REGIONAL MEDICAL LABORATORY
1923 SOUTH UTICA AVENUE
TULSA, OKLAHOMA 74104-6502

Alpha Gal IgE Allergy (Galactose-alpha-1,3-galactose)

Order Name: ALPHA GAL

Test Number: 5519675

TEST COMPONENTS	REV DATE: 11/17/2011
Test Name:	**Methodology:**
Alpha Gal IgE Allergy (Galactose-alpha-1,3-galactose)	Imm

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri**
Expected TAT:	2-3 Days
Clinical Use:	To assist in the diagnosis of allergic response to meat allergens in patients with delayed onset of symptoms (3 to 6 hours after meal). IgE to Alpha-Gal is the likely cause of anaphylactic reactions in individuals who develop hypersensitivities to beef, pork and/or lamb as adults.
Cpt Code(s):	86003

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BRAF Mutation Analysis

Order Name: BRAF MUTAT
Test Number: 9100925

TEST COMPONENTS	REV DATE: 11/17/2011
Test Name:	**Methodology:**
BRAF Mutation Analysis	PCR

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Tissue**	**Paraffin Block**	**Room Temperature**
Special Instructions:	**Formalin fixed paraffin embedded tissue.** Tissue source and block ID containing tumor are required on the requisition form. Pathology permission is required for any alternate sample types.			

GENERAL INFORMATION

Testing Schedule:	**Mon,Thru**
Expected TAT:	6-10 Days from set up
Clinical Use:	BRAF encodes a serine/threonin protein kinase downstream of the epidermal growth factor receptor (EGFR) and the RAS family of small G-proteins (KRAS, HRAS and NRAS) in the MAPK pathway. BRAF is mutated in approximately 8-10% of human tumors (Davis et al. 2002), most frequently in melanoma (50-70%) and in papillary thyroid cancer (36-69%). BRAF muations are also found with lower frequency in colorectal cancer (5-12%), non-small cell lung cancer (NSCLC), acute myeloid leukemia (AML), glioma, sarcomas, breast cancer, heptoma, and ovarian cancer.
Cpt Code(s):	83891, 83898x3, 83894x3, 83892x3, 83909x3, 83904x3, 83912

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Chromium, 24hr Urine

Order Name: CHROMI 24U
Test Number: 3808900

TEST COMPONENTS	REV DATE: 11/18/2011
Test Name:	**Methodology:**
Chromium urine	AA
Creatinine	
Chromium/Creatinine Ratio	

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (0.5)**	**Urine, 24-hour**	**24 Hour Urine Acid Washed Container**	**Refrigerated**
Special Instructions:	Must be collected in a Acid Washed Trace Element Free 24hr urine container.			

GENERAL INFORMATION

Testing Schedule:	**Wed**
Expected TAT:	3-4 Days
Cpt Code(s):	82495, 82570

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Chromium, Serum

Order Name: CHROMIUM

Test Number: 3610550

TEST COMPONENTS	REV DATE: 11/18/2011
Test Name:	**Methodology:**
Chromium, Serum	QICP/MS

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Room Temperature**
Special Instructions:	**Collect Serum in a Royal Blue no additive clot tube**. Centrifuge, do not allow serum to remain on cells. Transfer 2mL(0.5mL) Serum to an Trace Element-Free Aliquot Tube. **Unacceptable Conditions**: Gel-Separator tubes. Specimens that are not separated from the red cells or clot within 6 hours. If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.			

GENERAL INFORMATION

Testing Schedule:	**Tue, Thu, Sat**
Expected TAT:	3-5 days
Clinical Use:	Preferred tests for evaluating metal ion release from metal-on-metal joint arthroplasty are: Chromium, Serum and Cobalt, Serum.
Notes:	Patient Prep: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).
Cpt Code(s):	82495

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Cobalt, Serum

Order Name: COBALT
Test Number: 3610575

TEST COMPONENTS	REV DATE: 11/25/2011
Test Name:	**Methodology:**
Cobalt, Serum	ICP/MS

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL(0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Room Temperature**
Special Instructions:	**Collect Serum in a Royal Blue no additive clot tube**. Centrifuge, do not allow serum to remain on cells. Transfer 2mL(0.5mL) Serum to an Trace Element-Free Aliquot Tube. **Unacceptable Conditions**: Gel-Separator tubes. Specimens that are not separated from the red cells or clot within 6 hours. If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.			

