

➤ **Abnormal PT/PTT Analyzer**

**Order Name: PT PTT AN**

Test Number: 1507500

TEST COMPONENTS		REV DATE: 06/04/2012
<b>Test Name:</b>	<b>Methodology:</b>	
Abnormal PT/PTT Analyzer		

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>46 mL</b>	<b>See Instructions</b>	<b>See Instructions</b>	<b>See Instructions</b>
<b>Special Instructions:</b>	<b>Please indicate anticoagulant therapy and submit with specimen or fax "Coagulopathy Questionnaire Form" to 918-744-3236.</b> Please collect Twelve 3mL Sodium Citrate 3.2% (Blue Top) tubes and One 10mL Clot tube (Tiger Top) and One 5mL EDTA (Lavender Top). Each Sodium Citrate blue top tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. Citrated plasma must be filtered and frozen in 1 ml aliquots.			

GENERAL INFORMATION	
<b>Testing Schedule:</b>	Individual Test Dependant
<b>Expected TAT:</b>	5-10 Days
<b>Clinical Use:</b>	This analyzer is designed to evaluate patients with an unexplained prolonged PT or PTT in whom there is no clinical history or strong clinical suspicion of either bleeding or thrombolytic tendency. A pathologist interpretation and patient focused report with summation of test results will be issued with each order.
<b>Notes:</b>	For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes.
<b>Cpt Code(s):</b>	See the Test Notes Section of this test.

> **Amino Acid Analysis, Quantitative, Plasma**
**Order Name: AA QN BL**

Test Number: 3617225

TEST COMPONENTS	REV DATE: 06/06/2012
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<b>Test Name:</b>	<b>Methodology:</b>
Amino Acid Analysis, Quantitative, Plasma	LC/MS

**SPECIMEN REQUIREMENTS**

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>2mL (0.3mL)</b>	<b>Plasma</b>	<b>Sodium Heparin (Green Top)</b>	<b>Frozen</b>
<b>Alternate</b>	<b>2mL (0.3mL)</b>	<b>Plasma</b>	<b>Lithium Heparin PST (Light Green Top)</b>	<b>Frozen</b>
<b>Special Instructions:</b>	Separate plasma within 30min of draw. Freeze immediately after separation from cells. Do not thaw. Provide patient age (required for correct reference range), sex, a brief clinical history, tentative diagnosis, and their therapy over the last three days (drugs, x-ray, infant formula, diet). *Note: Patient age is required for correct interpretation.			

**GENERAL INFORMATION**

<b>Testing Schedule:</b>	Mon, Wed - Fri, Sat
<b>Expected TAT:</b>	10-12 Days
<b>Cpt Code(s):</b>	82139



> **Antidiuretic Hormone (ADH) and Osmolality**

**Order Name: ADH/OSMO**

Test Number: 3600235

TEST COMPONENTS		REV DATE: 06/12/2012
<b>Test Name:</b>	<b>Methodology:</b>	
Antidiuretic Hormone (ADH, Arginine Vasopressin, AVP)	RIA	
Osmolality Serum		

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>See Instructions</b>	<b>Plasma and Serum</b>	<b>EDTA (lavender top) and Clot Activator SST (Red/Gray or Tiger Top)</b>	<b>See Instructions</b>
<b>Special Instructions:</b>	<b>Collect Both Serum and Plasma</b>			
	ADH: 6mL (2.5) EDTA Plasma, Frozen. Separate plasma from cells ASAP or within 2 hours of collection.			
	<b>Osmolality:</b> 1mL (0.5) Serum, Refrigerated or Frozen.			

