time: 1 - 7 days
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Freeze at -20C

Test Name: **HSV Antigen Type 1 (Wound)**
Test Mnemonic: HSV1
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: HSV Direct Antigen Collection Kit
(Obtain from Micro Lab)
SPECIMEN REQUIRED: Lesion Scraping
MINIMUM SPECIMEN REQUIREMENT: Refer to Collection Kit instructions
LIMITATION TO PROCEDURE: Results dependent upon sufficient cellular
material for interpretation.
SEND OUT: No
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 8a.m. - 4:30p.m. but may be collected 24 hours/day

TURN-AROUND-TIME: 8 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **HSV Antigen Type 2 (Wound)**
Test Mnemonic: HSV2
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: HSV Direct Antigen Collection Kit
(Obtain from Micro Lab)
SPECIMEN REQUIRED: Lesion Scraping
MINIMUM SPECIMEN REQUIREMENT: Refer to Collection Kit instructions
LIMITATION TO PROCEDURE: Results dependent upon sufficient cellula
material for interpretation.
SEND OUT: No
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 8a.m. - 4:30p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 8 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **HSV PCR**
Test Mnemonic: HSVPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: CSF or purple vacutainer
Volume Required: 0.5ml ml CSF or 0.3ml EDTA whole blood (minimum 0.22ml CSF
and 0.22ml whole blood)
Specimen Transport:RT
Testing Days/Hours: Sun-Sat 8am
Turn Around Time: 1 day
Lab Section/Phone Ext: Immunology 44242
Comments:

**Lab Processing Instructions:

Test Name: **HTLV I/II Antibody w/ Reflex**
Test Mnemonic: HTLV AB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold, Green, or Purple Vacutainer
Volume Required: 2 mL blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 1-4 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Human Parvovirus B19 IgG**
Test Mnemonic: HPVB19
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold Top Tube
SPECIMEN REQUIRED: 2cc blood
MINIMUM SPECIMEN REQUIREMENT: 1cc blood
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Human Parvovirus B19 IgM**
Test Mnemonic: HPV B19M
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold Top Tube
SPECIMEN REQUIRED: 2cc blood
MINIMUM SPECIMEN REQUIREMENT: 1cc blood
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Human Parvovirus B19 PCR**
Test Mnemonic: HPV B19PCR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NONE
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT 24 HOURS/DAY
Turn Around Time: 1-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments: TEST CAN ALSO BE PERFORMED ON CSF OR EDTA PLASMA

**Lab Processing Instructions:

Test Name: **Huntington Disease**
Test Mnemonic: HD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hyper IgM Type 2**
Test Mnemonic: HYIgM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hypertrophic Cardiomyopathy**
Test Mnemonic: HCM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hypo-Anhidrotic Ecto Dysp Seq**
Test Mnemonic: EDAGENE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hypochondroplasia Mutation**
Test Mnemonic: HYPOCH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **IBDSGI Diagnostic**
Test Mnemonic: IBDSGI
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD AND PURPLE VACUTAINER
Volume Required: 3ML IN GOLD, 2ML IN PURPLE
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN PURPLE TOP!!

Test Name: **Ibuprofen Level**
Test Mnemonic: IB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **ICA-512-Autoantibodies**
Test Mnemonic: ICA512
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable
Volume Per Tube Type" below.
Specimen Transport: Send via Tube System

Testing Days/Hours: Sent Out; may be collected 24 hours/day,
7 days/week.

Turn Around Time: 7-10 Days

Lab Section/Phone Extension: Chem/1310

Test Name: **IFDCL Only CD4**
Test Mnemonic: CD4ID
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation:

Limitation to Procedure:

Specimen Container: 2 ml Green vacutainer

Volume Required: 1ml (see minimum acceptable volume per tube type
below)

Specimen Transport: Send via tube system

Testing days/hours: Tuesday & Fridays/0900-1400

May be collected 24/7

Turn around time: 72 hours

Lab Section/phone Extension: Special Immunology/41804

Comments: **Lab Processing Instructions: DO NOT SPIN

Test Name: **IGF 1/Somatomedin C**
Test Mnemonic: SOMC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable
Volume per Tube Type"

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.

Turn Around Time: Within 7 days

Lab Section/Phone Extension: Chem/1310

Test Name: **IGF Binding Protein 1**
Test Mnemonic: IGFBP1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: GOLD TOP VACUTAINER

Volume Required: 2ML BLOOD (0.5ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON,THURS

Turn Around Time: 2-6 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN,SEPARATE AND FREEZE ASAP

Test Name: **IGF Binding Protein 2**
Test Mnemonic: IGFBP2

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 5-7 days

Lab Section/Phone Extension: Chem/1310

Test Name: IGF Binding Protein 3

Test Mnemonic: IGF3

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send out via Tube System

Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 5-7 days

Lab Section/Phone Extension: Chem/1310

Test Name: IgG Aspergillus

Test Mnemonic: IGGASP

Department: LAB - Special Immunology

LAB PROCESSING INSTRUCTIONS:

SPECIMEN REQUIRED: 2.0 ML RED/GOLD TOP FOR 0.5 ML SERUM

MINIMUM SPECIMEN REQUIRED: 0.5 ML SERUM

SPEC STORAGE/TRANSPORT REQUIREMENTS: REFRIGERATE

LIMITATION TO PROCEDURE:

SEND OUT: YES TO ARUP FOR FORWARD TO IBT FOR IGG ASPERGILLUS

TESTING DAYS: M-F

TESTING HOURS: 8A

TURN-AROUND-TIME: 2 WEEKS

TRANSPORTABLE THROUGH TUBE SYSTEM: Y

Test Name: IgG Subclass 1

Test Mnemonic: IGG1

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST

MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)

SPEC STORAGE/TRANSPORT REQUIREMENTS: TRANSPORT REFRIGERATED

LIMITATION TO PROCEDURE:

SEND OUT: ARUP # 50571

TESTING DAYS: MON-SAT

TESTING HOURS: MAY BE COLLECTED ANYTIME

TURN-AROUND-TIME: 5-7 DAYS

TRANSPORTABLE THROUGH TUBE SYSTEM: YES

LAB TESTING SECTION/PHONE EXTENSION: SEROL/1870

Test Name: IgG Subclass 2
Test Mnemonic: IGG2
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS:TRANSPORT REFRIGERATED
LIMITATION TO PROCEDURE:
SEND OUT: ARUP # 50571
TESTING DAYS: MON-SAT
TESTING HOURS: MAY BE COLLECTED ANYTIME
TURN-AROUND-TIME: 5-7 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROL/1870

Test Name: IgG Subclass 3
Test Mnemonic: IGG3
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS:TRANSPORT REFRIGERATED
LIMITATION TO PROCEDURE:
SEND OUT: ARUP # 50571
TESTING DAYS: MON-SAT
TESTING HOURS: MAY BE COLLECTED ANYTIME
TURN-AROUND-TIME: 5-7 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROL/1870

Test Name: IgG Subclass 4
Test Mnemonic: IGG4
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS:TRANSPORT REFRIGERATED
LIMITATION TO PROCEDURE:
SEND OUT: ARUP # 50571
TESTING DAYS: MON-SAT
TESTING HOURS: MAY BE COLLECTED ANYTIME
TURN-AROUND-TIME: 5-7 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROL/1870

Test Name: IL28B Polymorphism Genotype
Test Mnemonic: IL28
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: COLLECTION MONDAY-THURSDAY ONLY!!
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4.0ML (MINIMUM 3.0ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 3-7 DAYS
Lab Section/Phone Extension: REFERRAL DEPT 4-1300
Comments:

Test Name: **Imipramine & Desipramine**
Test Mnemonic: IMIPDESIP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Immunofix Electrophoresis**
Test Mnemonic: IEL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Immunoglobulin A**
Test Mnemonic: IGA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green, Red or Gold Top
Volume Required: 1 mL blood
Specimen Transport: Send via Tube System
Testing Days/Hours: 24 hours/day
Turn Around Time: Daily
Lab Section/Phone Extension: Chem/41310

Test Name: **Immunoglobulin D**
Test Mnemonic: IGD
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Immunoglobulin E**
Test Mnemonic: IGE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer or microtainer
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Varied 2-3x per week
TESTING HOURS: 7a.m. - 3p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 day
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Test Name: **Immunoglobulin G**
Test Mnemonic: IGG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green,Red or Gold Top
Volume Required: 1 mL blood
Specimen Transport: Send via Tube System
Testing Days/Hours: 24hours/day
Turn Around Time: Daily
Lab Section/Phone Extension: Chem/41310

Test Name: **Immunoglobulin M**
Test Mnemonic: IGM
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green,Red or Gold Top
Volume Required: 1 mL blood
Specimen Transport: Send via Tube System
Testing Days/Hours: 24hours/day
Turn Around Time: Daily
Lab Section/Phone Extension: Chem/41310

Test Name: **Incontinentia Pigmenti Del**
Test Mnemonic: IP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Inflammatory Bowel Disease Ibd**
Test Mnemonic: IBD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML
Specimen Transport: COURIER/TUBE SYSTEM
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Influenza PCR**
Test Mnemonic: FLUPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: 1 NP SWAB in original container sleeve, BAL, TRACH, NASAL WASH IN Sterile container
Volume Required: NP swab in original container sleeve, 0.5ml BAL, Trach, or nasal wash in sterile container
Specimen Transport:RT
Testing Days/Hours:9am and 11am Mon-Fri and 9am Sat-Sun during non-peak season. During peak season when positives have been detected, a third run may be warranted at 1pm Monday-Friday.
Turn Around Time: 1 day
Lab Section/Phone Ext: MDI 44242
Comments: Please call 44242 for information regarding individual patient needs or test completion times.

**Lab Processing Instructions:

Test Name: **Inhibitor Screen**
Test Mnemonic: INH SC
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume

Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 hours

Lab Section/Phone Extension: Hematology/1313

Test Name: **Insulin Antibody**
Test Mnemonic: INAB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Insulin Level**
Test Mnemonic: INS
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Intrahepatic Cholestasis Seq**
Test Mnemonic: RIC SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Ionized Magnesium
Test Mnemonic: IMG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Heparinized Syringe or Green Top Vacutainer
Volume Required: 0.5 ml blood/0.3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System. First place specimen container in a plastic bag before sending via the tube system.

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 1 Hr

Lab Section/Phone Extension: Chem/1310

Lab Processing Instructions: DO NOT SPIN vacutainer or microtainer!!

Test Name: Ipecac
Test Mnemonic: IPECAC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: RED OR PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: VARIES

Turn Around Time: 3-4 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: Iron
Test Mnemonic: FE
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer

Volume Required: 1.5 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chemistry/1310

Comments: Fill green microtainer to within lines, mix gently

Test Name: Iron % Saturation

Test Mnemonic: FE SAT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: GOLD VACUTAINER
Volume Required: 3.0 mL BLOOD
Specimen Transport: TUBE SYSTEM
Testing Days/Hours: 24/7
Turn Around Time: 2 HR
Lab Section/Phone Ext: 41300
Comments:

**Lab Processing Instructions:

Test Name: **Iron Binding Capacity, Total**
Test Mnemonic: TIBC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Isohemagglutinin Titer**
Test Mnemonic: ISO
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: Lavender
Volume Required: 2-4 mL
Specimen Transport: Tube system
Testing Days/Hours: 7 days/week 24 hrs/day for patients who are being
considered for ABO incompatible heart transplants
or who are in heart transplant surgery.
0630-1500 for routines.
TURN AROUND TIME: 15 minutes for STATs when STAT spin is performed;
1.5-2 hours for routines.
LAB SECTION PH EXT: 4-1314.
COMMENTS: Began testing in-house in 2006. This test will provide
indications for criteria for placing infants on ABO incompatible
heart transplantation protocol.

LAB: Perform test STAT for patients considered for ABO incompatible
heart transplant or in heart transplant surgery.

Test Name: **Isopropanol Chromatography**

Test Mnemonic: ISOH
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

SPECIMEN REQUIRED: 2 ML BLOOD IN GOLD OR GRAY TOP VACUTAINER
MINIMUM SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM/PLASMA)
SPEC STORAGE/TRANSPORT REQUIREMENTS: DO NOT PREP ARM WITH ALCOHOL; TRANSPORT TO LAB ON ICE; REFRIGERATE OR FREEZE SERUM/PLASMA IN TIGHTLY-CAPPED ARUP TUBE.
TESTING HOURS: 24 hours/7 days
LIMITATION TO PROCEDURE:
SEND OUT: ARUP ORDER ISOP #0090144
TESTING DAYS: AS NEEDED
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: MGL 4-1311
REFLEX TESTS ASSOCIATED WITH THIS TEST:

Test Name: Itraconazole Drug
Test Mnemonic: ITRACON
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS: Green or Gold top Vacutainers
Patient Prep: P&T, Level Timed Specimens
Limitation to Procedure: Drug dosage info Required on Sheet.
Volume Required: 3ml; Specimen Transport, Tube System.
Testing Days/Hours: Mon - Fri, 24 hours, Turn around time: 4-7 days
LAB USER NOTES:
Freeze P(NaHEP) or Serum ASAP.
Specimen Required: 3ml Green or Gold top Vac min 2ml
Send out: Yes
LAB TESTING SECTION/PHONE 41300
REFLEX TESTS ASSOCIATED W/THIS TEST: NO

Test Name: JAK2 Mutation
Test Mnemonic: JAK2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: JAK3 Syndrome DNA Seq
Test Mnemonic: JAK3
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER (MULTIPLE TUBES NEEDED)
Volume Required: 8ML BLOOD (6ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Jaundice Chip Resequencing
Test Mnemonic: JAUCHIP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Johnson Rast
Test Mnemonic: RJHN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Joint Fluid Cell Count
Test Mnemonic: CCJF
Department: LAB - Hematology Fluids

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Testing should be performed within 2 hours of collection.
Specimen Container: 3 ml Green Top Vacutainer
Volume Required: Maximum 0.6 ml in Green Top Vacutainer (excess specimen may result in clotting)
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week

May be collected 24 hours/day, 7 days/week

Turn Around Time: 4 hours

Lab Section/Phone Extension: Hematology/1313

Comments: Includes cyospin WBC Differential

****Specify joint fluid collection site****

Test Name: Kepra (Levitracetam)

Test Mnemonic: KEP

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: RED TOP VACUTAINER

Volume Required: 2ML BLOOD

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 1-4 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

****Lab Processing Instructions:**

Test Name: Ketones, Acetone Qual

Test Mnemonic: KET

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer

Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: Kingella Kingae PCR (Wound)

Test Mnemonic: KINGPCR

Department: LAB - Molecular Biology

Test Name: Kleihauer Betke Stain

Test Mnemonic: KB

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer

Volume Required: 2 ml blood

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may be collected Monday - Friday
0800-1430

Turn Around Time: 3-5 days

Test Name: **Laboratory Hold**
Test Mnemonic: HX
Department: LAB - Laboratory Hold

***** SPECIAL INSTRUCTIONS *****

1. Serum will be frozen and will be held for 2 months.
2. Blue top tubes for coagulation will be held for a maximum 2 hours.
3. Purple top tubes/bullets will be held for a maximum of 24 hrs.
4. Blood Bank holds must be collected in purple top tubes, labeled "hold for Blood Bank", dated, timed, and signed by collector.
5. Blood cultures may be drawn and held for at least 24 hrs.

Test Name: **Lactate/Pyruvate - Blood**
Test Mnemonic: LAC-PYR
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:
CONTAINERS: Special tube - Obtain in Lab
SPECIMEN REQUIRED: 1 ml blood
MINIMUM SPECIMEN REQUIREMENT: 1 ml blood
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Shake specimen vigorously as soon as blood is drawn! Place on ice and transport to lab ASAP!
SEND OUT: No
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 5p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 3 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Metabolic/Extension 1311

Test Name: **Lactic Acid / Lactate**
Test Mnemonic: LA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gray Top Vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab on ice!!
SEND OUT: No
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1630
*** Tubed specimens, requiring ice, should first be placed in an empty plastic bag to protect the label(s); the bagged specimen is then placed in a second plastic bag which contains ice.
Lab Processing Instructions: CRITICAL FROZEN
Spin, Separate, and Freeze ASAP

Test Name: Lambs Quarters Rast
Test Mnemonic: RLQ
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Lamotrigine (Lamictal)
Test Mnemonic: LAM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Latex Rast
Test Mnemonic: RLATEX
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: LDH

Test Mnemonic: LDH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: LDH Isoenzymes
Test Mnemonic: LDISO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold Top Vacutainer
SPECIMEN REQUIRED: 4 cc blood
MINIMUM SPECIMEN REQUIREMENT: 3 cc blood
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 5 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Test Name: LDL Cholesterol
Test Mnemonic: LDL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer or Gold Top Microtainer
Volume Required: 2 ml blood/ 1.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Same day
Lab Section/Phone Extension: Chem/1310

Test Name: Lead
Test Mnemonic: LEAD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Tan Top Vacutainer
*****Note: Lab tests other than LEAD can no longer be performed***

*****on the TAN top specimens.*****

Volume Required: 2 ml blood/1 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: May be collected 24 hours/day,
7 days/week.
Turn Around Time: 48-72 hours
Lab Section/Phone Extension: Referred Testing/1300

Test Name: Lebers Hered Optic Neuro MTDNA
Test Mnemonic: LHON
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Legionella Antibody Titer
Test Mnemonic: LEGT
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 4 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870
COMMENTS: Acute and Convalescent (>21 days after onset) strongly recommended!

Test Name: Legionella Culture
Test Mnemonic: LEGCULT
Department: LAB - Referred Serology

Test Name: Legius Syndrome SPRED1
Test Mnemonic: SPRED1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Leptospirosis Antibody**
Test Mnemonic: LEPTO
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Twice weekly but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870
COMMENTS: Initial specimen should be collected at onset of illness;
second specimen should be drawn at 2 - 4 weeks

Test Name: **Leuk Adherence(Neut Studies)**
Test Mnemonic: CR3
Department: LAB - Special Immunology

Test Name: **Leukemia, Lymphoma Panel**
Test Mnemonic: LEULYP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 3 ML blood

SEND OUT: Yes

TESTING HOURS: 24 hours/day, 7 DAYS A WEEK
TURN-AROUND-TIME: 2-4 WEEKS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: SEND OUTS 4-1300

Test Name: **Lidocaine Level**
Test Mnemonic: LID
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or
Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum

Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines,
mix gently.

Test Name: **LINCL TPP1 Seq (Battens CLN2)**
Test Mnemonic: TPP1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Lipase**
Test Mnemonic: LIP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or
Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines,
mix gently.

Test Name: **Lipid Profile**
Test Mnemonic: LP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS: IF MONITORING TRIGLYCERIDE LEVELS WHILE THE
PATIENT IS ON INTRALIPID THE BLOOD SAMPLE SHOULD BE
DRAWN DURING LIPID INFUSION...REFERENCE PEDIATRIC DOSAGE
HANDBOOK WHICH THE SECONDARY REFERENCE IS : NATIONAL
ADVISORY GROUP ON STD. AND PRACTICE GUIDELINES.

CONTAINERS: Gold Top Vacutainer
SPECIMEN REQUIRED: 2 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Test Name: Lipoprotein Electrophoresis
Test Mnemonic: LIPOEP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Lithium Level
Test Mnemonic: LI
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top microtainer or Gold Top vacutainer

Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Green Top microtainers are not acceptable

Test Name: Liver Kidney Microsomal Ab IgG
Test Mnemonic: LKMIGG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 1-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Lobster Rast**
Test Mnemonic: RLOB
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Loeys-Dietz Syndrome Seq**
Test Mnemonic: LDS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Long QT Syn Seq**
Test Mnemonic: FCIC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

PATIENT PREPARATION:
LIMITATION TO PROCEDURE:
SPECIMEN CONTAINER: PURPLE TOP VACUTAINER X 2
VOLUME REQUIRED: 4.0 ML X 2 (2 PURPLE TOP VACUTAINERS REQUIRED)
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 7DAYS/WK, 24 HRS/DAY
TURN AROUND TIME: 1-3 DAYS, DEPENDING ON DAY OF COLLECTION
LAB SECTION/PHONE: EXT: SEND OUTS 4-1300

COMMENTS: MUST COME THROUGH CARDIOLOGY DEPT

**LAB PROCESSING INSTRUCTIONS:

Test Name: **Lopinavir (Kaletra)**
Test Mnemonic: LOPV
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

PATIENT PREP: Time of Peak and/or Trough Specimen
Limitation to Procedure: Fill out proper sheet for drug dosage req.
Specimen Container: Green or gold top vacutainer
Volume required: 3ml
Specimen Transport: Tube System
Testing Days/Hours: Mon - Fri
Turn around time: 4 - 7 days, SEND OUT
Lab Section/Phone Extension: 41300

*****LAB PROCESSING INSTRUCTIONS*****

Freeze P(NaHEP) or Serum ASAP
Specimen Required: 3 ML in Green or Gold Top Vac
Minimum Spec Req: 2ml in Green or Gold Topo Vac
Spec Storage/Transport: Room Temp

Test Name: **Lupus Anticoagulant Workup**
Test Mnemonic: LAW
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.
Specimen Container: 2 Blue Top Vacutainers
Volume Required: 1.8 ml in each of two 2.0 mL Vacutainers (correct
specimen volume is crucial; tube must be filled
according to BD Vacutainer Plastic Citrate Tube
Draw Volume Guide, available from the Laboratory.
Filling the tube to just below the blue arrow in
the top center of the label will provide acceptable
volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Luteinizing Hormone**
Test Mnemonic: LH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or
Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum
Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines,
mix gently.