GENERAL INFORMATION

Testing Schedule:	**Tue, Fri**
Expected TAT:	3-5 Days
Clinical Use:	Preferred tests for evaluating metal ion release from metal-on-metal joint arthroplasty are: Chromium, Serum and Cobalt, Serum.
Cpt Code(s):	83018

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Cortisol, Free and Total, Serum or Plasma

Order Name: CORT F & T
Test Number: 4503300

TEST COMPONENTS	REV DATE: 11/28/2011
Test Name:	**Methodology:**
Cortisol, Free and Total, Serum or Plasma	LC/MS/ED

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.7)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate	**2 mL (0.7)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	**Gel Separator Tubes, Grossly hemolyzed specimens are unacceptable**. Specimen Stability: Room temperature: 48 Hours, Refrigerated: 7 Days, Frozen: 2 Years.			

GENERAL INFORMATION

Testing Schedule:	**Sun-Thr**
Expected TAT:	5-9 Days
Cpt Code(s):	82533; 82530

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Drug Screen, Gastric

Order Name: DRUG G SCR
Test Number: 4300060

TEST COMPONENTS	REV DATE: 11/01/2011
Test Name:	**Methodology:**
Drug Screen, Gastric	Imm

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (3.0)**	**Gastric contents**	**Sterile Screwtop Container**	**See Instructions**
Special Instructions:	Ambient 3 days. Refrigerate or freeze if not tested within 3 days.			

GENERAL INFORMATION

Testing Schedule:	
Expected TAT:	5-10 days
Cpt Code(s):	80100

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EML4-ALK Gene Fusion

Order Name: EML4-ALK
Test Number: 9100775

TEST COMPONENTS	REV DATE: 11/17/2011
Test Name:	**Methodology:**
EML4-ALK Gene Fusion	PCR

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Below**	**Tissue**	**Paraffin Block**	**Room Temperature**
Special Instructions:	**Formalin fixed paraffin embedded tissue.** Tissue source and block ID containing tumor are required on the requisition form. Pathology permission is required for any alternate sample types.			

GENERAL INFORMATION

Testing Schedule:	**Sets up on Mondays and Reports the following Monday.**
Expected TAT:	Mon
Clinical Use:	The introduction of targeted therapies for cancer has provided physicians with a personalized approach to cancer treatment. In non-small cell lung cancer (NSCLC), EGFR and KRAS mutations have been the most widely studied in terms of the use of tyrosine kinase inhibitors (TKI) such as gefitinib and erlotinib. It is crucial to define the gene mutations harbored by the tumor before treating with targeted therapy. For example, use of tyrosine kinase inhibitors (TKIs) in patients harboring EGFR mutations is much more effective than in patients harboring KRAS mutations, which are non-responsive to these drugs. Clinical EGFR and KRAS mutation testing provide a means to identify patients who are most likely to respond to such therapies.
Notes:	Recently, inhibitors of anaplastic lymphoma kinase (ALK) have been used successfully in patients harboring gene fusions between echinoderm microtubule-associated protein-like 4 (EML4) and ALK9. These fusions result from a paracentric inversion on chromosome 2 [inv(2)(p21;p23)] and have been identified in 3-7% of all non-small cell lung cancer (NSCLC) cases. To date, 13 variants have been published involving 8 different EML4 exons (exon 2, 6, 13, 14, 15, 17, 18. and 20) and invariably involving exon 20 of ALK. With such a plethora of fusion variants, we developed an RT-PCR based exon scanning approach to encompass fusion variants spanning nearly the entire EML4 gene. This method enabled us to identify an additional two novel EML4-ALK variants (8a and 8b) from the tumor tissue of an NSCLC patient and will likely detect many more positive patients than simply detecting the known EML4-ALK fusion variants.
Cpt Code(s):	83891, 83900; 83901x2, 83909, 83904x4, 83912

