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

11-Deoxycortisol (Compound S)

Order Name:	**DEOXYCO11**
Test Number:	**3601100**
Revision Date:	**07/14/2005**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
11-Deoxycortisol (Compound S)	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	An early morning specimen is preferred. **Please collect in a Red Non-Gel clot tube.**			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	3-4 Days
CPT Code(s)	82634
Lab Section	Reference Lab

17-Hydroxycorticosteroids, 24-Hour Urine

Order Name:	**HYDRXY 17**
Test Number:	**3620750**
Revision Date:	**10/02/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
17-Hydroxycorticosteroids, 24-Hour Urine	Coulometric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**15 mL (5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect urine with 10 grams of boric acid to maintain pH below 7.5. Record 24-hour urine volume on test request form and urine vial. Random urine samples are acceptable, but reference ranges do not apply.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-5 Days
CPT Code(s)	83491
Lab Section	Reference Lab

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17-Hydroxyprogesterone

Order Name:	**HYDRXPRGS**
Test Number:	**3602390**
Revision Date:	**03/02/2015**
LOINC Code:	**1668-3**

TEST NAME	METHODOLOGY
17-Hydroxyprogesterone	Quantitative HPLC/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate 1	**1 mL (0.3)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate 2	**1 mL (0.3)**	**Plasma**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Frozen**
Instructions	The preferred specimen is **Frozen Serum or Plasma**. Specimen should be separated from cells ASAP! Unacceptable Conditions: Grossly hemolyzed specimens. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-6 Days
CPT Code(s)	83498
Lab Section	Reference Lab

17-Ketosteroids, 24-Hour Urine

Order Name:	**KETOSTER17**
Test Number:	**3656050**
Revision Date:	**04/15/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
17-Ketosteroids, 24-Hour Urine	Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**20mL (10mL)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect urine with 10 grams of boric acid or or 25 mL 50% Acetic Acid or 30 mL 6N HCl during collection to maintain pH below 7.5. Keep urine refrigerated during collection and after collection. Record 24-hour urine volume on test request form and urine vial.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-3 Days
Notes	Methodology: Colorimetric with Modified Zimmerman Reaction.
CPT Code(s)	83586
Lab Section	Reference Lab

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18-Hydroxycorticosterone

Order Name:	**HYDRXY 18**
Test Number:	**2011000**
Revision Date:	**05/26/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
18-Hydroxycorticosterone	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Allow to clot then separate and freeze within one hour.** Store and ship frozen in plastic vial. Minimum volume does not permit repeat analysis.			

GENERAL INFORMATION

Testing Schedule	Monday
Expected TAT	4-9 Days
CPT Code(s)	82542
Lab Section	Reference Lab

5'Nucleotidase

Order Name:	**5'NUCLEOT**
Test Number:	**2007150**
Revision Date:	**03/25/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
5'Nucleotidase	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.2 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**2 mL (0.2 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Allow specimen to clot completely at room temperature 30 minutes then separate serum from cells ASAP! Stability (collection to initiation of testing): Room temperature 4 hours, Refrigerated 1 week; Frozen 2 weeks (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	83915
Lab Section	Reference Lab

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Abnormal PT/PTT Analyzer

Order Name:	**PT PTT AN**
Test Number:	**1507500**
Revision Date:	**08/26/2014**
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 list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-3236.

Please collect:

Twelve 2.7mL Sodium Citrate 3.2% (Blue Top) tubes and

One 10mL Clot tube (Tiger Top) and

One 4mL EDTA (Lavender Top)

Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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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ABO Group & Rh Type

Order Name:	**ABORH**
Test Number:	**7301010**
Revision Date:	**01/04/2005**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
ABO Rh Interpretation	Hemagglutination	
Anti-A	Hemagglutination	817-7
Anti-B	Hemagglutination	913-4
Anti-D	Hemagglutination	975-3
A1 Cells	Hemagglutination	844-1
B Cells	Hemagglutination	916-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3.5)**	**Whole Blood**	**EDTA (Pink top)**	**Room Temperature**
Alternate 1	**7 mL (3.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Used to determine the patient's blood type.
Notes	Extended Rh typing, Du typing, will be performed on all women of child bearing age.
CPT Code(s)	86900; 86901

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ABORh Newborn

Order Name:	**ABORHN**
Test Number:	**7301020**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Anti-A	Hemagglutination	817-7
Anti-B	Hemagglutination	913-4
Anti-A,B	Hemagglutination	
Anti-D	Hemagglutination	975-3
Du	Hemagglutination	972-0
ABO Rh Interpretation	Hemagglutination	44086-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Cord Blood**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Room Temperature**
Alternate 1	**2 mL (1)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 day
Clinical Use	Used to determine the patient's blood type
Notes	For forward blood typing in patients less than 3 months old.
CPT Code(s)	86900, 86091

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Acasia Tree IgE

Order Name:	ACASIA
Test Number:	5594260
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Acasia Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Acetaminophen Quantitative

Order Name:	ACETAMIN
Test Number:	4000050
Revision Date:	01/09/2015
LOINC Code:	3298-7

TEST NAME	METHODOLOGY
Acetaminophen Quantitative	CEDIA

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for monitoring toxicity in overdose cases.
CPT Code(s)	80329

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Acetaminophen Screen Serum

Order Name:	ACETAM SC
Test Number:	4302050
Revision Date:	01/19/2015
LOINC Code:	3297-9

TEST NAME	METHODOLOGY
Acetaminophen Screen Serum	CEDIA

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**
Instructions	Recommended collection time is four hours after an oral dose. Stability: Room temperature:8hrs. Refrigerated:7days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for monitoring toxicity in overdose cases.
CPT Code(s)	80302

Acetylcholine Receptor Binding Antibody

Order Name:	ACETY BND
Test Number:	5500010
Revision Date:	08/15/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Acetylcholine Receptor Binding Antibody	Radioimmunoassay

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.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	4-5 Days
Clinical Use	Used to aid in the differential diagnosis of myasthenia gravis-like muscle weakness, in differentiating between generalized MG and ocular MG, and in monitoring therapeutic response.
CPT Code(s)	83519
Lab Section	Reference Lab

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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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Acetylcholine Receptor Modulating Antibody

Order Name:	**ACETY MOD**
Test Number:	**5516500**
Revision Date:	**09/25/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Acetylcholine Receptor Modulating 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.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	4-5 Days
Clinical Use	Confirming the diagnosis of myasthenia gravis. Modulating autoantibodies to AChR cause weakness by inhibiting or modulating binding to the receptors.
CPT Code(s)	88182TC
Lab Section	Reference Lab

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Acid Fast Bacilli (AFB) Culture and Smear

Order Name:	**C AFB**
Test Number:	**6000100**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Acid Fast Bacilli (AFB) Culture and Smear	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Sputum**	**Sterile Screwtop Container**	**Room Temperature**
Alternate 1	**5 mL (3)**	**Tissue**	**Sterile Screwtop Container**	**Room Temperature**
Alternate 2	**5 mL (3)**	**Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	Encourage deep cough to minimize saliva contaminants. Minimum 3 ml in screw top container. May be collected with routine or fungal culture if quantity is sufficient. For respiratory, 3 consecutive days' early morning specimens are recommended. **Also acceptable is: Regular size applicator Copan eSwab - White**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	8 Weeks
Clinical Use	Determines Mycobacteria sp. infections
CPT Code(s)	87116, 87015, 87206

Acid Fast Stain

Order Name:	**C AF ST**
Test Number:	**6200101**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Acid Fast Stain	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Slide**	**See Instructions**	**Room Temperature**
Alternate 1	**5 mL (3)**	**Respiratory specimen**	**Sputum Collection Container**	**Room Temperature**
Instructions	Make a slide from material to be stained, place into protected slide holder. Make sure slide is labeled with patient information and source material.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	2 Days
Clinical Use	Fluorescent stain to detect presence of Mycobacteria sp.
CPT Code(s)	87206

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ACTH (Adrenocorticotropic Hormone) Stimulation

Order Name:	**ACTH STIM**
Test Number:	**2002151**
Revision Date:	**01/07/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Cortisol Baseline	Chemiluminescence Assays	43215-3
Cortisol 30 Minute Specimen	Chemiluminescence Assays	12557-5
Cortisol 60 Minute Specimen	Chemiluminescence Assays	12558-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**This test needs to be scheduled for Collection**. Please Call RML Chemistry department **(918) 744-2500 x15514** to schedule collection. Please refer to this test in our **Specialized Tests** section of our website for more information. Specimen stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if specimen is not going to be tested within 48 hours.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Stimulation test performed to assess adrenal reserve and investigate hypocortisolism. If performed by RML pathologist consult charge added (cpt 80500).
CPT Code(s)	82533x3, 80500

ACTH (Adrenocorticotropic Hormone), Plasma

Order Name:	**ACTH P**
Test Number:	**2022775**
Revision Date:	**06/06/2014**
LOINC Code:	**2141-0**

TEST NAME	METHODOLOGY
ACTH (Adrenocorticotropic Hormone), Plasma	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.5 mL (0.3)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	Collect in a chilled EDTA (Lavender) tube, centrifuge ASAP then separate plasma from cells and freeze plasma immediately! **Avoid hemolysis.**			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 Days
CPT Code(s)	82024

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Actin (F-Actin) Smooth Muscle Antibody

Order Name:	**ACTIN AB**
Test Number:	**5700200**
Revision Date:	**09/30/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Actin (F-Actin) Smooth Muscle Antibody	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 8Hrs, Refrigerated: 2wks, Frozen: 1mo.			

GENERAL INFORMATION

Testing Schedule	Tue-Sat
Expected TAT	3-4 Days
Clinical Use	Actin is the major antigen to which smooth muscle antibodies react in autoimmune hepatitis. F-Actin IgG antibodies are found in 52-85% of patients with autoimmune hepatitis (AIH) or chronic active hepatitis and in 22% of patients with primary bilary cirrhosis (PBC). Anti-actin antibodies have been reported in 3-18% of sera from normal healthy controls.
Notes	This is an ELISA based assay to purified F-actin. IgG antibodies to F-actin are present in approximately 75% of patients with AIH type 1, approximately 65% of patients with autoimmune cholangitis, approximately 30% of patients with primary biliary cirrhosis (PBS), and approximately 2% of healthy controls. High values are closely correlated with AIH type 1.
CPT Code(s)	83516
Lab Section	Reference Lab

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Activated Partial Thromboplastin Time (aPTT)

Order Name:	**PTT**
Test Number:	**1500050**
Revision Date:	**08/26/2014**
LOINC Code:	**3184-9**

TEST NAME	METHODOLOGY
Activated Partial Thromboplastin Time (aPTT)	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5 mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.
Do not pool aliquots together!
Specimen Stability: Un-Frozen specimens are only good for 4 hours. If the patient is on Heparin, Un-Frozen specimens are only good 2hrs.

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	This test is most commonly used to monitor heparin therapy. It is also prolonged with deficiencies of clotting factors of the intrinsic system and the common pathway. Presence of antifactor antibodies, and other inhibitors may also be detected with this test.
CPT Code(s)	85730

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Activated Protein C Resistance (APCR)

Order Name:	**PROT C RES**
Test Number:	**1507750**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Activated Protein C Resistance (APCR)	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 2 hours of collection the specimen must be double spun then 1.5 mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.
Do not pool aliquots together!

GENERAL INFORMATION

Testing Schedule	Tues, Thurs
Expected TAT	3-5 Days
Clinical Use	For the dermination of resistance to activated Protein C, caused by the Factor V (5) Leiden mutation.
CPT Code(s)	85307

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Adenosine Deaminase

Order Name:	**ADENO DEAM**
Test Number:	**3660750**
Revision Date:	**04/09/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Adenosine Deaminase	Spectrophotometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Pleural Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	**Specimen should be sent Refrigerated** Stability: Ambient = 72hrs, Refrigerated = 7days, Frozen = 7days.			

GENERAL INFORMATION

Testing Schedule	Wednesday, Friday
Expected TAT	3-7 Days
Clinical Use	Adenosine deaminase (ADA) is an endogenous tissue enzyme which is released into the serum in patients with many different types of malignancies and infections, including viral hepatitis, infectious mononucleosis, typhoid fever, and tuberculosis. It is the most useful single test in portal hypertension (ascites) associated with liver cirrhosis. In pleural fluid, elevated ADA levels are very commonly associated with tuberculosis, although increased ADA activity may be found in effusions due to a number of causes, including TB, bacterial infections, rheumatologic disease, and lymphoproliferative disorders. In CSF, ADA is elevated in cases of tuberculous meningitis.
Notes	CSF (Cerebrospinal Fluid) is no longer an acceptable specimen type for this test code.
CPT Code(s)	84311
Lab Section	Reference Lab

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Adenovirus Antibodies

Order Name:	**ADENO AB**
Test Number:	**5564300**
Revision Date:	**06/06/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Adenovirus Antibody IgG	Indirect Fluorescent Antibody	41162-9
Adenovirus Antibody IgM	Indirect Fluorescent Antibody	21054-2

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Acute infection of respiratory tract.
CPT Code(s)	86603x2

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Adenovirus Detection by PCR

Order Name:	**ADENOV PCR**
Test Number:	**5565555**
Revision Date:	**01/14/2013**
LOINC Code:	**39528-5**

TEST NAME	METHODOLOGY
Adenovirus Detection by PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3mL (1mL)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**3mL (1mL)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	The preferred specimen is mini-Flocked Swab in Universal Transport Media (UTM) (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M4. Keep swabs refrigerated up to 48hrs (room temperature stability is only 4hrs). Freeze if testing will be delayed more than 48hrs. Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated. **NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.**			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 Days
Clinical Use	Qualitative detection of Adenovirus by PCR (Polymerase Chain Reaction).
Notes	Analyte-Specific Reagent (ASR's) are used in certain laboratory tests necessary for standard medical care and generally do not require FDA approval. This test was developed and it's performance determined by Regional Medical Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administratin.
CPT Code(s)	87798

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Adult Food Panel

Order Name:	**A FOOD A P**
Test Number:	**5611425**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Corn IgE	ImmunoCAP
Egg White IgE	ImmunoCAP
Egg Yolk IgE	ImmunoCAP
Milk (Cow's) Food Allergy IgE	ImmunoCAP
Casein IgE	ImmunoCAP
Oat IgE	ImmunoCAP
Rice IgE	ImmunoCAP
Peanut IgE	ImmunoCAP
Chicken Meat IgE	ImmunoCAP
Wheat IgE	ImmunoCAP
Potato IgE	ImmunoCAP
Beef IgE	ImmunoCAP
Chocolate IgE	ImmunoCAP
Pork IgE	ImmunoCAP
Soybean IgE	ImmunoCAP
Turkey Meat IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.6 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x16

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Aerobic Wound Culture and Stain

Order Name:	**C WOUN RTS**
Test Number:	**6000153**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Aerobic Wound Culture and Stain	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Tissue**	**Sterile Screwtop Container**	**Room Temperature**
Alternate 1	**1 mL**	**Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Alternate 2	**Swab**	**Swab**	**Anaerobic Gel Swab (Blue Cap)**	**Room Temperature**
Instructions	Place swab in sterile transport (Culturette or Port-a-Cul). Send fluids or tissues in sterile container. **Also acceptable is: Regular size applicator Copan eSwab - White**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	3 Days
Clinical Use	Aerobic culture for determining bacterial pathogens from wound, tissue and sterile fluid sites.
Notes	Sensitivities done on isolates considered pathogens.
CPT Code(s)	87070, 87205

Alanine Transaminase (ALT)

Order Name:	**ALT**
Test Number:	**2004850**
Revision Date:	**03/05/2012**
LOINC Code:	**1742-6**

TEST NAME	METHODOLOGY
Alanine Transaminase (ALT)	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 72hrs.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the diagnosis and treatment of certain liver diseases (viral hepatitis and cirrhosis) and heart disease.
CPT Code(s)	84460

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Albumin

Order Name:	**ALBUMIN**
Test Number:	**2000150**
Revision Date:	**03/05/2012**
LOINC Code:	**1751-7**

TEST NAME	METHODOLOGY
Albumin	BCG

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 7days.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for the management of hydration, kidney disease, liver disease, infections, severe burns and cancer.
CPT Code(s)	82040

Albumin Fluid

Order Name:	**SRS ALB**
Test Number:	**2000325**
Revision Date:	**08/15/2012**
LOINC Code:	**1747-5**

TEST NAME	METHODOLOGY
Albumin Fluid	BCG

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	See Albumin.
CPT Code(s)	82042

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Aldolase

Order Name:	**ALDOLASE**
Test Number:	**3600150**
Revision Date:	**03/02/2015**
LOINC Code:	**1761-6**

TEST NAME	METHODOLOGY
Aldolase	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Hemolyzed specimens are not acceptable.** Allow specimen to clot completely at room temperature. Serum is the only acceptable specimen type for this assay. Unacceptable Conditions: Specimen types other than serum. Hemolyzed specimens. Stability After separation from cells: Ambient 8 hours; Refrigerated 5 days; Frozen 6 months.			

GENERAL INFORMATION

Testing Schedule	Sun - Sat
Expected TAT	2-3 Days
Clinical Use	Useful in the evaluation of muscle wasting diseases, such as Duchenne's muscular dystrophy.
CPT Code(s)	82085
Lab Section	Reference Lab

Aldosterone, 24-Hour Urine

Order Name:	**ALDOS 24 U**
Test Number:	**3808350**
Revision Date:	**02/26/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Aldosterone, 24-Hour Urine	Radioimmunoassay	1765-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect urine in a 24-hour urine container with 10 grams of boric acid or 25mL 6N HCL to maintain pH below 7.5. Specimens preserved with HCl or acetic acid are acceptable for this test. Submit a 5mL(0.5) urine aliquot from a well mixed 24-hour collection. Specimens without preservative are acceptable if frozen immediately after collection. Record total volume and collection time interval on transport tube and test request form.			