Test Name: **Lyme Disease Antibody**
Test Mnemonic: LYME-AB
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2 mL blood
MINIMUM SPECIMEN REQUIREMENT: 1 mL blood
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870
ASSOCIATED REFLEX TESTS: Includes Western Blot if reactive

Test Name: **Lyme Western Blot, G & M**
Test Mnemonic: LYMEW
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (MINIMUM 1ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN,TUES,THURS,FRI
Turn Around Time: 7-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Lymphocyte Inf Response TB Qt**
Test Mnemonic: LYMRESPTBQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!!

WHOLE BLOOD SPECIMEN

Test Name: **Lysosomal Enzyme Screen**
Test Mnemonic: LES
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Clinical history form MUST accompany specimen.

Specimen Container: Green Top Vacutainer

Volume Required: 10 ml blood/5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may be collected Mon-Thurs before 1400.

Turn Around Time: 30 days

Lab Section/Phone Extension: Chem/MDL/1311

**Lab Processing Instructions:
DO NOT SPIN!

Specimens can only be collected and sent to lab Monday-Thursdays before 2pm

Test Name: **Magnesium**
Test Mnemonic: MG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or Gold Top Vacutainer

Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: **Malaria Smear**
Test Mnemonic: PMALST
Department: MIC - Parasitology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Purple Top microtainer or vacutainer

Volume Required: 1mL blood/0.5 minimum

Specimen Transport: Send via Tube system, assure container is tightly sealed with no external spillage

Testing Days/Hours: Testing performed 7 days/week, 24 hours/day

Turn around Time: Thin smear - Prelim 30 minutes,

Thick smear - Final 24 hours

Lab Section/Phone Extension: Microbiology/41871

Test Name: **Manganese Level**
Test Mnemonic: MANG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: METAL FREE SYRINGE OR ROYAL BLUE VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: METAL FREE SYRINGE AND ROYAL BLUE VACUTAINER
CAN BE OBTAINED FROM LAB

**Lab Processing Instructions:

Test Name: **Mannose Binding Lectin**
Test Mnemonic: MBL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum
Specimen Transport: Room Temp via Tube System
Testing Days/Hours: May be collected 24 hrs/day, 7 days/week
Turn Around Time: 1-5 days
Lab Section/Phone Extension: Referred Testing x 41300

Test Name: **Manual Differential**
Test Mnemonic: DIFFMAN
Department: LAB - Hematology

Test Name: **Marfan Syn Type 1 & 2 Seq**
Test Mnemonic: MARSYN12
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Marfan Syn Type 1 Seq**
Test Mnemonic: MARSY1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: Marfan Syndrome Type I Del/Dup
Test Mnemonic: MFS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Maternal Hepatitis B Surf Ag
Test Mnemonic: MHBSAG
Department: LAB - Chemistry Inf Disease Maternal

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Daily
TESTING HOURS: Varies; Call extension 1314 for specific testing times
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension
COMMENTS: **If specimen already has mother's label on it, please leave label visible. Also attach baby's label, and write on baby's label "Mother's Blood".**

Test Name: Maternal HIV 1 & 2 Antibody Sc
Test Mnemonic: MHIV
Department: LAB - Chemistry Inf Disease Maternal

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top tube or Green top Vacutainer
SPECIMEN REQUIRED: 3 ml blood
MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: No
TESTING DAYS: Daily
TESTING HOURS: Varies; Call extension 1314 for specific times
TURN-AROUND-TIME: 24 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314
COMMENTS: This is a screening test only and requires further diagnostic work-up before patient can be considered positive.

Test Name: **Maternal RPR**
Test Mnemonic: MRPR
Department: LAB - Serology Maternal

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL minimum. *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed Mon - Wed - Fri (0800 - 1630);
may be collected 24 hours/day, 7 days/week.

Lab Section/Phone Extension: Virology/1630

**Lab Processing Instructions: Place all serology specimens in the receiving refrigerator in the box marked "Serology".

COMMENTS: **If specimen already has mother's label on it, please leave label visible. Also attach baby's label, and write on baby's label "Mother's Blood".**

Test Name: **MDMA & Metabolite (Ecstasy)**
Test Mnemonic: ECSTASY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: URINE COLLECTION CUP/TUBE

Volume Required: 5ML URINE

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 1-2 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Measles Virus IgG Antibody**
Test Mnemonic: MEASG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Measles Virus IgM**
Test Mnemonic: MEASM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Meconium Amphetamine**
Test Mnemonic: MEC AMP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparations:

Limitation to Procedure: Stool is not acceptable specimen
Specimen container: NSU - Place patient label on the container.
Write only the first collection date and time on the label. Collect 2 grams meconium (approximately 2 teaspoons). The container should remain refrigerated in NICU until you have collected a total of 2 teaspoons of sample from your patient. Once the appropriate sample quantity has been collected, send to the lab.

Volume Required: 2 grams/5 tests
Specimen Transport: Transport via the tube system at room temperature
Testing Days/Hours: Send to reference lab Monday - Thursday
Turn Around Time: 2-3 days
Lab Section/Phone ext: Lab referred testing, 4-1300
Comments: Meconium collection kits can be used, but are not required.

Test Name: **Meconium Cannabinoids**
Test Mnemonic: MEC CANN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparations:

Limitation to Procedure: Stool is not acceptable specimen
Specimen container: NSU - Place patient label on the container.
Write only the first collection date and time on the label. Collect 2 grams meconium (approximately 2 teaspoons). The container should remain refrigerated in NICU until you have collected a total of 2 teaspoons of sample from your patient. Once the appropriate sample quantity has been collected, send to the lab.

Volume Required: 2 grams/5 tests
Specimen Transport: Transport via the tube system at room temperature
Testing Days/Hours: Send to reference lab Monday - Thursday

Turn Around Time: 2-3 days
Lab Section/Phone ext: Lab referred testing 4-1300
Comments: Meconium collection kits can be used, but are not required.

Test Name: **Meconium Cocaine**
Test Mnemonic: MEC COC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparations:
Limitation to Procedure: Stool is not acceptable specimen
Specimen container: NSU - Place patient label on the container.
Write only the first collection date and time on the label. Collect 2 grams meconium (approximately 2 teaspoons). The container should remain refrigerated in NICU until you have collected a total of 2 teaspoons of sample from your patient. Once the appropriate sample quantity has been collected, send to the lab.

Volume Required: 2 grams/5 tests
Specimen Transport: Transport via the tube system at room temperature
Testing Days/Hours: Send to reference lab Monday - Thursday
Turn Around Time: 2-3 days
Lab Section/Phone ext: Lab referred testing 4-1300
Comments: Meconium collection kits can be used, but are not required.

Test Name: **Meconium Opiates**
Test Mnemonic: MEC OP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparations:
Limitation to Procedure: Stool is not acceptable specimen
Specimen container: NSU - Place patient label on the container.
Write only the first collection date and time on the label. Collect 2 grams meconium (approximately 2 teaspoons). The container should remain refrigerated in NICU until you have collected a total of 2 teaspoons of sample from your patient. Once the appropriate sample quantity has been collected, send to the lab.

Volume Required: 2 grams/5 tests
Specimen Transport: Transport via the tube system at room temperature
Testing Days/Hours: Send to reference lab Monday - Thursday
Turn Around Time: 2-3 days
Lab Section/Phone ext: Metabolic Lab/41311
Comments: Meconium collection kits can be used, but are not required.

Test Name: **Meconium PCP**
Test Mnemonic: MEC PCP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparations:
Limitation to Procedure: Stool is not acceptable specimen
Specimen container: NSU - Place patient label on the container.

Write only the first collection date and time on the label. Collect 2 grams meconium (approximately 2 teaspoons). The container should remain refrigerated in NICU until you have collected a total of 2 teaspoons of sample from your patient. Once the appropriate sample quantity has been collected, send to the lab.

Volume Required: 2 grams/5 tests

Specimen Transport: Transport via the tube system at room temperature

Testing Days/Hours: Send to reference lab Monday - Thursday

Turn Around Time: 2-3 days

Lab Section/Phone ext: Metabolic Lab/41311

Comments: Meconium collection kits can be used, but are not required.

Test Name: **Med Ch Acyl Dehydrogenase**

Test Mnemonic: MCAD

Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Write "MCAD" on PKU card

Specimen Container: PKU Card

Volume Required: Fill all circles completely with blood

Specimen Transport: Send via Tube System.

Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.

Turn Around Time: 30 Days

Lab Section/Phone Extension: Chem/MDL/1311

Test Name: **Men, Varicella Antibody**

Test Mnemonic: MENVZV

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men, Adenovirus Antibodies**

Test Mnemonic: MENAD

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,California Encephal IgM**
Test Mnemonic: MENCALM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,California Encephal. IgG**
Test Mnemonic: MENCALG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,CMV IgG Antibody**
Test Mnemonic: MENCMVG
Department: LAB - Virology

SPECIMEN REQUIRED: SERUM (RED TOP***DO NOT USE SST***)
MINIMUM SPECIMEN REQUIRED: 3.0 ML SERUM FOR ENTIRE
MEMINGOENCEPHALITIS WORK-UP
LIMITATION TO PROCEDURE: DO NOT ORDER THIS TEST ALONE. THE
RESULTS FROM THIS TEST ARE TO BE COMPARED WITH RESULTS FROM
TESTING OTHER POTENTIAL CAUSES OF MENINGOENCEPHALITIS.
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: VIROLOGY, 1630
COMMENTS: THIS TEST SHOULD BE ORDERED W/OTHER WORK-UP COMPONENTS
TO MINIMIZE THE AMOUNT OF SPECIMEN REQUIRED.

Test Name: **Men,CMV IgM Antibody**
Test Mnemonic: MENCMVM
Department: LAB - Virology

SPECIMEN REQUIRED: SERUM (RED TOP***DO NOT USE SST***)
MINIMUM SPECIMEN REQUIRED: 3.0 ML SERUM FOR ENTIRE

MEMINGOENCEPHALITIS WORK-UP

LIMITATION TO PROCEDURE: DO NOT ORDER THIS TEST ALONE. THE RESULTS FROM THIS TEST ARE TO BE COMPARED WITH RESULTS FROM TESTING OTHER POTENTIAL CAUSES OF MENINGOENCEPHALITIS.

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 DAYS

TRANSPORTABLE THROUGH TUBE SYSTEM: YES

LAB TESTING SECTION/PHONE EXTENSION: VIROLOGY, 1630

COMMENTS: THIS TEST SHOULD BE ORDERED W/OTHER WORK-UP COMPONENTS TO MINIMIZE THE AMOUNT OF SPECIMEN REQUIRED.

Test Name: **Men,Coxsackie A Antibodies**

Test Mnemonic: MENCOXA

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Coxsackie B Antibodies**

Test Mnemonic: MENCOXB

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Eastern Equine IgG**

Test Mnemonic: MENE EEG

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Eastern Equine IgM**

Test Mnemonic: MENEEM

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Echovirus Antibodies**

Test Mnemonic: MENECHO

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,HSV IgG Antibody**

Test Mnemonic: MENHSVG

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,HSV IgM Antibody**

Test Mnemonic: MENHSVM

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Influenza A Virus Antibody**
Test Mnemonic: MENINA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Influenza B Virus Antibody**
Test Mnemonic: MENINB
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,LCM Virus IgG Antibody**
Test Mnemonic: MENLCMG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,LCM Virus IgM Antibody**
Test Mnemonic: MENLCMM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Measles IgG Antibody**
Test Mnemonic: MENMEAG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Measles IgM Antibody**
Test Mnemonic: MENMEAM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Mumps IgG Antibody**
Test Mnemonic: MENMUMG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Mumps IgM Antibody**
Test Mnemonic: MENMUMM

Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,St. Louis Encephalitis IgG**

Test Mnemonic: MENSLG

Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,St. Louis Encephalitis IgM**

Test Mnemonic: MENSLM

Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,W. Equine Encep IgG, Serum**

Test Mnemonic: MENWEEG

Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,W. Equine Encep IgM, Serum**

Test Mnemonic: MENWEEM

Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Mephobarbital Level**

Test Mnemonic: MEPHO

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Do Not use Gold Top Vacutainer!

Specimen Container: Purple Top Vacutainer

Volume Required: 4 ml blood/3 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out;may be collected 24 hours/day,
7 days/week.

Turn Around Time: 3-5 days

Lab Section/Phone Extension: Chem/1310

Test Name: **Metanephrine Plasma**

Test Mnemonic: METS

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer

Volume Required: 4ml blood

Specimen Transport: Send via Tube System

Turn Around Time: 5 days

Special Instructions: Specimen cannot be shared between other tests.

Lab Section/Phone Extension: Referred Testing/41300

Test Name: **Methanol Chromatography**

Test Mnemonic: MEOH

Department: LAB - Metabolic Lab-Blood/Plasma/CSF

SPECIMEN REQUIRED: 2 ML BLOOD IN GOLD, LAVENDAR OR GRAY TOP VACUTAINER

MINIMUM SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM/PLASMA)

SPEC STORAGE/TRANSPORT REQUIREMENTS: DO NOT PREP ARM WITH
ALCOHOL; TRANSPORT TO LAB ON ICE; REFRIGERATE OR FREEZE SERUM/PLASMA IN
TIGHTLY-CAPPED ARUP TUBE.

TESTING HOURS: 24 hours/7 days

LIMITATION TO PROCEDURE:

SEND OUT: ARUP ORDER METHANOL #0090165

TESTING DAYS: AS NEEDED

TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: MGL 4-1311
REFLEX TESTS ASSOCIATED WITH THIS TEST:

Test Name: **Methemoglobin Reduc, Spec Nec**
Test Mnemonic: MHGB-R
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Yellow Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum
Specimen Transport: Send via Tube System on ice. First
place specimen container(s) in an empty
plastic bag to protect the label(s);
then place the bagged specimen in a
second plastic bag which contains ice.
Seal both bags.
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Methotrexate Level**
Test Mnemonic: METH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or
Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines,
mix gently.

Test Name: **Methyl Malonic/2Methylcit/Hcys**
Test Mnemonic: MMA
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Specimen Container: GOLD OR GREEN
Volume Required: 2ml
Specimen Transport: Send via Tube system ON ICE!
Turn Around Time: 7 days
Testing Days/hours: Sent out; may be collected 24hr/day 7 days/wk
Lab Section/phone extension: MDL/41311
Comments: TESTS PERFORMED: METHYL MALONIC ACID, HOMOCYSTEINE,
2-METHYL-CITRULLINE, CYSTATHIONINE TO DIAGNOSE AND
DISTINGUISH BETWEEN DEFICIENCIES OF B12 AND FOLATE.
**Lab Processing Instructions:

SEPARATE AND FREEZE WITHIN 1 HOUR!

Test Name: **Milk Rast**
Test Mnemonic: RMLK
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Miller-Dieker Blood FISH**
Test Mnemonic: MILLER
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Miscellaneous Rast Test**
Test Mnemonic: RASTMISC
Department: LAB - Special Immunology

Test Name: **Mito DNA Point Mutations**
Test Mnemonic: DNA C
Department: LAB - Metabolic Lab Send Out

Test Name: **Mitochondrial Known Family Mut**
Test Mnemonic: MTDNAPT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Mitochondrial Whole Genome Seq
Test Mnemonic: WHOLEMTDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Mitogen Transformation
Test Mnemonic: MIT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

CONTAINERS: Green Top Vacutainer
SPECIMEN REQUIRED: Infant 3 ml blood
Toddler 5 ml blood
> 5 years 10 ml blood
MINIMUM SPECIMEN REQUIREMENT: For infant and toddler, as above
For patients > 5 years, 5 ml blood
LIMITATION TO PROCEDURE: Collect only on Mondays, Tuesdays before
12:00 pm, Thursdays, and Fridays before
12:00 pm. Blood stable for 24-36 hours.
Call 4-1804 regarding requests for
Wednesday collections. Consultation with
Immunology, Allergy, or Infectious Disease
requested.

SEND OUT: No
TESTING DAYS: Tuesday and Friday
TESTING HOURS: 12:00 pm on Tuesdays and Fridays
TURN-AROUND-TIME: 5 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunology/Extension 1804

Lab Processing Instructions: **DO NOT SPIN****

Test Name: MODY 3 TCF1 Seq/Del

Test Mnemonic: MODYDEXISO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Molybdenum Level**
Test Mnemonic: MOLYB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: ROYAL BLUE VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: ROYAL BLUE VACUTAINER CAN BE OBTAINED FROM LAB

**Lab Processing Instructions:

Test Name: **Monogenic Diabetes Eval**
Test Mnemonic: MODY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Monotest (Main Lab)**
Test Mnemonic: MONO
Department: LAB - Serology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See
"Minimum Acceptable Volume per Tube Type" below.
Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon - Wed - Fri, 0800 - 1630;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 24 - 72 hours
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in the
receiving refrigerator in the box
marked "Serology".

Test Name: **MPV17 Seq**
Test Mnemonic: MPV17
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **MTHFR Gene Mutation**
Test Mnemonic: MTHFR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Mucopolysaccharide Enzymes**
Test Mnemonic: MPSE
Department: LAB - Metabolic Lab Send Out

Test Name: **Multi Endocrine Neoplasia2 Seq**
Test Mnemonic: MEN2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Mumps Virus IgG, Serum**
Test Mnemonic: MUMPSG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Mumps Virus IgM, Serum**
Test Mnemonic: MUMPSM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **MuSK Antibody**
Test Mnemonic: MUSK
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Mycophenolic Acid**
Test Mnemonic: MMF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Mycoplasma IgG Antibody**
Test Mnemonic: MYCOIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum; *See
"Minimum Acceptable Volume per Tube Type" below
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630;
may collect 24 hours/day, 7 days/week.
Turn around time:1 - 7 days
Lab Section/Phone Extension:Virology/1630

**Lab Processing Instructions:Freeze at -20C.

Test Name: **Mycoplasma Pneumoniae IgM Ab**
Test Mnemonic: MYCOM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Myeloperoxidase Antibody**
Test Mnemonic: MPOAB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Myeloperoxidase Stain**
Test Mnemonic: MYELOST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: FOR PERIPHERAL BLOOD SPECIMENS: PURPLE TOP VACUTAINER
OR GREEN TOP VACUTAINER
FOR BONE MARROW SPECIMENS: HEPARINIZED ASPITATE
Volume Required: PERIPHERAL BLOOD: 2ML BLOOD (1ML MINIMUM)
BONE MARROW: 1ML HEPARINIZED ASPIRATE
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: 6 UNFIXED SMEARS MUST BE MADE BY HEMATOLOGY
TO SEND WITH SPECIMEN
WHOLE BLOOD SPECIMENS-DO NOT SPIN

Test Name: **Myoglobin-Serum, Qt**
Test Mnemonic: MYOS
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold or Red Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Myotonic Dystrophy Type 1**
Test Mnemonic: DM1DNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Myotonic Dystrophy Type 1 & 2**
Test Mnemonic: CMD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **N-Acetyl-Procainamide**
Test Mnemonic: NAPAPRC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
DEPARTMENT/PREFIX: SEND OUT
Turn Around Time:
Lab Section/Phone Extension: Chem/1310

Test Name: **Narcolepsy DNA Test**
Test Mnemonic: NARDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: PURPLE TOP (NO BULLET TUBES)
Volume Required: 2 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon - Fri, 24 hrs
SEND OUT: YES
Turn Around Time: 4-6 WEEKS

Lab Section/Phone Extension: SEND OUT 4-1300
COMMENTS: OBTAIN TEST REQUISITION FROM LAB
*****LAB PROCESSING INSTRUCTIONS: WHOLE BLOOD SPECIMEN*****

Test Name: **NC Maternal Milk Inf Disease**
Test Mnemonic: NCMATMILK
Department: LAB - Lab

COLLECTION INSTRUCTIONS:

See Inadvertent Milk Policy Before Ordering

Limitation to Procedure:
Specimen Container: Gold Vacutainer(s)
Volume Required: 7.0 ml
Specimen Transport: Send via tube system
Testing Days/Hrs: Varies by Test; Turn around time Varies by Test
Lab Section/Ph# Chem: 41310; BB/41314; Serology/41930
INCLUDES: HEP B SURFACE ANTIGEN; HEP C VIRUS ANTIBODY; HIV 1&2 AB
SCREEN; HTLV I/II ANTIBODY; RPR

Test Name: **Nelfinavir (Viracept)**
Test Mnemonic: NELFL
Department: LAB - Send Out Test

Patient Preparation: Peak & Trough Timed Spec
Limitation to procedure: Drug dosage info Required on Sheet
Specimen Container: GREEN OR GOLD TOP VACUTAINER
Volume Required: 3ML WHOLE BLOOD IN GREEN OR GOLD TOP VAC
Specimen Transport: ROOM TEMP, May use tube system
SEND OUT: Yes
Testing Days/Hours: MON thru FRI
Turn Around Time: 4 - 7 Days
Lab Section/Phone Extension: 41300
Comments: **Lab Processing Instructions**
FREEZE P(NaHEP) OR SERUM ASAP

Test Name: **Nemaline Myopathy (ACTA1) Seq**
Test Mnemonic: ACTA1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Nemaline Myopathy Autorec Del**
Test Mnemonic: DELACTA1

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Neonatal Diabetes Mellitus Evl

Test Mnemonic: NDME

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: Neuroblastoma Seq Panel

Test Mnemonic: ALKPHOX2B

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 5ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Neurofibromatosis Type 1 Seq

Test Mnemonic: NFT1

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **Neurofibromatosis Type 2**
Test Mnemonic: NF2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Neutrophil Oxidative Burst**
Test Mnemonic: OXB
Department: LAB - Special Immunology

*****NOTE TO LAB: DO NOT SPIN!!!!*****

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: TEST IS TIME SENSITIVE AND RUN ON TUES AND FRI
1PM ONLY UNLESS PREARRANGED THROUGH LAB OR IMM/ALL/ID. Blood may be drawn on Mon,
Tues (received by 1pm), Thurs,
Fri (received by 1pm).
SPECIMENS GREATER THAN 24-32 HOURS OLD SUBJECT TO CANCELLATION BY TESTING DPT

Specimen Container: GREEN VACUTAINER
Volume Required: 2ML
Specimen Transport: RT
Testing Days/Hours: TUES/FRI
Turn Around Time: 24h
Lab Section/Phone Ext: SPIMM 41804
Comments: Contact Immunology 4180 with any questions regarding this assay

**Lab Processing Instructions:

Test Name: **Newborn Screen**
Test Mnemonic: PKUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: Do NOT touch area within circle before

or after blood collection.