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1923 SOUTH UTICA AVENUE
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Factor 10 (X) Assay

Order Name: FACTOR 10
Test Number: 1501250

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor 10 (X) Assay	CLOT

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri (Schedule permitting)**
Expected TAT:	2-3 Days
Clinical Use:	This assay measures the clotting ability of Factor 10. This assay is used to aid in the diagnosis of coagulation factor deficiencies that may present with menorrhagia, ecchymosis,central nervous system bleeding and excessive bleeding after childbirth.
Cpt Code(s):	85260

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Factor 11 (XI) Assay

Order Name: FACTOR 11
Test Number: 1501300

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor 11 (XI) Assay	CLOT

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate	**2.7 mL**	**Double Spun Plasma**	**Sterile Screwtop Container**	**Room Temperature**
Special Instructions:	**Please indicate anticoagulant therapy.** Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes. **Do not pool aliquots together, DO NOT FREEZE!**			

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri (Schedule permitting)**
Expected TAT:	2-3 Days
Clinical Use:	This assay measures the clotting ability of Factor 11. This assay is used to aid in the diagnosis of coagulation deficiencies that may present with mild bleeding, bruising, epistaxis, retinal hemorrhage and menorrhagia.
Cpt Code(s):	85270

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Factor 12 (XII) Assay

Order Name: FACTOR 12
Test Number: 1501350

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor 12 (XII) Assay	CLOT

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri (Schedule permitting)**
Expected TAT:	2-3 Days
Clinical Use:	This assay measures the clotting abilityof Factor 12. This assay is used to aid in the diagnosis of coagulation deficiencies that are most ofter asymptomatic, rarely bleed and may even thrombose.
Cpt Code(s):	85280

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Factor 13 (XIII) Functional Assay

Order Name: FACTOR 13
Test Number: 1501425

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor 13 (XIII) Functional Assay	Chrom

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.5mL (0.3)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Special Instructions:	Please indicate anticoagulant therapy. Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. **Recommend quick-freezing the sample to keep coagulation Factor intact.** If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule:	**Sets up once a week**
Expected TAT:	3-8 Days
Clinical Use:	Low Factor XIII levels ie., Less than 15% may cause a bleeding disorder and levels Less than 2% have been associated with spontaneous intracranial hemorrhage.
Cpt Code(s):	85290

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Factor 2 (II) Assay

Order Name: FACTOR 2
Test Number: 1501000

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor 2 (II) Assay	CLOT

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) and EDTA (Lavender Top)**	**Ambient whole blood or frozen aliquots**
Alternate	**2.7 mL**	**Double Spun Plasma**	**See Special Instructions**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Collect Two Sodium Citrate 3.2% (Blue Top) tubes and One EDTA (Lavender Top) tube. Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!** Keep EDTA (Lavender Top) tube as ambient whole blood, do not centrifuge.			

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri (Schedule permitting)**
Expected TAT:	2-3 Days
Clinical Use:	This assay measures the clotting abilityof Factor 2. This assay is used to aid in the diagnosis of coagulation factor deficiencies that may present with postoperative bleeding, epistaxis, menorrhagia, and easy bruising.
Cpt Code(s):	85210

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Factor 5 (V) Assay

Order Name: FACTOR 5
Test Number: 1501050

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor 5 (V) Assay	CLOT

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) and EDTA (Lavender Top)**	**Ambient whole blood or frozen aliquots**
Alternate	**2.7 mL**	**Double Spun Plasma**	**See Special Instructions**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Collect Two Sodium Citrate 3.2% (Blue Top) tubes and One EDTA (Lavender Top) tube. Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!** Keep EDTA (Lavender Top) tube as ambient whole blood, do not centrifuge.			