GENERAL INFORMATION

Testing Schedule	Mon, Thur
Expected TAT	3-6 Days
CPT Code(s)	82088
Lab Section	Reference Lab

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Aldosterone, Serum

Order Name:	**ALDOS SER**
Test Number:	**3800325**
Revision Date:	**03/02/2015**
LOINC Code:	**1763-2**

TEST NAME	METHODOLOGY
Aldosterone, Serum	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)**	**Frozen**
Instructions	If an upright specimen is collected, patient should be upright (seated or standing) for at least two hours. Non-ambulatory patients can be drawn and specimen marked as Supine. **Unacceptable Conditions: EDTA plasma.** Stability: After separation from cells: Ambient 8 hours; Refrigerated 5 days; Frozen 1 month.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	82088
Lab Section	Reference Lab

ALK-EML4 gene fusion by FISH

Order Name:	**ALK FISH**
Test Number:	**9100787**
Revision Date:	**01/30/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
ALK-EML4 gene fusion by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Below**	**Tissue**	**Paraffin Block**	**Room Temperature**
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	Assay Dependant
Expected TAT	3-5 Days
Clinical Use	Cinicial use: Rearrangements of the ALK (anaplastic large cell lymphoma) gene located at chromosome 2p23 is best detected by FISH analysis. Patients with lung adenocarcinoma carrying the ALK - EML4 gene fusion have been reported to have a good response to certain chemotherapeutic medications.
CPT Code(s)	88368x2
Lab Section	Reference Lab

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Alkaline Phosphatase

Order Name:	**ALK PHOS**
Test Number:	**2000250**
Revision Date:	**03/05/2012**
LOINC Code:	**6768-6**

TEST NAME	METHODOLOGY
Alkaline Phosphatase	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 72hrs.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for evaluating liver disease.
CPT Code(s)	84075

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Alkaline Phosphatase Isoenzymes (ALP Isoenzymes)

Order Name:	**ALK P ISOS**
Test Number:	**5004000**
Revision Date:	**04/26/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Alkaline Phosphatase	Electrophoresis
Intestine Isoenzyme	Electrophoresis
Placental Isoenzyme	Electrophoresis
Bone Isoenzyme	Electrophoresis
Liver Isoenzyme	Electrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature= 7 Days; Refrigerated= 21 Days; Frozen= 21 Days.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	3-4 Days
Clinical Use	Useful in the assessment of bone, liver, and biliary tract diseases.
CPT Code(s)	84075, 84080
Lab Section	Reference Lab

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Alkaline Phosphatase, Bone Specific

Order Name: **ALK P BONE**
Test Number: **3656500**
Revision Date: **08/22/2014**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Alkaline Phosphatase, Bone Specific	Immunoenzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Allow serum samples to clot completely before centrifugation.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr, Sat
Expected TAT	4-6 Days
Notes	The bone-specific alkaline phosphatase (BSAP) assay provides a general index of bone formation and a specific index of total osteoblast activity. BSAP and osteocalcin are the most effective markers of bone formation and are particularly useful for monitoring bone formation therapies and antiresorptive therapies.
CPT Code(s)	84080
Lab Section	Reference Lab

Allergic Bronchopulmonary Aspergillosis (ABPA) panel

Order Name: **ASPER F AB**
Test Number: **5506875**
Revision Date: **03/09/2012**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Aspergillus fumigatus IgG Antibodies	Enzyme Immunoassay	
Aspergillus fumigaus Specific IgE	ImmunoCAP	
Total Serum IgE	Chemiluminescence Assays	19113-0

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-5 Days
Clinical Use	ABPA is a hypersensitivty disease of the lungs caused by Aspergillus fumigatus. It is an important complication for patients with asthma and cystic fibrosis.
CPT Code(s)	86003, 82785, 86001
Lab Section	Reference Lab

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Allergic Bronchopulmonary Aspergillosis (ABPA) panel 2

Order Name:	**ABPA 2**
Test Number:	**5509225**
Revision Date:	**03/09/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Aspergillus fumigatus IgG Antibodies	Enzyme Immunoassay	
Aspergillus fumigaus Specific IgE	ImmunoCAP	
Total Serum IgE	Chemiluminescence Assays	19113-0
Aspergillus fumigatus Mix Gel Diffusion	Gel Diffusion	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-5 Days
Clinical Use	ABPA is a hypersensitivty disease of the lungs caused by Aspergillus fumigatus. It is an important complication for patients with asthma and cystic fibrosis.
Notes	The ABPA 2 panel is the same as the basic ABPA panel with the addition of Aspergillus Precipitins. Recent reports have emphasized the importance of both the precipitin and quantitative IgG test for Aspergillus-specific antibodies.
CPT Code(s)	86331, 86003, 82785, 86001
Lab Section	Reference Lab

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Allergy Isohemagglutinins

Order Name:	**ALLERGY IH**
Test Number:	**7311600**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
ABO Rh Interpretation	Hemagglutination
Anti A Interpretation	Hemagglutination
Anti B Interpretation	Hemagglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3.5)**	**Whole Blood**	**EDTA (Pink top)**	**Room Temperature**
Alternate 1	**7 mL (3.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1 Day
Clinical Use	Used to determine if the patient is expressing the appropriate titer strength of antibody to A, B, blood antigens.
CPT Code(s)	86900, 86901

Almond Nut Food Allergy

Order Name:	**ALMOND**
Test Number:	**5610325**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Almond Nut Food Allergy	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Almond Nut Food Allergy IgG

Order Name:	**ALMOND IGG**
Test Number:	**5500469**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Almond Nut Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Alpha 1 Antitrypsin

Order Name:	**ALPH 1 ANT**
Test Number:	**5000150**
Revision Date:	**04/05/2012**
LOINC Code:	**1825-9**

TEST NAME	METHODOLOGY
Alpha 1 Antitrypsin	Quantitative Immunoturbidimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Stability After separation from cells: Ambient 8 hours, Refrigerated 5 days, Frozen 3 months (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	1-3 Days
Clinical Use	Congenital deficiency of alpha-1-antitrypsin (AAT) is associated with development of emphysema at an unusually early age and an increased incidence of neonatal hepatitis with progression to cirrhosis. Diagnosis of AAT deficiency.
CPT Code(s)	82103

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Alpha 1 Antitrypsin, Feces, 24 hour

Order Name:	FEC A-1-AT
Test Number:	3502100
Revision Date:	02/23/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Alpha 1 Antitrypsin, Feces, 24 hour	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10grams (2grams)**	**Fecal/Stool**	**Stool Specimen Container, Large for 24 or 72 hour Collections (White)**	**Refrigerated**
Instructions	Keep 24hr stool container refrigerated during and after collection. Specimen Stability: Room temperature: Unacceptable, Refrigerated: Indefinite, Frozen: Indefinite.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	4-7 Days
CPT Code(s)	82103
Lab Section	Reference Lab

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

Order Name:	ALPHA GAL
Test Number:	5519675
Revision Date:	11/17/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Alpha Gal IgE Allergy (Galactose-alpha-1,3-galactose)	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	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
Lab Section	Reference Lab

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Alpha Lactalbumin IgE

Order Name:	**LACT ALB**
Test Number:	**5557155**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Alpha Lactalbumin IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Alpha Subunit Gonadotropin

Order Name:	**ALPHA SUB**
Test Number:	**3638925**
Revision Date:	**06/05/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Alpha Subunit Gonadotropin	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Tues, Fri
Expected TAT	4 Days
CPT Code(s)	83519
Lab Section	Reference Lab

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Alpha-1 Antitrypsin (AAT) Mutation Analysis

Order Name:	**ALPH 1 MUT**
Test Number:	**3805175**
Revision Date:	**01/01/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Alpha-1 Antitrypsin (AAT) Mutation Analysis	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (2)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 1	**5 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Instructions	Keep At Room Temperature or Refrigerated - DO NOT FREEZE !			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	6-7 Days
Clinical Use	Individuals who carry two copies (homozygous) for the Z allele are at a higher risk to develop liver disease and emphysema.
CPT Code(s)	81332 (2013 code)
Lab Section	Reference Lab

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Alpha-Fetoprotein (AFP) Amniotic Fluid analysis & reflex

Order Name:	**AFP AM FL**
Test Number:	**3811175**
Revision Date:	**08/01/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Alpha-Fetoprotein (AFP), Amniotic Fluid	Chemiluminescence Assays	1832-5
Alpha-Fetoprotein (AFP), Multple of Median	Calculation	29595-6
Acetylcholinesterase, Amniotic Fluid (Possible Reflex Test)	Electrophoresis	
Fetal Hemoglobin, Amniotic Fluid (Possible Reflex Test)	Radial Immunodiffusion	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**20-30 mL**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Room Temperature**

Instructions

Required information:

- Patient Diagnosis
- EDD (Estimated Date of Delivery)
- Gestational Age and method of determination: US or LMP

20-30 ml of amniotic fluid in well labeled sterile screw top tubes.

Avoid contaminating the fluid with blood (discard the first 2 cc collected; syringes not acceptable).

Gestational age (13-24 weeks) must be provided for interpretation of results.

Ship at room temperature. **DO NOT FREEZE.**

SPECIMEN VIABILITY DECREASES DURING TRANSIT. SEND SPECIMEN TO TESTING LAB FOR VIABILITY DETERMINATION. DO NOT REJECT.

GENERAL INFORMATION

Testing Schedule	Everyday
Expected TAT	3-4 Days
Clinical Use	Amniotic fluid collected by amniocentesis performed during the secondtrimester, preferably at 13 to 24 weeks of gestation is the most common sourceof fetal cells for prenatal diagnosis. It is used to determine geneticcause for mental retardation, congenital anomalies, infertility, miscarriage,stillbirth, and ambiguous genitalia and Confirm or exclude the diagnosis ofknown chromosomal syndromes.
Notes	**If the preliminary AFP is abnormal, reflexive Acetylcholinesterase testing is activated along with a Fetal Hemoglobin which is typically used to exclude the possibility fetal blood contamination.** This particular assay "AFP AM FL" does not contain chromosome studies. For Chromosome studies on amniotic fluid see Chromosome Analysis - Amniotic in the test directory.
CPT Code(s)	82106
Lab Section	Reference Lab

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Alpha-fetoprotein (AFP) Serous Fluid

Order Name:	**SRS AFP**
Test Number:	**3620075**
Revision Date:	**10/05/2005**
LOINC Code:	**11207-8**

TEST NAME	METHODOLOGY
Alpha-fetoprotein (AFP) Serous Fluid	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if < 48 hours.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 days
Clinical Use	Useful for the follow-up management of patients undergoing cancer therapy, especially for testicular and ovarian tumors and for primary hepatoma.
CPT Code(s)	82105

Alpha-fetoprotein (AFP) Tumor Marker

Order Name:	**AFP CENT**
Test Number:	**3620125**
Revision Date:	**02/22/2011**
LOINC Code:	**53962-7**

TEST NAME	METHODOLOGY
Alpha-fetoprotein (AFP) Tumor Marker	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Due to testing schedule, please submit frozen specimens. Stability: Ambient 8 hours. Refrigerated 48 hours.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-3 days
Clinical Use	Useful for the follow-up management of patients undergoing cancer therapy, especially for testicular and ovarian tumors and for primary hepatoma.
CPT Code(s)	82105

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Alternaria Tenuis Allergy IgG

Order Name:	**ALTERNAR G**
Test Number:	**5500443**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Alternaria Tenuis Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

Alternaria Tenuis IgE

Order Name:	**ALTER TEN**
Test Number:	**5606550**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Alternaria Tenuis IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Aluminum, Random Urine

Order Name:	**ALUMINUM U**
Test Number:	**2001500**
Revision Date:	**11/23/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Aluminum, Random Urine	Atomic Spectroscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7mL (2)**	**Urine, Random**	**Acid Washed, Trace Element Free Contatiner**	**Refrigerated**
Instructions	7mL (minimum 2 mL) random urine in acid-washed, metal-free container.			

GENERAL INFORMATION

Testing Schedule	Sets up 2 days a week. Reports in 3 days.
Expected TAT	5-8 Days
CPT Code(s)	82108
Lab Section	Reference Lab

Aluminum, Serum

Order Name:	**ALUMINUM**
Test Number:	**3800750**
Revision Date:	**10/21/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Aluminum, Serum	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Room Temperature**
Instructions	Patient should refrain from taking antacids containing aluminum compounds at least three days prior to sample collection. **Centrifuge and pour off serum into an Trace Element-Free Transport Tube ASAP. Do not allow serum to remain on cells.** Stability: If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	82108
Lab Section	Reference Lab

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American Cheese IgE

Order Name:	**CHEES AMER**
Test Number:	**5582975**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
American Cheese IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Amikacin

Order Name:	**AMIKACIN**
Test Number:	**4000645**
Revision Date:	**05/29/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Amikacin	Fluorescence Polarization Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**1 mL (0.2)**	**Plasma**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Refrigerated**
Instructions	Do not use gel barrier tubes.			

GENERAL INFORMATION

Testing Schedule	Mon - Sun
Expected TAT	2-3 Days
CPT Code(s)	80150
Lab Section	Reference Lab

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Amino Acid Analysis, Quantitative, Plasma

Order Name:	**AA QN BL**
Test Number:	**3617225**
Revision Date:	**06/06/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Amino Acid Analysis, Quantitative, Plasma	LC/MS

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.3mL)**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Frozen**
Alternate 1	**2mL (0.3mL)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Instructions	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

Testing Schedule	Mon, Wed - Fri, Sat
Expected TAT	10-12 Days
CPT Code(s)	82139
Lab Section	Reference Lab

Amino Acid Analysis, Quantitative, Urine

Order Name:	**AA QN UR**
Test Number:	**3617455**
Revision Date:	**01/18/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Amino Acid Analysis, Quantitative, Urine	LC/MS

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10mL (2mL)**	**Urine, Random**	**Sterile Urine container**	**Frozen**
Instructions	Do not use preservatives. Urine with a pH less than 2.0 will be rejected. 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

Testing Schedule	Mon, Tue - Fri
Expected TAT	4-6 Days
CPT Code(s)	82139; 82570
Lab Section	Reference Lab

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Amiodarone

Order Name:	**AMIODARON**
Test Number:	**3653300**
Revision Date:	**05/10/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Amiodarone	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Do not use gel barrier tubes. Centrifuge and separate serum as soon as possible. Specimen Stability: Room temperature: 48 hours, Refrigerated: 4 days, Frozen: 30 days. **Protection from light, is no longer required!**			

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	2-3 Days
Clinical Use	Amiodarone is an antiarrythmic drug. Therapeutic drug monitoring is useful to monitor compliance and avoid toxicity. Methodology: High Performance Liquid Chromatography (HPLC) or Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS).
Notes	82492
CPT Code(s)	82492
Lab Section	Reference Lab

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Amitriptyline

Order Name:	**AMITRIPTL**
Test Number:	**4302455**
Revision Date:	**01/19/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Amitriptyline		3333-2
Nortriptyline (Aventyl)	Liquid Chromatography/Tandem Mass Spectrometry	3872-9
Amitriptyline/Nortriptyline		3335-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Do not use gel barrier tubes. Separate from cells as soon as possible after clotting. Optimum time to collect sample: 10-14 hours post oral dose.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 Days
CPT Code(s)	80335
Lab Section	Reference Lab

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AML, 11q23 Gene Rearrangement by FISH

Order Name:	**AML11Q23**
Test Number:	**9116225**
Revision Date:	**05/10/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
AML, 11q23 Gene Rearrangement by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon- Fri
Expected TAT	3-5 Days
Clinical Use	11q23 band (11q23+) bearing the MLL gene translocation (MLL+) is a recurrent chromosome change observed in 3% to 7% of acute lymphoblastic leukemias and in 3% to 4% of acute myeloblastic leukemias
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368, 88368-TCx1
Lab Section	Reference Lab

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AML, AML1/ETO Translocation 8,21 by FISH

Order Name:	**AML8-21T**
Test Number:	**9116200**
Revision Date:	**05/10/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
AML, AML1/ETO Translocation 8,21 by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	FISH for t(8;21) RUNX1Ta/RUNX1 [t(8;21)(q22;q22)] Frequently observed karyotic abnormality associated with Acute Myeloid Leukemia (AML), especially FAB M2.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368, 88368-TCx1
Lab Section	Reference Lab

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AML, Inversion 16 by FISH

Order Name:	**AML INV 16**
Test Number:	**9116175**
Revision Date:	**05/10/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
AML, Inversion 16 by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (DO NOT FREEZE). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	[inv(16) or t(16;16)(p13;q22)]; inv(16), AML-M4 CBFB/MYH11 is associated with acute myeloid leukemia (FAB M4 Eo subtype)
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368, 88368-TCx1
Lab Section	Reference Lab

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AML, t(15-17) PML/RARA by FISH

Order Name:	**AML 15-17**
Test Number:	**9116025**
Revision Date:	**05/10/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
AML, t(15-17) PML/RARA by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	[t(15;17)] Useful for diagnosing or excluding acute promyelocytic leukemia (AML M3) with the standard translocation. It will not detect variant translocations seen in AML M3, such as the t(11;17) or t(5;17).
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368, 88368-TCx1
Lab Section	Reference Lab

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Ammonia

Order Name:	**AMMONIA**
Test Number:	**2000300**
Revision Date:	**06/16/2003**
LOINC Code:	**16362-6**

TEST NAME	METHODOLOGY
Ammonia	GLDH/UV

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**See Instructions**
Instructions	Place specimen on ice immediately after drawing, separate plasma and freeze within 30 minutes or deliver to lab immediately. **Stability: 2 hour delay permissible if plasma is separated from cells and kept on ice or refrigerated. Freeze specimen if not going to be tested within 2 hours of collection.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the diagnosis and treatment of advanced liver disease and hepatic encephalopathy and Reye's Syndrome.
CPT Code(s)	82140

Amoxicillin IgE

Order Name:	**AMOXYCILL**
Test Number:	**5570325**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Amoxicillin IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Ampicillin IgE

Order Name:	**AMPICIL RS**
Test Number:	**5584775**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ampicillin IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Amylase

Order Name:	**AMYLASE**
Test Number:	**2000350**
Revision Date:	**06/18/2003**
LOINC Code:	**1798-8**

TEST NAME	METHODOLOGY
Amylase	CNPG3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Diagnosis and useful for monitoring acute pancreatitis.
CPT Code(s)	82150

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Amylase Serous Fluid

Order Name:	**SRS AMYLSE**
Test Number:	**3500050**
Revision Date:	**06/11/2003**
LOINC Code:	**1795-4**

TEST NAME	METHODOLOGY
Amylase Serous Fluid	CNPG3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Diagnosis and useful for monitoring acute pancreatitis.
CPT Code(s)	82150

Amylase Urine Random

Order Name:	**AMYL R U**
Test Number:	**3000075**
Revision Date:	**06/10/2003**
LOINC Code:	**1799-6**

TEST NAME	METHODOLOGY
Amylase Urine Random	CNPG3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Diagnosis and useful for monitoring acute pancreatitis.
CPT Code(s)	82150

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Amylase Urine Timed

Order Name:	**AMYL TM U**
Test Number:	**3006850**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Amylase Urine IU/hour		1800-2
Amylase Urine Timed	CNPG3	*
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Room Temperature**
Instructions	Time urine collection. No preservative. Record number of hours and volume in ml on the specimen container. Adjust pH to about 7.0 before storage. Stability: Ambient 7 days (if urine pH is adjusted to 7.0) and refrigerated 30 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Useful for the detection of pancreatic amylase in urine. 24 hour collection.
CPT Code(s)	82150

Anaerobic Culture and Stain

Order Name:	**C WOUN AN**
Test Number:	**6000050**
Revision Date:	**12/23/2014**
LOINC Code:	**635-3**

TEST NAME	METHODOLOGY
Anaerobic Culture and Stain	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Tissue**	**Sterile Screwtop Container**	**Room Temperature**
Alternate 1	**2 mL (1)**	**Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Alternate 2	**Swab**	**Swab**	**Anaerobic Gel Swab (Blue Cap)**	**Room Temperature**
Instructions	Avoid skin surfaces, mouth, oral, anal, and vaginal areas which have normal anaerobic flora. Clean surface of lesions with alcohol. **Also acceptable is: Regular size applicator Copan eSwab - White**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	4 Days
Clinical Use	Determines presence or absence of anerobic bacteria in culture.
CPT Code(s)	87075, 87205

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Anchovy IgE

Order Name:	**ANCHOVY**
Test Number:	**5552350**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Anchovy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Androstenedione

Order Name:	**ANDROSTEN**
Test Number:	**3801250**
Revision Date:	**11/20/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Androstenedione	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.3)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Refrigerated**
Alternate 1	**1mL (0.3)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**1mL (0.3)**	**Plasma**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Refrigerated**
Instructions	Specimen should be collected between 6-10 a.m. **Gel Separation tubes are unacceptable.** Draw blood in a red-top tube (NO-Gel). Separate serum after clotting. Specimen Stability (Serum or Plasma): Room temperature: 14 Days, Refrigerated: 28 Days, Frozen: 2 Years.			

