

➤ **Catecholamines, Fractionated, 24-Hour Urine**

Order Name: **CAT FRAC U**

Test Number: 3808550

TEST COMPONENTS		REV DATE:6/6/2011
Test Name:	Methodology:	
Catecholamines, Fractionated, 24-Hour Urine	HPLC	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	5 mL (2.5)	Urine, 24-hour	24 hour Urine Container	Refrigerated
Special Instructions:	<p>Adequate refrigeration is the most important aspect of specimen preservation. Preservation can be enhanced by adjusting the pH to 2-3 by adding an acid such as 6 mol/L HCl. Catecholamines are not stable above pH 7. The pH of such specimens must be adjusted by the addition of acid prior to transport. A pH less than 2 can cause assay interference. Mark collection duration and total volume on transport tube and test request form.</p> <p>Stability: Ambient= N/A; Refrigerated= 1 month; Frozen= 6 months.</p> <p>Dietary Instructions: Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection.</p>			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Clinical Use:	This test includes: Dopamine, Epinephrine and Norepinephrine.
Notes:	It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. The physician may want to take this into consideration when interpreting the results.
Cpt Code(s):	82384



> **Chlamydia pneumoniae Culture**

Order Name: **C CHLAM PN**
 Test Number: 6000225

TEST COMPONENTS		REV DATE:6/14/2011
Test Name:	Methodology:	
Chlamydia pneumoniae Culture	Cult	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	5mL (2mL)	Respiratory specimen	Universal Transport Media (UTM)	Refrigerated
Alternate Specimen:	5mL (2mL)	See Instructions	Viral Transport Media (VTM)	Refrigerated
Special Instructions:	Please Indicate Source on the Specimen! Specimen: Nasopharyngeal aspirate, bronchoalveolar lavage (BAL), or throat swab refrigerated in UTM culture media immediately. Stability: Ambient: 1 hour; Refrigerated: 2 days; Frozen: Unacceptable. Unacceptable Conditions: Samples not in UTM or Viral culture media. Dry swabs, wood swabs, and calcium alginate swabs.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	7-9 days
Notes:	Due to short refrigerated stability, please send in samples ASAP!
Cpt Code(s):	87110; 87140



➤ **Chlamydia trachomatis Culture**

Order Name: **C CHLAM TR**

Test Number: 6000575

TEST COMPONENTS		REV DATE:6/14/2011
Test Name:	Methodology:	
Chlamydia trachomatis Culture	Cult	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	5mL (2mL)	See Instructions	Universal Transport Media (UTM)	Refrigerated
Alternate Specimen:	5mL (2mL)	See Instructions	Viral Transport Media (VTM)	Refrigerated
Special Instructions:	<p>Please Indicate Source on the Specimen! Specimen: Cervical, urethral, rectal, or eye swab. Preserve specimen refrigerated in Universal Transport Media (UTM) immediately. Note: Pediatric, newborns specimens: nasopharyngeal aspirate/washing/swab Preserved refrigerated in UTM. Stability: Ambient: 1 hour; Refrigerated: 2 days; Frozen: Unacceptable Unacceptable Conditions: Urine. Samples not collected in UTM media. Dry swabs, wood swabs, and calcium alginate swabs.</p>			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-4 days
Notes:	Due to short refrigerated stability, please send in samples ASAP!
Cpt Code(s):	87110; 87140



➤ **Chromosome Analysis - Lymph Node or Solid Tissue**

Order Name: **CHROMO LYM**
 Test Number: 114150

TEST COMPONENTS		REV DATE:6/13/2011
Test Name:	Methodology:	
Chromosome Analysis - Lymph Node or Solid Tissue	Karyotype	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	5x5 mm	Tissue	RPMI Solution	Refrigerated
Special Instructions:	At least 5x5 mm section of viable tissue submitted in RPMI with antibiotics or sterile Ringer's solution using a sterile container. Please send Refrigerated (DO NOT FREEZE) . Frozen samples will be rejected. Specifically label the container to be used for cytogenetic testing, indicating the patient name, that it is for cytogenetic testing, and the date that it was acquired.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	4-5 Days
Clinical Use:	Performed on tissue biopsy from lymph node and other solid tissues, a cell culture and karyotype is used to identify chromosomal abnormalities in suspected lymphoma.
Cpt Code(s):	88237; 88264; 88291