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri (Schedule permitting)**
Expected TAT:	2-3 Days
Clinical Use:	This assay measures the clotting ability of Factor 5. This assay is used to aid in the diagnosis of coagulation factor deficiencies that may present with epistaxis, easy bruising, or menorrhagia
Cpt Code(s):	85220

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Factor 7 (VII) Assay

Order Name: FACTOR 7
Test Number: 1501100

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor 7 (VII) Assay	CLOT

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri (Schedule permitting)**
Expected TAT:	2-3 Days
Clinical Use:	This assay measures the clotting ability of Factor 7. This assay is used to aid in the diagnosis of coagulation deficiencies that may present with epistaxis, menorrhagia or cerebral hemorrhage,
Cpt Code(s):	85230

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Factor 8 (VIII) Assay

Order Name: FACTOR 8
Test Number: 1501150

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor 8 (VIII) Assay	CLOT

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately (within 3.5 hours of collection or process specimen to Frozen aliquots). If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri (Schedule permitting)**
Expected TAT:	2-3 Days
Clinical Use:	This assay measures the clotting ability of factor 8. This assay is used to aid in the diagnosis of hemophilia A, von Willebrand disease, aquired deficiencies or factor 8, the response to factor 8 preparations, and the quality control of factor 8 preparations.
Cpt Code(s):	85240

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Factor 8 (VIII) Inhibitor Assay

Order Name: FAC 8 INHB
Test Number: 1502300

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor 8 (VIII) Inhibitor Assay	CLOT

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate	**6 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri (Schedule permitting)**
Expected TAT:	2-3 Days
Clinical Use:	Factor 8 inhibitors are most commonly found in patients with severe hemophilia A. This assay is usually used to document the presence of these inhibitors and to titer their levels prior to surgery or to follow the response to plasma exchange.
Notes:	Includes a pathology interpretation.
Cpt Code(s):	85335

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Factor 9 (IX) Assay

Order Name: FACTOR 9
Test Number: 1501200

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor 9 (IX) Assay	CLOT

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri (Schedule permitting)**
Expected TAT:	2-3 Days
Clinical Use:	This assay measures the clotting ability of factor 9. This assay is used to aid in the diagnosis and management of hemophilia B patients.
Cpt Code(s):	85250

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Factor Inhibitor Assay

Order Name: FACTR INHB
Test Number: 1502325

TEST COMPONENTS	REV DATE: 11/29/2011
Test Name:	**Methodology:**
Factor Inhibitor Assay	CLOT

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate	**6 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!** Please list the suspected factor inhibitor.			

GENERAL INFORMATION

Testing Schedule:	**Mon-Fri (Schedule permitting)**
Expected TAT:	2-3 Days
Clinical Use:	Specific factor inhibitors are immunoglobulins with specificity for a single coagulation protein. The most common specific inhibitors are antibodies produced in relation to Factor 8:C.
Notes:	Testing includes a pathology interpretation.
Cpt Code(s):	85335

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Hepatitis B Virus DNA UltraQuant

Order Name: HEP B PCR
Test Number: 5592525

TEST COMPONENTS	REV DATE: 11/16/2011
Test Name:	**Methodology:**
Hepatitis B Virus DNA UltraQuant	PCR

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (2.5mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate	**3mL (2.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Collect Two EDTA tubes, centrifuge specimens and separate plasma from cells, then transfer 3mL(2.5mL) of EDTA Plasma into plastic aliquot tube and **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION

Testing Schedule:	**Tues - Sat**
Expected TAT:	3-6 Days
Clinical Use:	Quantitates Hepatitis B Virus DNA down to 0.01 pg/mL for establishment of a baseline and to monitor viral load. The most important test for determining the efficacy of antiviral treatment is quantitative HBV DNA monitoring. HBV DNA testing is useful in detecting potential disease transmission from prospective donors and for post-transplantation monitoring. Although HBeAg is considered an indirect monitor of viral replication, high viral replication may occur without circulating HBeAg, due to mutations of the virus preventing the production of HBeAg.
Cpt Code(s):	87517

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Herpes Simplex Culture

Order Name: C HERPES
Test Number: 6000455

TEST COMPONENTS	REV DATE: 11/25/2011
Test Name:	**Methodology:**
Herpes Simplex Culture	SV

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Viral Transport Media**	**On Ice**
Special Instructions:	**Non-Gel swab kept On Ice**. Red cap swab or Green cap swab in UTM (universal transport medium), M4, or Viral Culture Media.			