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	5-7 Days
Clinical Use	Androstenedione is useful when evaluating patients with androgen excess and managing patients with Congenital Adrenal Hyperplasia (CAH).
CPT Code(s)	82157
Lab Section	Reference Lab

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Angiotensin Converting Enzyme (ACE)

Order Name:	ANGIOTEN
Test Number:	3600160
Revision Date:	10/18/2007
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Angiotensin Converting Enzyme (ACE)	Enzymatic

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**
Instructions	Allow specimen to clot completely at room temperature. Separate serum from cells ASAP. Stability: After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 months. Plasma is not acceptable.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	82164
Lab Section	Reference Lab

Angiotensin Converting Enzyme (ACE), CSF

Order Name:	CSF ANGIOT
Test Number:	0804450
Revision Date:	02/28/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Angiotensin Converting Enzyme (ACE), CSF	Kinetic Spectrophotometric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Stability: Room temperature: 4 Days, Refrigerated: 7 Days, Frozen: 60 Days.			

GENERAL INFORMATION

Testing Schedule	Tues - Sat
Expected TAT	3-4 Days
Clinical Use	Used in the assessment of sarcoidosis. The major sources of ACE are macrophages and epithelial cells. Patients with sarcoidosis display elevated levels of ACE, and the enzyme activity correlates with severity of the disease. Elevated serum ACE levels are also present in Gaucher's disease.
CPT Code(s)	82164
Lab Section	Reference Lab

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Animal and Feather Panel

Order Name:	**A ANIML PN**
Test Number:	**5616750**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cat Dander IgE	ImmunoCAP
Dog Dander IgE	ImmunoCAP
Cow Dander IgE	ImmunoCAP
Horse Dander IgE	ImmunoCAP
Feathers(chicken,duck,goose,turkey) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x5

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Anti-Mullerian Hormone

Order Name:	**AMH**
Test Number:	**5570915**
Revision Date:	**03/23/2015**
LOINC Code:	**38476-8**

TEST NAME	METHODOLOGY
Anti-Mullerian Hormone	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.2 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate 1	**0.5 mL (0.2 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 2	**0.5 mL (0.2 mL)**	**Plasma**	**Lithium Heparin PST (Green/Gray Top)**	**Frozen**
Instructions	**Allow serum to clot then Separate from cells ASAP or within 2 hours of collection.** **Unacceptable Conditions: Hemolyzed or lipemic specimens.** Stability: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 3 weeks (avoid repeated freeze/thaw cycles)			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-4 Days
CPT Code(s)	83516
Lab Section	Reference Lab

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Anti-Neutrophil Cytoplasmic Antibody (ANCA)

Order Name:	**NEUT CY AB**
Test Number:	**5565200**
Revision Date:	**08/19/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Anti-Neutrophil Cytoplasm Titer	Indirect Fluorescent Antibody	17351-8
Anti-Neutrophil Cytoplasmic Pattern	Indirect Fluorescent Antibody	49308-0

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	ANCA is a family of autoantibodies with varied specificities. The 3 types of ANCA patterns are C-, P- and X-. C- and P-ANCA can be of considerable value in the diagnosis of the spectrum of vasculitis (e.g. Wegener's). The X- ANCA is associated with inflammatory bowel disease. Positive results will reflex to specific testing for MPO and/or PR3 antibodies.
CPT Code(s)	86021

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Anti-Nuclear Antibody (ANA) Analyzer

Order Name:	**ANA AN**
Test Number:	**5524250**
Revision Date:	**06/24/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Anti-Nuclear Antibody (ANA) Screen	Indirect Fluorescent Antibody	8061-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4.5mL (2mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**
Alternate 1		**See Instructions**	**See Special Instructions**	
Instructions	**Also please aliquot and freeze 1mL of Serum in plastic aliquot tube for possible C3/C4 reflex testing.**			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-7 Days
Clinical Use	To aid in the diagnosis of Connective Tissue Disease. This analyzer follows an algorithm or cascade of tests based on the results of the screening ANA test. See more information
Notes	The following tests will be ordered based on the ANA pattern(s) and titer: Anti-ds DNA. Anti-RNP, Anti-Sm, Anti-SS-A/Ro, Anti-SS-B/La, Anti-SCL-70, C3, C4, Jo-1. 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.

Anti-Nuclear Antibody (ANA) Screen

Order Name:	**ANA SCR**
Test Number:	**5500050**
Revision Date:	**12/06/2011**
LOINC Code:	**8061-4**

TEST NAME	METHODOLOGY
Anti-Nuclear Antibody (ANA) Screen	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	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	3 Days
Clinical Use	To aid in the diagnose autoimmune diseases.
Notes	If ANA screen is positive for adults >1:80; or children >1:20, titer is automatically performed. (86039)
CPT Code(s)	86038

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Anti-Nuclear Antibody (ANA) Serous Fluid

Order Name:	**ANA FL**
Test Number:	**5590550**
Revision Date:	**07/14/2005**
LOINC Code:	**14607-6**

TEST NAME	METHODOLOGY
Anti-Nuclear Antibody (ANA) Serous Fluid	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Serous Fluid**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Instructions	1 mL Serous Fluid			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
CPT Code(s)	86038

Anti-Parietal Cell Antibody (APCA) Screen - Reflex to Titer

Order Name:	**PARIETL AB**
Test Number:	**5565300**
Revision Date:	**07/10/2012**
LOINC Code:	**14241-4**

TEST NAME	METHODOLOGY
Anti-Parietal Cell Antibody (APCA) Screen - Reflex to Titer	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Associated with Pernicious anemia.
CPT Code(s)	Screen 86255, If positive it will reflex to titer 86256

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Anti-Streptolysin O Titer (ASO)

Order Name:	**ASO**
Test Number:	**5509550**
Revision Date:	**08/26/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Anti-Streptolysin O Titer (ASO)	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	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 - Sat
Expected TAT	2 Days
Clinical Use	Immune response to Streptococcal infection.
CPT Code(s)	86060

Anti-Thrombin 3 (ATIII) Antigen

Order Name:	**THROMB3 AG**
Test Number:	**1500600**
Revision Date:	**08/26/2014**
LOINC Code:	**3175-7**

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

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.5 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.** Each 2.7mL Sodium Citrate 3.2% (Blue Top) tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. **The specimen must be double spun then 1.5 mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze within 1 hour of collection.** **Do not pool aliquots together! Do not thaw.**			

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	3-5 Days
CPT Code(s)	85301

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Anti-Thrombin 3 (ATIII), Functional Activity

Order Name:	**THROM3 FUN**
Test Number:	**1501825**
Revision Date:	**08/26/2014**
LOINC Code:	**27811-9**

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)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**
Instructions	**Please indicate anticoagulant therapy.** Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5 mL plasma aliquot 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

Antibody Identification

Order Name:	**ABID**
Test Number:	**7302000**
Revision Date:	**06/06/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Antibody Identificaton Interp	MTS Gel Technology, Ortho Clinical Diagnostics	14575-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (7)**	**Whole Blood**	**EDTA (Pink top)**	**Room Temperature**
Alternate 1	**7 mL (7)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 day
Clinical Use	Used to determine the identity of a patient's alloantibody or autoantobody.
CPT Code(s)	86077; 86870

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Antibody Screen to RBC Antigens (Indirect Coombs)

Order Name:	**ABSC**
Test Number:	**7320150**
Revision Date:	**08/26/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Antibody Screen Interp	MTS Gel Technology, Ortho Clinical Diagnostics

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3.5)**	**Whole Blood**	**EDTA (Pink top)**	**Room Temperature**
Alternate 1	**7 mL (3.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Used to determine whether the patient has any alloantibody and or autoantibody present.
Notes	If the antibody screen is positive, antibody identification, direct antiglobulin testing, and RBC antigen typing will be performed at an additional charge.
CPT Code(s)	86850

Antibody Titer

Order Name:	**AB TITER**
Test Number:	**7002750**
Revision Date:	**06/12/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Antibody Titer	Hemagglutination	61406-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3)**	**Whole Blood**	**EDTA (Pink top)**	**Room Temperature**
Alternate 1	**7 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 2	**7 mL (3)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 Days
Clinical Use	Used to determine the titer of a specific antibody present in the patient's plasma.
Notes	Antibody Screening and Antibody Indentification may be performed at an additional cost prior to the titer.
CPT Code(s)	86886

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Antidiuretic Hormone (ADH) and Osmolality

Order Name:	**ADH/OSMO**
Test Number:	**3600235**
Revision Date:	**01/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Antidiuretic Hormone (ADH, Arginine Vasopressin, AVP)	Radioimmunoassay	
Osmolality Serum/Plasma	Freezing Point	2692-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Plasma and Serum**	**EDTA (lavender top) and Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	**Collect Both Serum and Plasma** **ADH**: 6mL (2.5) EDTA Plasma, Frozen. Separate plasma from cells ASAP or within 2 hours of collection. **Osmolality**: 1 mL (0.5) Plasma Lithium Heparin PST (Light Green Top) or 1 mL (0.5)Serum Clot Activator SST (Red/Gray or Tiger Top) Keep Refrigerated or Frozen.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr, Sat
Expected TAT	3-11 Days (assay dependant)
CPT Code(s)	83930, 84588
Lab Section	Reference Lab

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Antidiuretic Hormone (ADH, Arginine Vasopressin, AVP)

Order Name:	**ADH/VAS**
Test Number:	**3600225**
Revision Date:	**02/12/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Antidiuretic Hormone (ADH, Arginine Vasopressin, AVP)	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6mL (2.5)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**CRITICAL FROZEN.** Separate specimens must be submitted when multiple tests are ordered. **Separate plasma from cells and freeze ASAP.** Stability after separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 1 month.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-11 Days
Clinical Use	Antidiuretic Hormone (also called ADH or Vasopressin) regulates water reabsorption in the kidney, reducing diuresis and increasing blood volume and pressure. The syndrome of inappropriate release of ADH has been labeled SIADH, occurring with neoplasia, pulmonary disorders (e.g., pneumonia and tuberculosis), CNS disorders, and with specific drugs.
CPT Code(s)	84588
Lab Section	Reference Lab

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Apolipoprotein A1

Order Name:	APO A 1
Test Number:	2015000
Revision Date:	03/02/2015
LOINC Code:	1869-7

TEST NAME	METHODOLOGY
Apolipoprotein A1	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Patient Preparation: Freshly drawn fasting specimen.** Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Hemolyzed specimens. Stability: Ambient: 8 hours; Refrigerated: 8 days; Frozen: 3 months			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	82172
Lab Section	Reference Lab

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Apolipoprotein A1 and B

Order Name:	**APO A1 B**
Test Number:	**2014950**
Revision Date:	**03/02/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Apolipoprotein A1	Nephelometry	1869-7
Apolipoprotein B	Nephelometry	1871-3
Apolipoprotein B/A Ratio		1874-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Patient Preparation: Freshly drawn fasting specimen.** Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Hemolyzed specimens. Stability: Ambient: 8 hours; Refrigerated: 8 days; Frozen: 3 months			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	82172X2
Lab Section	Reference Lab

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Apolipoprotein B

Order Name:	**APO B**
Test Number:	**2015050**
Revision Date:	**03/02/2015**
LOINC Code:	**1871-3**

TEST NAME	METHODOLOGY
Apolipoprotein B	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

Instructions

Patient Preparation: Freshly drawn fasting specimen.
Separate serum from cells ASAP or within 2 hours of collection
Unacceptable Conditions: Hemolyzed specimens.
Stability After separation from cells: Ambient 8 hours; Refrigerated 8 days; Frozen 3 months.

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	82172
Lab Section	Reference Lab

Apple Fruit IgE

Order Name:	**APPLE**
Test Number:	**5610200**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Apple Fruit IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Apricot IgE

Order Name:	**APRICOT**
Test Number:	**5506330**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Apricot IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Arsenic, 24-Hour Urine

Order Name:	**ARSENIC U**
Test Number:	**3809050**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Arsenic, 24-Hour Urine	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect specimen in a 24-hour acid washed urine container. To avoid contamination, do not measure 24-hour volume. Patient should refrain from eating seafood and taking herbal supplements at least 3 days prior to sample collection.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	3 Days
CPT Code(s)	82175
Lab Section	Reference Lab

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Arsenic, Whole Blood

Order Name:	**ARSENIC**
Test Number:	**3806200**
Revision Date:	**06/24/2013**
LOINC Code:	**5583-0**

TEST NAME	METHODOLOGY
Arsenic, Whole Blood	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7mL (0.5mL)**	**Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Ambient / Refrigerated**
Instructions	Do not spin. DO NOT ALIQUOT SPECIMEN. Patient should refrain from eating seafood and taking herbal supplements at least 3 days prior to sample collection. Collect whole blood in a **Royal Blue - EDTA** tube. Specimen can be transported in either Refrigerated or Ambient temperature.			

GENERAL INFORMATION

Testing Schedule	Tues - Sat
Expected TAT	3-4 Days
CPT Code(s)	82175
Lab Section	Reference Lab

Artichoke IgE

Order Name:	**ARTICHOKE**
Test Number:	**5557280**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Artichoke IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Ash White IgE

Order Name:	**ASH WHITE**
Test Number:	**5606475**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ash White IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Asparagus IgE

Order Name:	**ASPARAGUS**
Test Number:	**5556025**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Asparagus IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Aspartate Transaminase (AST)

Order Name:	**AST**
Test Number:	**2004800**
Revision Date:	**03/05/2012**
LOINC Code:	**1920-8**

TEST NAME	METHODOLOGY
Aspartate Transaminase (AST)	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 7days.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the diagnosis of liver disease.
CPT Code(s)	84450

Aspergillus Antibody, CF (Serum)

Order Name:	**ASPER CF**
Test Number:	**5501200**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Aspergillus Antibody, CF (Serum)	Complement Fixation

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**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-5 Days
Clinical Use	Single titers <=1:32 are indicative of recent infection. Titers of 1:8 or 1:16 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. Sensitivity of the CF test for aspergillosis is lower than that of the immunodiffusion test. Crossreactions may occur in patients with histoplasmosis and coccidioidomycosis.
CPT Code(s)	86606
Lab Section	Reference Lab

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Aspergillus Antigen (Galactomannan)

Order Name:	**ASPER AG I**
Test Number:	**5587827**
Revision Date:	**01/18/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Aspergillus Antigen Index	
Aspergillus Antigen	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	**Allow to Clot then Separate and Freeze Alliquot in Plastic tube ASAP!** Specimen Stability: Room temperature= Unacceptable, Refrigerated= 5 days, Frozen= 5 months.			