GENERAL INFORMATION	
<b>Testing Schedule:</b>	Tue, Thr, Sat
<b>Expected TAT:</b>	3-11 Days (assay dependant)
<b>Cpt Code(s):</b>	83930, 84588

> **Hemoglobin Electrophoresis**
**Order Name: HGB ELECT**

Test Number: 5000775

TEST COMPONENTS	REV DATE: 06/05/2012
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<b>Test Name:</b>	<b>Methodology:</b>
Hemoglobin Electrophoresis	AGHEP

**SPECIMEN REQUIREMENTS**

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>5 mL (4.5)</b>	<b>Whole Blood</b>	<b>EDTA (Lavender Top)</b>	<b>Refrigerated</b>

<b>Special Instructions:</b>	Please provide a full tube for best results. Specimen stability: Ambient= 24 hours, refrigerated= 5 days.
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**GENERAL INFORMATION**

<b>Testing Schedule:</b>	MON, WED, FRI
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<b>Expected TAT:</b>	7 Days
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<b>Clinical Use:</b>	Alkaline Gel Hemoglobin Electrophoresis is used to identify a large number of hemoglobin variants.
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<b>Notes:</b>	Additional High Performance Liquid Chromatography (HPLC) testing may be required to completely identify some hemoglobin variants. See test "HGBOP HPLC" for more information.
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<b>Cpt Code(s):</b>	83020; 80500
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## > Herpes Simplex Virus 1 and 2 (HSV), DNA, PCR

**Order Name: HSV PCR QL**

Test Number: 5586635

TEST COMPONENTS		REV DATE: 06/28/2012
<b>Test Name:</b>	<b>Methodology:</b>	
Herpes Simplex Virus, Type 1 DNA	PCR	
Herpes Simplex Virus, Type 2 DNA	PCR	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>2mL(0.3mL)</b>	<b>CSF (Cerebrospinal Fluid)</b>	<b>Sterile Screwtop Container</b>	<b>Refrigerated</b>
<b>Alternate</b>	<b>2mL(0.3mL)</b>	<b>Plasma</b>	<b>EDTA (Lavender Top)</b>	<b>Refrigerated</b>
	<b>2mL(0.3mL)</b>	<b>Serum</b>	<b>Clot Activator SST (Red/Gray or Tiger Top)</b>	<b>Refrigerated</b>
<b>Special Instructions:</b>	Indicate Specimen Source on the Specimen Container.  <b>Swab specimens must be placed in M4 Viral Transport Media - Keep Refrigerated.</b> <b>Other acceptable sample types are:</b> Cerebrospinal fluid, Amniotic fluid, Random clean catch urine with no preservative, Pleural fluid, Pericardial fluid, Vitreous fluid in a Sterile leak-proof container. <b>Please keep all specimens refrigerated!</b>  Specimen Stability: Room temperature = 48 hours; Refrigerated = 1 Week; Frozen = 1 Month.			

GENERAL INFORMATION	
<b>Testing Schedule:</b>	Mon - Fri
<b>Expected TAT:</b>	2-3 Days
<b>Cpt Code(s):</b>	87529X2

## > Hypercoagulation Analyzer

**Order Name: HYPRCOAGAN**

Test Number: 1506500

TEST COMPONENTS		REV DATE: 06/04/2012
<b>Test Name:</b>	<b>Methodology:</b>	
Hypercoagulation Analyzer		

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>65 mL</b>	<b>Whole Blood</b>	<b>See Instructions</b>	<b>See Instructions</b>
<b>Special Instructions:</b>	<p>Please list the patient's anticoagulant and submit with specimen or fax "Coagulopathy Questionnaire Form" to 918-744-3236. Please Collect the following tubes:  <b>Fifteen</b> (2.7mL) 3.2% Sodium Citrate (Blue Top) tubes,  <b>Two</b> (4.7mL) EDTA (Lavender Top) tubes,  <b>One</b> (7mL) lithium heparin (green top) tube (on ice or frozen pour off aliquot) and  <b>One</b> (10mL) Clot Activator SST (Red/Gray 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 submitting only Citrated plasma, plasma must be double spun and frozen in 1.5 ml aliquots. <b>Do not pool plasma from multiple tubes!</b></p>			

GENERAL INFORMATION	
<b>Testing Schedule:</b>	Mon - Fri
<b>Expected TAT:</b>	Testing dependent
<b>Clinical Use:</b>	A comprehensive algorithm used to assess the cause of hypercoagulability.
<b>Notes:</b>	Algorithm begins with an Activated Protein C Resistance, Homocysteine, Lupus sensitive PTT, Prothrombin time (PT), Prothrombin Gene Mutation, and a Partial Thromboplastin Time (PTT). Further testing is generated based on the results of these tests. A pathology interpretation is included with all orders. For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes.
<b>Cpt Code(s):</b>	See the Test Notes Section of this test.