GENERAL INFORMATION

Testing Schedule:	**Daily**
Expected TAT:	Final in 2-3 Days
Clinical Use:	Detects Herpes Simplex infections
Cpt Code(s):	87254x2

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TULSA, OKLAHOMA 74104-6502

Lactose Tolerance

Order Name: LACTOS TOL
Test Number: 2003300

TEST COMPONENTS	REV DATE: 11/01/2011
Test Name:	**Methodology:**
Lactose Fasting	Colormetric
Lactose 0.5 Hour Tolerance	Colorimetric
Lactose 1 Hour Tolerance	Colorimetric
Lactose 2 Hour Tolerance	Colorimetric
Lactose 3 Hour Tolerance	Colorimetric

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Plasma**	**Sodium Floride (Gray)**	**See Instructions**
Special Instructions:	**1mL (0.5) Plasma Sodium Floride (Gray) for each time of collection.** Call Laboratory at (918) 744-2500 for instructions. Patient must be fasting overnight and during test. 50 grams of lactose is administered following an overnight fast. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule:	**Mon - Fri**
Expected TAT:	1-2 days
Clinical Use:	Used to determine primary lactose intolerance due to decrease synthesis of lactase, or secondary to any disease characterized by diffuse damage to the intestinal epithelium.
Cpt Code(s):	82951; 82952X2

REGIONAL MEDICAL LABORATORY
1923 SOUTH UTICA AVENUE
TULSA, OKLAHOMA 74104-6502

Light Chains (Kappa and Lambda) Serum, Quantitative

Order Name: LIGHT CH S

Test Number: 5007550

TEST COMPONENTS	REV DATE: 11/01/2011
Test Name:	**Methodology:**
Kappa Light Chains Serum	NEPH
Lambda Light Chains Serum	NEPH

SPECIMEN REQUIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule:	**Mon - Sat**
Expected TAT:	1-3 Days
Cpt Code(s):	83883X2

REGIONAL MEDICAL LABORATORY
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Vaginosis Profile from Swab (with Trichomonas Antigen)

Order Name: V PROF SWB

Test Number: 2915445

TEST COMPONENTS	REV DATE: 11/01/2011
Test Name:	**Methodology:**
Whiff test	Amine
Gram Stain	MC
Trichomonas Antigen	EIA
Vaginal Yeast Examination	MC
Clue Cell Examination	MC

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Bactec Myco/F Lytic Blood Culture Bottle (Red)**	**See Instructions**
Alternate	**See Instructions**	**Swab**	**BBL White top culturette swab (double swab)**	**See Instructions**
Special Instructions:	Collect BBL Red top culturette in Amies media (double swab) or BBL White top culturette (double swab preferred) **Specimen Stability: 24hrs Room Temperature or 36hrs Refrigerated (Do Not Freeze).** Samples contaminated with preparations containing iodine or by the immediate prior use of vaginal lubricants are not recommended. **BBL Blue top swabs are Not Acceptable.**			

GENERAL INFORMATION	
Testing Schedule:	**Sun-Sat**
Expected TAT:	1 Day
Clinical Use:	This vaginosis profile provides an interpretation of the types of vaginal pathology present: **Yeast infections**, **Trichomonas vaginalis**, **Bacterial vaginosis** and even **Mixed Flora infections.** The **Trichomonas antigen** along with **gram stain** and evaluation for yeast, clue cells, white blood cells and all bacterial types present. **Whiff test** (amine test) is reported as positive or negative.
Notes:	**Created to handle extended transportation times seen with vaginosis profile specimens**
Cpt Code(s):	87205, 87808, 82120