Regional Medical Laboratory
4142 South Mingo Road
Tulsa, OK. 74146-3632

Abnormal PT/PTT Analyzer

Order Name:	**PT PTT AN**
Test Number:	**1507500**
Revision Date:	**11/05/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Abnormal PT/PTT Analyzer	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**46 mL**	**See Instructions**	**See Instructions**	**See Instructions**

Instructions

Please indicate anticoagulant therapy and submit with specimen or fax "Coagulopathy Questionnaire Form" to 918-744-3236.

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. 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	Individual Test Dependant
Expected TAT	5-10 Days
Clinical Use	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. **Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban® See More Information.**
CPT Code(s)	For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes.

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Acetylcholine Receptor Blocking Antibody

Order Name:	**ACETY BLK**
Test Number:	**5500020**
Revision Date:	**11/18/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Acetylcholine Receptor Blocking Antibody	Semi-Quantitative Flow Cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	SST Clot tubes acceptable, however it is best if collected in non-gel clot tubes. Specimen stability: Room temperature: 2 hours; Refrigerated: 2 weeks; Frozen: 1 year; (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	4-5 Days
Clinical Use	Blocking antibodies are detected in approximately 50% of generalized myasthenia gravis patients and are detectable in the absence of binding antibodies in approximately 1% of myasthenia gravis patients.
CPT Code(s)	83519
Lab Section	Reference Lab

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Anti-Thrombin 3 (ATIII) Antigen

Order Name:	**THROMB3 AG**
Test Number:	**1500600**
Revision Date:	**11/05/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Anti-Thrombin 3 (ATIII) Antigen	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Instructions	Patient should abstain from anabolic steroids, gemfibrozil, warfarin (coumadin), heparin therapy, asparaginase, estrogens, gestodene, and oral contraceptives optimally for 3 days prior to specimen collection. Overnight fasting is preferred. Send 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!** Do not thaw.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-3 Days
CPT Code(s)	85301
Lab Section	Reference Lab

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Anti-Thrombin 3 (ATIII), Functional Activity

Order Name:	**THROM3 FUN**
Test Number:	**1501825**
Revision Date:	**11/05/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Anti-Thrombin 3 (ATIII), Functional Activity	Chromogenic

SPECIMEN REQUIREMENTS

Specimen	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 1	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
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	Tues, Thurs
Expected TAT	2-4 Days
Clinical Use	Antithrombin III is used to assess thrombotic risk.
CPT Code(s)	85300

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Genotype and Phenotype, PhenoSense GT

Order Name:	**PHENO GT**
Test Number:	**9102850**
Revision Date:	**12/03/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Genotype and Phenotype, PhenoSense GT	Transfection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 tubes**	**See Instructions**	**EDTA PPT (White Top)**	**Frozen**
Alternate 1	**2 tubes**	**See Instructions**	**EDTA (Lavender Top)**	**Frozen**
Instructions	Draw blood in **draw 2 PPT tubes centrifuge within 2 hours of collection** or **2 EDTA Lavender top tubes centrifuge within 2 hours of collection**. Centrifuge at 1000-1200 xg at room temperature for 10-15 min. **Separate plasma from cells**. **If PPT used, okay to centrifuge.** **DO NOT pour off or aliquot. Freeze entire tube after centrifuging immediately in a polyethylene tube.** **NOTE**: **Value of most recent viral load and Date of viral load should be submitted it with the specimen.** **Ship specimen frozen on dry ice. Do not thaw.**			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	Reports within 14-18 days after setup
Notes	The following HIV antiretroviral drugs are run: Abacavir,Didanosine, Emtricitabine, Lamivudine, Stavudine, Zidovudine, Tenofovir, Delavirdine, Efavirenz, Etravirine, Nevirapine, Atazanavir, Darunavir, Fosamprenavir, Indinavir, Lopinavir, Nelfinavir, Ritonavir, Saquinavir, Tipranavir.
CPT Code(s)	87906; 87903; 87904x11
Lab Section	Reference Lab

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Hypercoagulation Analyzer

Order Name:	**HYPRCOAGAN**
Test Number:	**1506500**
Revision Date:	**11/05/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hypercoagulation Analyzer	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**65 mL**	**Whole Blood**	**See Instructions**	**See Instructions**

Instructions

Please list the patient's anticoagulant and submit with specimen or fax "Coagulopathy Questionnaire Form" to 918-744-3236.

Please Collect the following tubes:

Fifteen (2.7mL) 3.2% Sodium Citrate (Blue Top) tubes,

Two (4.7mL) EDTA (Lavender Top) tubes,

One (7mL) lithium heparin (green top) tube (on ice or frozen pour off aliquot) and

One (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.

Do not pool plasma from multiple tubes!

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	Testing dependent
Clinical Use	A comprehensive algorithm used to assess the cause of hypercoagulability. **Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban® See More Information.**
Notes	Algorithm begins with an Activated Protein C Resistance, Homocysteine, Lupus sensitive PTT, Prothrombin time (PT), Prothrombin Gene Mutation, and a Partical 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.
CPT Code(s)	See the Test Notes Section of this test.