GENERAL INFORMATION

Testing Schedule	Tue, Fri
Expected TAT	1-4 Days following set up.
Clinical Use	The Aspergillus EIA is used for the detection of galactomannan antigen in serum. The Aspergillus EIA is an aid in the early diagnosis of invasive aspergillosis. This assay is to be used and test results interpreted in conjunction with other conventional diagnostic procedures such as microbiological culture, histologic examination of biopsy samples and other signs and symptoms for detection of Aspergillus infection.
CPT Code(s)	87305
Lab Section	Reference Lab

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Aspergillus fumigatus Mold IgE

Order Name: **ASPER MLD**
Test Number: **5606400**
Revision Date: **02/11/2013**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Aspergillus fumigatus Mold IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Aspergillus IgG

Order Name: **ASPER IGG**
Test Number: **5584500**
Revision Date: **02/11/2013**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Aspergillus IgG	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86001
Lab Section	Reference Lab

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Atypical Pneumonia Antibodies

Order Name:	**ATYP PNEUM**
Test Number:	**5564200**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Adenovirus IgG and IgM Antibodies		
Chlamydia pneumoniae IgM Antibody	Indirect Fluorescent Antibody	21186-2
Chlamydia pneumoniae IgG Antibody	Indirect Fluorescent Antibody	44981-9
Influenza A/B IgG and IgM Antibodies		
Legionella pneumophila 1-7 Antibody	Indirect Fluorescent Antibody	
Mycoplasma IgG IgM		
RSV IgG and IgM Antibodies		

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Atypical pneumonia
Notes	CPT codes; 86713; 86603X2; 86632; 86631; 86710X4; 86756X2; 86738X2.
CPT Code(s)	Multiple

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Atypical Pneumonia, Non-Viral

Order Name:	**ATYP PN NV**
Test Number:	**5564850**
Revision Date:	**01/17/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Chlamydia pneumoniae IgM Antibody	Indirect Fluorescent Antibody	21186-2
Chlamydia pneumoniae IgG Antibody	Indirect Fluorescent Antibody	44981-9
Legionella pneumophila 1-7 Antibody	Indirect Fluorescent Antibody	
Mycoplasma IgG IgM		

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Serological evaluation to assist in the diagnosis of non-viral atypical pneumonia.
CPT Code(s)	86713; 86738X2; 86632; 86631

Atypical Pneumoniae, Viral

Order Name:	**ATYP PN VR**
Test Number:	**5581000**
Revision Date:	**10/22/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Adenovirus IgG and IgM Antibodies	
Influenza A/B IgG and IgM Antibodies	
RSV IgG and IgM Antibodies	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Assist in the diagnosis of viral atypical pneumonia.
Notes	CPT codes: 86710X4; 86603X2; 86756X2
CPT Code(s)	Multiple

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Aureobasidium Pullulans IgE

Order Name:	**AUREO PULL**
Test Number:	**5616780**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Aureobasidium Pullulans IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Autohemolysis Screen

Order Name:	**AUHEM SCR**
Test Number:	**0100400**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Autohemolysis Screen	Visual

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Instructions	**Collect normal control at the same time the patient is collected.** Control must be collected using the same specimen requirements as the patient. **Clearly label Control tube as "Control Tube".**			

GENERAL INFORMATION

Testing Schedule	Mon - Thurs
Expected TAT	2 Days
Clinical Use	This test is used to aid in the diagnosis of hereditary spherocytosis or G-6-PD deficiency.
CPT Code(s)	86940

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Avocado IgE

Order Name:	AVOCADO
Test Number:	5595050
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Avocado IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

B-Cell Chronic Lymphocytic Leukemia (CLL) profile by FISH

Order Name:	BCELL CLL
Test Number:	9115660
Revision Date:	05/10/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
B-Cell Chronic Lymphocytic Leukemia (CLL) profile by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Useful for providing prognostic information in known diagnoses of B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL).
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368x2, 88368-TCx3
Lab Section	Reference Lab

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B-Cell Gene Rearrangement (IgH B-cell clonality) by PCR

Order Name:	**B CELL PCR**
Test Number:	**9616980**
Revision Date:	**03/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
B-Cell Gene Rearrangement (IgH B-cell clonality) by PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 1	**5 mL (1 mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 2	**5x5mm**	**Tissue**	**RPMI Solution**	**Ambient / Refrigerated**
Alternate 3		**Tissue**	**Paraffin Block**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon
Expected TAT	7-9 Days
Clinical Use	Establishing the clonality (heavy chain vs. light chain) and lineage (T-cell vs. B-cell origin) of lymphoid tumors; facilitates leukemia and lymphoma differential diagnosis, determination of prognosis, and treatment selection. A B-cell gene rearrangement is indicative of a B-cell lineage.
Notes	IGH, Immunoglobulin Heavy Chain Gene Rearrangement
CPT Code(s)	81261, (G0452-26)
Lab Section	Reference Lab

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Bacterial Meningitis Antigen Panel, Latex Agglutination

Order Name:	**BACTER MEN**
Test Number:	**5564610**
Revision Date:	**06/17/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Streptococcus Group B	Latex agglutination
Haemophilus influenzae Type B	Latex agglutination
Streptococcus pneumoniae	Latex agglutination
Neisseria meningitidis Group A/Y	Latex agglutination
Neisseria meningitidis Group C/W135	Latex agglutination
Neisseria meningitidis Group B/E. coli K1	Latex agglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated or Frozen**
Alternate 1	**1mL (0.5mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated or Frozen**
Instructions	Keep Specimens Refrigerated or Frozen for Transport to RML. **Please Label Specimen with Source of Serum or CSF**. Specimen Stability: Room temperature: 2 hours (CSF) N/A (Serum), Refrigerated 48 hours, Frozen 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon- Sun
Expected TAT	2-3 Days
Notes	Limitations: May be negative in early stages of infection. Vaccination may affect results.
CPT Code(s)	86403x6
Lab Section	Reference Lab

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Bacterial Vaginosis/Vaginitis Panel (BD Affirm™)

Order Name:	VAG MOLEC
Test Number:	4604810
Revision Date:	09/09/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Candida species	BD Affirm™
Trichomonas vaginalis	BD Affirm™
Gardnerella vaginalis	BD Affirm™

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**BD Affirm Ambient Temperature Transport Swabs (ATTS).**	**Room Temperature**
Instructions	Collect using BD Affirm Ambient Temperature Transport Swabs (ATTS). **Do Not Freeze..!** Rejection critieria: Specimens >72 hr, other swabs or transport media, frozen specimen.			

GENERAL INFORMATION

Testing Schedule	Dayshift- Monday through Friday
Expected TAT	1-3 Days
CPT Code(s)	87510, 87660, 84780

Bahia Grass IgE

Order Name:	BAHIA GRS
Test Number:	5617075
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Bahia Grass IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Banana IgE

Order Name:	**BANANA**
Test Number:	**5609000**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Banana IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Barbiturates Screen

Order Name:	**BARB SC**
Test Number:	**4301700**
Revision Date:	**06/10/2003**
LOINC Code:	**20421-4**

TEST NAME	METHODOLOGY
Barbiturates Screen	CEDIA

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-3 days
Clinical Use	Useful for monitoring toxicity in overdose cases.
CPT Code(s)	80101

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Barley IgE

Order Name:	**BARLEY**
Test Number:	**5609450**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Barley IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Barley IgG

Order Name:	**BARLEY IGG**
Test Number:	**3666525**
Revision Date:	**02/11/2013**
LOINC Code:	**51917-3**

TEST NAME	METHODOLOGY
Barley IgG	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86001
Lab Section	Reference Lab

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Basic Metabolic Panel

Order Name:	**CHEM 8**
Test Number:	**2028100**
Revision Date:	**03/05/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Glucose	Hexokinase	2345-7
Urea Nitrogen, Blood (BUN)	Urease/GLDH	3094-0
Creatinine	Kinetic Alkaline Picrate (Jaffe)	2160-0
Sodium	Ion-Selective Electrode	2951-2
Potassium Serum/Plasma	Ion-Selective Electrode	2823-3
Chloride	Ion-Selective Electrode	2075-0
Bicarbonate	Enzymatic	1963-8
Calcium	Arsenazo	17861-6
Anion Gap Calculated	Calculation	33037-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 72hrs.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	See detail tests.
CPT Code(s)	80048

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Basil IgE

Order Name:	**BASIL**
Test Number:	**5517175**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Basil IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Bass IgE

Order Name:	**BASS**
Test Number:	**5518125**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bass IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Bayberry IgE

Order Name:	**BAYBERRY**
Test Number:	**5523000**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bayberry IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Bayleaf IgE

Order Name:	**BAYLEAF**
Test Number:	**5516190**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bayleaf IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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BCR/ABL Gene Rearrangement Qualitative by FISH

Order Name:	**BCRABL FSH**
Test Number:	**9113275**
Revision Date:	**05/10/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
BCR/ABL Gene Rearrangement Qualitative by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	CML/ALL, bcr/abl, [t(9,22)](Philadelphia Chromosome) Useful for diagnosing chronic myelogenous leukemia (CML), following course of treatment in CML, and as a prognostic marker in B-cell acute lymphoblastic leukemia (ALL). In addition, it is useful in excluding CML if other myeloproliferative disorders are in the differential diagnosis.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368, 88368-TCx1
Lab Section	Reference Lab

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BCR/ABL Gene Rearrangement Quantitative by PCR

Order Name:	**BCRABL PCR**
Test Number:	**9101855**
Revision Date:	**04/29/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
BCR/ABL Gene Rearrangement Quantitative by PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	For Best results: **Send specimens for testing ASAP.** Specimens not going to be tested immediately should be stored refrigerated, specimens kept at room temperature will degrade faster than those kept refrigerated. Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-4 Days
Clinical Use	The bcr/abl rearrangement is detected in 90 to 95% of CML, some acute lymphocytic leukemia (ALL), and, rarely, in acute myelogenous leukemia (AML). Diagnose chronic myelogenous leukemia (CML) in the presence or absence of Philadelphia chromosome. Determine prognosis & relapse. Also used to identify acute lymphocytic leukemia (ALL) patients who have a Philadelphia chromosome.
Notes	The bcr/abl gene rearrangement is observed in CML, ALL, and AML. A negative result indicates fewer than 1 leukemic cell per 10,000 normal cells. This test detects only the bcr/abl translocation. It will not detect other translocations that may appear in the terminal phase of CML.
CPT Code(s)	81206, 81207, G0452-26 (can be a combination or all 3 codes)
Lab Section	Reference Lab

Beef IgE

Order Name:	**BEEF**
Test Number:	**5608475**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Beef IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Beet IgE

Order Name:	**BEET**
Test Number:	**5555875**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Beet IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Bell Pepper IgE

Order Name:	**BELL PEPPE**
Test Number:	**5578700**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bell Pepper IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Benzodiazepines Screen

Order Name:	**BENZ SC**
Test Number:	**4301800**
Revision Date:	**01/19/2015**
LOINC Code:	**46976-7**

TEST NAME	METHODOLOGY
Benzodiazepines Screen	CEDIA

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for monitoring toxicity in overdose cases.
CPT Code(s)	80301

Bermuda Grass IgE

Order Name:	**BERMUDA**
Test Number:	**5606325**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bermuda Grass IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Beta Hydroxybutyrate

Order Name:	**BETA HYDRO**
Test Number:	**2005825**
Revision Date:	**11/30/2005**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Beta Hydroxybutyrate	Reflectance

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**
Alternate 1	**2 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Room Temperature**
Instructions	Serum or Plasma kept Refrigerated or at Room temperature.			

GENERAL INFORMATION

Testing Schedule	Mon - Frid
Expected TAT	2-3 Days
CPT Code(s)	82010
Lab Section	Reference Lab

Beta-2, Transferrin

Order Name:	**BETA-2 TRA**
Test Number:	**3656675**
Revision Date:	**11/17/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Beta-2, Transferrin	Immunofixation Electrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Serum and Fluid**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Collect BOTH Serum and Drainage Fluid.** Keep Serum and Drainage Refrigerated **- Do Not send CSF specimens! 2mL(1mL) Serum** in clot tube and **2mL(1mL) of aural or nasal drainage fluid** in sterile container. Properly label specimen type on each tube. Specimen Stability: Ambient: 4 hours; Refrigerated: 3 days; Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-5 Days
Clinical Use	This test is to detect CSF in body fluids such as sinus or ear drainage.
CPT Code(s)	86334, 86335
Lab Section	Reference Lab

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Beta-2-Glycoprotein I Antibody (IgA)

Order Name:	**BETA 2 IGA**
Test Number:	**5008157**
Revision Date:	**01/21/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Beta-2-Glycoprotein I Antibody (IgA)	Immunoassay

SPECIMEN REQUIREMENTS

Instructions **Please Double Spin Plasma** Follow Procedure for Double Spinning Coagulation Specimens in Coagulation Collection section of our website.
Specimen Stability: Room temperature: 5 days, Refrigerated: 14 days, Frozen: 30 days.
Reject Criteria: Gross hemolysis, Gross lipemia.

Serum from a Red NO-Gel clot tube is also acceptable. However serum must be seperated from cells into plastic aliquot tube within 24hrs of collection and labeled as serum, keep refrigerated.

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	4-6 Days
Clinical Use	Beta-2-Glycoprotein 1, apolipoprotein H, is a cofactor in antiphospholipid antibody binding and is the critical antigen in the antiphospholipid antibody syndrome. Beta-2-Glycoprotein 1 Antibody is more specific than cardiolipin antibody that may express reactivity in patients with syphilis and other infectious diseases.
Notes	Reference Range(s): Less than or Equal to 20 SAU.
CPT Code(s)	86146
Lab Section	Reference Lab

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Beta-2-Glycoprotein IgG and IgM Antibody

Order Name:	**GPI BETA 2**
Test Number:	**5565975**
Revision Date:	**01/21/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Beta 2 Glycoprotein IgG Antibody	Enzyme Immunoassay	16135-6
Beta 2 Glycoprotein IgM Antibody	Enzyme Immunoassay	16136-4

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	7 Days
Clinical Use	Autoantibodies to phospholipids (aPL) which are sometimes associated with antiphospholipid syndrome (APS) which has a wide variety of clinical manifestations.
CPT Code(s)	86146x2

Beta-2-Microglobulin, Random Urine

Order Name:	**BETA 2 M U**
Test Number:	**3807700**
Revision Date:	**05/15/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Beta-2-Microglobulin, Random Urine	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Patient should void bladder, then drink at least 500 ml of water. A urine sample should be collected within 1 hour and pH adjusted to pH 6-8 with 1M NaOH. Beta-2-Microglobulin is unstable in acidic urine (less than pH 6). Collect specimen in a sterile screw top container.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-3 Days
CPT Code(s)	82232
Lab Section	Reference Lab

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Beta-2-Microglobulin, Serum

Order Name:	**BETA2 M S**
Test Number:	**2005800**
Revision Date:	**12/20/2012**
LOINC Code:	**1952-1**

TEST NAME	METHODOLOGY
Beta-2-Microglobulin, Serum	Fixed Time Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**
Instructions	Hemolyzed specimens are not acceptable. Overnight fasting is preferred.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-3 Days
CPT Code(s)	82232

Bicarbonate

Order Name:	**BICARB**
Test Number:	**2001725**
Revision Date:	**03/05/2012**
LOINC Code:	**1963-8**

TEST NAME	METHODOLOGY
Bicarbonate	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 7days.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for the diagnosis and treatment of numerous disorders associated with the body acid-base balance.
CPT Code(s)	82374

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Bile Acids, Fractionated and Total

Order Name:	**BILE A F/T**
Test Number:	**3650925**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bile Acids, Fractionated and Total	Liquid Chromatography/Tandem Mass Spectrometry

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**
Instructions	After clot formation centrifuge sample and pour off serum into a transport tube. Store sample refrigerated. Overnight fasting is preferred.			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	3-4 Days
CPT Code(s)	83789
Lab Section	Reference Lab

Bilirubin Direct

Order Name:	**BILI DIR**
Test Number:	**2000800**
Revision Date:	**11/12/2003**
LOINC Code:	**1968-7**

TEST NAME	METHODOLOGY
Bilirubin Direct	Diazo

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days. **Protect from light.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the determination of hepatic disorders and jaundice. Direct bilirubin is conjugated.
CPT Code(s)	82248

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Bilirubin Total

Order Name:	**BILI TOT**
Test Number:	**2000950**
Revision Date:	**03/05/2012**
LOINC Code:	**1975-2**

TEST NAME	METHODOLOGY
Bilirubin Total	Jendrassik-Grof

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days. **Protect from light.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the diagnosis of jaundice and treatment of liver, hemolytic, hematologic and metabolic disorders including hepatitis and gall bladder blockage. Total bilirubin is composed of direct (conjugated) and indirect (unconjugated) bilirubin. Direct bilirubin performed if total bilirubin is greater than 1.2 (82448).
CPT Code(s)	82247

Bilirubin Total Fluid

Order Name:	**BILI FLUID**
Test Number:	**2000975**
Revision Date:	**06/18/2014**
LOINC Code:	**1974-5**

TEST NAME	METHODOLOGY
Bilirubin Total Fluid	Jendrassik-Grof

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	**For Amniotic Fluid collection**: Patient should be informed, relaxed and positioned for an Amniocentesis. Protect fluid from light, in case of multiple pregnancies each amniotic sac should be sampled and analyzed individually. Specimen should be centrifuged promptly and kept at 4 degree Celsius before analysis.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used as an indicator of fetal erythroblastosis in amniotic fluid.
CPT Code(s)	82247

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Bilirubin, Total And Direct

Order Name:	**BILI T/D**
Test Number:	**2001000**
Revision Date:	**06/10/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Bilirubin Direct	Diazo	1968-7
Bilirubin Total	Jendrassik-Grof	1975-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Protect from light. Specimen stability: Ambient 8 hours, Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in evaluating hepatocellular diseases, hepatitis, cirrhosis, and jaundice.
CPT Code(s)	82248 - Bilirubin direct 82247 - Bilirubin total

Biotinidase

Order Name:	**BIOTINIDAS**
Test Number:	**3631750**
Revision Date:	**02/26/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Biotinidase	Enzymatic - Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	Separate serum or plasma within one hour of collection and Freeze. Specimen Stability: Room temperature: Unacceptable, Refrigerated: Unacceptable, Frozen: 30 days.			

GENERAL INFORMATION

Testing Schedule	Set up: 2 days a week p.m
Expected TAT	3 days following set up
CPT Code(s)	82261
Lab Section	Reference Lab

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BK Virus DNA, Quantitative PCR, CSF

Order Name:	**BK VIRUS C**
Test Number:	**5504825**
Revision Date:	**04/04/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
BK Virus DNA, Quantitative PCR, CSF	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (0.3mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Frozen**
Instructions	**This is for CSF specimens only** Best if CSF is kept refrigerated until Frozen. Preferred to be frozen within two hours of collection. Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 Days. Unacceptable Specimens: Urine, EDTA and Heparin Plasma specimens.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Clinical Use	This is a BK Viral Load on CSF
Notes	**This is a quantitative molecular test, with a linear range of 500-39,000,000 copies/mL.**
CPT Code(s)	87799
Lab Section	Reference Lab

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BK Virus DNA, Quantitative PCR, Plasma

Order Name:	**BK VIRUS P**
Test Number:	**5504325**
Revision Date:	**09/09/2013**
LOINC Code:	**41479-7**

TEST NAME	METHODOLOGY
BK Virus DNA, Quantitative PCR, Plasma	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (0.3mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**

Instructions

This test is for EDTA Plasma Specimens only
Best if specimen is centrifuged and aliquot 3mL(0.3mL) plasma into plastic aliquot tube and frozen within 2 hours of collection.
Stability Room Temperature: 48hrs Refrigerated: 7days, Frozen: 30days.
Unacceptable Specimens: Urine, CSF, Heparin Plasma specimens.