➤ **Chromosome Analysis - Solid Tumor
 (Non-Lymphoma)**

Order Name: **CHROMO ST**

Test Number: 116125

TEST COMPONENTS		REV DATE:6/13/2011
Test Name:	Methodology:	
Chromosome Analysis - Solid Tumor (Non-Lymphoma)	Karyotype	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	5x5 mm	Tissue	RPMI Solution	Refrigerated
Special Instructions:	At least 5x5 mm section of viable tissue submitted in RPMI with antibiotics or sterile Ringer's solution using a sterile container. Please send Refrigerated (DO NOT FREEZE) . Frozen samples will be rejected. Specifically label the container to be used for cytogenetic testing, indicating the patient name, that it is for cytogenetic testing, and the date that it was acquired.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	4-5 Days
Clinical Use:	Performed on tissue biopsy. A cell culture and karyotype is used to identify chromosomal abnormalities for Non-lymphoma cases.
Cpt Code(s):	88239; 88264; 88291



➤ **Chromosome Analysis, Hematologic Malignancy**

Order Name: **CHROMO HM**
Test Number: 113150

TEST COMPONENTS		REV DATE:6/22/2011
Test Name:	Methodology:	
Chromosome Analysis, Hematologic Malignancy	Karyotype	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	3 mL (1.5)	Bone Marrow	Sodium Heparin (Green Top)	Room Temperature
Alternate Specimen:	3 mL (1.5)	Whole Blood	Sodium Heparin (Green Top)	Room Temperature
Special Instructions:	Bone marrow 1-3 mL or whole blood 5-10 mL in Sodium Heparin Dark Green tube.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sun
Expected TAT:	8-12 Days
Clinical Use:	This is a bone marrow or peripheral blood chromosome analysis to aid in the identification leukemia.
Notes:	For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	88237; 88264; 88291



> **Cortisol, Free, 24-Hour Urine**

Order Name: **CORT FR U**
 Test Number: 3602275

TEST COMPONENTS		REV DATE:6/7/2011
Test Name:	Methodology:	
Cortisol, Free, 24-Hour Urine	TMS	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	5 mL (1)	Urine, 24-hour	24 hour Urine Container	Refrigerated
Alternate Specimen:	5 mL (1)	Urine, Random	Sterile Urine container	Refrigerated
Special Instructions:	Do Not Use Acid for Preservative! Adequate refrigeration is the most important aspect of specimen preservation. Mark collection duration and total volume on transport tube and test request form. Stability: Ambient= Unacceptable; Refrigerated= 2 weeks; Frozen= 6 months.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Cpt Code(s):	82530



> **Gabapentin, Plasma**

Order Name: **GABAPENTIN**

Test Number: 3658100

TEST COMPONENTS		REV DATE:6/7/2011
Test Name:	Methodology:	
Gabapentin, Plasma	HPLC	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	2mL (1.5)	Plasma	EDTA (Lavender Top)	Room Temperature
Alternate Specimen:	2mL (1.5)	Serum	Clot Activator (Red Top, No-Gel)	Room Temperature
Special Instructions:	Collect two hours after last dose at a steady state. (Pediatric Collection: 0.7 mL) Stability after separation from cells: Ambient= 5 weeks, Refrigerated= 6 weeks, Frozen= 2 months. Avoid use of separator tubes and gels.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-5 Days
Cpt Code(s):	80299



> **Histone Antibodies**

Order Name: **HISTONE AB**

Test Number: 5564350

TEST COMPONENTS		REV DATE:6/7/2011
Test Name:	Methodology:	
Histone Antibodies	ELISA	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	1 mL (0.5)	Serum	Clot Activator SST (Red/Gray or Tiger Top)	Refrigerated
Special Instructions:	[Pediatric minimum (0.3mL) No repeats] Unacceptable: Plasma, Urine, Severely lipemic, Icteric, bacterially contaminated, or hemolyzed specimens. Stability after separation from cells: Ambient= 2 days, Refrigerated= 2 weeks, Frozen= 1 year (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed-Sat
Expected TAT:	3-6 Days
Clinical Use:	Histone Antibody is present in 80-95% of patients with drug-induced systemic lupus erythematosus (SLE), 20-50% of patients with idiopathic SLE, and infrequently in patients with other autoimmune connective tissue diseases.
Cpt Code(s):	83516



➤ **Immune Cell Function Assay (ImmuKnow®)**

Order Name: **IMMUKNOW**

Test Number: 5501275

TEST COMPONENTS		REV DATE:6/2/2011
Test Name:	Methodology:	
Immune Cell Function Assay (ImmuKnow®)	CIA	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	3mL (0.5)	Whole Blood	Sodium Heparin (Green Top)	Room Temperature
Special Instructions:	<p>Collect Monday - Thursday Only!LIVE LYMPHOCYTES REQUIRED. Keep Room Temperature Do not refrigerate or freeze. The specimen must reach our reference testing laboratory within 30 hours of collection. Specimens must be collected and sent to RML main lab before 3pm the same day of collection. For Collection Outside the Tulsa Area- Please make arrangements before collection to insure the specimen can be transported to RML Main Laboratory for processing to send specimen to the performing laboratory the SAME DAY of Collection. Call the RML Main Lab Processing to let them know when a Specimen is on the way (918) 744-3131 x17398.</p>			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	2-3 Days
Clinical Use:	This is an immune cell function assay that looks for levels of cell-mediated immunity in an immunosuppressed patient.
Notes:	Test Methodology: Cell Culture/Chemiluminescence
Cpt Code(s):	86352