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Lupus Anticoagulant Analyzer

Order Name:	**LUP ANT AN**
Test Number:	**1506300**
Revision Date:	**11/05/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cardiolipin Antibodies, IgM and IgG	
Prothrombin Time (PT) and INR	
Activated Partial Thromboplastin Time (aPTT)	Clot Detection
Lupus Anticoagulant PTT	
Beta-2-Glycoprotein IgG and IgM Antibody	Enzyme Immunoassay
Pathology Report	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**See Instructions**	**Sodium Citrate 3.2% (Blue Top) and Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**

Instructions

Please list anticoagulant therapy and submit with specimen or fax "Coagulopathy Questionnaire Form" to 918-744-3236.

Collect: **Twelve** 2.7mL Sodium Citrate Blue top tubes and **One** 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. **Do not pool aliquots together!**

GENERAL INFORMATION

Testing Schedule	Individual Test Dependant
Expected TAT	5 Days
Clinical Use	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). **Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban® See More Information.**
Notes	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.
CPT Code(s)	See the Test Notes Section of this test.

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Oxalate, Serum or Plasma

Order Name:	**OXALATE PL**
Test Number:	**3654275**
Revision Date:	**12/02/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Oxalate, Serum or Plasma	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1.2 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate 1	**3 mL (1.2 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	**Do not use Gel Separation tubes.** Promptly centrifuge and separate Serum or Plasma into a plastic screw capped aliquot tube and **Freeze Immediately**.			

GENERAL INFORMATION

Testing Schedule	Wednesday
Expected TAT	1-2 days after set up at the performing laboratory
CPT Code(s)	83945
Lab Section	Reference Lab

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Pneumococcal Antibody Panel (23 Serotype)

Order Name:	**PNEUMO 23**
Test Number:	**5575605**
Revision Date:	**11/26/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pneumococcal Antibody Panel (23 Serotype)	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.5 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Tue
Expected TAT	2-5 Days
Clinical Use	Includes Serotypes 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19A, 19F, 20, 22F, 23F, and 33F. (Conjugated Serotypes: 1, 3, 4, 5, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F.). A pre-and post-vaccination sample comparison is required in order to assess the humoral immune response to vaccination with Streptococcus pneumoniae vaccine. Post vaccination samples should be obtained at 4 weeks post-immunization. A single sample provides only general immune status of an individual to various serotypes of pneumococci. Immune response to pneumococci may vary in different individuals based on the age, vaccination status, immunologic competence and the serotype of the organism. Long-term protection is generally considered to be a serotype antibody level of 1.3 ug/ mL or greater. Following vaccination, an antibody ratio of less than twofold is considered a non-responder; a ratio of two-to fourfold is a weak responder; a ratio of fourfold or greater is a good responder. The higher the pre-vaccination antibody level for a specific pneumococcal serotype, the less likely the response will increase significantly after vaccination. An increased antibody level to 50-70 percent or more of the serotypes is thought to represent a normal humoral response. In the case of pure polysaccharide vaccine, indication of immune system competence is further delineated as an adequate response to at least 70 percent of the serotypes in the vaccine challenge for those 6-65 years of age, or to at least 50 percent of the serotypes in the vaccine challenge for those 2-5 years of age.
Notes	This assay is designed to use both pre- and post-immunization specimens to assess immune responsiveness to pneumococcal vaccine. This test is not designed to determine protection to ***Streptococcus pneumoniae*** based on a single specimen.
CPT Code(s)	86317x23
Lab Section	Reference Lab

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Proinsulin

Order Name:	**PROINSULIN**
Test Number:	**3655950**
Revision Date:	**12/03/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Proinsulin	Quantitative Chemiluminescent Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.2)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	**Patient must fast 12-15 hours before collection.** Allow serum to clot then separate serum or plasma from cells ASAP and keep refrigerated or frozen. If frozen avoid repeated freeze-thaw cycles. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 48hr; Frozen: 2 months			

GENERAL INFORMATION

Testing Schedule	Tue, Thur
Expected TAT	2-7 Days
CPT Code(s)	84206
Lab Section	Reference Lab

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Rufinamide (Banzel) Serum/Plasma

Order Name:	**RUFINAMIDE**
Test Number:	**3804077**
Revision Date:	**11/04/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rufinamide (Banzel) Serum/Plasma	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Ambient / Refrigerated**
Instructions	**Do Not Collect in Gel Separator Tubes.** Stability: Room temperature 30 Days, Refrigerated 30 Days, Frozen 6 Months.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-5 Days
CPT Code(s)	82491
Lab Section	Reference Lab

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Vancomycin (Random Level)

Order Name:	**VANCOMYCIN**
Test Number:	**4005780**
Revision Date:	**11/26/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Vancomycin (Random Level)	Enzyme Multiplied Immunoassay Technique

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Separate from cells and freeze immediately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for optimizing drug dosage and assessing toxicity.
CPT Code(s)	80204

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Vancomycin Peak

Order Name:	**VANCO PEAK**
Test Number:	**4005900**
Revision Date:	**11/26/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Vancomycin Peak	Enzyme Multiplied Immunoassay Technique

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Peak: draw specimen 60 minutes after a 1hour infusion. Separate from cells and freeze immediately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for optimizing drug dosage and assessing toxicity.
CPT Code(s)	80202

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Vancomycin Trough

Order Name:	**VANCO TROU**
Test Number:	**4005950**
Revision Date:	**11/26/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Vancomycin Trough	Enzyme Multiplied Immunoassay Technique

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Trough: draw specimen immediately preceding next dose. Separate from cells and freeze immediately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for optimizing drug dosage and assessing toxicity.
CPT Code(s)	80203