GENERAL INFORMATION

Testing Schedule	Dayshift- Mon, Tue, Thr
Expected TAT	2-3 Days
Clinical Use	This is a BK Viral Load on Plasma.
Notes	**This is a quantitative molecular test, with a linear range of 500-39,000,000 copies/mL.**
CPT Code(s)	87799

BK Virus DNA, Quantitative PCR, Urine

Order Name:	**BK VIRUS U**
Test Number:	**5504425**
Revision Date:	**09/09/2013**
LOINC Code:	**41480-5**

TEST NAME	METHODOLOGY
BK Virus DNA, Quantitative PCR, Urine	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7mL (0.3mL)**	**Urine, Random**	**Sterile Urine container**	**Frozen**

Instructions

This test is for Urine specimens only.
Best if urine is kept refrigerated until Frozen. Preferred to be frozen within two hours of collection.
Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 Days.
Unacceptable Specimens: CSF, EDTA and Heparin Plasma specimens.

GENERAL INFORMATION

Testing Schedule	Dayshift- Mon, Tue, Thr
Expected TAT	2-3 Days
Clinical Use	This is a BK Viral Load on Urine.
Notes	**This is a quantitative molecular test, with a linear range of 500-39,000,000 copies/mL.**
CPT Code(s)	87799

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Black Bean (Phaseolus spp) IgE

Order Name:	**BLACK BEAN**
Test Number:	**5559735**
Revision Date:	**06/24/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Black Bean (Phaseolus spp) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Black Olive IgE

Order Name:	**BLACK OLIV**
Test Number:	**5588000**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Black Olive IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Black Pepper IgE

Order Name:	**PEPPER BLK**
Test Number:	**5532450**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Black Pepper IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Black Willow Tree IgE

Order Name:	**WILLOW TR**
Test Number:	**5518525**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Black Willow Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Blackberry IgE

Order Name:	**BLACKBERRY**
Test Number:	**5561375**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Blackberry IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Blastomyces Total Antibodies

Order Name:	**BLASTO CF**
Test Number:	**5501500**
Revision Date:	**06/17/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Blastomyces Total Antibodies	Complement Fixation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Primary specimen is serum. Other fluids (pericardial, CSF, etc..) are acceptable but, must be run in parallel with serum as fluids have no reference range. Stability: Refrigerated - 14 Days, Room Temperature - 7 Days, Frozen - 2 Months.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-4 Days
Clinical Use	Establish the diagnosis of infection due to Blastomyces dermatitidis.
CPT Code(s)	86612
Lab Section	Reference Lab

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Blood Culture - 1st Aerobic/Anaerobic

Order Name:	C BLD 1ST
Test Number:	6000200
Revision Date:	10/28/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Blood Culture - 1st Aerobic/Anaerobic	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**See Instructions**	**See Instructions**	**Room Temperature**
Instructions	BOTH : Bactec Standard/10 Aerobic (blue) and Standard/10 Anaerobic (yellow) blood culture bottles. 15 mL (10 mL into blue bottle and 5 ml into yellow); Clean venipuncture site with alcohol followed by Betadine. Allow to air dry. Avoid palpating vein after cleansing. Use aseptic technique. Avoid short draws, fill bottles with recommended amount of blood for optimal recovery of bacteria.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	5 Days
Clinical Use	Blood cultures help determine sepsis and bacteremia in the patient's blood stream. Two blood cultures from different sites is the recomended procedure.
CPT Code(s)	87040

Blood Culture for Acid Fast Bacilli (AFB)

Order Name:	C BLOOD AF
Test Number:	6000120
Revision Date:	10/28/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Blood Culture for Acid Fast Bacilli (AFB)	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**See Instructions**	**Bactec Myco/F Lytic Blood Culture Bottle (Red)**	**Room Temperature**
Instructions	Clean venipuncture site with alcohol followed by Betadine. Allow to air dry. Avoid palpating vein after cleansing. Use aseptic technique. Avoid short draws, fill bottles with recommended amount of blood for optimal recovery of acid fast bacteria.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	42 Days
Clinical Use	Reveals presence of mycobacteria in blood
CPT Code(s)	87116

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Blood Culture for fungus

Order Name:	**C BLOOD FU**
Test Number:	**6000310**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Blood Culture for fungus	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**See Instructions**	**Bactec Myco/F Lytic Blood Culture Bottle (Red)**	**Room Temperature**
Instructions	Clean venipuncture site with alcohol followed by Betadine. Allow to air dry. Avoid palpating vein after cleansing. Use aseptic technique. Avoid short draws, fill bottles with recommended amount of blood for optimal recovery of fungal elements.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	42 Days
Clinical Use	Reveals presence of fungus and/or yeast in blood
CPT Code(s)	87103

Blood Gases Arterial

Order Name:	**BL GAS ART**
Test Number:	**2000500**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
% O2 Delivered	Potentiometric	3150-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Whole Blood**	**Blood gas syringe**	**On Ice**
Instructions	Specimen must be kept on ice at all times after collection. Sent to lab immediately. All air bubbles must be removed from syringe to insure valid results. Note O2 on syringe.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 day
Clinical Use	Useful in the clinical management of respiratory and metabolic disorders.
CPT Code(s)	82803

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Blue Mussel IgE

Order Name:	**BLUE MUSSL**
Test Number:	**5566675**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Blue Mussel IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Blueberry IgE

Order Name:	**BLUEBERRY**
Test Number:	**5594000**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Blueberry IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Bordetella pertussis IgG & IgA Antibodies (MAID)

Order Name:	**BOR PER AB**
Test Number:	**5568005**
Revision Date:	**02/20/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
IgG pertussis toxin (PT)	MAID	
IgA pertussis toxin (PT)	MAID	
IgG filamentous hemagglutinin antigen (FHA)	MAID	43881-2
IgA filamentous hemagglutinin antigen (FHA)	MAID	43880-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon. Thr.
Expected TAT	3-6 Days
Clinical Use	Testing for the presence of IgG and IgA antibodies to Bordetella pertussis by the the MAID assay has proven to be a highly sensitive and specific method for detecting IgG and IgA antibodies to **pertussis toxin (PT)** and **filamentous hemagglutinin antigen (FHA)**.
CPT Code(s)	86615 (x4)
Lab Section	Reference Lab

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Bordetella pertussis/parapertussis DNA, Qualitative Real-Time PCR

Order Name:	**BOR P PCR**
Test Number:	**5568100**
Revision Date:	**07/07/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Bordetella pertussis DNA	Polymerase Chain Reaction	29723-4
Bordetella parapertussis DNA	Polymerase Chain Reaction	29723-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**See Instructions**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**

Instructions

USE ONE OF TWO COLLECTION METHODS:

1) **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775). Collect a nasopharyngeal specimen leaving the swab in place for a few seconds to absorb secretions. Swab both nostrils. It would be optimum to use one swab per nostril. Place both swabs immediately into a single sterile common UTM container. - **KEEP REFRIGERATED** (Alternate Swab: AMIES Blue Cap Swab in UTM - Refrigerated.)

2) **Nasopharyngeal Aspirates** (Collect in the Physician's office): Flush each nostril with 1mL to 1.5ml of Nonbacteriostatic Saline (pH 7.0) - Collect the drainage from each nostril into a common sterile container. - **KEEP REFRIGERATED**

Caution: DO NOT use Calcium Alginate Swabs as they will inhibit PCR testing. DO NOT put Swabs in Charcoal Transport Media.

Specimen Stability:

Nasopharyngeal swab Room temperature: 7 Day, Refrigerated: 7 Day, Frozen: 30 Day

Nasopharyngeal aspirate Room temperature: 48 Hour, Refrigerated: 8 Day, Frozen: 30 Day

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-3 days
Notes	Bordetella pertussis is the cause of whooping cough that may occur in unimmunized individuals. B. parapertussis is a related organism that causes a similar but milder disease. Laboratory diagnosis may require both culture and serological confirmation although culture is difficult.
CPT Code(s)	87798x2

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Botrytis Cinerea Allergy IgG

Order Name:	**BOTRYTIS G**
Test Number:	**5500447**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Botrytis Cinerea Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

Box Elder IgE

Order Name:	**BOX ELDER**
Test Number:	**5611750**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Box Elder IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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BRAF Mutation Analysis (V600E)

Order Name:	**BRAF MUTAT**
Test Number:	**9100927**
Revision Date:	**09/09/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
BRAF Mutation Analysis (V600E)	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Tissue**	**Paraffin Block**	**Room Temperature**
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	Wed
Expected TAT	10-17 Days from set up
Clinical Use	The BRAF V600E mutation has been identified in 40% to 60% of malignant melanomas. The majority of BRAF mutations seen in melanoma occur in codon 600; the predominant mutation in this codon is V600E (GTG to GAG). Recent clinical trial data show promising results following treatment of melanoma with the BRAF V600E inhibitor, PLX4032 (RG7204, vemurafenib [ZELBORAF(R)]; Plexxikon/Roche Pharmaceuticals). Eighty-one percent of patients harboring the V600E BRAF mutation had complete or partial tumor regression. This BRAF V600E mutation test can be used to help select melanoma patients who are more likely to respond to treatment with vemurafenib. Vemurafenib is not recommended for use in patients with wild type BRAF.
CPT Code(s)	81210
Lab Section	Reference Lab

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Brain Natriuretic Peptide (BNP)

Order Name:	**BRAIN PEP**
Test Number:	**2015175**
Revision Date:	**01/29/2004**
LOINC Code:	**42637-9**

TEST NAME	METHODOLOGY
Brain Natriuretic Peptide (BNP)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**See Instructions**
Alternate 1	**1 mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**See Instructions**
Instructions	Stable at refrigerated temperature for 24 hours on EDTA Whole blood or EDTA Plasma. If testing cannot be performed within 24 hours, centrifuge and separate plasma from cells, then Freeze plasma in a sterile plastic aliquot tube. Testing is performed on EDTA plasma only within 8 hours of thawing.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Management and diagnosis of congestive heart failure (CHF).
CPT Code(s)	83880

Brazil Nut Food Allergy IgE

Order Name:	**BRAZIL NUT**
Test Number:	**5610050**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Brazil Nut Food Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Brazil Nut Food Allergy IgG

Order Name:	**BRAZILNT G**
Test Number:	**5500467**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Brazil Nut Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

Broccoli IgE

Order Name:	**BROCCOLI**
Test Number:	**5597000**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Broccoli IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Bromide (Serum/Plasma)

Order Name:	**BROMIDE**
Test Number:	**4001050**
Revision Date:	**04/19/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bromide (Serum/Plasma)	Gas Chromatography/Mass Spectrometry (GC/MS)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Alternate 1	**4 mL (0.2)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Once or twice a week, volume dependant.
Expected TAT	5-10 Days
CPT Code(s)	82491
Lab Section	Reference Lab

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Brucella Antibodies, IgG, IgM by ELISA (Relflex to Total Agglutination)

Order Name:	**BRUCELA AB**
Test Number:	**5554825**
Revision Date:	**08/27/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Brucella abortus IgM	Enzyme-Linked Immunosorbent Assay	24397-2
Brucella abortus IgG	Enzyme-Linked Immunosorbent Assay	24396-4
Brucella Antibody (Total) by Agglutination (Reflex)	Semi-Quantitative Agglutination	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Acute and convalescent specimens must be labeled as such; parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimen plainly as "acute" or "convalescent." Unacceptable specimens: Hemolyzed, lipemic, heat-inactivated, or contaminated specimens. Stability after separation from cells: Ambient= 2 days, Refrigerated= 2 weeks, Frozen= 6 months (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-6 Days
Notes	If Brucella IgM is Greater than or Equal to 1.10, Brucella Antibody, Agglutination will be performed at an additional charge (CPT code(s): 86622).
CPT Code(s)	86622x2
Lab Section	Reference Lab

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Buckwheat IgE

Order Name:	**BUCKWHEAT**
Test Number:	**5556500**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Buckwheat IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Buffy Coat For Organisms

Order Name:	**BUFFY ORG**
Test Number:	**0109500**
Revision Date:	**08/26/2014**
LOINC Code:	**33270-0**

TEST NAME	METHODOLOGY
Buffy Coat For Organisms	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	For best results: Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Notes	Testing includes pathology interpretation.
CPT Code(s)	80500; 87205

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Bumble Bee IgE

Order Name:	**BUMBLE BEE**
Test Number:	**5537750**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bumble Bee IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Burkitt's Lymphoma/NHL/ALL, IGH/MYC, t(8;14) by FISH

Order Name:	**BURKI FSH**
Test Number:	**9117900**
Revision Date:	**05/10/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Burkitt's Lymphoma/NHL/ALL, IGH/MYC, t(8;14) by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Useful to diagnose Burkitt's type lymphoma and some cases of acute lymphoblastic leukemia.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368, 88368-TCx2
Lab Section	Reference Lab

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C Peptide

Order Name:	**C PEPTIDE**
Test Number:	**2015225**
Revision Date:	**02/22/2011**
LOINC Code:	**1986-9**

TEST NAME	METHODOLOGY
C Peptide	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Patient should be fasting. Specimen must be centrifuged, serum poured off and frozen ASAP! The use of plasma is no longer accepted for this assay. Hemolyzed specimens will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-3 days
Clinical Use	Useful in the determination of endogenous insulin secretion and the diagnosis of insulinoma.
CPT Code(s)	84681

C-Reactive Protein (CRP) Quant

Order Name:	**CRP**
Test Number:	**2008425**
Revision Date:	**11/09/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
C-Reactive Protein (CRP) Quant	Immunoturbidimetry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-3 days
Clinical Use	Useful for the measurement of the body's acute-phase response and cardiac risk assesment.
CPT Code(s)	86140

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C-Reactive Protein (CRP) High-Sensitive (Cardio CRP)

Order Name:	**CARDIO CRP**
Test Number:	**2023150**
Revision Date:	**10/28/2011**
LOINC Code:	**30522-7**

TEST NAME	METHODOLOGY
C-Reative Protein (CRP) High-Sensitive (Cardio CRP)	Immunoturbidimetry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Overnight fasting is preferred. Freshly drawn serum is preferred and should be used within the day of collection.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 days
Clinical Use	Useful for the assessment of risk for developing myocardial infarction in patients presenting with acute coronary syndromes and assessment of risk for developing cardiovascular disease or ischemic events in individuals who do not have manifest disease at present.
Notes	Also known as High Sensitive CRP
CPT Code(s)	86141

C1 Esterase Inhibitor, Functional, EIA

Order Name:	**C1 ES FUN**
Test Number:	**5515700**
Revision Date:	**07/14/2005**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
C1 Esterase Inhibitor, Functional, EIA	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	Freeze serum within one hour of time drawn. Do not use gel barrier tubes. Do not submit the sample in a glass tube. Do not thaw.			

GENERAL INFORMATION

Testing Schedule	Tues, Fri
Expected TAT	2-3 Days
CPT Code(s)	86161
Lab Section	Reference Lab

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C1 Esterase Inhibitor, Quantitative

Order Name:	C1 ES QNT
Test Number:	5569700
Revision Date:	06/06/2003
LOINC Code:	4477-6

TEST NAME	METHODOLOGY
C1 Esterase Inhibitor, Quantitative	Immunodiffusion

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Test must be run overnight; batched on Thursdays for Friday report.			

GENERAL INFORMATION

Testing Schedule	Thu
Expected TAT	7 Days
Clinical Use	Diagnosis of hereditary angioedema.
CPT Code(s)	86329

C1q Complement Component

Order Name:	C1Q QN
Test Number:	5000360
Revision Date:	11/08/2012
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
C1q Complement Component	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 1	**1mL (0.1)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**Separate serum or plasma within 1 hour of collection and freeze!** Rejection Criteria: Gross hemolysis, gross lipemia. Stability: Ambient 4 days; Refrigerated 10 days; Frozen 29 days.			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	3-6 Days
Clinical Use	The complement system is critical to the inflammatory response. C1q concentrations may be decreased in patients with acquired angioedema, immune complexed induced vasculitis, and concurrent low concentrations of C1 inhibitor, carcinoma, or lymphoma. Low levels of C1q indicate either increased consumption (catabolism) or decreased synthesis.
CPT Code(s)	86160
Lab Section	Reference Lab

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C2 Complement Component

Order Name:	C2 QN
Test Number:	5000290
Revision Date:	03/01/2009
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
C2 Complement Component	Quantitative Radial Immunodiffusion

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.15)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Separate specimens must be submitted when multiple tests are ordered. Allow specimen to clot for one hour at ambient temperature. Separate serum from cells ASAP and freeze. Plasma is not recommended. Unacceptable: Specimens left to clot at 2-8°C. Specimens exposed to repeated freeze/thaw cycles. Nonfrozen specimens. Stability After separation from cells: Ambient= 2 hours, Refrigerated= Unacceptable, Frozen= 2 weeks.			

GENERAL INFORMATION

Testing Schedule	Mon, Thu
Expected TAT	5-9 Days
Clinical Use	Decreased C2 levels may be associated with increased susceptibility to infection (especially pneumococcal infections), systemic lupus erythematosus-like disease, rashes, arthritis, nephritis, and with C1-Esterase deficiency. Increased C2 levels are associated with the acute phase response.
CPT Code(s)	86160
Lab Section	Reference Lab

C5 Complement Component

Order Name:	C5
Test Number:	5000370
Revision Date:	08/26/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
C5 Complement Component	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Separate serum within one hour of time drawn and Freeze.			

GENERAL INFORMATION

Testing Schedule	Tues, Thur, Sat
Expected TAT	3 Days
CPT Code(s)	86160
Lab Section	Reference Lab

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CA 125 & CA 125 HAMA Treated

Order Name:	**CA125 HAMA**
Test Number:	**3600665**
Revision Date:	**07/14/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
CA 125 Assay	Chemiluminescence Assays
CA 125, HAMA Treated	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**Two 2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Allow to clot, then centrfuge and separate serum from cells ASAP. **Make TWO 2mL(1mL) Serum Aliquots - Keep Refrigerated!** CA 125 Stability= Room Temperature: 8 hours, Refrigerated: 24 hours, Frozen: 1 month. CA 125 HAMA Stability= Room Temperature: 10 days, Refrigerated 12 days, Frozen 28 days.			