## > Lupus Anticoagulant Analyzer

**Order Name: LUP ANT AN**

Test Number: 1506300

TEST COMPONENTS		REV DATE: 06/04/2012
<b>Test Name:</b>	<b>Methodology:</b>	
Cardiolipin Antibodies, IgM and IgG	EIA	
Prothrombin Time (PT) and INR	CLOT	
Activated Partial Thromboplastin Time (aPTT)	CLOT	
Lupus Anticoagulant PTT	CLOT	
Beta 2 Glycoprotein IgG and IgM Antibody	EIA	
Pathology Report		

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>See Instructions</b>	<b>See Instructions</b>	<b>Sodium Citrate 3.2% (Blue Top) and Clot Activator SST (Red/Gray or Tiger Top)</b>	<b>See Instructions</b>
<b>Special Instructions:</b>	<b>Please list anticoagulant therapy and submit with specimen or fax "Coagulopathy Questionnaire Form" to 918-744-3236.</b> Collect: <b>Twelve</b> 2.7mL Sodium Citrate Blue top tubes and <b>One</b> 10mL Tiger top clot tube. Each blue top tube 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. <b>Do not pool aliquots together!</b>			

GENERAL INFORMATION	
<b>Testing Schedule:</b>	Individual Test Dependant
<b>Expected TAT:</b>	5 Days
<b>Clinical Use:</b>	This analyzer is designed to evaluate patients in whom there is a clinical suspicion of a lupus anticoagulant or clinical features of the anti-phospholipid syndrome (e.g. thrombocytopenia, thrombosis, recurrent abortion).
<b>Notes:</b>	The algorithm begins with a Prothrombin Time (PT/INR), Partial Thromboplastin time (PTT), Lupus Sensitive PTT, Beta 2 Glycoprotein IgG/IgM Antibodies and Cardiolipin IgG/IgM testing. Subsequent tests are generated based on the results of this first level of testing. A pathology interpretation is included with all orders. For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes.
<b>Cpt Code(s):</b>	See the Test Notes Section of this test.

> **Phenobarbital, Free, Serum or Plasma**

**Order Name: PHENOB FR**

Test Number: 3804075

TEST COMPONENTS	REV DATE: 07/02/2012
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<b>Test Name:</b> Phenobarbital, Free, Serum or Plasma	<b>Methodology:</b> HPLC
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**SPECIMEN REQUIREMENTS**

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>3mL(1.2)</b>	<b>Serum</b>	<b>No Additive Clot (Red Top, No-Gel, Plastic)</b>	<b>Refrigerated</b>
<b>Alternate</b>	<b>3mL(1.2)</b>	<b>Plasma</b>	<b>EDTA (Lavender Top)</b>	<b>Refrigerated</b>
	<b>3mL(1.2)</b>	<b>Plasma</b>	<b>Lithium Heparin (Dark Green Top / No-GEL)</b>	<b>Refrigerated</b>
<b>Special Instructions:</b>	Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines.			

**GENERAL INFORMATION**

<b>Testing Schedule:</b>	Mon - Fri
<b>Expected TAT:</b>	3-4 Days
<b>Cpt Code(s):</b>	80184



> **Platelet Autoantibody**
**Order Name: PLT AUTOAB**

Test Number: 5577375

TEST COMPONENTS		REV DATE: 06/19/2012
<b>Test Name:</b>	<b>Methodology:</b>	
Platelet Autoantibody	ELISA	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>5 mL (3)</b>	<b>Whole Blood</b>	<b>EDTA (Lavender Top)</b>	<b>On Ice</b>
<b>Special Instructions:</b>	<p><b>All Collections Must Be Scheduled for Collection! Contact: Immunology (918)744-2553 x15511 or Immunology Manager x15788.</b></p> <p>Due to specimen integrity and stability reasons, it is highly suggested this should be collected at the RML Main Laboratory - Monday through Thursday..!</p> <p>Testing must begin within 24hrs.</p> <p>Please make this a Separate Specimen, Do not share this specimen with other testing.</p> <p><b>Keep specimen as Whole Blood and On-ICE..! Do Not Centrifuge!</b></p> <p><b>Transport specimen directly to Lab Section ASAP On-ICE but Do Not Freeze!</b></p> <p>(Note: Special processing of the sample will be performed within the performing laboratory section. Hemolyzed, Icteric and Lipemic specimens will yield false results and will not be tested.)</p>			