> **Lymphocyte Proliferation to Antigens**

Order Name: **LYM AG PRO**

Test Number: 5600570

TEST COMPONENTS		REV DATE:6/6/2011
Test Name:	Methodology:	
Lymphocyte Proliferation to Antigens	Cult	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	10 mL (5.0)	Whole Blood	Sodium Heparin (Green Top)	Room Temperature
Special Instructions:	<p>Collect Monday-Wednesday only, No weekends or Holidays - Before Collection Call RML Processing at 744-3131 x17398.</p> <p>Patient Specimen: 10 mL (5.0) Whole Blood from Sodium Heparin (Green Top) Non-Gel tubes. Keep Room Temperature! The Specimen Must Reach RML Main Lab by 3:30pm Same Day of collection so it can be sent to testing laboratory within 30hrs. of collection.</p> <p>Control Specimen: Please collect a separate Sodium Heparin tube from a non-related healthy individual clearly marked as Control. This is to used to detect any reduced immune response caused during shipment of the patient sample.</p>			

GENERAL INFORMATION	
Testing Schedule:	Mon -Thurs.
Expected TAT:	12-14 Days
Clinical Use:	Testing Immunocompetency by stimulation from Candida and Tetanus Antigens.
Cpt Code(s):	86353x2



> **Lymphocyte Proliferation to Mitogens (Blastogenesis)**

Order Name: **LYM MIT PR**
 Test Number: 5500565

TEST COMPONENTS		REV DATE:6/6/2011
Test Name:	Methodology:	
Lymphocyte Proliferation to Mitogens (Blastogenesis)	Cult	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	10 mL (5.0)	Whole Blood	Sodium Heparin (Green Top)	Room Temperature
Special Instructions:	<p>Collect Monday-Wednesday only, No weekends or Holidays - Before Collection Call RML Processing at 744-3131 x17398.</p> <p>Patient Specimen: 10 mL (5.0) Whole Blood from Sodium Heparin (Green Top) Non-Gel tubes. Keep Room Temperature! The Specimen Must Reach RML Main Lab by 3:30pm Same Day of collection so it can be sent to testing laboratory within 30hrs. of collection.</p> <p>Control Specimen: Please collect a separate Sodium Heparin tube from a non-related healthy individual clearly marked as Control. This is to used to detect any reduced immune response caused during shipment of the patient sample.</p>			

GENERAL INFORMATION	
Testing Schedule:	Mon - Thurs.
Expected TAT:	12-14 Days
Clinical Use:	Testing Immunocompetency by stimulation from PHA, ConA and PWM mitogens.
Cpt Code(s):	86353x3



➤ **Lymphocyte Proliferation, Antigens & Mitogens**

Order Name: **LYM AG/MIT**
 Test Number: 5600590

TEST COMPONENTS		REV DATE:6/6/2011
Test Name:	Methodology:	
Lymphocyte Proliferation, Antigens & Mitogens	Cult	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	10 mL (5.0)	Whole Blood	Sodium Heparin (Green Top)	Room Temperature
Special Instructions:	<p>Collect Monday-Wednesday only, No weekends or Holidays - Before Collection Call RML Processing at 744-3131 x17398.</p> <p>Patient Specimen: 10 mL (5.0) Whole Blood from Sodium Heparin (Green Top) Non-Gel tubes. Keep Room Temperature! The Specimen Must Reach RML Main Lab by 3:30pm Same Day of collection so it can be sent to testing laboratory within 30hrs. of collection.</p> <p>Control Specimen: Please collect a separate Sodium Heparin tube from a non-related healthy individual clearly marked as Control. This is to used to detect any reduced immune response caused during shipment of the patient sample.</p>			

GENERAL INFORMATION	
Testing Schedule:	Mon - Thurs.
Expected TAT:	12-14 Days
Clinical Use:	Testing Immunocompetency by stimulation from PHA, ConA and PWM Mitogens, also Candida and Tetanus Antigens.
Cpt Code(s):	86353x5