GENERAL INFORMATION

Testing Schedule	See Test Notes
Expected TAT	See Test Notes
Clinical Use	CA 125 is used as an aid in monitoring the response to therapy for patients with epithelian ovarian cancer and in detecting residual ovarian cancer in patients who have undergone therapy. HAMA pre-treatment inhibits possible heterophilic interference.
Notes	CA 125 - Set up Mon-Fri / Reports out 1-3 Days. CA 125 HAMA - Set up Wed / Reports Fri.
CPT Code(s)	86304x2
Lab Section	Reference Lab

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CA 125 Assay

Order Name:	**CA125**
Test Number:	**2015625**
Revision Date:	**05/08/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
CA 125 Assay	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 24 hours. Freeze if < 24 hours. If testing is delayed < 24 hours, freeze serum.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful in the follow-up management of patients undergoing cancer therapy, especially for ovarian carcinoma.
CPT Code(s)	86304

CA 125, Serous Fluid

Order Name:	**SRS CA125**
Test Number:	**2015425**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
CA 125, Serous Fluid	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**See Instructions**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 24 hours. Freeze if < 24 hours.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful in the follow-up management of patients undergoing cancer therapy, especially for ovarian carcinoma.
CPT Code(s)	86304

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CA 15-3 Assay

Order Name:	CA15-3
Test Number:	2024000
Revision Date:	05/18/2006
LOINC Code:	6875-9

TEST NAME	METHODOLOGY
CA 15-3 Assay	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	Keep refrigerated. Freeze serum if not tested within 24 hours.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Measurements of CA 15-3 in women with treated carcinoma of the breast may be useful for predicting early recurrence. The FDA has approved CA 15-3 for serial testing in women with prior stage II or III breast cancer who are clinically free of disease.
CPT Code(s)	86300

CA 19-9 (Carbohydrate Antigen 19-9)

Order Name:	CA 19-9
Test Number:	2024050
Revision Date:	02/22/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
CA 19-9 (Carbohydrate Antigen 19-9)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Due to limited refrigerated stability, please submit frozen specimens. Specimen stability: Ambient 8 hours, Refrigerated 48 hours, Frozen 1 month.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-3 days
Clinical Use	Potentially useful adjunct for diagnosis and monitoring of pancreatic cancer.
CPT Code(s)	86301

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CA 27.29

Order Name:	CA27.29
Test Number:	2024375
Revision Date:	02/22/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
CA 27.29	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Allow sample to clot, then centrifuge and separate serum from cells and freeze ASAP. Serum stablity: Room temperature 8 hours, refrigerated 48 hours, frozen 1 month. **Please freeze sample if testing will not begin within 48 hours.**			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-2 days
Clinical Use	CA27.29 is a tumor marker useful in the management of patients with metastatic carcinoma of the breast. It is used to monitor the course of breast cancer, patient response to treatment, and disease recurrence. Elevated serum CA27.29 concentrations are found in 5% of stage I, 29% of stage II, 32% of stage III and 95% of stage IV carcinoma of the breast. Most (96%) patients with a CA27.29 increase of greater than 25% have disease progression. Most (nearly 100%) patients with a CA27.29 decrease of greater than 50% are responding to treatment.
CPT Code(s)	86300

Cabbage IgE

Order Name:	CABBAGE
Test Number:	5537275
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Cabbage IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Cadmium, Blood

Order Name:	**CADMIUM B**
Test Number:	**3650850**
Revision Date:	**06/24/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cadmium, Blood	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4mL (2mL)**	**Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Ambient / Refrigerated**

Instructions

DO NOT ALIQUOT SPECIMEN, keep in original container, do not share with other tests.
STABILITY: Room temperature: 14 Days, Refrigerated: 14 Days, Frozen: 14 Days. Specimens can be transported either Refrigerated or Ambient temperature.
Phlebotomist should wear powder-less gloves. Tests performed on a specimen submitted in a non-trace element tube or non acid washed/non metal free container may not tube/container is received, it will be accepted for testing. However, elevated results shall be reported with a message that a re-submission with a trace element tube/container is recommended.

Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications (upon the advice of their physician).

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-4 Days
Clinical Use	Cadmium is a naturally occurring element that is mined and used in industrial production because of its durability. Excessive Cadmium exposure can damage lungs, kidneys and the digestive tract.
CPT Code(s)	82300
Lab Section	Reference Lab

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Calcitonin

Order Name:	**CALCITONI**
Test Number:	**3600550**
Revision Date:	**11/19/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Calcitonin	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Overnight fasting is preferred. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP and refrigerate or freeze. Specimen Stability: Room temperature: Unacceptable, Refrigerated: 24 hours, Frozen: 28 days. **EDTA plasma, Room temperature and grossly hemolyzed or lipemic specimens are not acceptable.**			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-4 Days
CPT Code(s)	82308
Lab Section	Reference Lab

Calcium

Order Name:	**CALCIUM**
Test Number:	**2001150**
Revision Date:	**03/05/2012**
LOINC Code:	**17861-6**

TEST NAME	METHODOLOGY
Calcium	Arsenazo

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 7days.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for identifying individuals with high or low calcium values due to causes such as primary hyperparathyroidism, vitamin D overdose, multiple myeloma, rickets steatorrhea and acute pancreatitis. Advanced renal failure and adult rickets with osteomalacia are accompanied by pronounced hypocalcemia.
CPT Code(s)	82310

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Calcium Ionized

Order Name:	**CALCIUM IZ**
Test Number:	**2020125**
Revision Date:	**06/10/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Calcium Ionized		1995-0
Calcium NL-corrected		29265-6
Calcium pH		2753-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**Full Tube**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Collect a full gel barrier clot tube; underfilled tubes will be rejected. **Do not open tube.** Allow specimen to clot then centrifuge and transport unopen. Keep refrigerated and unopened until or prior to testing. Specimens are only stable at ambient 3 hours. Minimum volume: is little more than a half filled tube, too much dead space in tube will effect the result of the assay.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful as a second order test in the evaluation of patients with abnormal calcium values, assessment of neonatal calcium states and assessment of calcium status in critically ill children and adult patients.
CPT Code(s)	82330

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Calcium Urine Random

Order Name:	**CALC R U**
Test Number:	**3002250**
Revision Date:	**06/11/2003**
LOINC Code:	**17862-4**

TEST NAME	METHODOLOGY
Calcium Urine Random	Arsenazo

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine specimen. No preservative. Keep refrigerated. 2 - 25 ml of 6 N HCL or 3 - 10 ml of boric acid are acceptable preservatives if collecting with another test. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for identification of abnormal physiologic states causing excess or suppressed excretion of calcium, such as hyperparathyroidism, vitamin D abnormality, diseases that destroy bone, prostate cancer and drug treatment such as thiazide therapy.
CPT Code(s)	82340

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Calcium Urine Timed

Order Name:	**CALC TM U**
Test Number:	**3006000**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Calcium 24 Hour Urine mg/24hr		6874-2
Calcium 24 Hour Urine mg/dl	Arsenazo	18488-7
Calcium Urine Timed Estimated		
Creatinine Urine Timed Estimated		
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**See Instructions**
Instructions	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. 2 - 25 ml of 6 N HCL or 3 - 10 ml of boric acid are acceptable preservatives if collecting with another test. Specimen stability: Ambient 5 days. Refrigerated 5 weeks.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for identification of abnormal physiologic states causing excess or suppressed excretion of calcium, such as hyperparathyroidism, Vitamin D abnormality, diseases that destroy bone, prostate cancer and drug treatment such as thiazide therapy. 24 hour collection.
CPT Code(s)	82340; 81050

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Calprotectin, Fecal

Order Name:	**CALPRO FEC**
Test Number:	**3501045**
Revision Date:	**08/22/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Calprotectin, Fecal	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1g (0.3g)**	**Stool, Raw**	**Sterile Screwtop Container**	**Refrigerated or Frozen**
Instructions	1 g Stool unpreserved collected in a Sterile leak-proof container. Alternative Specimen(s) 1 g Random liquid stool collected in a Sterile leak-proof container. Collect undiluted feces in clean, dry sterile leak proof container. **Do not add fixative or preservative.** Specimen Stability: Room temperature: 11 days, Refrigerated: 11 days, Frozen: 1 year			

GENERAL INFORMATION

Testing Schedule	Mon, Fri
Expected TAT	2-6 Days
Clinical Use	Diagnose inflammatory bowel disease (IBD), including Crohn's disease and ulcerative colitis. Differentiate IBD from irritable bowel syndrome (IBS).
CPT Code(s)	83993
Lab Section	Reference Lab

Candida Albicans Allergy IgE

Order Name:	**CANDIDA IC**
Test Number:	**5613150**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Candida Albicans Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Candida Albicans Allergy IgG

Order Name:	**CANDIDA G**
Test Number:	**5500441**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Candida Albicans Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0. mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

Candida Antibody

Order Name:	**CANDIDA AB**
Test Number:	**5569300**
Revision Date:	**09/22/2006**
LOINC Code:	**35270-8**

TEST NAME	METHODOLOGY
Candida Antibody	Immunodiffusion

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Wednedays, No Holidays.
Expected TAT	1-7 Days
Clinical Use	The literature currently has conflicting data on the usefulness of serologic testing for candida antibodies in patients with candidiasis.
CPT Code(s)	86628

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Cane Sugar IgE

Order Name:	**CANE SUGAR**
Test Number:	**5515475**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cane Sugar IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Cantaloupe IgE

Order Name:	**CANTALOUP**
Test Number:	**5522500**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cantaloupe IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Caraway Seed IgE

Order Name:	**CARAWAY SD**
Test Number:	**5500335**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Caraway Seed IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Carbamazepine (Tegretol)

Order Name:	**TEGRETOL**
Test Number:	**4004800**
Revision Date:	**06/18/2008**
LOINC Code:	**3432-2**

TEST NAME	METHODOLOGY
Carbamazepine (Tegretol)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Draw before next dose. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for monitoring patients with Tegretol toxicity.
Notes	Carbamazepine and its metabolite (10,11- Carbamazepine epoxide) are widely used for control of generalized tonic-clonic, partial-onset, complex and mixed seizure disorders. The metabolism of carbamazepine in epileptic patients has several different pathways that can be altered when the patient is co-medicated with other anticonvulsants and, therefore, it's therapeutic level should be monitored along with its metabolite in their free and protein bound states.
CPT Code(s)	80156

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Carbamazepine and Metabolite (Tegretol/Metabolite)

Order Name:	**TEGRETL/EP**
Test Number:	**3653850**
Revision Date:	**06/18/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Carbamazepine-Total	Liquid Chromatography/Tandem Mass Spectrometry
Carbamazepine Metabolite	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0/7)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**2 mL (0/7)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Specimen Stability: (Serum or Plasma) Room temperature: 2wks, Refrigerated: 2wks, Frozen: 10mo.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days (assay depentant)
Clinical Use	Carbamazepine and its metabolite (10,11- Carbamazepine epoxide) are widely used for control of generalized tonic-clonic, partial-onset, complex and mixed seizure disorders. The metabolism of carbamazepine in epileptic patients has several different pathways that can be altered when the patient is co-medicated with other anticonvulsants and, therefore, it's therapeutic level should be monitored along with its metabolite in their free and protein bound states.
CPT Code(s)	80156
Lab Section	Reference Lab

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Carbamazepine, Free (Tegretol Free)

Order Name:	**FREE CARBA**
Test Number:	**4005400**
Revision Date:	**06/18/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Carbamazepine, Free (Tegretol Free)	Fluorescence Polarization Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Refrigerated**
Alternate 1	**3 mL**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	The optimum time to collect sample is: Adults: 8-24 hours post dose Children: 1-8 hours post dose Neonates: 3-6 hours post dose. **Do not use Gel Separation tubes!** Stability: Room temperature= 2 Days, Refrigerated= 1 Week, Frozen= 2 Weeks.			

GENERAL INFORMATION

Testing Schedule	Sun, Tues - Fri
Expected TAT	3-4 Days
Clinical Use	Carbamazepine is an anticonvulsant drug used to treat patients with generalized and partial seizures. Carbamazepine is also a specific analgesic used to treat patients with trigeminal neuralgia. Carbamazepine is highly protein bound. Free drug concentrations may be useful when there is simultaneous use of competitive drugs or disturbances in protein concentrations such as in patients with HIV infection or renal disease and in patients who are pregnant. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.
CPT Code(s)	80157
Lab Section	Reference Lab

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Carbohydrate-Deficient Transferrin (CDT) (UltraQuant)

Order Name:	**CDT ULTRAQ**
Test Number:	**3661700**
Revision Date:	**06/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Carbohydrate-Deficient Transferrin (CDT) (UltraQuant)	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Centrifuge and separate within 4 hours. Stability: Frozen - 2 Months, Refrigerated - 7 Days, Room Temperature - 5 Days			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	2-6 Days
Clinical Use	This Carbohydrate Deficient Transferrin UltraQuant is used to identify alcohol misuse in patients with unexplained elevations of MCV, liver enzymes, HDL, or idiopathic neuropathies.
CPT Code(s)	83883
Lab Section	Reference Lab

Carboxyhemoglobin

Order Name:	**CARBOXYHGB**
Test Number:	**2001600**
Revision Date:	**09/24/2014**
LOINC Code:	**20563-3**

TEST NAME	METHODOLOGY
Carboxyhemoglobin	Hemoximeter

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Whole Blood**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Ambient / Refrigerated**
Alternate 1	**2 mL (1.0)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Ambient / Refrigerated**
Instructions	Stability for Carboxyhemoglobin specimens only: 5 days Room Temperature, 5 Days Refrigerated. ***(If collecting with Venous or Artierial Blood Gases, please follow those specimen requirements.)***			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 day
Clinical Use	Useful for verifying carboxyhemoglobin levels in cases of suspected exposure to carbon monoxide.
CPT Code(s)	82375

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Carcinoembryonic Antigen (CEA)

Order Name:	**CEA ABB**
Test Number:	**4500425**
Revision Date:	**02/15/2012**
LOINC Code:	**2039-6**

TEST NAME	METHODOLOGY
Carcinoembryonic Antigen (CEA)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days, Frozen 1 month.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful for monitoring colorectal cancer. May be useful in assessing the effectiveness of chemotherapy or radiation treatment.
CPT Code(s)	82378

Carcinoembryonic Antigen (CEA), HAMA Treated

Order Name:	**HAMA/CEA**
Test Number:	**2015400**
Revision Date:	**11/10/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Carcinoembryonic Antigen (CEA)	Chemiluminescence Assays	2039-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Sent to reference lab.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-5 days
CPT Code(s)	82378

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Carcinoembryonic Antigen (CEA), Serous Fluid

Order Name:	**SRS CEA**
Test Number:	**4500675**
Revision Date:	**06/11/2003**
LOINC Code:	**12515-3**

TEST NAME	METHODOLOGY
Carcinoembryonic Antigen (CEA), Serous Fluid	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**See Instructions**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if < 48 hours.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful for monitoring colorectal cancer. May be useful in assessing the effectiveness of chemotherapy or radiation treatment.
CPT Code(s)	82378

Cardiolipin Antibodies, IgM and IgG

Order Name:	**CARDIO G/M**
Test Number:	**5564450**
Revision Date:	**10/31/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Cardiolipin IgG Antibody	Enzyme Immunoassay	8065-5
Cardiolipin IgM Antibody	Enzyme Immunoassay	8067-1

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-4 Days
Clinical Use	Antibodies to Cardiolipin are reported to be associated with spontaneous thrombosis and thrombotic episodes and also with spontaneous abortion and placental infarction. IF Cardio IGG or IGM positive GPI Beta 2 also performed (86146X2).
CPT Code(s)	86147X2

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Cardiolipin Antibody, IgA

Order Name:	**CARDIO IGA**
Test Number:	**5574553**
Revision Date:	**01/18/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cardiolipin Antibody, IgA	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Refrigerated**
Alternate 1	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	1 mL plasma collected in a 3.2% sodium citrate (light blue-top) tube. Separate Plasma or Serum from cells ASAP after collection into a plastic aliquot tube. Specimen Stability: Room temperature= 4 days, Refrigerated= 7 days, Frozen= 30 days.			

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	3-4 Days
Clinical Use	Cardiolipin antibodies (CA) are seen in a subgroup of patients with autoimmune disorders, particularly Systemic Lupus Erythematosus (SLE), who are at risk for vascular thrombosis, thrombocytopenia, cerebral infarct and/or recurrent spontaneous abortion. Elevations of CA associated with increased risk have also been seen in idiopathic thrombocytopenic purpura, rheumatoid and psoriatic arthritis, and primary Sjögren's syndrome.
CPT Code(s)	86147
Lab Section	Reference Lab

Careless Weed IgE

Order Name:	**CARLES WE**
Test Number:	**5554100**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Careless Weed IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Carmine IgE

Order Name:	**CARMINE**
Test Number:	**5525125**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Carmine IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Carnitine

Order Name:	**CARNITINE**
Test Number:	**3613200**
Revision Date:	**05/15/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Carnitine	Spectrophotometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Serum or plasma should be removed from cells immediately after collection. Avoid freeze/thaw cycle.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	3-4 Days
CPT Code(s)	82379
Lab Section	Reference Lab

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Carotene

Order Name:	**CAROTENE**
Test Number:	**3600653**
Revision Date:	**03/02/2015**
LOINC Code:	**2053-7**

TEST NAME	METHODOLOGY
Carotene	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.6mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**

Instructions

Protect From Light!

Separate from cells as soon as possible after clotting (within 1 hour of collection).

Send serum in an amber tube or wrap tube in aluminum foil to protect from light.

Unacceptable Conditions: Not protected from light, hemolyzed or icteric.

Specimen Stability: Room temperature= n/a, Refrigerated= 4 hours, Frozen= 1 month.