Limitation to Procedure: If circle does not fill completely, do NOT try to apply a second drop to same circle. Start over with a 2nd larger drop in a NEW circle. Apply to only one side of the paper. Allow to dry away from direct light or heat.

Specimen Container: PKU Card

Volume Required: Enough blood to completely fill each circle. See directions above. (Do not reapply a second drop to any circle.)

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 2-3 weeks

Lab Section/Phone Extension: Chem/1310

Test Name: **NF1 Known Mutation Target Mut**
Test Mnemonic: NF1TARGET
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 4-6 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **NG (GC) PCR (Swab)**
Test Mnemonic: NGPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

IF THIS TEST IS BEING ORDERED ON A PRE-PUBERTAL CHILD OR AN OLDER CHILD WHO IS NOT SEXUALLY ACTIVE AS PART OF A SEXUAL ABUSE EVALUATION, IT SHOULD ONLY BE CONSIDERED A SCREENING TOOL. IT IS NOT DIAGNOSTIC OF INFECTION WITHOUT FOLLOW-UP CONFIRMATORY TESTING IN THESE GROUPS OF PATIENTS.

Patient Preparation: Remove excess mucous from cervix using the large cleaning swab in the red/black package prior to collection. Discard cleaning swab.

Limitation to Procedure: Leave blue shaft collection swab only in Tube!!!

Specimen Container: Aptima swab specimen transport tube

Specimen Required: 1 Endocervical/Male urethral (ONLY!)

Volume Required: 1 swab per tube

Specimen Transport: Send via Tube System

Testing Days/Hours: Mon, Wed, Fri 0800; may be collected 24 hrs/day, 7 days/week.

Turn Around Time: 72 hours

Lab Section/Phone Extension: Molecular Diagnostics/1804

**Lab Processing Instructions: Place specimens in CT/NG cup in front sendout area refrigerator within 1 hour of receipt.

Test Name: **Nicotine & Metabolites**
Test Mnemonic: NIC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 1ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Nitrous Blue Tetro**
Test Mnemonic: NBT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **NKH Comprehensive Seq**
Test Mnemonic: NKH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Noonan Syn Comp Reseq Array**

Test Mnemonic: NSCRA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Norrie Disease Seq Female**
Test Mnemonic: NDP SEQ FE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Norrie Disease Seq Male**
Test Mnemonic: NDP SEQ MA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Nortriptyline**
Test Mnemonic: NOR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A
Specimen Container: GREEN OR RED VACUTAINER
Volume Required: 6ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Oak Rast**
Test Mnemonic: ROAK
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Oat Rast**
Test Mnemonic: ROAT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Omodysplasia 1 Del/Dup**
Test Mnemonic: OMOD DELDU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Omodysplasia 1 Seq**
Test Mnemonic: OMODSEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Opitz G/BBB Syndrome Seq**
Test Mnemonic: OPITZG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Optic Atrophy Type 1 Seq**
Test Mnemonic: OPT1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Orange Rast**
Test Mnemonic: RORANGE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Orofaciodigital Syn Type 1 Seq**
Test Mnemonic: OFD1 TYPE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Osmolality**
Test Mnemonic: OSM
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Osmolar Gap Profile**

Test Mnemonic: OSMG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Osmotic Fragility**
Test Mnemonic: OF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Prep: None
Specimen Container: 2ml Green Top Vac
Min Required: 2 ml Green top Vac
Spec Storage/Transport: Room Temp
Send out: Yes
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon thru Fri, 24hrs
Turn around: 3-5 days
LIMITATION TO PROCEDURE: NO BULLET TUBES
REFLEX TESTS ASSOCIATED W/THIS TEST: NO
Lab Section/Phone Extension: 41300

Test Name: **Osteocalcin**
Test Mnemonic: OST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Osteogenesis Imperfecta**
Test Mnemonic: OI
Department: LAB - Metabolic Lab Send Out

Test Name: **Osteogenesis Imperfecta Seq**
Test Mnemonic: OI SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 5ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: OTC Mutation Analysis
Test Mnemonic: OTCMUT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER (MULTIPLE TUBES NEEDED)
Volume Required: 8ML BLOOD (6ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Ova And Parasite
Test Mnemonic: OP
Department: MIC - Parasitology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Specimen Container: Stool - clean cup or Parapak formalin vial and PVA vial. If not enough stool for both PVA and formalin, fill PVA.
Volume Required: 1 gm or 1 mL minimum of fresh stool in cup, send ASAP; PVA and formalin vials, fill to line
Specimen Transport: Send via Tube system, assure container is tightly sealed with no external spillage
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Final 24 hours - 48 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: Oxcarbazepine (Trileptal)
Test Mnemonic: TRIL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER

Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 3-5 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Parathyroid Hormone, Intact
Test Mnemonic: PTH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed on Mon or Thurs; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chem/1310

Test Name: Partial CMT Evi Recessive Only
Test Mnemonic: PARCMT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: YELLOW TOP (ACD) VACUTAINER
Volume Required: 10ML BLOOD (8ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: PD Fluid Creatinine
Test Mnemonic: PDCREA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Non sterile urine container
Volume Required: 1 ml fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: PD Fluid Glucose
Test Mnemonic: PDGLU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Non sterile urine container

Volume Required: 1 ml fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: PD Fluid Urea
Test Mnemonic: PDUREA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Non sterile urine container
Volume Required: 1 ml fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: Peanut Rast
Test Mnemonic: RPNT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Pecan Rast
Test Mnemonic: RPCN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Pendred Syndrome**
Test Mnemonic: PENDREDSYN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Penicillium Rast**
Test Mnemonic: RPEN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Penicilloyl G Rast**
Test Mnemonic: RPENG
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Penicilloyl V Rast**
Test Mnemonic: RPENV

Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Pentobarbital Level
Test Mnemonic: PENT
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Do NOT use Gold Top Vacutainer. THIS IS NOT THE SAME AS "PHENOBARBITAL"
Specimen Container: Red Top Vacutainer Only!
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: 7 days/week, 0700-1530
Turn Around Time: 7 Hrs
Lab Section/Phone Extension: MGL x41311

Test Name: Periodic Fever Syndrome Seq
Test Mnemonic: PFS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Periph Neuropathy CMT1A HNPP
Test Mnemonic: HNPP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Peritoneal Anaerobic Culture**
Test Mnemonic: PDA
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

SPECIMEN REQUIRED: 10 MLS OF FLUID IN STERILE CUP OR SYRINGE
MINIMUM SPECIMEN REQUIRED: 3 ML IN STERILE CUP OR SYRINGE
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: TRANSPORT ASAP
LIMITATION TO PROCEDURE: NONE
SEND OUT: NO
TESTING DAYS: DAILY
TESTING HOURS: 24 HRS/DAY
TURN-AROUND-TIME: PRELIM 48 HOURS; FINAL 5 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: MICRO/41871
COMMENTS: SEE NURSING PROCEDURES IN OA LIBRARY FOR COLLECTION
PROCEDURE

Test Name: **Peritoneal Dialysate Cult/GrSt**
Test Mnemonic: PDG
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

INCLUDES GRAM STAIN

See Clinical Policies/Procedures Drawer in Nursing Division Info
Cabinet for proper collection procedures.

Specimen Container: Sterile cup, tube, or capped syringe

Volume Required: 1-5mL

Specimen Transport: Send via Tube system, ASAP, assure container is
tightly sealed with no external spillage

Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be
collected 24 hours/day

Turn around Time: Prelim 24 hours; Final 5 days

Lab Section/Phone Extension: Microbiology/41871

Test Name: **Peroxisomal Disorder-PEX13,15**
Test Mnemonic: PEROXPEX1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-THURS

Turn Around Time: 2-4 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Phenobarbital Level**
Test Mnemonic: PHNO
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Phenylalanine/Tyrosine**
Test Mnemonic: P/T
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Specimen Container: 1 Green, Red or Gold Top Vacutainer or Microtainer
Specimen Volume: 0.7 mL or 1 full Microtainer
Transport Requirements: Send via Tube System at room temp or on ice
Testing Days/Hours: Wednesday and Friday
Turn-Around-Time: 4 Hours
Lab Section/Phone: MGL 364-1311

***Lab Processing Instructions: Specimens collected off-site should be refrigerated on the day of collection. If kept overnight, separate and refrigerate the plasma and transport to the Lab on ice or frozen gel-pack.

Test Name: **Phenytoin, Free And Total**
Test Mnemonic: PHENFT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER -OR- GOLD TOP VACUTAINER (SPECIMEN MUST BE IN LAB WITHIN 30 MINUTES OF COLLECTION)
Volume Required: 4ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: IF GOLD TOP RECEIVED, SPIN AND SEPARATE FROM CELLS ASAP!

Test Name: Pheresis Only CD34
Test Mnemonic: CD34
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
Specimen Container: 2.0ml Purple Top Vacutainer
Volume Required: 1.0 ml
See "MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE"
below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon-Fri, 8am-2pm
Turn Around Time: 24 hours
Lab Section/Phone Extension: SPECIAL IMMUNOLOGY/41804
Comments: For Stem Cell Apheresis only!

Test Name: Phoma Betae Rast
Test Mnemonic: RPB
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Phosphorus
Test Mnemonic: PHOS
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Phytanic Acid
Test Mnemonic: PHYAC
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation: 12-14 Hr Fast is advised
Specimen Container: Purple Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 21 Days
Lab Section/Phone Extension: Chem/MDL/1311
**Lab Processing Instructions:
Separate, freeze plasma, and refrigerate rbc's

Test Name: Pigweed Rast
Test Mnemonic: RPIG
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Pine Nut Rast
Test Mnemonic: RPINE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

CONTAINERS: 5 mL gold top vacutainer
SPECIMEN REQUIRED: 2 mL blood PER 5 allergens requested
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 6 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630
COMMENTS: ALLERGEN (RAST) TESTING FORM must be completed indicating specific allergens requested by physician. Form should be signed by physician and placed as part of patient's chart.
FOR MULTIPLE RAST TESTS, NO MORE THAN 3 TUBES SHOULD BE DRAWN.

Test Name: Pinworm Paddle
Test Mnemonic: PPWPR
Department: MIC - Parasitology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Pinworm paddle, acquire from cart system
Volume Required: see above
Specimen Transport: Send via Tube system, ASAP, assure no external contamination
Testing Days/Hours: Testing performed 7 days/week; 24 hours/day
Turn around Time: Final 30 minutes
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Pipecolic Acid**
Test Mnemonic: PPC
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation: 12-14 Hr prior fast (overnight) is advised.
Specimen Container: Green or Gold Top Vacutainer or Microtainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/MDL/1311

Test Name: **Pistachio Rast**
Test Mnemonic: RPIST
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

CONTAINERS: 5 mL gold top vacutainer
SPECIMEN REQUIRED: 2 mL blood PER 5 allergens requested
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 6 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630
COMMENTS: ALLERGEN (RAST) TESTING FORM must be completed indicating specific allergens requested by physician. Form should be signed by physician and placed as part of patient's chart.
FOR MULTIPLE RAST TESTS, NO MORE THAN 3 TUBES SHOULD BE DRAWN.

Test Name: **Pitt-Hopkins Syndrome Seq**
Test Mnemonic: PITTHS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: PKAN/NBIA1 Neurodeg PANK2
Test Mnemonic: PKAN2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Plasma Amino Acid Individual
Test Mnemonic: AAIND
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

SPECIMEN REQUIRED: 2 full green top microtainers or 2 mL blood in green,
red or gold top vacutainer (1.0 mL Plasma or Serum)
MINIMUM SPECIMEN REQUIRED: 1 mL blood (0.5 mL Plasma or Serum)
SPEC STORAGE/TRANSPORT REQUIREMENTS: **TRANSPORT ON ICE** AND
Immediately freeze 0.5 mL Plasma or Serum.
LIMITATION TO PROCEDURE: *****CRITICAL FROZEN*****
SEND OUT: No
TESTING DAYS: Started on Friday
TESTING HOURS: 7 am - 5 pm
TURN-AROUND-TIME: Complete results within 7 days
TRANSPORTABLE THROUGH TUBE SYSTEM: Yes
LAB TESTING SECTION/PHONE EXTENSION: MGL 4-1311
REFLEX TESTS ASSOCIATED WITH THIS TEST:
COMMENTS:

Test Name: Plasma Amino Acids, Quant
Test Mnemonic: AAQPL
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS: Print 2 separate requisitions if ordered
with Homocysteine
CONTAINERS: Green or gold top vacutainer or 2 green
microtainers
SPECIMEN REQUIRED: 2 ML blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab on ice!!
SEND OUT: No
TESTING DAYS: Thursdays, but may be collected 7 days/week
TESTING HOURS: 7a.m. to 5 p.m., but may be collected 24 hours/day

TURN-AROUND-TIME: Within 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Metabolic Diagnostic Lab/Ext 1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST. SPIN, SEPARATE, AND FREEZE PLASMA WITHIN ONE HOUR OF COLLECTION.

Test Name: **Plasma Free Hemoglobin**
Test Mnemonic: PFH
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer
(correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via Tube System (NOT on ice)
Testing Days/Hours: Testing performed 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 24 Hrs
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
Spin and freeze plasma.

Test Name: **Plasminogen**
Test Mnemonic: PLASP
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Sent out; may be collected 24 hours, day, 7 days/week.
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Platelet Aggregation**
Test Mnemonic: PA
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Both BLUE AND PURPLE top tubes are needed!!

Limitation to Procedure: Testing must be completed within 3 hours of specimen collection.

Specimen Container: 4 Blue Top Vacutainers and 1 Purple Top Microtainer or Vacutainer

Volume Required: 1.8 mL in each of four 2.0 mL Blue Top Vacutainers (correct specimen volume is crucial; tube must be filled according to the BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume), and 0.25 mL (to bottom fill line) in Purple Top Microtainer or 1.0 mL in Purple Top Vacutainer.

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via Tube System at room temperature ASAP NOT ON ICE (must be within 30 minutes).

Testing Days/Hours: Monday - Friday, 0900 - 1300
MUST BE SCHEDULED IN ADVANCE

Turn Around Time: 3 week-days

Lab Section/Phone Extension: Hematology/4-1313

Comments: Schedule in advance with Special Coagulation - ext. 1313.

If possible, patient should be medication free for 2 weeks prior to testing. If not possible, a list of medications is required.

Test Name: Platelet Count
Test Mnemonic: PLT
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.

Specimen Container: Purple Top Microtainer or Vacutainer

Volume Required: 0.25 ml (to bottom fill line) in microtainer or 1.0 ml in vacutainer.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 hours

Lab Section/Phone Extension: Hematology/1313

Test Name: Platelet Function Screen
Test Mnemonic: PFA PFS
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Patient Preparation:

Limitation to Procedure: Testing must be completed within 4 hours of specimen collection.

Specimen Container: 2 Blue Top Vacutainers

Volume Required: 1.8 mL in each of 2 2.0 mL Blue Top Vacutainers (correct specimen volume is crucial; tube must be filled according to

BD Vacutainer Plastic Citrate Tube Draw
Volume Guide, available from the Laboratory.
Filling the tube to just below the blue
arrow in the top center of the label will
provide acceptable volume).
*See "Minimum Acceptable Volume per Tube
Type" below.

Specimen Transport: Send via Tube System at room temperature
ASAP (must be within 30 minutes).

Testing Days/Hours: Sunday - Saturday, 7:00 a.m. - 10:00 p.m.

Turn Around Time:

Lab Section/Phone Extension: Special Coagulation/41313

**Lab Processing Instructions:

DO NOT SPIN. Testing is performed on whole blood.

Test Name: **Platelet Glycoprotein Express**
Test Mnemonic: PGE
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Call Hematology laboratory before
collecting specimen! See comments
below.

Specimen Container: Yellow Top Vacutainer

Volume Required: 5 ml in vacutainer for patient
specimen; a control must also be
collected from a non-family member

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may not be collected
7 days/week (call lab to schedule)

Turn Around Time: 10 days

Lab Section/Phone Extension: Hematology/1313

Comments: Call the Hematology laboratory in
advance to schedule (Shift 1, Monday -
Friday). Specimens may only be
collected on certain days.

**Lab Processing Instructions:

Processed and sent out by Hematology
section. Do not centrifuge.
Refrigerate specimen. Do not freeze.

Test Name: **PM-1 Antibody**
Test Mnemonic: PM1
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST

MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)

SPEC STORAGE/TRANSPORT REQUIREMENTS: LAB WILL REFRIGERATE

LIMITATION TO PROCEDURE:

SEND OUT: ANA LAB, UNIVERSITY OF MISSOURI, COLUMBIA

TESTING DAYS: MON-SAT

TESTING HOURS: 24 HRS/DAY

TURN-AROUND-TIME: 3-5 DAYS

TRANSPORTABLE THROUGH TUBE SYSTEM: YES

LAB TESTING SECTION/PHONE EXTENSION: SEROLOGY/1870

Test Name: PMP22 Del/Dup
Test Mnemonic: PMP22DUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Pneumococcal 23 Titers
Test Mnemonic: PNEUMO23
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Pneumococcal Titers (Pre/Post)
Test Mnemonic: PNEUMO
Department: LAB - Send Out Test

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 5 cc blood
MINIMUM SPECIMEN REQUIREMENT: 3.5 cc blood
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 2p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunology/Extension 1804
COMMENTS: Note whether pre immunization, post immunization or random.

Test Name: POLG Related Disorders Seq
Test Mnemonic: POLGSEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Pompe Disease (Gaa Gene Seq)**
Test Mnemonic: POMPEDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Pork Rast**
Test Mnemonic: RPRK
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Potassium**
Test Mnemonic: K
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum

Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Potato Rast**
Test Mnemonic: RPOTA
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **PRA-Class I**
Test Mnemonic: PRAI
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Red Top Vacutainer
Volume Required: 10 ml blood; 5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing batched and performed monthly; may be
collected 24 hours/day, 7 days/week.
Turn Around Time: up to a month
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:

* Do NOT spin; hold at room temp; call HLA to pick up.

Test Name: **PRA-Class I DTT**
Test Mnemonic: PRADTT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 10ML BLOOD (5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time:
Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **PRA-Class II**
Test Mnemonic: PRAII
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Red Top Vacutainer
Volume Required: 10 ml blood; minimum 5 ml
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing batched and performed quarterly; may be collected 24 hours/day, 7 days/week.

Turn Around Time: up to 3 months

Lab Section/Phone Extension: HLA/1803

**Lab Processing Instructions:

* Do NOT Spin; hold at room temperature; call HLA to pick up.

Test Name: **Prader-Willi / Angelman**
Test Mnemonic: PWA
Department: LAB - Molecular Genetic Pathology

COLLECTION INSTRUCTIONS:

Specimen Container: Purple or Green Top Vacutainer
Volume Required: 0.5 mL
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed on Thursdays
May be collected 24 hours/day, 7 days/week

Turn Around Time: 3 weeks

Lab Section/Phone Extension: MGP Lab/4-4245

Comments: Final reports can be found in the EMR under the Reports tab, Pathology category.