GENERAL INFORMATION	
<b>Testing Schedule:</b>	<b>Mon-Thr</b>
<b>Expected TAT:</b>	2-3 Days
<b>Clinical Use:</b>	The platelet autoantibody study is designed to detect platelet autoantibodies eluted from the patient's platelets or circulating in the patient's serum or plasma directed against GPIIb/IIIa, GPIb/IX, and GPIa/IIa. These antibodies can be detected in patients with autoimmune thrombocytopenic purpura (ITP or AITP). This test is intended to help identify patients who present with unexplained thrombocytopenia that is secondary to immune destruction. A positive test is considered diagnostic, while a negative test does not rule out the diagnosis. Repeat testing can sometimes be of benefit.
<b>Cpt Code(s):</b>	86022

> **Pre Albumin**
**Order Name: PRE ALB**

Test Number: 3603830

TEST COMPONENTS		REV DATE: 06/19/2012
<b>Test Name:</b>	<b>Methodology:</b>	
Pre Albumin	Turb	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>1 mL (0.5)</b>	<b>Serum</b>	<b>Clot Activator SST (Red/Gray or Tiger Top)</b>	<b>Refrigerated</b>
<b>Special Instructions:</b>	Stability: Refrigerated 7 days. Freeze for greater than 7 days.			

GENERAL INFORMATION	
<b>Testing Schedule:</b>	Mon - Fri
<b>Expected TAT:</b>	1-2 days
<b>Clinical Use:</b>	Use to evaluate protein malnutrition, total parenteral nutrition, and liver dysfunction. Serum level decreased in inflammatory processes, malignancy. Serum level increased in Hodgkin's disease.
<b>Cpt Code(s):</b>	84134

> **Prograf (FK506)**
**Order Name: PROGRAF**

Test Number: 4503275

TEST COMPONENTS		REV DATE: 06/19/2012
<b>Test Name:</b>	<b>Methodology:</b>	
Prograf (FK506)	MEIA	

SPECIMEN REQUIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>1 mL (0.5)</b>			<b>Room Temperature</b>
<b>Special Instructions:</b>	To be drawn 12 hours after dose for 12 hour trough or 24 hour after dose for 24 hour trough. Stability: Ambient 3 days. Refrigerated up to 14 days. Frozen greater than 14 days.			

GENERAL INFORMATION	
<b>Testing Schedule:</b>	Daily
<b>Expected TAT:</b>	24hrs (same day if specimen is in lab by 11am)
<b>Clinical Use:</b>	Useful for assessing the adequacy of systemic drug delivery since metabolism can exhibit significant variability.
<b>Notes:</b>	Also known as Tacrolimus
<b>Cpt Code(s):</b>	80197

## Vaginosis Profile from Swab (with Trichomonas Antigen)

Order Name: **V PROF SWB**

Test Number: 2915445

TEST COMPONENTS		REV DATE: 06/25/2012
<b>Test Name:</b>	<b>Methodology:</b>	
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
<b>Preferred</b>	<b>See Instructions</b>	<b>Swab</b>	<b>BBL Red top culturette in Amies media (double swab)</b>	<b>See Instructions</b>
<b>Alternate</b>	<b>See Instructions</b>	<b>Swab</b>	<b>BBL White top culturette swab (double swab)</b>	<b>See Instructions</b>
<b>Special Instructions:</b>	Collect BBL Red top culturette in Amies media (double swab) or BBL White top culturette (double swab preferred) <b>Specimen Stability: 24hrs Room Temperature or 36hrs Refrigerated (Do Not Freeze).</b> Samples contaminated with preparations containing iodine or by the immediate prior use of vaginal lubricants are not recommended. <b>BBL Blue top swabs are Not Acceptable.</b>			

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



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