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	2-4 Days
Clinical Use	Beta Carotene, a fat soluble nutrient, is a precursor to vitamin A. Deficiencies may lead to vitamin A deficiency. Excessive vitamin A intake may lead to headaches, loss of appetite, nausea and diarrhea, skin changes, and potential birth defects.
CPT Code(s)	82380
Lab Section	Reference Lab

Carrot IgE

Order Name:	**CARROT**
Test Number:	**5609825**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Carrot IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Casein IgE

Order Name:	**CASEIN**
Test Number:	**5607775**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Casein IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Cashew Nut Food Allergy IgG

Order Name:	**CASHEW IGG**
Test Number:	**5500477**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cashew Nut Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Cashew Nut Food IgE

Order Name:	**CASHEW**
Test Number:	**5610125**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cashew Nut Food IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Cat Dander IgE

Order Name:	**CAT DANDER**
Test Number:	**5606250**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cat Dander IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Cat Scratch Disease Antibody (Bartonella)

Order Name:	**CATSCRATCH**
Test Number:	**5590000**
Revision Date:	**06/18/2004**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Bartonella henselae Antibody IgM	Indirect Fluorescent Antibody	32576-1
Bartonella henselae Antibody IgG	Indirect Fluorescent Antibody	32575-3
Bartonella quintana Antibody IgG	Indirect Fluorescent Antibody	32577-9
Bartonella quintana Antibody IgM	Indirect Fluorescent Antibody	32578-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen should be collected in a gold or red tiger top with a gel barrier. Refrigerated or ambient specimens are acceptable. Minimum collection is 3 ml.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Positive serology to Bartonella henselae and Bartonella quintana assist in the diagnosis of Cat Scratch disease.
CPT Code(s)	86611X4

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Catecholamines, Fractionated, 24-Hour or Random Urine

Order Name:	**CAT FRAC U**
Test Number:	**3808550**
Revision Date:	**03/23/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Epinephrine, Urine - per 24h	Quantitative HPLC/Tandem Mass Spectrometry	2232-7
Epinephrine, Urine - ratio to Creatinine	Quantitative HPLC/Tandem Mass Spectrometry	13734-9
Norepinephrine, Urine - per 24h	Quantitative HPLC/Tandem Mass Spectrometry	2668-2
Norepinephrine, Urine - ratio to Creatinine	Quantitative HPLC/Tandem Mass Spectrometry	13782-8
Dopamine, Urine - per 24h	Quantitative HPLC/Tandem Mass Spectrometry	2218-6
Dopamine, Urine - ratio to Creatinine	Quantitative HPLC/Tandem Mass Spectrometry	13733-1
Creatinine, Urine - per 24h	Spectrophotometry	2162-6
Creatinine, Urine	Spectrophotometry	20624-3
Catecholamines, Urine Interpretation		49256-1

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (2.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Alternate 1	**5 mL (2.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Transfer a 4 mL aliquot from a well-mixed 24-hour or random collection to a standard transport tube. **Mark collection duration and total volume on transport tube and test request form.** 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. **Stability: Ambient= N/A; Refrigerated= 1 month; Frozen= 6 months.** **Dietary Instructions:** Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible.			

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
Lab Section	Reference Lab

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Catecholamines, Fractionated, Plasma

Order Name:	**CAT FRAC P**
Test Number:	**3801400**
Revision Date:	**03/23/2015**
LOINC Code:	**49257-9**

TEST NAME	METHODOLOGY	LOINC CODE
Epinephrine	Quantitative HPLC/Tandem Mass Spectrometry	2230-1
Norepinephrine	Quantitative HPLC/Tandem Mass Spectrometry	2666-6
Dopamine, Plasma	Quantitative HPLC/Tandem Mass Spectrometry	2216-0
Catecholamine Interpretation		49257-9

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2.1)**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Frozen**
Alternate 1	**4 mL (2.1)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Instructions	Patient Preparation: **Patient should be calm and supine for 30 minutes prior to collection.** Collect: Green (sodium or lithium heparin). Collect on ice. **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.** **Specimen should be centrifuged and frozen within one hour.** Stability After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen at -20C: 1 month; Frozen at -70C: 1 year.			

GENERAL INFORMATION

Testing Schedule	Sun, Tue-Sat
Expected TAT	2-5 Days
CPT Code(s)	82384
Lab Section	Reference Lab

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Catfish IgE

Order Name:	**CATFISH**
Test Number:	**5610475**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Catfish IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Catheter Tip (Intravascular) Culture

Order Name:	**C TIP RT**
Test Number:	**6002008**
Revision Date:	**09/17/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Catheter Tip (Intravascular) Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Information**	**Catheter tip**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	This culture is for Intravascular Catheter tips, **NOT Foley catheter tips.** Foley catheter tips are Not Suitable for any culture.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	4 Days
Clinical Use	Identifies pathogens or confirms sterility.
CPT Code(s)	87070

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Cauliflower IgE

Order Name:	**CAULIFLOWR**
Test Number:	**5506290**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cauliflower IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Cayenne Pepper IgE

Order Name:	**PEPPER CAY**
Test Number:	**5532900**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cayenne Pepper IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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CD19/CD20

Order Name:	**CD19/CD20**
Test Number:	**0114175**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
White Blood Cell Count (WBC)	Flow cytometry	6690-2
Lymphocyte Percent		736-9
Lymphocyte Absolute	Flow cytometry	731-0
CD19 Percent		8117-4
CD19 Absolute	Flow cytometry	8116-6
CD20 Percent		8119-0
CD20 Absolute	Flow cytometry	9558-8
CD19 and CD20 Percent		
CD19 and CD20 Absolute	Flow cytometry	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (2.5 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	**Do Not Centrifuge!**			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-4 Days
CPT Code(s)	86355, 86356

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CEBPA Mutation by PCR

Order Name:	**CEBPA PCR**
Test Number:	**9616990**
Revision Date:	**07/07/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
CEBPA Mutation by PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 1	**3 mL (1 mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (DO NOT FREEZE). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon- Fri
Expected TAT	12-14 Days from set up.
Clinical Use	Determine prognosis in cytogenetically normal acute myelogenous leukemia (CN-AML)
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	81403, (G0452-26)
Lab Section	Reference Lab

Celery Allergens IgE

Order Name:	**CELERY IC**
Test Number:	**5613450**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Celery Allergens IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Celiac Disease Analyzer

Order Name:	**CELIAC AN**
Test Number:	**5537700**
Revision Date:	**01/07/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Tissue Transglutaminase IgA (IgA anti-tTG)	Enzyme Immunoassay	31017-7
Gliadin Deamidated Antibody, IgA	Enzyme Immunoassay	58709-7
Gliadin Deamidated Antibody, IgG	Enzyme Immunoassay	58710-5
Immunoglobulin, IgA Quantitative	Nephelometry	2458-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours, Refrigerated < 8 hours.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed
Expected TAT	5-7 Days
Clinical Use	Assist the diagnosis of Celiac disease and the monitoring of compliance to diet.
Notes	This test will automatically reflex for a IgG Anti-Tissue Transglutaminase antibody if the Celiac suspected patient is identified as being deficient for total serum IgA. 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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Celiac Disease Antibody Panel

Order Name:	**CELIAC PNL**
Test Number:	**5537600**
Revision Date:	**09/11/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Tissue Transglutaminase IgA (IgA anti-tTG)	Enzyme Immunoassay	31017-7
Gliadin Deamidated Antibody, IgA	Enzyme Immunoassay	58709-7
Gliadin Deamidated Antibody, IgG	Enzyme Immunoassay	58710-5
Immunoglobulin, IgA Quantitative	Nephelometry	2458-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours, Refrigerated more than 8 hours.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
Clinical Use	RML now recommends utilizing the celiac panel rather than the celiac analyzer because of the major improvements in the sensitivity and specificity of the IgA and IgG anti-gliadin assays. The celiac panel will now include quantitative IgA, the utilization of the synthetic gliadin-related deamidated peptides and human tissue transglutaminase (tTG). The utilization of the human tissue transglutaminase (tTG) and the synthetic gliadin-related deamidated peptide antigens in the EIA assay format for the detection of IgA anti-tTG, IgA anti-gliadin and IgG anti-gliadin have proven to be very sensitive and highly specific for celiac disease.
Notes	IgA deficiency is 10-15 times greater in patients with CD and therefore it would be important to reflex to IgG anti-tTG if the patient is IgA deficient and negative for IgG anti-gliadin. In patients with normal levels of IgA, any of the above serologic assays are suitable for following compliance to diet. A diet compliant patient will experience loss of the IgA anti-tTG, IgA anti-gliadin and/or IgG anti-gliadin after approximately 6 months.
CPT Code(s)	83516x3; 82784

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Celiac Disease Panel - Pediatric

Order Name:	**PED CELIAC**
Test Number:	**5537675**
Revision Date:	**09/11/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Tissue Transglutaminase IgA (IgA anti-tTG)	Enzyme Immunoassay	31017-7
Gliadin Deamidated Antibody, IgA	Enzyme Immunoassay	58709-7
Immunoglobulin, IgA Quantitative	Nephelometry	2458-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours, Refrigerated more than 8 hours.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
Clinical Use	Evaluation of Celiac Disease in pediatric patients less than 3 years of age. In toddlers, IgG anti-tTG is not reliable, and referral for a small bowel biopsy is recommended for those with serum IgA deficiency.
Notes	Recent literature has reported that Celiac disease (CD) is a more common disorder in the United States than previously recognized.
CPT Code(s)	83516x2; 82784

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Cell Mediated Immunity Panel

Order Name:	**CELL MED P**
Test Number:	**2940700**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
T and B Lymphocytes	Flow cytometry
Complete Blood Count (CBC) with Automated Differential	
Lymphocyte Proliferation to Mitogens (Blastogenesis)	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See below**	**See Instructions**	**See Special Instructions**	**Room Temperature**

Instructions

Collect Monday-Wednesday only, No weekends or Holidays - Before Collection Call RML Processing at 744-3131 x17398.
Specimens must be at RML Main Laboratory by 3pm the same day of collection to be processed ASAP.

Collect the Following Four Specimens:
T/B Lymphocytes - by Flow
[#1] 7mL **Whole Blood - Sodium Heparin** (Green top) **Room Temperature**
[#2] 5mL **Whole Blood EDTA** (Lavender Top) **Room Temperature**

Complete Blood Count
[#3] 5mL(1mL) **Whole Blood EDTA** (Lavender Top) **Room Temperature**

Lymphocyte Stimulation by Mitogens
Patient Sample
[#4] 10mL(5mL) **Whole Blood - Sodium Heparin** (Green top) - **Room Temperature**

GENERAL INFORMATION

Testing Schedule	Assay Dependant
Expected TAT	Assay Dependant
CPT Code(s)	86353X3, 85025, (T/B Lymph codes for flow may vary)

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Cephalosporin Acremonium Mold IgE

Order Name:	CEPHAL IGE
Test Number:	3618625
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Cephalosporin Acremonium Mold IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Cerebral Spinal Fluid (CSF) Count

Order Name:	CSF COUNT
Test Number:	0800075
Revision Date:	08/26/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Appearance of CSF	Visual	10333-3
Color CSF	Visual	10335-8
RBC Count on CSF	Microscopy	26454-9
WBC Count on CSF	Microscopy	26465-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	Deliver to lab as soon as possible. Tube 3 will be used for cell count unless there are less than 3 tubes or a different tube is specified.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Used to aid in the diagnosis of infectious disease and cerebral bleeding.
Notes	Testing includes a cellular differential if indicated.
CPT Code(s)	89051

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Ceruloplasmin

Order Name:	**CERULOPLA**
Test Number:	**3600800**
Revision Date:	**04/21/2014**
LOINC Code:	**2064-4**

TEST NAME	METHODOLOGY
Ceruloplasmin	Fixed Time Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Overnight fasting is preferred. Specimen stability: Room temperature= 3day; Refrigerated=2wk; Frozen=3mo.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-3 Days
CPT Code(s)	82390

Cheddar Cheese IgE

Order Name:	**CHEES CHED**
Test Number:	**5530375**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cheddar Cheese IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Cheese Mold IgE

Order Name:	**CHEES MOLD**
Test Number:	**5552425**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cheese Mold IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Cherry IgE

Order Name:	**CHERRY**
Test Number:	**5522200**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cherry IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Chestnut Food Allergy IgE

Order Name:	**CHESTNT FD**
Test Number:	**5500531**
Revision Date:	**07/18/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chestnut Food Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Chestnut Food Allergy IgG

Order Name:	**CHESTNUT G**
Test Number:	**5500487**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chestnut Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Chestnut Tree Allergy IgE

Order Name:	**CHESTNUT**
Test Number:	**5516260**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chestnut Tree Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

CHIC2 PDGFRA (4q12) by FISH

Order Name:	**CHIC2 FISH**
Test Number:	**9115527**
Revision Date:	**03/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
CHIC2 PDGFRA (4q12) by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 days
Clinical Use	Useful in predicting beneficial response to tyrosine kinase inhibitor imatinib mesylate.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368, 88368-26
Lab Section	Reference Lab

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Chick Pea IgE

Order Name:	**CHICK PEA**
Test Number:	**5559175**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chick Pea IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Chicken Feathers IgE

Order Name:	**CHICK FEAT**
Test Number:	**5621700**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chicken Feathers IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Chicken Meat IgE

Order Name:	**CHICK MEAT**
Test Number:	**5607175**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chicken Meat IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Chili Pepper IgE

Order Name:	**PEPPR CHIL**
Test Number:	**5533450**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chili Pepper IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Chlamydia Differentiation Panel

Order Name:	**CHLAM DIFF**
Test Number:	**5571500**
Revision Date:	**06/09/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Chlamydia psittaci IgM	Indirect Fluorescent Antibody	44977-7
Chlamydia psittaci IgG	Indirect Fluorescent Antibody	43868-9
Chlamydia trachomatis IgM	Indirect Fluorescent Antibody	41157-9
Chlamydia trachomatis IgG	Indirect Fluorescent Antibody	43848-1
Chlamydia pneumonae IgG		
Chlamydia pneumonae IgM		

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	C. pneumoniae, an important respiratory pathogen, C. psittaci, causes a respiratory illness in bird owners and possibly workers and C. trachomatis, causes urogenital infections. Positive serology must be interpreted with caution with consideration of clinical presentation.
CPT Code(s)	86631X3;86632X3

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Chlamydia pneumoniae Antibody, IgG, IgM

Order Name:	**CHLAM AB**
Test Number:	**5571650**
Revision Date:	**06/09/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Chlamydia pneumoniae IgG Antibody	Indirect Fluorescent Antibody	44981-9
Chlamydia pneumoniae IgM Antibody	Indirect Fluorescent Antibody	24004-4

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	C. pneumoniae is an important respiratory pathogen as well as a risk factor for coronary heart disease. Approximately 40-50% of the adult population have positive IgG titers (>1:16) to C. pneumoniae.
CPT Code(s)	86631/86632

Chlamydia pneumoniae Culture

Order Name:	**C CHLAM PN**
Test Number:	**6000225**
Revision Date:	**06/14/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chlamydia pneumoniae Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (2mL)**	**Respiratory specimen**	**Universal Transport Media (UTM)**	**Refrigerated**
Alternate 1	**5mL (2mL)**	**See Instructions**	**Viral Transport Media (VTM)**	**Refrigerated**
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
Lab Section	Reference Lab

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Chlamydia Probe

Order Name:	**CHLM PROBE**
Test Number:	**5559980**
Revision Date:	**12/08/2010**
LOINC Code:	**35729-3**

TEST NAME	METHODOLOGY
Chlamydia Probe	BD ProbeTec

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**SWAB or 8mL (4mL)**	**Urogenital Swab**	**BD ProbeTec Pink(F) or Blue(M)**	**Refrigerated**
Alternate 1	**SWAB or 8mL (4mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Urogenital Swab collection in BD ProbeTec kit, Keep Refrigerated. If urine is used, collect 8mL(4mL) fresh urine specimen in a Sterile Urine Container and refrigerate within 30 minutes.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Amplified Probe technique helps diagnose Chlamydia trachomatis infections.
Notes	Moderately bloody or grossly mucoid specimens may cause inhibition in this assay that may necessitate recollection.
CPT Code(s)	87491

Chlamydia Psittaci Antibody

Order Name:	**CHLAM PSIT**
Test Number:	**5571525**
Revision Date:	**06/09/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Chlamydia psittaci IgG	Indirect Fluorescent Antibody	43868-9
Chlamydia psittaci IgM	Indirect Fluorescent Antibody	44977-7
Chlamydia Psittaci Interpretation		44081-8

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	C. psittaci causes a respiratory illness which is usually found in pet bird owners or poultry industry owners. Interpret the serologic results in light of clinical history and presentation.
CPT Code(s)	86631, 86632

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Chlamydia Species Antibody Panel, IgM, IgG, IgA

Order Name:	**LGV AB**
Test Number:	**5585525**
Revision Date:	**05/15/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chlamydia Species Antibody Panel, IgM, IgG, IgA	Micro-immunofluorescence

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Centrifuge and separate serum from clot within 4 hours of drawing.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-3 Days
Clinical Use	Chlamydia/chlamydophila species includes C. pneumoniae, C. psittaci, and C. trachomatis. Each may cause pneumonia and other overlapping medical conditions.
CPT Code(s)	86631
Lab Section	Reference Lab

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Chlamydia trachomatis Culture

Order Name:	**C CHLAM TR**
Test Number:	**6000575**
Revision Date:	**06/14/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chlamydia trachomatis Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (2mL)**	**See Instructions**	**Universal Transport Media (UTM)**	**Refrigerated**
Alternate 1	**5mL (2mL)**	**See Instructions**	**Viral Transport Media (VTM)**	**Refrigerated**

Instructions

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.