Test Name: **Pre-Albumin**
Test Mnemonic: PREALB
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: **Pregnenolone**
Test Mnemonic: PREGNEN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (1.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUES,THURS,SAT
Turn Around Time: 3-6 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN,SEPARATE, AND
FREEZE SERUM ASAP

Test Name: Primidone (Mysoline)
Test Mnemonic: MYS
Department: LAB - Send Out Test

Test Name: Probrain Nat. Peptide (BNP)
Test Mnemonic: BNP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Vacutainer,
Green Top Microtainer is acceptable.
Volume Required: 2ml Blood

Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,

Turn Around Time: 2 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: Procalcitonin
Test Mnemonic: PROCAL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NONE
Specimen Container: GOLD OR GREEN TOP VACUTAINER
Volume Required: 2.0ML (1.8ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-5 DAYS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300
Comments: NONE

**Lab Processing Instructions: NONE

Test Name: Progesterone
Test Mnemonic: PROG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: Prolactin
Test Mnemonic: PROL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation: Do not draw sample until patient has
been awake for at least two hours.
Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: Propranolol (Inderal) Level
Test Mnemonic: PROP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 5ML BLOOD (5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Prostate Specific Antigen
Test Mnemonic: PSA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Protein C Antigen**
Test Mnemonic: PRCAP
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week

Turn Around Time: 7 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:

Processed and sent out by Hematology section.

Test Name: **Protein C Functional**
Test Mnemonic: PRCP
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week

Turn Around Time: 7 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:

Processed and sent out by Hematology section.

Test Name: **Protein Electrophoresis**
Test Mnemonic: PROT EL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: Protein S Functional
Test Mnemonic: PRSFP
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.

Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week

Turn Around Time: 7 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:

Processed and sent out by Hematology section.

Test Name: Protein S Total
Test Mnemonic: PRSTP
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.

Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week

Turn Around Time: 7 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Prothrombin G20210 Mutation-F2**
Test Mnemonic: PT20210
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Purple Top Vacutainer
Volume Required: 2 mL
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 10 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.
Do not centrifuge. Refrigerate specimen. Do not freeze.

Test Name: **Pseudocholinesterase**
Test Mnemonic: PCHE
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **PT (Prothrombin Time)**
Test Mnemonic: PT
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Procedure Limitation: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from heparinized
lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer
(correct specimen volume is crucial; tube must
be filled according to BD Vacutainer Plastic
Citrate Tube Draw Volume Guide, available from
the Laboratory. Filling the tube to just below
the blue arrow in the top center of the label
will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP

NOT ON ICE

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week

Turn Around Time: 4 hours

Lab Section/Phone Extension: Hematology/1313

Comments: Includes INR. PT, PTT, Fibrinogen, and D-Dimer may all be performed from the same specimen.

Test Name: **PTEN Sequencing Assay**

Test Mnemonic: PTEN

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 4ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 2-4 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **PTT (Act Partial Thromb Time)**

Test Mnemonic: PTT

Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Procedure Limitation: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer

(correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP

NOT ON ICE

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week

Turn Around Time: 4 hours

Lab Section/Phone Extension: Hematology/1313

Comments: PT, PTT, Fibrinogen, and D-Dimer may all be performed from the same specimen.

Test Name: **Purines and Pyrimidines**

Test Mnemonic: PUR

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: MUST BE SENT TO LAB ON ICE

Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 5ML URINE (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Pyruvate
Test Mnemonic: PYR
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Patient Preparation: NPO 4 Hrs prior to drawing blood
Limitation to Procedure: Fill blood to line on tube. Shake vigorously and place on ice immediately.
Specimen Container: Special Tube; obtain from Lab
Volume Required: 1 ml blood/1 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Testing performed Mon-Fri 0800-1700; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 72 Hrs
Lab Section/Phone Extension: Chem/MDL/1311

Test Name: Pyruvate Kinase
Test Mnemonic: PK
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PATIENT MUST NOT HAVE BEEN TRANSFUSED WITHIN 90-120 DAYS OF DRAWING SPECIMEN
Specimen Container: GREEN OR PURPLE VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: Q Fever IgG-Phase I&II
Test Mnemonic: QFEV
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood

MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SEND OUT: Yes
TESTING DAYS: Monday and Thursday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Quantitative Ketones**
Test Mnemonic: KETQ
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Must be spun and separated within 30 minutes of collection; send to Lab ASAP!
Specimen Container: Purple Top Vacutainer
Volume Required: 2 ml blood
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Testing performed on Tuesdays only; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chem/MDL/4-1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE PLASMA WITHIN 30 MINUTES OF COLLECTION

Test Name: **Quinidine Level**
Test Mnemonic: QUIN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **RAB7 (CMT2B) DNA Sequencing**
Test Mnemonic: RAB7
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Ragweed Giant Rast
Test Mnemonic: RAGG
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Ragweed Short Rast
Test Mnemonic: RAGS
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: RBC Cholinesterase
Test Mnemonic: RBCC
Department: LAB - Metabolic Lab-Blood/Plasma/CSF

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 2 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: 7 days/wk 0700-1530
Turn Around Time: Up to 24 Hrs
Lab Section/Phone Extension: MGL x41311

**Lab Processing Instructions: Do NOT Spin!

Test Name: **RBC Folate**
Test Mnemonic: FOLR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Whole blood must be frozen within 3 hours.
Specimen Container: Purple Top Vacutainer
Volume Required: 2 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 7 days/week, 24 hours/day
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310
Lab Processing Instructions: **Do NOT Spin
**A hematocrit must be performed, and whole blood specimen is frozen in
**plastic tube. Alert Chemistry and Hematology if specimen must be shared!

Test Name: **RBC Plasmalogens**
Test Mnemonic: RBCP
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer
Volume Required: 2 ml blood; *See "Minimum Acceptable Volume per
Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 30 days
Lab Section/Phone Extension: Chem/MDL/1311
**Lab Processing Instructions: Spin, separate and freeze plasma,
and refrigerate rbcs.

Test Name: **Red Blood Cell Enzyme Eval**
Test Mnemonic: RBCENZ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Yellow (ACD) Vacutainer
Spec Storage/Trans Req: Room Temp
Volume Required: 8ml (5 ml min.)
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon - Thursday
Turn Around Time: 3-5 days
Lab Section/Phone Extension: 41300
Lab Processing Instruction: Whole Blood Specimen***
8ml in Yellow top Vac (ACD Solution)

Test Name: **Reduced Ristocetin Aggreg**
Test Mnemonic: RRA
Department: LAB - Coagulation

Test Name: **Ref Anti-T. Cruzi (Chagas)**

Test Mnemonic: RCGS
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Antibody Screen**
Test Mnemonic: RAS
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Blood Group and Rh**
Test Mnemonic: RABORH
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref CMV**
Test Mnemonic: RCMV
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Hepatitis B Total Core**
Test Mnemonic: RHBC
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Hepatitis C Virus**
Test Mnemonic: RHCV
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref HIV 1/2 Antibody**
Test Mnemonic: RHIV
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref HTLV 1&2 Antibody**
Test Mnemonic: RHTLV
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Nat HIV-1/HCV/HBV**
Test Mnemonic: RNAT
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: Ref RPR
Test Mnemonic: RRPR
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: Ref West Nile Virus
Test Mnemonic: RNATWNV
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: Renal Function Panel
Test Mnemonic: RFP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or
Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines,
mix gently.

RFP includes:

Alb
BMP(BUN,CA,CR,GLU,LYTES)
Phos

Test Name: Renin
Test Mnemonic: REN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: DO NOT SHARE SPECIMEN WITH OTHER TESTS
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 3-5 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
***SPIN, SEPARATE, & FREEZE PLASMA ASAP!

Test Name: **Resp Culture (Non-Trach)**

Test Mnemonic: RCR

Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. N/P and throat cultures should have specific organisms for identification. "Look for MRSA" Please list.

If MRSA surveillance, please collect from the anterior nares.

Specimen Container: Fluid - sterile cup or tube; if this cannot be obtained, a well inoculated swab/culturette (BLUE) is acceptable.

Volume Required: see above

Specimen Transport: Send via Tube system, assure container is tightly sealed with no external contamination

Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day

Turn around Time: Prelim 24 hours; Final 48 hours

Lab Section/Phone Extension: Microbiology/41871

Test Name: **Resp Culture (Sputum)/Gr Stain**

Test Mnemonic: RCSP

Department: MIC - Microbiology

Specimen container: Fluid (expectorated sputum) in sterile cup.

Volume required: Fluid as available- 0.5 ml minimum.

Specimen transport: Send via tube system. Assure container is tightly sealed with no external contamination.

Testing Days/hours: Testing performed 7 days/week; 24 hours/day.

Test Name: **Resp Culture (Trach)/Gr Stain**

Test Mnemonic: RCG

Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Gram stain is included.

Specimen Container: Fluid - sterile cup or tube; if this cannot be obtained, a well inoculated swab/culturette (BLUE) is acceptable.

Volume Required: Fluid as available or swab/culturette

Specimen Transport: Send via Tube system, assure container is tightly sealed with no external contamination

Testing Days/Hours: Testing performed 7 days/week; 24 hours/day

Turn around Time: Gram stain - STAT 30 minutes, urgent 1 hour, routine within 8 hours

Culture - Prelim 24 hours, Final 48 hours

Lab Section/Phone Extension: Microbiology/41871

Test Name: **Respiratory Pathogen PCR**

Test Mnemonic: RVPPCR

Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None

Specimen Container: 1 NP Swab in Viral Transport Media
Specimen Transport: Room Temp by Tube system; On ice by courier
Testing Days/Hours: Monday-Friday, 8am-4pm
Turn Around Time: 1 day, if received in the morning (dependent on number of samples received)
Lab Section/Phone Ext: MDI 44242

Tests included: Influenza A, Influenza A H1, Influenza A H1 2009, Influenza A H3, Influenza B, Adenovirus, RSV, Coronavirus HKU1, Coronavirus NL63, Metapneumovirus, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Parainfluenza 4, Rhinovirus/Enterovirus

**Lab Processing Instructions:

Test Name: Reticulocyte Count
Test Mnemonic: RETIC
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in microtainer or 1.0 ml in vacutainer. See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: CBC includes WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT, WBC Differential, and RBC Morphology

Test Name: Retinitis Pigmentosa Seq
Test Mnemonic: RP SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Rett Syn (Mecp2 Del/Dup)
Test Mnemonic: MECP2DD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Rett Syn (Mecp2 Seq)**
Test Mnemonic: MECP2SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Rett Syndrome Variant Seq**
Test Mnemonic: FOYG1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Rheumatoid Factor**
Test Mnemonic: RAQ
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer preferred; Green Top
Vacutainer acceptable
Volume Required: 1.0 mL; 0.5 mL minimum
Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry

Test Name: **Ribosomal P Protein Antibody**

Test Mnemonic: RIBOP

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: SPIN AND SEPARATE
FROM CELLS ASAP

Test Name: **Rice Rast**

Test Mnemonic: RIC

Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Risto Plasma Substitution**

Test Mnemonic: RPS

Department: LAB - Coagulation

Test Name: **RNP, ENA Ab Each**

Test Mnemonic: RNP

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS: LAB WILL REFRIGERATE
LIMITATION TO PROCEDURE:
SEND OUT: ANA LAB, UNIVERSITY OF MISSOURI, COLUMBIA
TESTING DAYS: MON-SAT
TESTING HOURS: 24 HRS/DAY
TURN-AROUND-TIME: 3-5 DAYS

TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROLOGY/1870

Test Name: Rocky Mount. Spot. Fev. Screen
Test Mnemonic: RMSFLA
Department: LAB - Serology

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL whole blood; 0.5 minimum; *See
"Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon/Wed/Fri (0800-1630);
may be collected 24 hours/day, 7 days/week.
Lab Section/Phone Extension: Virology/1630
Comments: Titer is performed automatically on all positive latex
tests.
**Lab Processing Instructions: All serology specimens are stored in
the receiving refrigerator in the
box marked "Serology".

Test Name: RPR
Test Mnemonic: RPR
Department: LAB - Serology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL Whole blood; 0.5 mL minimum. *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon - Wed - Fri (0800 - 1630);
may be collected 24 hours/day, 7 days/week.
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in
the receiving refrigerator in the
box marked "Serology".

Test Name: RSV Culture
Test Mnemonic: RSVC
Department: LAB - Virology

nasopharyngeal washing is the preferred specimen.
Results will be reported as + or - for RSV infection.

** Upon special requests, the test may be performed on Tracheal
Aspirate or Bal samples.

A Negative Result does not rule out the presence of RSV

COLLECTION INSTRUCTIONS:

- 1) Clip the needle from a butterfly infusion set leaving the tubing attached to a luer syringe filled with 2 - 3 mL of normal sterile saline.
- 2) Swab the nasopharynx with a dacron swab to loosen the epithelial cells.
- 3) Insert tubing into the nasopharynx and flush the saline into the NP area. Quickly draw back the saline and any

congestive material into the syringe. THE WASHING SHOULD CONTAIN CONGESTIVE MATERIAL.

4) Expel all of the wash into the sterile screw top tube.

****MAKE SURE LID IS ON TIGHT WITH NO EXTERNAL SPILLAGE****

5) Label the specimen properly, place sample in bag and seal.

6) Immediately send the sample to the laboratory via the tube system.

Specimen Container: Sterile Screw top tube. Obtain from lab.

Volume Required: 0.5 mL of washing expelled directly into the sterile tube

Transport: Via Tube System

Testing Days/Hours: 24 hrs/day 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn around Time: 1 - 14 days

Lab Section/Phone Extension: Virology 4-1630

****Lab Processing Instructions:** If RSVC is ordered, Inoculate Hep2 culture tube and place culture tube in container marked "RSV Culture" in the glass door incubator in Microbiology.

Test Name: RSV EIA
Test Mnemonic: RSVEIA
Department: LAB - Virology

A nasopharyngeal washing is the preferred specimen.

Results will be reported as + or - for RSV infection.

****** Upon special requests, the test may be performed on Tracheal Aspirate or Bal samples.

A Negative Result does not rule out the presence of RSV

COLLECTION INSTRUCTIONS:

1) Clip the needle from a butterfly infusion set leaving the tubing attached to a luer syringe filled with 2 - 3 mL of normal sterile saline.

2) Swab the nasopharynx with a dacron swab to loosen the epithelial cells.

3) Insert tubing into the nasopharynx and flush the saline into the NP area. Quickly draw back the saline and any congestive material into the syringe. THE WASHING SHOULD CONTAIN CONGESTIVE MATERIAL.

4) Expel all of the wash into the sterile screw top tube.

****MAKE SURE LID IS ON TIGHT WITH NO EXTERNAL SPILLAGE****

5) Label the specimen properly, place sample in bag and seal.

6) Immediately send the sample to the laboratory via the tube system.

Specimen Container: Sterile Screw top tube. Obtain from lab.

Volume Required: 0.5 mL of washing expelled directly into the sterile tube

Transport: Via Tube System

Testing Days/Hours: 24 hrs/day 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn around Time: 1 - 14 days

Lab Section/Phone Extension: Virology 4-1630

****Lab Processing Instructions:** If RSVC is ordered, Inoculate Hep2

culture tube and place culture tube in container marked "RSV Culture" in the glass door incubator in Microbiology.

Test Name: **Rubella IgG Antibody**
Test Mnemonic: RUBIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL Whole blood; 0.5 mL minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; May collect 24 hours/day, 7 days/week.
Turn around time: 1 - 7 days
Lab Section/Phone Extension: Virology 1630
**Lab Processing Instructions: Freeze at -20C

Test Name: **Russell Silver Syndrome Methyl**
Test Mnemonic: RSSYN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Salicylate Level**
Test Mnemonic: SAL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **SCA1 DNA PCR**
Test Mnemonic: SCA1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Scallop Rast**
Test Mnemonic: RSCLP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Scl-70 Antibody**
Test Mnemonic: SCL70
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

COLLECTION CONTAINER: GOLD SST
SPECIMEN REQUIRED: 2 ML BLOOD
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD
SEND OUT: YES
TESTING DAYS: MAY BE COLLECTED 7 DAYS/WEEK
TESTING HOURS: MAY BE COLLECTED 24 HRS/DAY
TURN-AROUND-TIME: 3 - 5 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROLOGY/EXTENSION 1870

Test Name: **SCN1A Complete Eval Seq/MLPA**
Test Mnemonic: SCN1A
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **SCN1B Seq**
Test Mnemonic: SCN1B
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **SCN4A DNA Seq**
Test Mnemonic: SCN4A
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Selenium Level**
Test Mnemonic: SELSO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: METAL FREE SYRINGE/VIAL
OR ROYAL BLUE VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUES, THURS, SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: METAL FREE SYRINGE AND ROYAL BLUE TOPS

CAN BE OBTAINED FROM LABORATORY

**Lab Processing Instructions:

Test Name: Serine Protease 3 Antibody
Test Mnemonic: PR3
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN,TUES,THURS
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Serotonin
Test Mnemonic: SERO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Serum Pregnancy, Qual. (BHCG)
Test Mnemonic: SP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Sesame Seed Rast
Test Mnemonic: RSESAME
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: 5 mL gold top vacutainer
SPECIMEN REQUIRED: 2 mL blood PER 5 allergens requested
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 6 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630
COMMENTS: ALLERGEN (RAST) TESTING FORM must be completed indicating specific allergens requested by physician. Form should be signed by physician and placed as part of patient's chart.
FOR MULTIPLE RAST TESTS, NO MORE THAN 3 TUBES SHOULD BE DRAWN.

Test Name: Sex Hormone Binding Globulin
Test Mnemonic: SHBG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chem/1310

Test Name: Sheep Sorrel Rast
Test Mnemonic: RSHS
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: SHOX DNA Profile Esoterix
Test Mnemonic: SHOXDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 2-4 ML
MINIMUM SPECIMEN REQUIREMENT: 2ml Minimum

LIMITATION TO PROCEDURE: No Bullet Tubes
Spec Storage/Transport Requirement: Room Temp, Send out: YES
Patient Prep: None
TESTING DAYS: Mon thru Fri
TESTING HOURS: 24hrs
TURN-AROUND-TIME: 1-3 Weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: 41300
Lab Processing Instructions: Whole blood Specimen***

Test Name: **Shrimp Rast**
Test Mnemonic: RSHR
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Shwachman Diamond Syn Seq**
Test Mnemonic: SDS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Sickle Screen**
Test Mnemonic: SS
Department: BBK - BB Additional Testing

COLLECTION INSTRUCTIONS:

Limitation to Procedure: **Not performed on children less than 6 months of age. Electrophoresis recommended for those children when sickle cell disease or trait is suspected**

Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 1 ml Blood /0.25 ml minimum; *See
"Minimum Acceptable Volume per Tube
Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hours
Lab Section/Phone Extension: Blood Bank/1314
Comments: May be performed from CBC specimen.

Test Name: **Sirolimus (Rapamycin)**
Test Mnemonic: SIRO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: Purple Top Vacutainer
Volume Required: 4 ml Whole Blood/2 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Send out test; may be collected 24 hours/day, 7
days/week.
Turn Around Time: 5-7 days
Lab Section /Phone Extension: Chem/1310
**Lab Processing Instructions: WHOLE BLOOD DO NOT SPIN

Test Name: **SMA Eval Complete Reflexive**
Test Mnemonic: SMA RELEX
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Smear Review**
Test Mnemonic: SMREV
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in
microtainer or 1.0 ml in vacutainer.
*See "Minimum Acceptable Volume per

Tube Type".
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **Smith-Lemli-Opitz Seq**
Test Mnemonic: DHCR7 SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Smith-Magenis Blood FISH**
Test Mnemonic: SMITH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **SMN DNA Seq**
Test Mnemonic: SMN SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Sodium
Test Mnemonic: NA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Soluble IL-2-R
Test Mnemonic: IL2R
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
COLLECT ONLY MON-THURS,BEFORE 2PM
DO NOT DRAW ON FRI-SUN
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3.0ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Sotos Syndrome
Test Mnemonic: NSD1SOTOS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Soy Rast

Test Mnemonic: RSOY
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Spinal Muscle Atrophy Carrier**
Test Mnemonic: SMAC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Spinal Muscular Atrophy PCR**
Test Mnemonic: SMA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Spondylocostal Dysostosis Seq**
Test Mnemonic: SCD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Spontaneous Aggregation
Test Mnemonic: SPAP
Department: LAB - Coagulation

Test Name: Spun Hematocrit
Test Mnemonic: SPHCT
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Specimen Container: heparinized hematocrit capillary tubes
Volume Required: 3 heparinized hematocrit capillary tubes at least
2/3 full; collect at clear end and seal with clay
at colored end.
Specimen Transport: Place capillary tubes in screw cap glass tube or
red vacutainer with patient label on outside of
tube. Send via Tube System.
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: SRY Blood FISH
Test Mnemonic: SRY FISH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: SS-A/RO IgG Antibody
Test Mnemonic: SSA
Department: LAB - Referred Serology

SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS: LAB WILL REFRIGERATE
LIMITATION TO PROCEDURE:
SEND OUT: ANA LAB, UNIVERSITY OF MISSOURI, COLUMBIA
TESTING DAYS: MON-SAT
TESTING HOURS: 24 HRS/DAY
TURN-AROUND-TIME: 3-5 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROLOGY/1870

Test Name: **SS-B/LA IgG Antibody**
Test Mnemonic: SSB
Department: LAB - Referred Serology

SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS: LAB WILL REFRIGERATE
LIMITATION TO PROCEDURE:
SEND OUT: ANA LAB, UNIVERSITY OF MISSOURI, COLUMBIA
TESTING DAYS: MON-SAT
TESTING HOURS: 24 HRS/DAY
TURN-AROUND-TIME: 3-5 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROLOGY/1870

Test Name: **Stickler Syn Type 1 Del/Dup**
Test Mnemonic: SS TYPE1 D
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Stickler Syn Type 1 Seq**
Test Mnemonic: SS TYPE 1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Stickler Syn Type 1&2 Seq**
Test Mnemonic: SS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Stickler Syndrome Type 3 Seq**
Test Mnemonic: STICK3
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Stool Adenovirus 40/41 Antigen**
Test Mnemonic: ADENO
Department: LAB - Virology

Container: White swab
Volume: Stool must be visible on swab
Special Instructions: Resulted on Mon, Wed, and Fri only.