➤ **Metanephrines, Urine 24-Hour**

Order Name: **METANEPH U**

Test Number: 3800350

TEST COMPONENTS		REV DATE:6/7/2011
Test Name:	Methodology:	
Metanephrines, Urine 24-Hour	GC/MS	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	5 mL (1.5)	Urine, 24-hour	24 hour Urine Container	Refrigerated
Special Instructions:	Adequate refrigeration is the most important aspect of specimen preservation. Preservation can be helped by adding 25mL 6N HCL. A pH lower than 2 may cause assay interference. Mark collection duration and total volume on transport tube and test request form. Stability: Ambient= Unacceptable; Refrigerated= 2 weeks; Frozen= 1 month.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-4 Days
Clinical Use:	The diagnosis of pheochromocytoma can be confirmed by increased levels of the catecholamine metabolites, metanephrines, and vanillylmandelic acid (VMA). Urinary metanephrine determinations have been recommended as the most accurate screening method for patients suspected of having pheochromocytoma.
Notes:	Test reports Metanephrine, Normetanephrine and Interpretation.
Cpt Code(s):	83835



> **Methylmalonic Acid**

Order Name: **METHYLMA S**
 Test Number: 2051075

TEST COMPONENTS		REV DATE:6/7/2011
Test Name:	Methodology:	
Methylmalonic Acid	TMS	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	3 mL (1.5)	Serum	Clot Activator SST (Red/Gray or Tiger Top)	Frozen
Alternate Specimen:	3 mL (1.5)	Plasma	EDTA (Lavender Top)	Frozen
Special Instructions:	Allow serum to clot then centrifuge and remove serum or plasma from cells within 2 hours of collection. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month. Unacceptable Specimens: Grossly hemolyzed or lipemic specimens.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Notes:	For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	83921



> **Porphobilinogen, Quantitative, 24-Hour Urine**

Order Name: **PBG QN U**
 Test Number: 3001210

TEST COMPONENTS		REV DATE:6/20/2011
Test Name:	Methodology:	
Porphobilinogen, Quantitative, 24-Hour Urine	COLO	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	10 mL (2)	Urine, 24-hour	24 hour Urine Container	Refrigerated
Special Instructions:	Do Not Use Acid for Preservative. Keep collection jug refrigerate during and after collection. 24-hour total volume must be provided on the test request form. Wrap tube in aluminum foil or use amber tube to protect from light. If needed the jug can be alkalinized with sodium carbonate (5g Na ₂ CO ₃) to a pH of 6-7.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Clinical Use:	Urinary Porphobilinogen is the first step in the diagnosis of acute intermittent prophyria (AIP). AIP is an autosomal dominant disorder characterized by deficiency of porphobilinogen deaminase. An acute attack usually includes gastrointestinal disturbance and neuropsychiatric disorders.
Cpt Code(s):	84110



> **Vasoactive Intestinal Polypeptide (VIP)**

Order Name: **VAS PEPTI**

Test Number: 3703800

TEST COMPONENTS		REV DATE:6/8/2011
Test Name:	Methodology:	
Vasoactive Intestinal Polypeptide (VIP)	RIA	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	3 mL (1.1)	Plasma	EDTA (Lavender Top)	Frozen
Special Instructions:	Preferred Frozen Specimen Separate specimens must be submitted when multiple tests are ordered. Immediately centrifuge, separate plasma from cells and freeze ASAP! Unacceptable Conditions: Nonfrozen or hemolyzed specimens. Stability after separation from cells: Ambient= Unacceptable, Refrigerated= 7 days, Frozen= 28 days.			

GENERAL INFORMATION	
Testing Schedule:	Tue, Fri
Expected TAT:	5-8 Days
Clinical Use:	VIP is a neurotransmitter. VIP-secreting tumors, most commonly found in the tail of the pancreas, can cause secretory diarrhea. In children, the tumors are ganglioneuromas or ganglioneuroblastomas and commonly occur in the adrenal glands.
Cpt Code(s):	84586



> **Vitamin K**

Order Name: **VITAMIN K**
 Test Number: 3603630

TEST COMPONENTS		REV DATE:6/8/2011
Test Name:	Methodology:	
Vitamin K	HPLC	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	3 mL (1.2)	Serum	Clot Activator SST (Red/Gray or Tiger Top)	Frozen
Alternate Specimen:	3 mL (1.2)	Plasma	EDTA (Lavender Top)	Frozen
Special Instructions:	Draw specimen following an overnight (12-hour) fast. Patient should not consume alcohol for one day prior to blood draw. Avoid hemolysis. Protect from light during collection, storage, and shipment Separate specimens must be submitted when multiple tests are ordered. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 6 months.			

GENERAL INFORMATION	
Testing Schedule:	Sun, Tue-Sat
Expected TAT:	3-6 Days
Cpt Code(s):	84597