Test Name: **Stool Alpha-1-Antitrypsin**
Test Mnemonic: FA1A
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: If clearance is ordered, order "CA1A"
instead
Specimen Container: Sterile cup
Volume Required: 5-10 grams stool
Specimen Transport: Send via Tube System on ice. First place
specimen container(s) in an empty plastic bag to protect
the label(s); then place the bagged specimen in a second

plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent Out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Microbiology, 1871

Test Name: **Stool Blood**
Test Mnemonic: SBLD
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:
Specimen Container: Occult Blood Card/ Non-sterile urine container
Volume Required: Occult Blood Card/0.5 gm stool
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Stool Blood, Multiple Tests**
Test Mnemonic: SBLDMUL
Department: LAB - Fecal Analysis

Test Name: **Stool Calprotectin**
Test Mnemonic: CALPRO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Limitation to Procedure:
Specimen Container: STERILE CUP

Volume Required: 20 GRAMS OF STOOL
Specimen Transport: Room Temperature
Testing Days/Hours: DAILY

Turn Around Time: 2-6 DAYS
Lab Section/Phone Extension: Chem/4-1300

Test Name: **Stool Chloride**
Test Mnemonic: STLCL
Department: LAB - Chemistry Stools

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Stool must be in liquid form.
Specimen Container: Non-sterile cup
Volume Required: 1 gm stool
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Clostridium Diff PCR**

Test Mnemonic: CDIFFPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: WILL REJECT FORMED STOOLS OR MULTIPLE STOOLS ON SAME PATIENT OR ADDITIONAL SAMPLES WITHIN 7 DAYS OF COLLECTION.
Specimen Container: Sterile cup
Volume Required: 0.2 mL unformed stool
Specimen Transport: Transport via tube system at room temperature
Testing Days/Hours: Monday, Wednesday, Friday at 7am
Turn Around Time: 2 days
Lab Section/Phone Ext: MDI 44242

Test Name: **Stool Culture**
Test Mnemonic: SCG
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. This culture includes Campylobacter, Shigella, Salmonella, Aeromonas, Plesiomonas, and shiga toxin producing E. coli. All other pathogens must be ordered additionally. This test is not performed if patient has been hospitalized greater than 3 days (if requested, contact the Microbiology Laboratory).

Does patient have guaiac positive or history of bloody diarrhea?
_____yes_____no

Specimen Container: Stool in sterile cup, or 2 well inoculated Amies clear gel swabs/cultures (BLUE) AND 1 well inoculated liquid swab/culturette (WHITE)
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external contamination
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn-around Time: Prelim 24 hours; Final 4 days
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Stool Fecal Fat Qualitative**
Test Mnemonic: FFQUAL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NO PREPARATION NECESSARY, UNLESS DIRECTED BY THE DOCTOR
Limitation to Procedure: NONE
Specimen Container: STERILE SCREW CAP CUP
Volume Required: EQUIVALENT TO 1 TABLESPOON FULL IN MEASURING OF THE AMOUNT OF STOOL NEEDED
Specimen Transport: TUBE SYSTEM
Testing Days/Hours: DAILY
Turn Around Time: 3-5 DAYS (SENT TO ARUP LABS - SALT LAKE CITY, UTAH)

Lab Section/Phone Extension: 4-1300

Comments:

Test Name: **Stool Fecal Fat, 72 Hr**
Test Mnemonic: FF
Department: LAB - Send Out Test

1. Notify Nutritional Services of time study is to begin.
2. A 2 gram charcoal marker is to be given at least 1 hr after meal, and not be given within 1/2 hr of next meal; must be ingested all at once. An N/G may be required....
3. Record the time the marker was given and the time it first appears in stool. Begin calorie count when marker is given.
4. Collect the first stool with the marker and begin collection. Pre-weighed containers for storing stools are obtained in the lab. The container must be kept in a freezer or on ice.
5. To obtain stools, rever diaper to avoid stool soaking into the diaper. On males, place a 24 hr urine bag to aid in collection.
6. Another charcoal marker is to be given 72 hrs after first one.
7. When second marker passes, discard the stool; collection period has ended. Send stool container to lab ASAP.

Test Name: **Stool Fecal Fat, 72 Hr**
Test Mnemonic: FF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Special container (obtain from Lab)
Volume Required: 72 Hr. stool collection/48 Hr. stool collection minimum
Specimen Transport: Do NOT Send via Tube System!
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Stool Helicobacter Pylori Ag**
Test Mnemonic: HPYLAG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

PATIENT PREP: Stool collection
SPECIMEN CONTAINER: STERILE CUP
SPECIMEN REQUIRED: 1GM of stool, Minimum Required: 1GM of stool
SPEC STORAGE/TRANSPORT REQUIREMENTS: ROOM TEMP
SEND OUT: YES
TESTING DAYS: MON - FRI; TESTING HOURS 24
TURN AROUND: 3-5 DAYS

TRANSPORT VIA TUBE SYSTEM: YES
LAB TESTING SECTION/PH: 41300
REFLEX TESTS ASSOCIATED WITH THIS TEST: NO

Test Name: **Stool Osmolality**
Test Mnemonic: SOSM
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Stool must be liquid
Specimen Container: Non-sterile container
Volume Required: 1 ml stool/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Pancreatic Elastase**
Test Mnemonic: FPE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: STOOL COLLECTION CONTAINER (STERILE CUP)
Volume Required: N/A
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 2-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Stool pH, Body Fluid**
Test Mnemonic: SPH
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 0.5 gm stool/0.2 gm minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Potassium**
Test Mnemonic: SK
Department: LAB - Chemistry Stools

Container: Non-sterile cup

Volume: 1 gm stool

Special Instructions:

Test Name: **Stool Reducing Substances**

Test Mnemonic: SRS

Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container

Volume Required: 1 gm stool/0.5 gm minimum

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Rotavirus Antigen**

Test Mnemonic: ROTA

Department: LAB - Virology

Container: White swab

Volume: Stool must be visible on swab.

Special Instructions: Resulted on Mon, Wed, and Fri only.

Test Name: **Stool Sodium**

Test Mnemonic: SNA

Department: LAB - Chemistry Stools

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Stool must be liquid

Specimen Container: Non-sterile container

Volume Required: 1 ml stool/0.5 ml minimum

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Sucrose**

Test Mnemonic: SSUC

Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container

Volume Required: 1 gm stool/0.5 gm minimum

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Trypsin**
Test Mnemonic: STRY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: STERILE CONTAINER
Volume Required: 5GMS STOOL (3GMS MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Stool WBC, Smear**
Test Mnemonic: SWBC
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 0.5 gm stool/0.2 gm minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Strawberry Rast**
Test Mnemonic: RSTRAW
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Strep Antigen (Reflex)**
Test Mnemonic: SA
Department: LAB - Serology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
** 2 SWABS ARE REQUIRED**. If antigen test is negative, culture will be performed.

Specimen Container: Dual liquid Stuart's swabs/culturette (RED)
Volume Required: as above
Specimen Transport: Sent via tube system, ASAP, assure container is tightly sealed with no external contamination.
Testing days/hours: Testing performed 7 days/wk; 24 hrs/day
Turn around time: Antigen - 30 min,
Culture - Prelim 24 hours; final 48 hours
Lab section/phone extension: Microbiology/41871

Test Name: **Strep Culture**
Test Mnemonic: RSS
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Amies clear gel swab/culturette (BLUE)
for CULTURE ONLY. If both culture and antigen are to be done, use dual liquid Stuart's swab/culturette (RED)
Volume Required: See above
Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed w/no external contamination.
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be collected 24 hr/day
Turn around time: Prelim 24 hrs; Final 48 hrs
Lab Section/phone ext: Microbiology/41871

Test Name: **Streptococcus Pneumo PCR**
Test Mnemonic: STREPPCR
Department: LAB - Molecular Biology

Test Name: **Streptozyne**
Test Mnemonic: STREP
Department: LAB - Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold or purple top vacutainer
SPECIMEN REQUIRED: 2 mL blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Mondays, Wednesdays, and Fridays but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1630

Test Name: **Subtelemere Probe Bld FISH**

Test Mnemonic: SPP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **SUCLA2 Related Disorder Seq**
Test Mnemonic: SUCLA2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Surfactant Protein B Def**
Test Mnemonic: SFTPb
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Surfactant Protein C Def**
Test Mnemonic: SFTPC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Surveillance Culture MDRO**
Test Mnemonic: SURV MDRO
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer
in Nursing Division Info Cabinet for proper collection
procedures appropriate for specimen type.
Specimen Container: Fluid - sterile cup or tube
non-Fluid - well inoculated swab/culturette (blue)
Volume Required: Fluid as available or culturette
Specimen Transport: Send via Tube System, assure container is
tightly sealed with no external contamination.
Testing Days/Hours: Testing performed 7 days/week: 24 hours/day
Turn around Time: Preliminary 24 hours, Final 48 - 72 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Surveillance Culture MRSA**
Test Mnemonic: SURV MRSA
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer
in Nursing Division Info Cabinet for proper collection
procedures appropriate for specimen type.
Specimen Container: Fluid - sterile cup, tube or syringe
non-Fluid - well inoculated swab/culturette (blue cap- mini tip or regular)
Volume Required: Fluid as available or culturette
Specimen Transport: Send via Tube System, assure container is
tightly sealed with no external contamination.
Testing Days/Hours: Testing performed 7 days/week: 24 hours/day
Turn around Time: Preliminary 24 hours, Final 48 - 72 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Surveillance MRSA PCR**
Test Mnemonic: SURVMRSAPC
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Mini tip NP swab must NOT touch skin or
other contaminating surfaces.
SPECIMEN CONTAINER: Place NP swab in original rigid sleeve &
transport to lab.
VOLUME REQ: 1 NP swab
SPECIMEN TRANSPORT: Room Temp
TESTING DAYS/HOURS: 24/7
TURN AROUND: 24 HOURS
Lab Section/Ph: MDI/44242
**Lab Processing Instructions: Place in Molecular Box

Test Name: **Sweat Chloride Test**
Test Mnemonic: SWCL
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Limitation to Procedure: 0.0750 gms of sweat
Specimen Container: Special preweighed container - obtain from lab
Volume Required: 0.0750 gms sweat minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Lab Testing performed Mon-Fri 0700-1700;
may be collected by appointment only in
Pulmonary Lab Mon-Fri 0800-1530.
Turn Around Time: 1 Hr
Lab Section/Phone Extension: Chem/1310

Test Name: **T3 Percent Uptake**
Test Mnemonic: T3UP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NONE
Specimen Container: GOLD or GREEN TOP VACUTAINER
Volume Required: 3.0 ML
Specimen Transport: TUBE SYSTEM/COURIER AT ROOM TEMP
Testing Days/Hours: SUN-SAT, DAILY
Turn Around Time: 3-5 DAYS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300
Comments: NONE

**Lab Processing Instructions: NONE

Test Name: **T4, Free**
Test Mnemonic: FT4
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold or Green Top Vacutainer or Green
or Gold microtainer
Volume Required: 1.5 ml blood/1 ml minimum; *See
"Minimum Acceptable Volume per Tube
Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **T4, Total**
Test Mnemonic: T4
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Tacrolimus (FK506)
Test Mnemonic: FK506
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer or Purple Top Microtainer
Volume Required: 4 ml blood/2 ml minimum
See "Minimum Acceptable Volume per Tube Type" below
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 0700-2200; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4-8 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: TB Test (T-Spot)
Test Mnemonic: TSPOT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: MUST BE RECEIVED IN LAB BEFORE 3PM
NO COLLECTION ON WEEKENDS
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 4ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI, BEFORE 3PM
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN

Test Name: Tegretol (Carbamazepine)
Test Mnemonic: TEG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24

hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: **Testicular Function Group**

Test Mnemonic: TFG

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: GOLD TOP VACUTAINER

Volume Required: 6ML BLOOD (3ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-SAT

Turn Around Time: 2-4 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Testosterone Free Serum**

Test Mnemonic: FTST

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: GOLD TOP VACUTAINER (MULTIPLE TUBES NEEDED)

Volume Required: 6ML BLOOD (4ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 3-5 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Tetanus Antibody**

Test Mnemonic: TET

Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: 1 cc blood

SEND OUT: No

TESTING DAYS: Monthly but may be collected 7 days/week

TESTING HOURS: 8a.m. but may be collected 24 hours/day

TURN-AROUND-TIME: 30 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Special Immunology/Extension 1804

COMMENTS: Note whether pre immunization or random.

Test Name: **Tetrahydroaldosterone**

Test Mnemonic: TETHYALDO

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: MUST BE 24 HOUR URINE COLLECTION
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: N/A
Specimen Transport: COURIER - DO NOT SEND THROUGH TUBE SYSTEM
Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: DOCUMENT START AND STOP TIMES ON REQUISITION

**Lab Processing Instructions:

Test Name: **Theophylline Level**

Test Mnemonic: THEO

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Thiocyanate Level**

Test Mnemonic: THIOCY

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Thiopurine Metabolites**

Test Mnemonic: 6TGN-6MMPN

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure:
Specimen Container: PURPLE TOP VAC
Volume Required: 4 ml blood

SEND OUT: YES
Specimen Transport: VIA TUBE SYSTEM
Testing Days/Hours:

Turn Around Time: 3-5 DAYS
Lab Section/Phone Extension: Chem/1300

Test Name: **Thrombin Time**
Test Mnemonic: TT
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.

Specimen Container: Blue Top Vacutainer

Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Send out test; may be collected 24 hours/day, 7 days/week

Turn Around Time: 24 hours

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Thymidine Kinase TK2 Seq**
Test Mnemonic: TK2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 4-6 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Thyroglobulin**
Test Mnemonic: THYG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 3 ml blood/2 ml minimum;

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Thyroglobulin Antibody**
Test Mnemonic: THYRO
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: GOLD VACUTAINER
Volume Required: 3.0 mL BLOOD
Specimen Transport: TUBE SYSTEM
Testing Days/Hours: M-F 0700-2300
Turn Around Time: 1-3 DAY
Lab Section/Phone Ext: 41300
Comments:

**Lab Processing Instructions:

Test Name: **Thyroid Antibodies**
Test Mnemonic: ATA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum; *See "Minimum Acceptable
Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Thyroid Stimulating Hormone**
Test Mnemonic: TSH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Thyroid Stimulating Immunoglob**
Test Mnemonic: TSI
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: NO PLASMA ACCEPTED (GREEN TOPS!!)
Specimen Container: 1-4ml Gold Top Vacutainer
Volume Required: 2 ml Blood
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday
Turn Around Time: 2-6 DAYS
Lab Section/Phone Extension: Chem/4-1300

Test Name: Thyroxine Binding Globulin
Test Mnemonic: TBG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Timothy Rast
Test Mnemonic: RTIM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Tissue PC/PEPCK Assays
Test Mnemonic: P/PT
Department: LAB - Metabolic Lab Send Out

Test Name: Tissue Pyr Dehyd Complex
Test Mnemonic: PDHT
Department: LAB - Metabolic Lab Send Out

Test Name: Tissue Transglutaminase IgA
Test Mnemonic: TTGA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: None
Specimen Container: Gold Top
Volume Required: 1 ml whole blood (0.5ml serum required)
Specimen Transport: RT transport. Refrig. Freeze after 48 hrs
Testing Days/Hours: Monday and Thursday
Turn Around Time: nearest Monday or Thursday
Lab Section/Phone Ext: X44242
Comments: Neg TTGA reflexes to EMA screen
*****This is an IN-HOUSE TEST*****

Test Name: TNFRSF13B To Correlagen Diag
Test Mnemonic: TNFRSF13B
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 8ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Tobramycin Level, Peak
Test Mnemonic: PKTOBR
Department: LAB - Chemistry

Time of medication administration and time of flush MUST be written on requisition delivered to Lab with specimen!! Do NOT draw sample from same line or above site of administration.

Patient Preparation: Peak specimen should be collected 30 minutes after IV dose and 1 hour after IM dose.
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 mL blood/0.5 mL minimum;
**1-2 mL required for patients on once daily dosing
**(exception: NICU)
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

#####

Document EXACT times as follows:

Time Medication Administered:

Time flush completed:

#####

Test Name: Tobramycin Level, Random
Test Mnemonic: TOBR
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Tobramycin Level, Trough
Test Mnemonic: TTOBR
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation: Draw blood immediately before next dose.
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

#####

EXACT time specimen collected:_____

#####

Test Name: Tomato Rast
Test Mnemonic: RTOM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL

serum for one allergen and additional 0.04ml for each additional allergen.)

Specimen Transport:RT

Testing Days/Hours: M-F 8am

Turn Around Time:2-4 days

Lab Section/Phone Ext: Immunology 44242

Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Topiramate**
Test Mnemonic: TOPIR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: RED TOP VACUTAINER

Volume Required: 4ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: SUN-SAT

Turn Around Time: 3-4 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Total Estrogens**
Test Mnemonic: EGS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.

Turn Around Time: 7-10 Days

Lab Section/Phone Extension: Chemistry/1310

Test Name: **Total Protein**
Test Mnemonic: TP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer

Volume Required: 1 ml blood/0.5 ml minimum

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: **Total T3**
Test Mnemonic: T3R
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold Top Vacutainer
SPECIMEN REQUIRED: 3.0 mL blood
MINIMUM SPECIMEN REQUIREMENT: 2.0 mL blood
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 3 - 4 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Test Name: **Total Testosterone**
Test Mnemonic: TST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Townes-Brocks Syndrome**
Test Mnemonic: TBS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Toxocara, Helminth Nes**
Test Mnemonic: TOXOC
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above

SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab promptly so that specimen may be frozen for shipping!
SEND OUT: Yes
TESTING DAYS: Tuesday and Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 5 - 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Toxoplasma IgG Antibody**
Test Mnemonic: TOXOIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL Whole blood; 0.5 mL minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; May collect 24 hours/day, 7 days/week.
Turn around time: 1 - 7 days
Lab Section/Phone Extension:Virology/1630
**Lab Processing Instructions:Freeze at -20C

Test Name: **Toxoplasma IgM**
Test Mnemonic: TOXM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Toxoplasma Infant Panel (SO)**
Test Mnemonic: TOXOINSO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NOT FOR PATIENTS OVER 6MOS OF AGE
FOR PATIENTS OVER 6MOS - ORDER TOXOPLASMA PANEL
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Toxoplasma Panel (Send Out)**
Test Mnemonic: TOXOSO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NOT FOR CHILDREN UNDER 6MOS
UNDER 6MOS - ORDER INFANT PANEL
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **TPMT Enzyme**
Test Mnemonic: TPMTENZ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **TPMT Genetics**
Test Mnemonic: TPMTGEN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

PATIENT PREPARATION: None
LIMITATION TO PROCEDURE: NO BULLET TUBES
SPECIMEN CONTAINER: PURPLE TOP VACUTAINER
VOLUME REQUIRED: 4.0ML, Minimum Required 2ml
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT, Mon-Fri, 24 hr testing.
TURN AROUND TIME: 3-5 DAYS, DEPENDING ON THE DAY OF COLLECTION
LAB SECTION/PHONE: SEND-OUTS 4-1300
COMMENTS:

**LAB PROCESSING INSTURCTIONS: Whole blood Specimen

Test Name: **Transferrin**
Test Mnemonic: TRANS

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green,Red or Gold Top
Volume Required: 1 mL blood
Specimen Transport: Send via Tube System
Testing Days/Hours: 24hours/day
Turn Around Time: Daily
Lab Section/Phone Extension: Chem/41310

Test Name: **Transferrin Isoelectric Focus**

Test Mnemonic: TFIF

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Transfusion Reaction Workup**

Test Mnemonic: TRX

Department: BBK - Blood Bank

STOP TRANSFUSION - KEEP IV PATENT WITH SALINE - CALL BLOOD BANK
COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220
along with the requisition
Phone Ext Blood Bank: 41314

PRINT THE TRANSFUSION REACTION EVALUATION FORM FROM THE DASHBOARD
Blood Transfusion - Transfusion Evaluation

*****FOR BLOOD BANK USE ONLY*****

HISTORY CHECK

Collected by: _____ Date/Time: _____

ABO & Rh: _____ Marker(s): _____

Ab ID: _____ Auto/Directed Available: Yes ___ No ___

Comment(s): _____

Tech: _____

Test Name: **Transketolase**

Test Mnemonic: TKETO

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NO COLLECTION ON FRIDAYS
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3.0ML
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300
Comments: HEMATOCRIT RESULT NEEDED WITH TEST.
ORDER HCT AND SEND PURPLE TOP FOR HCT.

**Lab Processing Instructions: DO NOT SPIN!!!!
Freeze whole blood specimen ASAP!

Test Name: Treacher Collins Syn 1 Seq

Test Mnemonic: TCS1

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Treponema Pallidum Ab (VDRL)

Test Mnemonic: TP-PA

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-FRI
Turn Around Time: 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Trichinella Antibody Titer

Test Mnemonic: TRICHT

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Trichomonas Culture/Wet Prep**
Test Mnemonic: TRICH
Department: MIC - Parasitology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen: Non-Urine (preferred specimen): InPouch TV bag, (obtain from Microbiology Laboratory)
Urine: 15 mL in sterile cup.
Volume Required: see Trichomonas collection procedure, call Microbiology Lab at 41872
Specimen Transport: DO NOT Send via tube system, transport ASAP.
Limitation to Procedure: Use cotton swab only; InPouch must be inoculated at bedside for vaginal/urethral specimens.
Testing days/hrs: Testing performed 7 days/wk, 24 hrs/day
Turn around time: Wet prep - 30 minutes,
Culture - prelim 24 hrs, final 5 days.
Lab Section/Ph ext: Microbiology/41872

Test Name: **Trichomonas PCR**
Test Mnemonic: TRICHPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
Pt Prep: Pt should not have voided within 1 hr for use with Aptima Urine collection kit. Specimen should be first catch (dirty) urine. In suspected abuse cases, please collect and send 2 APTIMA tube samples
Limitation to Procedure: Aptima transport tube
Vol Required: 1 Aptima mini swab or 2ml first catch (dirty) urine.
Specimen Transport: Routine
Testing Days/hours: Tuesday/Thursday
Turn Around Time: 24 - 72 hours
Lab Section/Phone Extension: MDI ext 44242
COMMENTS:
LAB Processing Inst. Plcase call MDI if not in APTIMA trans tube!

Test Name: **Tricyclic Antidepressant Scr**
Test Mnemonic: TCA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Limitation to Procedure:
Specimen Container: Red, Gold or Green Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,

7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Test Name: Triglyceride
Test Mnemonic: TRIG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer

Volume Required: 1 ml blood/0.5 ml minimum

Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: Trimethadione (Tridione)
Test Mnemonic: TRIMETH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: RED TOP VACUTAINER

Volume Required: 4ML BLOOD

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: SUN-SAT

Turn Around Time: 3-4 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: Troponin I
Test Mnemonic: TROP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Vacutainer

Volume Required: 3 ml blood/2 ml minimum

Specimen Transport: Send via Tube System

Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.

Turn Around Time: 8 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: Tryptase
Test Mnemonic: TRYPT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: 4ml Gold Top Vacutainer
Volume Required: 2 ml Blood (1ml Serum)
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday
Turn Around Time: 2-6 DAYS
Lab Section/Phone Extension: Chem/4-1300

Test Name: Tuberos Sclerosis Complete

Test Mnemonic: TSCCOMPLET

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Pt Preparation: None

Limitation to Procedure: No Bullet Tubes can be used.

SPEC STORAGE/TRANSPORT REQUIREMENTS: Room Temp

SPECIMEN REQUIRED: 6ml Purple Top Vac, Minimum Required: 4ml

REFLEX TESTS ASSO W/THIS TEST: NO

MINIMUM SPECIMEN REQUIREMENT: 2ml in Purple Top Vac

SEND OUT: Yes

TESTING DAYS: Monday - Friday, LAB PH #: 41300

TESTING HOURS: 24 hrs

TURN-AROUND-TIME: 4 - 8 weeks

TRANSPORTABLE VIA TUBE SYSTEM: Yes

*****LAB PROCESSING INSTRUCTIONS: WHOLE BLOOD*****

Test Name: Tuberos Sclerosis TSC2 Del

Test Mnemonic: TSC2DELETI

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 6ML BLOOD (4ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI

Turn Around Time: 2-6 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: Tularemia Screen

Test Mnemonic: TULARS

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None

Specimen Container: Gold top

Volume Required: 2 mL

Specimen Transport: Room Temperature

Testing Days/Hours: Mon-Fri, Send out test

Turn Around Time: 1 to 4 days

Lab Section/Phone Extension: 4-1630

Comments: Testing Performed at Focus

Test Name: Tuna Rast
Test Mnemonic: RTUNA
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Turkey Meat Rast
Test Mnemonic: RTURKEY
Department: LAB - Special Immunology

Test Name: UAMS Flow Cytometry Sendout
Test Mnemonic: UAMSFLOW
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Pt Prep: Refer to phy's order. Specimen usually surgically collected
Limitation to Procedure: Immediate delivery to laboratory.
Specimen Container: Green top for bone marrows.
Histology media for solid tissues.
Vol Required: 2ml, Specimen Transport: RT
Testing Days/Hours: M-F (special off hours & weekend call available through phy consult with UAMS pathologist on call
Turn Around Time: 24 hours
Lab Section /Ph Ext: Special Immunology or Sendouts: 41804/41300
Comments: This specimen requires immediate delivery to the clinical lab for sendout to UAMS for flow cytometry.
Lab Processing Inst: Call Brad for STAT pickup and call UAMS to notify pending delivery

Test Name: Ultra FSH
Test Mnemonic: UFSH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: One 4ml Gold Top Vacutainer
Volume Required: Minimal 2ml
Specimen Transport: Tube system/courier
Transportable Thru Tube System: Yes
Testing Days/Hours: Monday thru Friday
Turn Around Time: 3 - 4 days

Lab Section/Phone ext: 41300
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE SERUM WITHIN ONE HOUR OF COLLECTION

Test Name: **Ultra Leutinizing Hormone**
Test Mnemonic: ULH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: One 4ml Gold Top Vacutainer
Volume Required: Minimal 2ml
Specimen Transport: Tube system/courier
Transportable Thru Tube System: Yes
Testing Days/Hours: Monday thru Friday
Turn Around Time: 3 - 4 days
Lab Section/Phone ext: 41300
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE SERUM WITHIN ONE HOUR OF COLLECTION

Test Name: **Unorderable Test Request**
Test Mnemonic: AU
Department: LAB - Unorderable Lab Testing

Test Name: **Ureaplasma/Mycoplasma Culture**
Test Mnemonic: URPL
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS

SPECIMEN REQUIRED: CSF, Urethral/Cervical Swab,Urine, Biopsy
Tissue, or Body Fluids (aspirates and tracheas)
LIMITATION TO PROCEDURE: Cannot be performed on blood specimens.
SEND OUT: YES
TESTING DAYS: Monday through Saturday
TESTING HOURS: 24 hrs/Day
TURN-AROUND-TIME: 5-7 days
TRANSPORTABLE THROUGH TUBE SYSTEM: Yes
LAB TESTING SECTION/PHONE EXT.: 4-1870

Test Name: **Uric Acid**
Test Mnemonic: URIC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Urinalysis (UA)
Test Mnemonic: UA
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Please refrigerate urine specimen if not sent within 15 minutes. Transport to lab within 1 hour of collection.

Specimen Container: Non-sterile container
Volume Required: 10 ml urine/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1315

Test Name: Urine 1/2 Cyst(e)ine
Test Mnemonic: U/CYS
Department: LAB - Metabolic Lab-Urine/Stool

Container: Non-sterile cup or tube, or 24 hr. urine.
Volume: Minimum 2 cc urine.
Special Instructions: Place on ice; for 24 hr urine indicate Date/Time Start & End of collection

Test Name: Urine 17-Hydroxycorticosteroid
Test Mnemonic: 17OHCORT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: FOR 24 HOUR URINE COLLECTION-REFRIGERATE DURING COLLECTION AND RECORD COLLECTION START AND STOP TIME ON REQUISITION

Limitation to Procedure: CAN BE 24 HOUR OR RANDOM URINE COLLECTION

Specimen Container: 24 URINE SPECIMEN COLLECTION CONTAINER OR STERILE URINE COLLECTION CUP

Volume Required: 12ML

Specimen Transport: FOR 24 HOUR COLLECTIONS - COURIER ONLY FOR RANDOM URINE COLLECTION - TUBE SYSTEM/COURIER

Testing Days/Hours: TUES,FRI
Turn Around Time: 3-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: ALIQUOT 12ML OF WELL MIXED 24 HOUR URINE COLLECTION. RECORD TOTAL VOLUME AND COLLECTION INTERVAL ON ALIQUOT TUBE AND IN SPECIMEN COMMENTS.

Test Name: Urine 17-Ketosteroids
Test Mnemonic: 17KETO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: 24 HOUR URINE COLLECTION-REFRIGERATE
DURING COLLECTION

Limitation to Procedure: ONLY 24 URINE COLLECTION ACCEPTED
RECORD COLLECTION START AND STOP
TIME ON REQUISITION

Specimen Container: 24 URINE SPECIMEN COLLECTION CONTAINER

Volume Required: 4ML

Specimen Transport: COURIER ONLY (DO NOT SEND THRU TUBE SYSTEM)

Testing Days/Hours: MON,WED,FRI

Turn Around Time: 1-5 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions: ALIQUOT 4ML OF WELL MIXED 24 HOUR
URINE COLLECTION. RECORD TOTAL VOLUME AND
COLLECTION INTERVAL ON ALIQUOT TUBE AND IN
SPECIMEN COMMENTS.

Test Name: Urine Acylglycines
Test Mnemonic: AG
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

CONTAINER: Non-sterile cup or tube

SPECIMEN REQUIRED: 5 cc urine

MINIMUM SPECIMEN REQUIRED: As above

SEND OUT: Yes

TESTING DAYS: Monday - Friday but may be collected 7 days/week

TESTING HOURS: 7 am - 5 pm but may be collected 24 hours/day

TURN-AROUND TIME: 3 weeks

TRANSPORTABLE THROUGH TUBE SYSTEM: No

LAB TESTING SECTION/PHONE EXTENSION: Chemistry/Metabolic Diagnostic/
Extension 1311

Test Name: Urine Aldosterone
Test Mnemonic: ALDU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

CONTAINERS: 24 hour urine collection container with preservative; to
be obtained in Lab

SPECIMEN REQUIRED: All urine collected during 24 hour period

SPECIMEN STORAGE/TRANSPORT REQUIREMENTS:

SEND OUT: Yes

TESTING DAYS: 7 days/week

TESTING HOURS: 24 hours/day

TURN-AROUND-TIME: Within 5 days

TRANSPORTABLE VIA TUBE SYSTEM: No

LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended by: _____

Test Name: Urine Amino Acid Individual

Test Mnemonic: AAIN DUR
Department: LAB - Metabolic Lab-Urine/Stool

SPECIMEN REQUIRED: 2 mL Urine in non-sterile cup or tube.
MINIMUM SPECIMEN REQUIRED: 2 mL Urine
SPEC STORAGE/TRANSPORT REQUIREMENTS: **TRANSPORT TO LAB ON ICE**
Separate and freeze a 2.5 mL aliquot of Urine in screw-cap send-out tube
ASAP; Freeze remainder in -20C Freezer.
LIMITATION TO PROCEDURE:
SEND OUT: No
TESTING DAYS: Started on Wednesday
TESTING HOURS: 7 am - 5 pm
ANALYTICAL TIME: Complete results in 7 days
TRANSPORTABLE THROUGH TUBE SYSTEM: Yes
LAB TESTING SECTION/PHONE EXTENSION: MGL/4-1311
REFLEX TESTS ASSOCIATED WITH THIS TEST:
COMMENTS:

Test Name: Urine Amino Acids, Quant
Test Mnemonic: AAQR
Department: LAB - Metabolic Lab-Urine/Stool

Container: Non-sterile cup or tube.
Volume: Minimum 2 cc urine.
Special Instructions: Transport to Lab on ice
Turn around time: 2 weeks
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST. PLACE 2ML URINE IN SCREW CAP CONTAINER AND FREEZE IMMEDIATELY. IF MULTIPLE TESTS ORDERED, MUST FREEZE MULTIPLE CONTAINERS.

Test Name: Urine Aminolevulinic Acid
Test Mnemonic: ALA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Protect from light. Specimen Container:
24 Hr Urine Container
Volume Required: 24 Hr urine/5 ml minimum
Specimen Transport: Do not send via tube system
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions: Measure and record total volume

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended By: _____

Test Name: Urine Amphetamine, Sgl Drug Cl
Test Mnemonic: UAMP
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 2 ml urine

Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Urine Amylase**
Test Mnemonic: UAMY
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container/24 Hr urine
container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System if random urine.
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: 24 Hr. urine specimen may be collected.

Test Name: **Urine Anabolic Steroids**
Test Mnemonic: ANABOLSTER
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: URINE COLLECTION CUP
Volume Required: 40ML URINE (10ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER (ON ICE IF PROLONGED TRANSPORT)
Testing Days/Hours: MON-FRI
Turn Around Time: 10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: 24 HOUR SPECIMENS ALSO ACCEPTED
ANY POSITIVES ARE CONFIRMED
**Lab Processing Instructions:

Test Name: **Urine Barbiturates, Sgl Drg Cl**
Test Mnemonic: UBAR
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml urine (10 ml urine needed for confirmation)
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Urine Benzo, Sgl Drg Cl**
Test Mnemonic: UBEN
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Urine Bile Acid Metabolites**
Test Mnemonic: BAM
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Specimen Container: None sterile urine container
Volume Required: 10 ml urine
Specimen Transport: Send via tube system on ice. First place
specimen container(s) in an empty plastic bag
to protect the label(s); then place the bagged
specimen in a second plastic bag which contains
ice. Seal both bags.
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 4 weeks/Send Out
Lab Section/Phone Extension: Chemistry/Metabolics/1311

Test Name: **Urine Calcium**
Test Mnemonic: UCA
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container/24 Hr urine
container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: 24 Hr. urine specimen may be collected.

Test Name: **Urine Cannabinoids, Sgl Drg Cl**
Test Mnemonic: UCAN
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: 10 ml urine needed for confirmation test

Test Name: Urine Carnitines
Test Mnemonic: UCARN
Department: LAB - Metabolic Lab Send Out

SPECIMEN REQUIRED: 5 ML URINE ON ICE
MINIMUM SPECIMEN REQUIRED: 2 ML URINE ON ICE
LIMITATION TO PROCEDURE: ROOM TEMP OR REFRIG UNACCEPTABLE
SEND OUT: TO ARUP; ORDER TEST #81308
TURN-AROUND-TIME: UP TO 8 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: Y
LAB TESTING SECTION/PHONE EXTENSION: X41300

Test Name: Urine Catecholamine Free/Fract
Test Mnemonic: CATFR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CONTAINER OR
24 HOUR URINE COLLECTION CONTAINER
Volume Required: 5ML RANDOM URINE OR 24 HOUR URINE COLLECTION
Specimen Transport: RANDOM URINE COLLECTION CAN BE SENT BY TUBES SYSTEM
DO NOT SEND 24 HOUR URINE COLLECTION BY TUBE SYSTEM
Testing Days/Hours: SUN-SAT
Turn Around Time: WITHIN 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: RECORD TOTAL VOLUME AND
HOURS OF COLLECTION IN A
SPECIMEN COMMENT AND ON
ALIQUOT LABELS.

Test Name: Urine Catecholamines, Tot 24Hr
Test Mnemonic: CATT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: 24 Hr Urine Container
Volume Required: 24 Hr urine/10 ml minimum
Specimen Transport: Do not send via tube system
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 10-14 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions: Measure and record total volume

Test Name: Urine Chlamydia PCR
Test Mnemonic: CHLAMPCRUR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

****GEN-PROBE APTIMA TRANSPORT TUBE ONLY!!!!****

(request tube from LAB)

IF THIS TEST IS BEING ORDERED ON A PRE-PUBERTAL CHILD OR AN OLDER CHILD WHO IS NOT SEXUALLY ACTIVE AS PART OF A SEXUAL ABUSE EVALUATION, IT SHOULD ONLY BE CONSIDERED A SCREENING TOOL. IT IS NOT DIAGNOSTIC OF INFECTION WITHOUT FOLLOW-UP CONFIRMATORY TESTING IN THESE GROUPS OF PATIENTS.

Patient Preparation: Patient should not have urinated within 1 hour for use with Aptima Urine collection kit.

Specimen should be 2ml first catch (dirty) urine in Aptima urine tube or 1 endocervical/urethral swab in Aptima swab tube.

Limitation to Procedure: Aptima transport tube

Specimen Container: Gen-Probe APTIMA urine specimen transport tube ONLY!

Volume Required: Place 2ml of urine collected into APTIMA tube using supplied pipette to bring liquid level to between bold black lines on transport tube.

Specimen Transport: RT

Days/Hours: MWF 8:00 am

Turn Around Time: 48 Hours

Lab Section/Phone Extension: MDI ext 44242

An on-line course for using the Aptima collection system is available on the ACH training site under Lab General:
Course number 3407: Class: Aptima Unisex Swab and Urine Collection for Chlamydia, Gonorrhoea, and Trichomonas PCR

Test Name: Urine Chloride
Test Mnemonic: UCL
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 ml Urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: Urine Citrate
Test Mnemonic: UCIT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: Drugs causing alkalemia or acidemia will alter citrate excretion and should be avoided if possible.
Limitation to Procedure: Refrigerate during collection
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml aliquot of 24 Hr urine/5 ml minimum

Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: Urine Cocaine, Sgl Drug Class
Test Mnemonic: UCOC
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs.
Lab Section/Phone Extension: Chem/1310

Test Name: Urine Complex Toxicology
Test Mnemonic: CTOXUR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 10ML URINE (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Urine Copper, Quantitative
Test Mnemonic: COPU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: N/A
Specimen Transport: COURIER (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: INDICATE HOURS OF COLLECTION (START AND STOP TIME)
ON REQUISITION

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended by: _____

**Lab Processing Instructions: Measure and record total volume

Test Name: **Urine Copper, Quantitative**
Test Mnemonic: COPU
Department: LAB - Send Out Test

Test Name: **Urine Cortisol-Free**
Test Mnemonic: UCORT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: RANDOM OR 24 HOUR URINE COLLECTION
RANDOM COLLECTION: COLLECT IN REGULAR URINE
SPECIMEN CONTAINER AND SEND TO LAB VIA TUBE SYSTEM
24 HOUR URINE COLLECTION: OBTAIN 24 HOUR
COLLECTION CONTAINER FROM LAB, COLLECT URINE FOR 24 HOURS,
TRANSPORT TO LAB (CANNOT BE SENT VIA TUBE SYSTEM).
Volume Required: 5.0 ml min. for random
Specimen Transport: Refrigerated
Testing Days/Hours: Sun- Sat
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chem/4-1300

Test Name: **Urine Creatine**
Test Mnemonic: CRNU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: CAN BE 24HR OR RANDOM COLLECTION
Limitation to Procedure: N/A
Specimen Container: STERILE URINE CUP OR 24HR URINE CONTAINER
Volume Required: 2ML URINE
Specimen Transport: COURIER/TUBE SYSTEM
Testing Days/Hours: SUN-SAT
Turn Around Time: 2-9 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: IF COLLECTING 24HR URINE, DOCUMENT HOURS OF COLLECTION
(START AND STOP TIME) ON REQUISITION

Test Name: **Urine Creatinine**
Test Mnemonic: UCR
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container/24 Hr urine
container

Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System if random urine
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: 24 Hr. urine specimen may be collected.

Test Name: Urine Creatinine Clearance

Test Mnemonic: CCLR

Department: LAB - Chemistry Urines

Container: Special 24 hr. urine. Obtain in lab.
Special Instructions: Keep refrigerated.
Serum creatinine must be drawn once
during the collection.

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended By: _____

Test Name: Urine Culture

Test Mnemonic: UCR

Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in
Nursing Division Info Cabinet for proper collection procedures.
Specimen Container: Sterile cup or tube
Volume Required; 1-50 mL (0.5 mL minimum)
Specimen Transport: Send via tube system, ASAP, if transport is
delayed, specimen must be stored and sent on ice;
assure container is tightly sealed with no
external spillage.
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be
collected 24 hr/day.
Turn around time: Clean catch and bag specimen - Prelim 24 hrs, final
48 hours;
Cath specimen - Final 48 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: Urine D-Lactate

Test Mnemonic: D-LAU

Department: LAB - Metabolic Lab Send Out

SPECIMEN REQUIRED: 2.5 ML URINE IN NSU OR STERILE URINE CUP.
MINIMUM SPECIMEN REQUIRED: 2.5 ML URINE.
SPEC STORAGE/TRANSPORT REQUIREMENTS: PLACE ON ICE AND TRANSPORT
TO LAB IMMEDIATELY!
LIMITATION TO PROCEDURE: URINE IS PREFERRED SPECIMEN.
SEND OUT: TO MAYO MEDICAL LABS, ROCHESTER, MN
TEST CODES: 8873 (URINE)
TESTING DAYS: MONDAY, THURSDAY
TESTING HOURS: 7 AM - 5 PM
ANALYTICAL TIME: 7 DAYS

TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: 4-1311

Test Name: Urine Dipstick
Test Mnemonic: UADIP
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Transport to lab within 1 Hr of collection
Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1315

Test Name: Urine Ferric Chloride Screen
Test Mnemonic: FECL3
Department: LAB - Metabolic Lab-Urine/Stool

COLLECTION INSTRUCTIONS:

CONTAINERS: Non-sterile cup or tube
SPECIMEN REQUIRED: 2 cc urine
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab on ice!!
SEND OUT: No
TESTING DAYS: Started on Thursday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: Within 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Metabolic Diagnostic Lab/Extension 1311

Test Name: Urine Free Sialic Acid
Test Mnemonic: FSA
Department: LAB - Metabolic Lab Send Out

SPECIMEN REQUIRED: 20 ML URINE IN NON-STERILE CUP OR TUBE
24 HR URINE COLLECTION.
MINIMUM SPECIMEN REQUIRED: 20 ML URINE
SPEC STORAGE/TRANSPORT REQ: TO LAB ON ICE; NOTE TV, TIME, FREEZE 20ML
SEND OUT: CHILDREN'S HOSP LOS ANGELES, CA
TURN AROUND TIME: RESULTS WITHIN 30 DAYS

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended by: _____

Test Name: Urine Galactitol

Test Mnemonic: GTOL
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile tube
Volume Required: 10 ml urine/5 ml minimum
Specimen Transport: Send via Tube System on ice. First
place specimen container(s) in an empty
plastic bag to protect the label(s);
then place the bagged specimen in a
second plastic bag which contains ice.
Seal both bags.
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 14 days
Lab Section/Phone Extension: Chem/MDL 1311

Test Name: Urine Glucose
Test Mnemonic: UGLU
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 ml Urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Urine Heavy Metal Quant
Test Mnemonic: HMQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Keep refrigerated during collection
Specimen Container: RANDOM OR 24 HOUR URINE COLLECTION
RANDOM COLLECTION: COLLECT IN REGULAR URINE
SPECIMEN CONTAINER AND SEND TO LAB VIA TUBE SYSTEM
24 HOUR URINE COLLECTION: OBTAIN 24 HOUR
COLLECTION CONTAINER FROM LAB, COLLECT URINE FOR 24 HOURS,
TRANSPORT TO LAB (CANNOT BE SENT VIA TUBE SYSTEM).
Volume Required: 5.0 ml min. for random
Specimen Transport: Refrigerated
Testing Days/Hours: Sun- Sat
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/4-1300

Test Name: Urine Hemosiderin
Test Mnemonic: HEMO
Department: LAB - Urinalysis

Container: Non-sterile cup or tube.

Volume: 10 cc urine.
Special Instructions:

Test Name: Urine Histamine
Test Mnemonic: HIST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile Tube or 24 HR Urine
Container
Volume Required: 10 ml urine/5 ml minimum
Specimen Transport: Random specimen may be sent via Tube
System/24 Hr urine may not be sent via
Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5 - 7 days
Lab Section/Phone Extension: Chem/1310

Test Name: Urine Histoplasma Antigen
Test Mnemonic: HISAGUR
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS

Specimen Container: Non-sterile urine
Volume Required: 5 mL
Specimen Transport: Send via tube system
Testing Days/Hours: Sent out; may be collected 7 days/24 hrs
Turn Around Time: 7-10 days
Lab Section/Phone Extension: 4-1300

Test Name: Urine Homocystine/Cystine Scr
Test Mnemonic: HCYS/CYS
Department: LAB - Metabolic Lab-Urine/Stool

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile Tube
Volume Required: 5 ml urine/3 ml minimum
Specimen Transport: Send via Tube System on ice. First
place specimen container(s) in an empty
plastic bag to protect the label(s);
then place the bagged specimen in a
second plastic bag which contains ice.
Seal both bags.
Testing Days/Hours: Testing performed on Thursday; may be
collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chem/MDL 1311

Test Name: Urine Homovanillic Acid 24Hour
Test Mnemonic: HVA24
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: ABSTAIN FROM MEDICATIONS 72 HOURS
PRIOR TO COLLECTION
LEVODOPA INTERFERES WITH PROCEDURE,DISCONTINUE AT LEAST 2 WEEKS BEFORE
COLLECTION.
REFRIGERATE URINE DURING COLLECTION
DOCUMENT COLLECTION START AND STOP TIME ON REQUISITION
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: 4ML
Specimen Transport: TRANSPORT TO LAB ON ICE (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT/ 24HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:
RECORD TOTAL VOLUME/HOURS IN THE SPECIMEN COMMENT AND ON THE ALIQUOT LABEL

Test Name: Urine Homovanillic Acid Random
Test Mnemonic: HVA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
LIMITATION TO PROCEDURE: ABSTAIN FROM MEDICATIONS 72 HOURS
PRIOR TO COLLECTION, SEND ON ICE
LEVODOPA INTERFERES WITH PROCEDURE,DISCONTINUE AT LEAST 2 WEEKS BEFORE
COLLECTION.
Specimen Container: URINE COLLECTION CUP
Volume Required: 4ML
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Urine Hyperoxaluria
Test Mnemonic: GLYCOGLYC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NONE
Specimen Container: STERILE URINE CONTAINER
Volume Required: 3.0ML URINE
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300

Test Name: Urine Keto Acid Screen
Test Mnemonic: KETOACSC
Department: LAB - Metabolic Lab-Urine/Stool

Container: Non-sterile cup or tube.
Volume: Minimum 3 cc urine.
Special Instructions: Place on ice.
Requires three days to result.

Test Name: Urine Ketones
Test Mnemonic: UKET
Department: LAB - Urinalysis

Container: Non-sterile cup or tube.
Volume: 1 cc urine.
Special Instructions:

Test Name: Urine Legionella Pneumo Agn
Test Mnemonic: LEGAGUR
Department: LAB - Referred Serology

Patient Preparation: Routine random urine sample.
Limitation to Procedure: Specimens in preservatives unacceptable.
Specimen Container: Sterile container.
Volume Required: 5 mL, 1 mL minimum
Specimen Transport: Is transportable in tube system. Refrigerate.
Testing Days/Hours: SUN-SAT
Turn Around Time: 24 hours from receipt by reference lab
Lab Section/Phone Ext: Microbiology/ 41871
Comments:
**Lab Processing Instructions: Send out to ARUP, test # 70322

Test Name: Urine Magnesium
Test Mnemonic: UMG
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 ml Urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Urine Metanephrines, Total
Test Mnemonic: METP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: 24 Hr Urine Container
Volume Required: 20 ml of well mixed 24 Hr Urine/10 ml
minimum
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Methyl Malonic Acid**
Test Mnemonic: UMMASC
Department: LAB - Metabolic Lab-Urine/Stool

Test Name: **Urine Microalbumin, 24 Hr**
Test Mnemonic: MA24HR
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml urine/5 ml minimum from a timed 10 Hr
overnight or 24 Hr urine collection.
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

TIME & DATE BEGAN: _____

TIME & DATE ENDED: _____

Test Name: **Urine Microalbumin, Random**
Test Mnemonic: MA
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:
Specimen Container: NSU container
Volume Required: 2 mL urine/1 mL minimum
Specimen Transport: Via tube system
Testing Days/Hours: Maybe collected 24 hours a day 7 days a week
Turn Around Time: 2-4 hours
Lab Section/Phone Extension: Clinical Lab/41300

Lab Collection Instructions:
SPECIMEN REQUIRED: 2 ML URINE, min req'd: 1ML.
TESTING DAYS/HR: 24/7, TURN AROUND: 2-4 HRS. TRANS VIA TUBE SYS: YES
LAB TESTING SEC/PH EXT: Clinical lab/41300

Test Name: **Urine MPS Chromatography**
Test Mnemonic: MPSTUR
Department: LAB - Metabolic Lab Send Out

Test Name: **Urine MPS Electrophoresis**
Test Mnemonic: MPSEL
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

CONTAINERS: Non-sterile cup or tube

SPECIMEN REQUIRED: 5 ml urine
MINIMUM SPECIMEN REQUIREMENT: 3 ml urine
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to lab on ice!
SEND OUT: Yes
TESTING DAYS: Monday thru Friday
TESTING HOURS: 9a.m. - 5p.m.
TURN-AROUND-TIME: Within 30 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1311

Test Name: Urine MPS TLC
Test Mnemonic: MPSTLC
Department: LAB - Metabolic Lab Send Out

Test Name: Urine MPS-Mucopolysaccharide
Test Mnemonic: MPSSC
Department: LAB - Metabolic Lab-Urine/Stool

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile Urine Container
Volume Required: 5 ml urine/3 ml minimum
Specimen Transport: Send via Tube System on ice. First
place specimen container(s) in an empty
plastic bag to protect the label(s);
then place the bagged specimen in a
second plastic bag which contains ice.
Seal both bags.
Testing Days/Hours: Testing performed on Thursday; may be
collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extention: Chem/MDL/1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
Place urine in screw cap container and freeze immediately.

Test Name: Urine Myoglobin Quantitative
Test Mnemonic: MYOU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP
Volume Required: 2ML URINE
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Urine Myoglobin Screen
Test Mnemonic: UMYO

Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Transport to lab within 1 Hr of collection
Specimen Container: Non-sterile container
Volume Required: 10 ml urine/6 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1315

Test Name: Urine N-Acetylaspartic Acid

Test Mnemonic: N-AAA

Department: LAB - Metabolic Lab Send Out

Container: Non-sterile
Volume: Minimum 5 cc urine
Special Instructions: Send out test.

Test Name: Urine N-Telopeptide,X-Linked

Test Mnemonic: NT

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 30 ml urine/20 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/1310

Test Name: Urine NG (GC) PCR

Test Mnemonic: NGPCRUR

Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

IF THIS TEST IS BEING ORDERED ON A PRE-PUBERTAL CHILD OR AN OLDER CHILD WHO IS NOT SEXUALLY ACTIVE AS PART OF A SEXUAL ABUSE EVALUATION, IT SHOULD ONLY BE CONSIDERED A SCREENING TOOL. IT IS NOT DIAGNOSTIC OF INFECTION WITHOUT FOLLOW-UP CONFIRMATORY TESTING IN THESE GROUPS OF PATIENTS.

Patient Preparation: Patient should not have urinated within 1 hour for use with Aptima Urine collection kit.
Specimen should be 2ml first catch (dirty) urine in Aptima urine tube or 1 endocervical/urethral swab in Aptima swab tube.
Limitation to Procedure: Aptima transport tube
Specimen Container: Aptima transport tube
Volume Required: 1 Aptima mini swab (endocervical/urethral) or 2ml first catch (dirty) urine
Specimen Transport: RT
Testing Days/Hours: MON, WED, FRI
Turn Around Time: 48

Lab Section/Phone Extension: MDI ext 44242

An on-line course for using the Aptima collection system is available on the ACH training site under Lab General:
Course number 3407: Class: Aptima Unisex Swab and Urine Collection for Chlamydia, Gonorrhoea, and Trichomonas PCR

Test Name: **Urine Nicotine & Metabolites**
Test Mnemonic: NICUR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 3ML URINE (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Urine Oligosaccharides/Sialic**
Test Mnemonic: OLIGO
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 5 ml urine/3 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 14 days
Lab Section/Phone Extension: Chem/MDL/1311

Test Name: **Urine Opiates, Sgl Drug Class**
Test Mnemonic: UOP
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Organic Acids**
Test Mnemonic: OAC
Department: LAB - Metabolic Lab-Urine/Stool

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 20 ml urine/5 ml minimum
Specimen Transport: Send via Tube System on ice. First
place specimen container(s) in an empty
plastic bag to protect the label(s);
then place the bagged specimen in a
second plastic bag which contains ice.
Seal both bags.
Testing Days/Hours: May be collected 24 hours/day,
7 days/week. Performed in House.

Turn Around Time: 30 days

Lab Section/Phone Extension: Chem/MDL/Extension 4-1311

LAB PROCESS INSTRUCTIONS: CRITICAL FROZEN TEST. Place urine in TWO separate screw cap
containers and freeze immediately.

Test Name: **Urine Osmolality**
Test Mnemonic: UOSM
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 1 ml urine/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Oxalate**
Test Mnemonic: OXA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Refrigerate specimen during collection
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml aliquot of 24 Hr urine/5 ml
minimum
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.

Turn Around Time: 5-7 days

Lab Section/Phone Extension: Chem/1310

Test Name: **Urine p-Hydroxyphenyl Cmp**
Test Mnemonic: P-OHPHC
Department: LAB - Metabolic Lab-Urine/Stool

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile Container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System on ice. First
place specimen container(s) in an empty
plastic bag to protect the label(s);
then place the bagged specimen in a
second plastic bag which contains ice.
Seal both bags.
Testing Days/Hours: Testing performed on Thursday; may be
collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chem/MDL/1311

Test Name: Urine Pcp, Sgl Drug Class
Test Mnemonic: UPCP
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Urine pH
Test Mnemonic: UPH
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 mL urine/1 mL minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Urine Phosphorous
Test Mnemonic: UPO4
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.

Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Urine PKU Variant Screen
Test Mnemonic: PKU VAR
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: STERILE URINE CUP
Volume Required: 5ML URINE (1 ML MINIMUM)
Specimen Transport: TRANSPORT ON ICE AND PROTECTED FROM LIGHT
Testing Days/Hours: MON-FRI
Turn Around Time: 2-3 WEEKS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300
Comments: SPECIMEN MUST BE ON ICE AND PROTECTED FROM LIGHT

**Lab Processing Instructions:

Test Name: Urine Porphobilinogen, Quant
Test Mnemonic: PORB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Refrigerate specimen during collection
and protect from light
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml aliquot of 24 Hr urine/5 ml
minimum
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
Protect specimen from light and
refrigerate

Test Name: Urine Porphyrins, Quantitative
Test Mnemonic: POR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Refrigerate specimen during collection
and protect from light
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml aliquot of 24 Hr urine/5 ml
minimum
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:

Protect specimen from light and refrigerate.

Test Name: **Urine Potassium**
Test Mnemonic: UK
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 mL Urine/1 mL minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Pregnancy Profile**
Test Mnemonic: UPRG
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Transport to lab within 1 Hr of
collection
Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1315

Test Name: **Urine Protein Electrophoresis**
Test Mnemonic: PROT EL UR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 20 ml urine/15 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Serotonin (5-HIAA)**
Test Mnemonic: 5HIAA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: PATIENTS SHOULD ABSTAIN, IF POSSIBLE,

FROM MEDICATIONS, OVER-THE COUNTER DRUGS, AND HERBAL REMEDIES FOR AT LEAST 72 HOURS PRIOR TO THE TEST. FOODS RICH IN SEROTONIN (AVOCADOS,BANANAS, EGGPLANT, PINEAPPLE, PLUMS, TOMOTOES, WALNUTS) AND MEDICATIONS THAT MAY AFFECT METABOLISM OF SEROTONIN MUST BE AVOIDED AT LEAST 72 HOURS BEFORE AND DURING COLLECTION OF URINE FOR HIAA

Limitation to Procedure: CAN BE 24 HOUR OR RANDOM URINE COLLECTION
24 HOUR COLLECTIONS MUST BE REFRIGERATED
DURING COLLECTION, RECORD TIME INTERVAL OF
COLLECTION ON CONTAINER

Specimen Container: 24 HOUR URINE COLLECTION CONTAINER, OR URINE CUP

Volume Required: 5ML URINE (3ML MINIMUM)

Specimen Transport: TUBE SYSTEM (ONLY IF RANDOM COLLECTION), DO NOT SEND 24 HOUR COLLECTION CONTAINERS THROUGH TUBE SYSTEM

Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY

Turn Around Time: 72 HOURS

Lab Section/Phone Extension: REFERRAL 4-1300

Comments:

**Lab Processing Instructions: RECORD TOTAL VOLUME AND COLLECTION TIME
INTERVAL IN SPECIMEN COMMENTS

Test Name: Urine Sodium
Test Mnemonic: UNA
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 mL Urine/1 mL minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Urine Specific Gravity
Test Mnemonic: USG
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Urine Stone Risk Assessment
Test Mnemonic: SRP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

PATIENT PREPARATION:
LIMITATION TO PROCEDURE:
SPECIMEN CONTAINER:
VOLUME REQUIRED: 24 HR. URINE COLLECTION
SPECIMEN TRANSPORT: MUST BE HAND CARRIED TO THE LAB
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 7 DAYS/WK, 24 HR/DAY
TURN AROUND TIME: 1-3 DAYS, DEPENDING ON THE DAY OF COLLECTION

LAB SECTION/PHONE: SEND-OUTS 4-1300

COMMENTS:

**LAB PROCESSING INSTRUCTIONS:

Test Name: Urine Succinyl Acetone
Test Mnemonic: SAC
Department: LAB - Metabolic Lab-Urine/Stool

COLLECTION INSTRUCTIONS:

Limitation to Procedure: May be ordered STAT; M.D. must call
Dr. Goodman to justify Stat procedure;
contact MDL/1311

Specimen Container: Non-sterile container

Volume Required: 5 ml urine

Specimen Transport: Send via Tube System on ice. First
place specimen container(s) in an
empty plastic bag to protect the
label(s); then place the bagged specimen
in a second plastic bag which contains
ice. Seal both bags.

Testing Days/Hours: Sent out on Wednesdays; may be collected
24 hours/day, 7 days/week.

Turn Around Time: Complete results within 30 days; Stat
results within 2 days.

Lab Section/Phone Extension: Chem/MDL/1311

LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST

Place urine in screw cap container and freeze immediately.

Test Name: Urine Succinyl Purine Scr
Test Mnemonic: SUP
Department: LAB - Metabolic Lab Send Out

SPECIMEN REQUIRED: 10 - 20 ML URINE

MINIMUM SPECIMEN REQUIRED: 2 ML URINE

Special Instructions: Place on ice.

SEND OUT: YES

TESTING DAYS: MONDAY - FRIDAY

TESTING HOURS: 9 AM - 5 PM

TURN-AROUND TIME: RESULTS WITHIN 2 WEEKS

Test Name: Urine Sulfites

Test Mnemonic: USUL
Department: LAB - Metabolic Lab-Urine/Stool

Specimens for this test may ONLY be collected Monday thru Friday,
from 7:00 am thru 2:00 pm. SEND SPECIMEN TO LAB IMMEDIATELY!

COLLECTION INSTRUCTIONS: Place on ice and transport to lab ASAP and Call MGL at 4-1311
CONTAINER: Non-sterile cup or tube
SPECIMEN REQUIRED: 1 mL urine
MINIMUM SPECIMEN REQUIREMENT: 1 mL urine
SEND OUT: No
TESTING DAYS: Monday through Friday
TESTING HOURS: 7:00 am through 2:00 pm
TURN-AROUND-TIME: 4 hrs
TRANSPORTABLE THROUGH TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Metabolics/ext. 1311
COMMENTS: Send to lab immediately! Must be resultd within 2-3 hours.

Test Name: Urine Tetrahydrocortisol
Test Mnemonic: TETHYCORTI
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: MUST BE 24 HOUR URINE COLLECTION
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: N/A
Specimen Transport: COURIER - DO NOT SEND THROUGH TUBE SYSTEM
Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: DOCUMENT START AND STOP TIMES ON REQUISITION

**Lab Processing Instructions:

Test Name: Urine Total Protein
Test Mnemonic: UTP
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Urine Trimethylamine
Test Mnemonic: TMA
Department: LAB - Metabolic Lab-Urine/Stool

Container: Special sterile container - Obtain in lab.
SPECIMEN REQUIRED: 10 ML URINE IN GLASS CONTAINER ON ICE
MINIMUM SPECIMEN REQUIRED: 5 ML URINE

Special Instructions: Seal tightly.
Place on ice and transport ASAP.

Test Name: **Urine Urea Nitrogen**
Test Mnemonic: UUREA
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Uric Acid**
Test Mnemonic: UURI
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Vanillymandelic Acid 24H**
Test Mnemonic: VMA24
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: ABSTAIN FROM MEDICATIONS 72 HOURS
PRIOR TO COLLECTION
REFRIGERATE URINE DURING COLLECTION
DOCUMENT COLLECTION START AND STOP TIME ON REQUISITION
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: 4ML
Specimen Transport: TRANSPORT TO LAB ON ICE (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT/ 24HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:
RECORD TOTAL VOLUME/HOURS IN THE SPECIMEN COMMENT AND ON THE ALIQUOT LABEL

Test Name: Urine Vanillylmandelic Acid Ran
Test Mnemonic: VMA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
LIMITATION TO PROCEDURE: ABSTAIN FROM MEDICATIONS 72 HOURS
PRIOR TO COLLECTION, SEND ON ICE
Specimen Container: URINE COLLECTION CUP
Volume Required: 4ML
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Urine Viracor BKV DNA
Test Mnemonic: UVBKV
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

SPECIMEN CONTAINER: 5.0ML STERILE URINE TUBE
VOLUME REQUIRED: 3.0ML URINE
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
SEND OUT: YES, TO VIRACOR LABS
TURN AROUND TIME:
LAB SECTION/PHONE: EXT SEND OUT 4-1300
COMMENTS:

**LAB PROCESSING INSTRUCTIONS:

Test Name: Urine VMA/HVA 24 Hour
Test Mnemonic: VMAHVA24
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: ABSTAIN FROM MEDICATIONS 72 HOURS
PRIOR TO COLLECTION
REFRIGERATE URINE DURING COLLECTION
DOCUMENT COLLECTION START AND STOP TIME ON REQUISITION
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: 4ML
Specimen Transport: TRANSPORT TO LAB ON ICE (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT/ 24HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

RECORD TOTAL VOLUME/HOURS IN THE SPECIMEN COMMENT AND ON THE ALIQUOT LABEL

Test Name: Urine VMA/HVA Random
Test Mnemonic: VMAHVA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
LIMITATION TO PROCEDURE: ABSTAIN FROM MEDICATIONS 72 HOURS
PRIOR TO COLLECTION, SEND ON ICE
Specimen Container: URINE COLLECTION CUP
Volume Required: 4ML
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Urine Zinc
Test Mnemonic: ZINCU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: 24 Hr urine/refrigerated
Specimen Container: 24 Hr urine container
Volume Required: 15 ml urine/10 ml minimum from a 24 hour
urine collection
Specimen Transport: Do Not Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 Days
Lab Section/Phone Extension: Chem/1310

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended By: _____

Test Name: Valproic Acid
Test Mnemonic: VALP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Valproic Acid, Free
Test Mnemonic: FVALP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO SERUM SEPARATOR TUBES
Specimen Container: RED TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: SEPARATE SERUM FROM
CELLS ASAP

Test Name: Vancomycin Level, Peak
Test Mnemonic: PKVANC
Department: LAB - Chemistry

Time of medication administration and time of flush MUST be written on requisition delivered to Lab with specimen!! Do NOT draw sample from same line or above site of administration.

COLLECTION INSTRUCTIONS:

Patient Preparation: Peak specimen should be collected
2 hours after the START of the infusion.
If an IV dose is given over 1 hour, draw
peak level 1 hour after dose is
completed. If the infusion runs over 2
hours, draw peak level immediately after
infusion is complete.
Specimen Container: Green or Gold Top Microtainer or
Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs

#####

Document EXACT times as follows:

Time Medication Administered:

Time flush completed:

#####

Test Name: Vancomycin Level, Random
Test Mnemonic: VANC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: Vancomycin Level, Trough
Test Mnemonic: TVANC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

#####

EXACT time specimen collected: _____

#####

Test Name: Varicella Ag Screen
Test Mnemonic: VZAG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Slide obtained from Virology Lab
SPECIMEN REQUIRED: Lesion scraping
MINIMUM SPECIMEN REQUIREMENT: Cellular material from the base of the lesion
LIMITATION TO PROCEDURE: Insufficient cellular material can cause false negative results.
SEND OUT: No
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 8:00a.m. - 4:30p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 8 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: Varicella IgG Antibody
Test Mnemonic: VZIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL minimum; *See
"Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; May
collect 24 hours/day, 7 days/week.
Turn around time: 1 - 7 days
Lab Section/Phone Extension: Virology 1630
**Lab Processing Instructions: Freeze at -20C

Test Name: **Varicella Zoster Ab IgM**
Test Mnemonic: VARZOSIGM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: HEMOLYZED,ICTERIC OR LIPEMIC SPEC'S
WILL BE REJECTED!
Specimen Container: 1-4ml Blood in Gold Vacutainer Tube
Volume Required: 2 ml Blood
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday
Turn Around Time: 2-6 DAYS
Lab Section/Phone Extension: Chem/1300

Test Name: **Vasoactive Intes Polypeptide**
Test Mnemonic: VIP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: PATIENT SHOULD BE FASTING
Limitation to Procedure: COLLECT IN PRE-CHILLED TUBE
PUT ON ICE IMMEDIATELY AFTER
COLLECTION
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 5ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN,SEPARATE, AND
FREEZE PLASMA ASAP

Test Name: **Very Long Chain Fatty Acids**
Test Mnemonic: ALD/VLCFA
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation: 12-14 hour fast (overnight) prior to
collection is advised.
Specimen Container: Purple Top Vacutainer
Volume Required: 5 ml blood; 3 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24

hours/day, 7 days/week.

Turn Around Time: 3-4 weeks

Lab Section/Phone Extension: Chemistry/Metabolics 1311

Test Name: Viracor BKV DNA
Test Mnemonic: VBKV
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

PATIENT PREPARATION:

LIMITATION TO PROCEDURE:

SPECIMEN CONTAINER: LAVENDER/PURPLE, 4.0ML BLOOD

VOLUME REQUIRED: 2.0ML BLOOD

SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM

TESTING DAYS/HOURS: SENT OUT TO VIRACOR LABS, M-F

TURN AROUND TIME: 3-5 DAYS, DEPENDING ON DAY OF COLLECTION

LAB SECTION/PHONE: EXT: SEND OUT 4-1300

COMMENTS: SEPERATE ORDERS ARE REQUIRED IF BOTH BLOOD AND URINE ARE TO BE TESTED

**LAB PROCESSING INSTRUCTIONS:

Test Name: Viral Culture Blood/Bone Marr
Test Mnemonic: VBLBM
Department: MIC - Virology Cultures

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Green or purple top vacutainer

Volume Required: 2-5 mL of whole blood

Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external contamination

Testing Days/Hours: Testing performed Mon-Fri 0700-1500, do not collect on Saturday

Turn-around Time: Prelim 72 hours; Final 3 weeks

Lab Section/Phone Extension: Virology/41630

**Lab Processing Instructions: Do not spin or refrigerate

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

- Headache
- Stiff Neck
- Paralysis
- Coma
- Upper Respiratory
- Bronchitis
- Pneumonia
- Pleurisy
- Fever
- Rash/Lesion
- Diarrhea
- Lymphadenopathy
- Peri/Myocarditis
- Conjunctivitis

Other: _____

Test Name: Viral Culture Chlamydia
Test Mnemonic: VCCH
Department: MIC - Virology Cultures

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Dacron or rayon swab in viral transport media
Volume Required: One swab
Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn-around Time: Prelim 48 hours; Final 96 hours
Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

| | |
|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> HEADACHE | <input type="checkbox"/> PLEURISY |
| <input type="checkbox"/> STIFF NECK | <input type="checkbox"/> FEVER |
| <input type="checkbox"/> PARALYSIS | <input type="checkbox"/> RASH/LESION |
| <input type="checkbox"/> COMA | <input type="checkbox"/> DIARRHEA |
| <input type="checkbox"/> UPPER RESPIRATORY | <input type="checkbox"/> LYMPHADENOPATHY |
| <input type="checkbox"/> BRONCHITIS | <input type="checkbox"/> PERI/MYOCARDITIS |
| <input type="checkbox"/> PNEUMONIA | <input type="checkbox"/> CONJUNCTIVITIS |

OTHER: _____

Test Name: **Viral Culture CSF**
Test Mnemonic: VCSF
Department: MIC - Virology Cultures

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Sterile tube
Volume Required: 1 mL
Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn-around Time: Prelim 48 hours; Final 7 days
Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

| | |
|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> HEADACHE | <input type="checkbox"/> PLEURISY |
| <input type="checkbox"/> STIFF NECK | <input type="checkbox"/> FEVER |
| <input type="checkbox"/> PARALYSIS | <input type="checkbox"/> RASH/LESION |
| <input type="checkbox"/> COMA | <input type="checkbox"/> DIARRHEA |
| <input type="checkbox"/> UPPER RESPIRATORY | <input type="checkbox"/> LYMPHADENOPATHY |
| <input type="checkbox"/> BRONCHITIS | <input type="checkbox"/> PERI/MYOCARDITIS |
| <input type="checkbox"/> PNEUMONIA | <input type="checkbox"/> CONJUNCTIVITIS |

OTHER: _____

Test Name: **Viral Culture Eye**

Test Mnemonic:
Department:

VEYE
MIC - Virology Cultures

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Dacron or rayon swab in viral transport media

Volume Required: One swab

Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.

Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day

Turn-around Time: Prelim 1 week; Final 3 weeks

Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

| | |
|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Pleurisy |
| <input type="checkbox"/> Stiff Neck | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Rash/Lesion |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Upper Respiratory | <input type="checkbox"/> Lymphadenopathy |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Peri/Myocarditis |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Conjunctivitis |

Other: _____

Test Name:
Test Mnemonic:
Department:

Viral Culture Lesion
VLES
MIC - Virology Cultures

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Gram stain is included in order.

Specimen Container: Dacron or rayon swab in viral transport media

Volume Required: One swab

Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.

Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day

Turn-around Time: Prelim 1 week; Final 2 weeks

Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

| | |
|--------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Pleurisy |
| <input type="checkbox"/> Stiff Neck | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Rash/Lesion |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Upper Respiratory | <input type="checkbox"/> Lymphadenopathy |

Bronchitis Peri/Myocarditis
 Pneumonia Conjunctivitis

Other: _____

Test Name: **Viral Culture Stool**
Test Mnemonic: VST
Department: MIC - Virology Cultures

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Limitation to Procedure: Stool or rectal swab accepted

Specimen Container: Sterile container or dacron or rayon swab in viral transport media.

Volume Required: see above

Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.

Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day

Turn-around Time: 2 weeks

Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

HEADACHE PLEURISY
 STIFF NECK FEVER
 PARALYSIS RASH/LESION
 COMA DIARRHEA
 UPPER RESPIRATORY LYMPHADENOPATHY
 BRONCHITIS PERI/MYOCARDITIS
 PNEUMONIA CONJUNCTIVITIS

OTHER: _____

Test Name: **Viral Culture Urine**
Test Mnemonic: VUR
Department: MIC - Virology Cultures

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Sterile cup or tube

Volume Required: 2-3 mL urine

Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag.

DO NOT SEND ON ICE.

Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day

Turn-around Time: Prelim 72 hours; Final 3 weeks

Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

HEADACHE PLEURISY
 STIFF NECK FEVER
 PARALYSIS RASH/LESION
 COMA DIARRHEA
 UPPER RESPIRATORY LYMPHADENOPATHY
 BRONCHITIS PERI/MYOCARDITIS
 PNEUMONIA CONJUNCTIVITIS

OTHER: _____

Test Name: **Viral Respiratory Culture/ID**
Test Mnemonic: VRES
Department: MIC - Virology Cultures

Test Name: **Viral Tissue/Body Fluid C/ID**
Test Mnemonic: VTBF
Department: MIC - Virology Cultures

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Sterile cup

Volume Required: 1-5 mL fluid

Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.

Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day

Turn-around Time: Final 3 weeks

Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

Headache Pleurisy
 Stiff Neck Fever
 Upper Respiratory Lymphadenopathy
 Bronchitis Peri/Myocarditis
 Pneumonia Conjunctivitis

Other: _____

Test Name: **Vitamin A Level**
Test Mnemonic: VITA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer

Volume Required: 4 ml blood/2 ml minimum; protect from

light
Specimen Transport: Send via Tube System; protect from light
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
Protect from light!

Test Name: Vitamin B1 Level (Thiamine)
Test Mnemonic: VITB1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT FROM LIGHT
DURING COLLECTION AND TRANSPORT
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SEPARATE CELLS FROM PLASMA
AND FREEZE ASAP

Test Name: Vitamin B1 Whole Blood
Test Mnemonic: VITB1WB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT FROM LIGHT
Specimen Container: GREEN OR PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-6 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: CLINICS OUTSIDE MAIN HOSPITAL MUST WRAP SPECIMEN
TO PROTECT FROM LIGHT AND FREEZE IMMEDIATELY

**Lab Processing Instructions: DO NOT SPIN
CRITICAL FROZEN - FREEZE
WHOLE BLOOD IMMEDIATELY.

Test Name: Vitamin B12 Level
Test Mnemonic: B12
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum

* protect from light*
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
* protect from light*

Test Name: **Vitamin B2 Level (Riboflavin)**
Test Mnemonic: VITB2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: DRAW BLOOD AFTER 12-14 HOUR FAST
NO VITAMIN SUPPLEMENT OR ALCOHOL
FOR PREVIOUS 24 HOURS

Limitation to Procedure: PROTECT FROM LIGHT
DURING COLLECTION AND TRANSPORT

Specimen Container: GREEN TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUES, FRI
Turn Around Time: 1-6 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SEPARATE CELLS FROM PLASMA
AND FREEZE ASAP

Test Name: **Vitamin B6 Level (Pyridoxine)**
Test Mnemonic: VITB6
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER - PROTECT FROM LIGHT
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Vitamin C Level**
Test Mnemonic: VITC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: FASTING PREFERRED
Limitation to Procedure: N/A
Specimen Container: GREEN OR PURPLE TOP VACUTAINER

Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN,TUES,THURS
Turn Around Time: 1-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SEPARATE CELLS FROM PLASMA
AND FREEZE ASAP

Test Name: Vitamin D: 1, 25-Dihydroxy
Test Mnemonic: VITD125OH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NONE
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 5ML BLOOD (3 ML MINIMUM)
Specimen Transport: TUBE SYSTEM
Testing Days/Hours: 7 DAYS/WEEK
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERAL TESTING 4-1300

Test Name: Vitamin D: 25-Hydroxy
Test Mnemonic: 25OH VITD
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold or Green Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum
Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: May be collected 24 hours/day,
7 days/week.
Turn Around Time: 2 - 4 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: Vitamin E Level
Test Mnemonic: VITE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: No alcohol within previous 24 hours.
Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum *protect from
light*
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
* protect from light*

Test Name: Vitamin K1 Level
Test Mnemonic: VITK1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT SPECIMEN FROM LIGHT
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: VLCAD Seq (Acadvl)
Test Mnemonic: VLCAD SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Von Hippel-Lindau Del/Dup
Test Mnemonic: VHL DELDUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Von Hippel-Lindau Seq
Test Mnemonic: VHL SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: Von Willebrand Antigen
Test Mnemonic: VWA
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Vacutainer
Volume Required: Two (2) 2.0 mL Vacutainer tubes; 1.8 mL Whole Blood in each tube. Factor VIII, VW Antigen, and Ristocetin Cofactor may be performed from the same specimen.
Minimum Specimen Required: Two (2) 2.0 mL Vacutainer tubes; 1.8 mL Whole Blood in each tube.
Spec Storage/Transport Requirements: Blue (Sodium Citrate)
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Testing generally performed on Tuesdays. May be collected 24 hours/day, 7 days/week.
Turn Around Time: 2-9 days, depending on day of collection (results available by Thursday PM)
Lab Section/Phone Extension: Hematology/1313
Comments: Because of the risk of specimen activation in traumatic collection, performance of von Willebrand Workup is not recommended in patients less than two years of age.

Test Name: Von Willebrand Multimers
Test Mnemonic: MUL
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Vacutainer
Volume Required: 1.8 mL Whole Blood in a 2.0 mL Vacutainer (volume is crucial)
Minimum Specimen Required: 1.8 mL Whole blood in a 2.0 mL Vacutainer.
Spec Storage/Transport Requirements: Blue (Sodium Citrate)
Specimen Transport: Send via tube system on ice ASAP (must be within 30 minutes). First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.

Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week

Turn Around Time: 3 weeks

Lab Section/Phone Extension: Hematology/1313

Comments: Usually ordered in conjunction with von Willebrand Workup;
multimers are preferably performed from the same specimen
as the Workup.

**Lab Processing Instructions:

Processed and sent out by Hematology section.

Test Name: **VW Ristocetin Cofactor**
Test Mnemonic: RIST
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.

Specimen Container: Blue Vacutainer

Volume Required: Two (2) 2.0 mL Vacutainer tubes; 1.8 mL Whole
Blood in each tube.
(volume is crucial). Factor VIII, VW Antigen,
and Ristocetin Cofactor may be performed from
the same specimen.

Minimum Specimen Required: Two (2) 2.0 mL Vacutainer tubes; 1.8 mL
Whole Blood in each tube.

Spec Storage/Transport Requirements: Blue (Sodium Citrate)

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE

Testing Days/Hours: Testing generally performed on Tuesdays. May be
collected 24 hours/day, 7 days/week.

Turn Around Time: 2-9 days, depending on day of collection
(results available by Thursday PM)

Lab Section/Phone Extension: Hematology/1313

Comments: Because of the risk of specimen activation in traumatic
collection, performance of von Willebrand Workup is not
recommended in patients less than two years of age.

Test Name: **Walnut Food Rast**
Test Mnemonic: RWALN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None

Specimen Container: gold vacutainer

Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL
serum for one allergen and additional 0.04ml for each additional allergen.)

Specimen Transport: RT

Testing Days/Hours: M-F 8am

Turn Around Time: 2-4 days

Lab Section/Phone Ext: Immunology 44242

Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by
physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Walnut Tree Rast
Test Mnemonic: RWAL
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: Wasp Rast
Test Mnemonic: RWASP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: WBC Cystine Diagnostic
Test Mnemonic: WBC CYS DI
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

LAB PROCESSING INSTRUCTIONS: ****DO NOT SPIN****
SPECIMEN REQUIRED: 5-10 ML BLOOD IN GREEN TOP VACUTAINER PLUS
CONTROL SPECIMEN FROM UNAFFECTED INDIVIDUAL
MINIMUM SPECIMEN REQUIRED: 5 ML BLOOD + 5 ML CONTROL
SPEC STORAGE/TRANSPORT REQUIREMENTS: CALL LAB EXT. 4-1311
BEFORE DRAWING BLOOD
Lab must be notified before blood is drawn; 41311
LIMITATION TO PROCEDURE: SEE COMMENT BELOW
SEND OUT: TO UCSD, SAN DIEGO, CA
TESTING DAYS: MONDAY - FRIDAY
TESTING HOURS:
TURN-AROUND-TIME: 2-3 WEEKS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES

Test Name: **WBC Cystine Monitoring**
Test Mnemonic: WBC CYS
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Lab must be notified before blood is drawn;
patient must have appointment with lab for this test to be
performed. PLEASE call ext. 1311 BEFORE drawing
Specimen Container: Green Top Vacutainer
Volume Required: 10 ml blood/5ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Send out; may be collected Mon-Fri 0700-1100 only
Turn Around Time: Results sent to physician
Lab Section/Phone Extension: Chemistry/MDL 1311
Comments:
**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Westergren Ery Sed Rate**
Test Mnemonic: WESR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1 DAY
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Western Blot (HIV)**
Test Mnemonic: WBL
Department: LAB - Virology

Test Name: **Wheat Rast**
Test Mnemonic: RWHT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL
serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by

physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **White Blood Cell Count**
Test Mnemonic: WBC
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in microtainer or
1.0 ml in vacutainer
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **White Faced Hornet Rast**
Test Mnemonic: RWHORN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required: 3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport: RT
Testing Days/Hours: M-F 8am
Turn Around Time: 2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Williams (Elastin) Blood FISH**
Test Mnemonic: WILLIAMS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Wiskott-Aldrich Synd Seq**

Test Mnemonic: WASSEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Wolf Hirschhorn Blood FISH**
Test Mnemonic: WOLF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (MINIMUM 2ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Wound Culture**
Test Mnemonic: WCR
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Tissue - sterile cup
Fluid - sterile cup, tube, or capped syringe
If the above cannot be obtained, a well-inoculated swab/culturette (BLUE) is acceptable
Volume Required: 1-10 mL of fluid, tissue, as available, culturette
Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed w/no external contamination
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be collected 24 hr/day
Turn around time: Sterile sites- Prelim 24 hrs, Final 5 days;
Non-sterile sites- Prelim 24 hrs, Final 48-72 hrs
Lab Section/Phone Extension: Microbiology/41871

Test Name: **X-Linked Adrenoleukodystrophy**

Test Mnemonic: XLADLEUDYS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **X-Linked Intellect Disab Multi**
Test Mnemonic: XLMRSP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE AND GREEN TOP VACUTAINER
Volume Required: 2ML BLOOD IN EACH TUBE (ONE PURPLE, ONE GREEN)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **XLMTM Known Mutation Seq**
Test Mnemonic: XLMTM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Yellow Faced Hornet Rast**
Test Mnemonic: RYELHORN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Yellow Jacket Rast**
Test Mnemonic: RYELJACK
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Zarontin (Ethosuximide)**
Test Mnemonic: ZAR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED, GREEN, OR PURPLE TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Zinc Level**
Test Mnemonic: ZINC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Metal-free syringe - obtain from Lab
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System

Testing Days/Hours: May be collected 24 hours/day,
7 days/week
Turn Around Time: 48-72 hours
Lab Section/Phone Extension: Referred Testing/1300

Test Name: **Zinc Protoporphyrin, RBC**
Test Mnemonic: ZINCPP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
OR TAN TOP VACUTAINER
Volume Required: 1ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Zonegran (Zonisamide) Level**
Test Mnemonic: ZON
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: NO SERUM SEPERATOR TUBES
Specimen Container: 3ml Blood in Red Top Tube
(Green & Lavender acceptable)
Volume Required: 3 ml Blood
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday

Turn Around Time: 2-5 DAYS
Lab Section/Phone Extension: Chem/1300