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
Lab Section	Reference Lab

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Chloride

Order Name:	**CHLORIDE**
Test Number:	**2001750**
Revision Date:	**03/05/2012**
LOINC Code:	**2075-0**

TEST NAME	METHODOLOGY
Chloride	Ion-Selective Electrode

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 72hrs.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in monitoring metabolic processes, hydration, proper body pH and regulation of appropriate heart and muscle functions.
CPT Code(s)	82435

Chloride Spinal Fluid

Order Name:	**CSF CHLOR**
Test Number:	**3500550**
Revision Date:	**10/28/2011**
LOINC Code:	**2070-1**

TEST NAME	METHODOLOGY
Chloride Spinal Fluid	Ion-Selective Electrode

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**See Instructions**
Instructions	Patient should be informed, relaxed and properly positioned for lumbar puncture. Specimen stability: Ambient 6 hours. Refrigerated 24 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in determining the electrolyte balance.
CPT Code(s)	82438

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Chloride Urine Random

Order Name:	**CHLOR R U**
Test Number:	**3000250**
Revision Date:	**05/16/2003**
LOINC Code:	**2078-4**

TEST NAME	METHODOLOGY
Chloride Urine Random	Ion-Selective Electrode

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for monitoring kidney disease.
CPT Code(s)	82436

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Chloride Urine Timed

Order Name:	CHLOR TM U
Test Number:	3003175
Revision Date:	06/11/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Chloride 24 Hour Urine mm/24hr		2079-2
Chloride 24 Hour Urine mm/l	Ion-Selective Electrode	
Chloride Urine Timed Estimated		
Creatinine Urine Timed Estimated		
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Used to evaluate acid-base balance and particularly to distinguish whether or not a case of metabolic alkalosis is chloride-responsive.
CPT Code(s)	82436; 81050

Chocolate IgE

Order Name:	CHOCOLATE
Test Number:	5608550
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Chocolate IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Cholesterol, Direct LDL

Order Name:	**LDL DIRECT**
Test Number:	**3807950**
Revision Date:	**06/16/2003**
LOINC Code:	**18262-6**

TEST NAME	METHODOLOGY
Cholesterol, Direct LDL	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
CPT Code(s)	83721

Cholesterol, Serous Fluid

Order Name:	**SRS CHOL**
Test Number:	**3502200**
Revision Date:	**06/11/2003**
LOINC Code:	**12183-0**

TEST NAME	METHODOLOGY
Cholesterol, Serous Fluid	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	May be used where chylous effusion is suspected.
CPT Code(s)	82465

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Cholesterol, Total Serum

Order Name:	**CHOL**
Test Number:	**2001850**
Revision Date:	**11/12/2003**
LOINC Code:	**2093-3**

TEST NAME	METHODOLOGY
Cholesterol, Total Serum	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting 12 hours. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for evaluation of cardiovascular risk; suggestive of cholestatic liver disease and evidence for abetalipoproteinemia.
CPT Code(s)	82465

Cholinesterase, Plasma

Order Name:	**CHOLINES P**
Test Number:	**3600925**
Revision Date:	**07/01/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cholinesterase, Plasma	Kinetic Spectrophotometric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
Clinical Use	Approximately 1 in every 2500 individuals has inherited defective or deficiency of the enzyme (pseudocholinesterase) that metabolizes succinylcholine (a anesthetic agent). With "normal" dosage, these individuals have prolonged apnea. Such individuals are responsive at much smaller concentrations of this anesthetic agent than the general population. Low concentrations of Pseudocholinesterase are observed in individuals exposed to organophosphorous insecticides and patients with hepatic dysfunction.
CPT Code(s)	82480
Lab Section	Reference Lab

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Cholinesterase, RBC and Plasma

Order Name:	**CHOLN RBC**
Test Number:	**3805950**
Revision Date:	**07/01/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Cholinesterase RBC	Kinetic Spectrophotometric	2099-0
Cholinesterase Plasma	Kinetic Spectrophotometric	2098-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Plasma and Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	**Draw two lavender-top (EDTA) tubes.** Keep the first tube Whole Blood. Centrifuge the second tube and separate the Plasma into plastic aliquot tube. Keep both Whole Blood and Plasma Refrigerated. Preferred Volume: **5mL (1mL) EDTA Whole Blood and 4mL (0.5mL) EDTA Plasma.**			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
Clinical Use	True Cholinesterase (RBC and plasma) activity is decreased in individuals with exposure to organophosphorous insecticides. True Cholinesterase, found in erythrocytes and nerve tissue, is responsible for inactivating acetylcholinesterase at nerve endings. With decreased enzyme activity, patients may display a range of nervous system dysfunction. Analysis of RBC and serum or plasma activity is useful in monitoring exposure and recovery.
CPT Code(s)	84282; 82480
Lab Section	Reference Lab

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Cholinesterase, Serum

Order Name:	**CHOLINES S**
Test Number:	**3607775**
Revision Date:	**07/01/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cholinesterase, Serum	Kinetic Spectrophotometric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
Clinical Use	Approximately 1 in every 2500 individuals has inherited defective or deficiency of the enzyme (pseudocholinesterase) that metabolizes succinylcholine (a anesthetic agent). With "normal" dosage, these individuals have prolonged apnea. Such individuals are responsive at much smaller concentrations of this anesthetic agent than the general population. Low concentrations of Pseudocholinesterase are observed in individuals exposed to organophosphorous insecticides and patients with hepatic dysfunction.
CPT Code(s)	82480
Lab Section	Reference Lab

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Cholinesterase, Serum, with Dibucaine Inhibition

Order Name:	**PSEUDO/DI**
Test Number:	**3608550**
Revision Date:	**07/01/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Cholinesterase Serum	Kinetic Spectrophotometric	2098-2
Dibucaine Number % inhibition		39354-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
Clinical Use	The Pseudocholinesterase phenotype can be determined by analysis of Pseudocholinesterase and the percent inhibition by Dibucaine. Approximately 96% of the population has normal activity, approximately 4% will exhibit decreased activity that leads to prolonged paralysis following use of succinylcholine, and 1 in 3000 patients will exhibit severe , prolonged paralysis following anesthetic exposure.
CPT Code(s)	82480; 82638
Lab Section	Reference Lab

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Chromatin (Nucleosomal) Antibody

Order Name:	CHROMATIN AB
Test Number:	3630327
Revision Date:	12/14/2012
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Chromatin (Nucleosomal) Antibody	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 4 days, Refrigerated: 7 days, Frozen: 30 days			

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	2-4 Days
Clinical Use	Chromatin Antibody plays a central role in the autoimmune response in systemic lupus erythematosus (SLE). Approximately 90 percent of patients with SLE have sera that will exhibit reactivity to nucleosomes.
CPT Code(s)	86235
Lab Section	Reference Lab

Chromium, 24hr Urine

Order Name:	CHROMI 24U
Test Number:	3808900
Revision Date:	11/18/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Chromium urine	Atomic Absorption	21201-9
Creatinine		20624-3
Chromium/Creatinine Ratio		29919-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (0.5)**	**Urine, 24-hour**	**24 Hour Urine Acid Washed Container**	**Refrigerated**
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
Lab Section	Reference Lab

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Chromium, Serum

Order Name:	**CHROMIUM**
Test Number:	**3610550**
Revision Date:	**11/18/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chromium, Serum	Quantitative Inductively Coupled Plasma-Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	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**
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
Lab Section	Reference Lab

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Chromogranin A

Order Name:	**CHROMOGR A**
Test Number:	**3803550**
Revision Date:	**08/06/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chromogranin A	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.6)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**1 mL (0.6)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: After separation from cells: Ambient: 5 days; Refrigerated: 1 Week ; Frozen: 5 weeks. Unacceptable Conditions: Plasma, Hemolysis, Icteric or lipemic specimens.			

GENERAL INFORMATION

Testing Schedule	Tue-Sat
Expected TAT	2-4 Days
Clinical Use	Chromogranin A is a 49 kDa acidic protein that consists of 439 amino acids encoded on chromosome 14. Chromogranin A has been identified in a number of normal and neoplastic endocrine tissues. It was demonstrated that an elevated circulating chromogranin A level would be a marker of tumors of neuroendocrine origin. However, the most significant clinical use of chromogranin A is related to the diagnostic procedure in patients of pheochromocytoma. Chromogranin A is a very sensitive (83%) and highly specific (96%) marker in the evaluation of actual or suspected pheochromocytoma. Drugs commonly employed in the diagnosis or treatment of pheochromocytoma.
CPT Code(s)	86316
Lab Section	Reference Lab

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Chromosome Analysis - Amniotic Fluid & AFP (Alpha-Fetoprotein) w/ Reflex

Order Name:	**AFP/CHRM**
Test Number:	**1003950**
Revision Date:	**08/01/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Chromosome Culture and Karyotype	Culture	
Alpha-Fetoprotein (AFP), Amniotic Fluid	Chemiluminescence Assays	1832-5
Alpha-Fetoprotein (AFP), Multple of Median	Calculation	29595-6
Acetylcholinesterase, Amniotic Fluid (Possible Reflex Test)	Electrophoresis	
Fetal Hemoglobin, Amniotic Fluid (Possible Reflex Test)	Radial Immunodiffusion	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**20-30 mL**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Room Temperature**

Instructions

Required information:

- Patient Diagnosis
- EDD (Estimated Date of Delivery)
- Gestational Age and method of determination: US or LMP

20-30 ml of amniotic fluid in well labeled sterile screw top tubes.

Avoid contaminating the fluid with blood (discard the first 2 cc collected; syringes not acceptable).

Gestational age (13-24 weeks) must be provided for interpretation of results.

Ship at room temperature. **DO NOT FREEZE.**

SPECIMEN VIABILITY DECREASES DURING TRANSIT. SEND SPECIMEN TO TESTING LAB FOR VIABILITY DETERMINATION. DO NOT REJECT.

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	AFP= 3-4 Days; Chromosomes= 10-15 Days
Clinical Use	Amniotic fluid collected by amniocentesis performed during the second trimester, preferably at 13 to 24 weeks of gestation is the most common source of fetal cells for prenatal diagnosis. It is used to determine genetic cause for mental retardation, congenital anomalies, infertility, miscarriage, stillbirth, and ambiguous genitalia and Confirm or exclude the diagnosis of known chromosomal syndromes.
Notes	**If the preliminary AFP is abnormal, reflexive Acetylcholinesterase testing is activated along with a Fetal Hemoglobin which is typically used to exclude the possibility fetal blood contamination.** See individual tests for cpt codes.
CPT Code(s)	88269; 88235; 88280; 88291; 82106 (Chromosomes and AFP only)
Lab Section	Reference Lab

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Chromosome Analysis - Hematologic Malignancy

Order Name:	**CHROMOS HM**
Test Number:	**9113150**
Revision Date:	**03/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chromosome Analysis - Hematologic Malignancy	Karyotype

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
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)	88261, 88237x2, 88291, 88280
Lab Section	Reference Lab

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Chromosome Analysis - Lymph Node or Solid Tissue

Order Name:	**CHROMOS LM**
Test Number:	**9114150**
Revision Date:	**03/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chromosome Analysis - Lymph Node or Solid Tissue	Karyotype

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5x5mm**	**Tissue**	**RPMI Solution**	**Ambient / Refrigerated**
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 Room Temperature or Refrigerated (**DO NOT FREEZE**). Frozen samples will be rejected. Specifically label the container to be used for cytogenetic testing, the patient name, 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)	88261, 88237x2, 88291, 88280
Lab Section	Reference Lab

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Chromosome Analysis - Products of Conception

Order Name:	**CHROMO TX**
Test Number:	**0113500**
Revision Date:	**05/26/2005**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chromosome Analysis - Products of Conception	Karyotype

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Tissue**	**RPMI Solution**	**Room Temperature**
Instructions	At least 5x5 mm section of “viable” tissue, chorionic villi, placenta, skin or cord submitted in RPMI with antibiotics or sterile Ringer’s solution using a sterile container. Please send at **Room Temperature (DO NOT Refrigerate or 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	Mon - Sun
Expected TAT	20-25 Days
Clinical Use	Standard chromosome analysis of products of conception and fetal demise specimens to detect chromosomal causes of fetal loss.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88233; 88262; 88291
Lab Section	Reference Lab

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Chromosome Analysis - Solid Tumor (Non-Lymphoma)

Order Name:	**CHROMOS ST**
Test Number:	**9116125**
Revision Date:	**03/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chromosome Analysis - Solid Tumor (Non-Lymphoma)	Karyotype

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5x5mm**	**Tissue**	**RPMI Solution**	**Ambient / Refrigerated**
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 Room Temperature or Refrigerated (**DO NOT FREEZE**). Frozen samples will be rejected. Specifically label the container to be used for cytogenetic testing, the patient name, 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)	88262, 88239x2, 88291, 88280
Lab Section	Reference Lab

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Chromosome Analysis, Blood

Order Name:	**CHROMO BLD**
Test Number:	**0113475**
Revision Date:	**02/16/2005**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chromosome Analysis, Blood	Karyotype

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Instructions	Whole blood 3-5 mL (1 mL minimum) from Sodium Heparin Dark Green.			

GENERAL INFORMATION

Testing Schedule	Mon - Sun
Expected TAT	12-16 Days
Clinical Use	This is a peripheral blood chromosome analysis to aid in the identification of Down Syndrome, Infertility Karyotype, Klinefelters Syndrome, Turners Syndrome, Spontaneous Abortion.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88230; 88262; 88291
Lab Section	Reference Lab

Chromosome Analysis, High Resolution

Order Name:	**CHROMO HI**
Test Number:	**0112875**
Revision Date:	**02/16/2005**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Chromosome Analysis, High Resolution	Karyotype

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Instructions	Whole blood 3-5 mL (1 mL minimum) from Sodium Heparin Dark Green.			

GENERAL INFORMATION

Testing Schedule	Mon - Sun
Expected TAT	12-16 Days
Clinical Use	Appropriate for multiple congenital anomalies, mental retardation, family members of patients with subtle chromosomal abnormalities, couples with histories of two or more fetal losses or infertility problems.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88230; 88262; 88289; 88291
Lab Section	Reference Lab

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Chronic Urticaria Profile

Order Name:	**CHRON URTI**
Test Number:	**2938550**
Revision Date:	**06/07/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Thyroid Peroxidase Antibody (TPO Ab, Microsomal Ab)	Enzyme Immunoassay	8099-4
Thyroglobulin Autoantibody (TG Ab)	Enzyme Immunoassay	8098-6
Thyroid Stimulating Hormone (TSH)	Chemiluminescence Assays	3016-3
CU Index - Chronic Urticaria Index (Anti-FceR)	Cul/Stim	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6 mL (4mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Please collect two serum clot tubes.			

GENERAL INFORMATION

Testing Schedule	See individual assays.
Expected TAT	Assay Dependant
CPT Code(s)	86800, 86800, 84443, 86352
Lab Section	Reference Lab

Cilantro IgE

Order Name:	**CILANTRO**
Test Number:	**5516175**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cilantro IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Cinnamon IgE

Order Name:	**CINNAMON**
Test Number:	**5592865**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cinnamon IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Citrate, 24-Hour Urine

Order Name:	**CITRIC U**
Test Number:	**3808600**
Revision Date:	**07/20/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Citrate, 24-Hour Urine	Spectrophotometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (1.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
CPT Code(s)	82507; 82570
Lab Section	Reference Lab

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CK Heart W/Troponin

Order Name:	**CK HEART T**
Test Number:	**2017925**
Revision Date:	**08/22/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
CK CK-B Profile		32673-6
Troponin	Chemiluminescence Assays	10839-9

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Please keep specimen refrigerated. Specimen stability: Ambient 4 hours, Refrigerated 48 hours, Frozen 3 months.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	This cardiac analyzer is used in the evaluation of patients with a high suspicion for acute myocardial infarction and useful as an aid in diagnosing myocardial injury. CK MB performed if CPK elevated (82553).
Notes	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.

Cladosporium herbarum/Hormodendrum IgE

Order Name:	**CLADOSPOR**
Test Number:	**5606175**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cladosporium herbarum/Hormodendrum IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Cladosporium herbarum/Hormodendrum IgG

Order Name:	**CLADOSPO G**
Test Number:	**5500437**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cladosporium herbarum/Hormodendrum IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

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Clam Food Allergy IgG

Order Name:	**CLAM IGG**
Test Number:	**5500507**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Clam Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

Clam IgE

Order Name:	**CLAM**
Test Number:	**5606935**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Clam IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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CLL/Lymphoma Leukemia Panel

Order Name:	CLL PANEL
Test Number:	5512675
Revision Date:	06/11/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
CLL/Lymphoma Leukemia Panel	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL**	**Whole Blood**	**EDTA (Lavender Top) and Lithium Heparin (Dark Green Top / No-GEL)**	**Room Temperature**
Instructions	Collect one 4 mL EDTA (Lavender) and one 7 mL Lithium Heparin (green no gel) Store at room temperature and do not centrifuge. Deliver to Laboratory (flow cytometry) ASAP.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Lymphoma/ leukemia
CPT Code(s)	88180X11

Clonazepam

Order Name:	CLONAZEPA
Test Number:	4001540
Revision Date:	01/09/2015
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Clonazepam	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.5 mL (1.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	Do not use gel barrier tubes. Optimum time to collect sample: 4 hours post oral dose.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 Days
CPT Code(s)	80346
Lab Section	Reference Lab

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Clostridium difficile Molecular Detection

Order Name:	**C DIFF MOL**
Test Number:	**6001200**
Revision Date:	**04/05/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Clostridium difficile Molecular Detection	LAMP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL**	**Stool, Random**	**Sterile Orange Screwtop Container**	**Refrigerated**
Alternate 1	**1mL**	**Stool, Random**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**1mL**	**Stool, Random**	**ETM or Cary Blair container**	**Refrigerated**
Instructions	**Raw Soft or Liquid Stool in Sterile Screwtop Container.** Stool collected ETM or Cary Blair Container also acceptable. STABILITY: 5 days Refrigerated 2-8'C (Un-Preserved Stool only viable for 24hrs at RoomTemperature). If testing cannot begin within 5 days then Freeze -20'C. **Note: Formed or Hard Specimens will be Rejected.**			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	1-2 Days
Notes	C. difficile detection by Isothermal DNA amplification probe.
CPT Code(s)	87493

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Clostridium Difficille Toxins (A/B)

Order Name:	**C DIFF TOX**
Test Number:	**3501065**
Revision Date:	**08/18/2014**
LOINC Code:	**34468-9**

TEST NAME	METHODOLOGY
Clostridium Difficille Toxins (A/B)	EIA (Antigen Capture)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 gram (0.5)**	**Stool, Random**	**Sterile Screwtop Container**	**Frozen**

Instructions

This C Diff Toxin assay should be use ONLY after a Positive C Diff Molecular assay has been performed within the last month.

See **C DIFF MOL** [**6001200**]

1gram (0.5gram) unpreserved stool in a sterile container.
Stability: Room Temperature: N/A; Refrigerated: N/A; Frozen: 30 Days.

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	1-2 Days
CPT Code(s)	87324
Lab Section	Reference Lab

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Clozapine (Clozaril)

Order Name:	**CLOZAPINE**
Test Number:	**4006865**
Revision Date:	**02/23/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Clozapine Quantitative	Quantitative HPLC/Tandem Mass Spectrometry	6896-5
Norclozapine Quantitative	Quantitative HPLC/Tandem Mass Spectrometry	10992-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.4)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1mL (0.4)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	**Do not use gel barrier/Serum Separator tubes.** Optimal time to collect sample: Best to Draw 30min - 1hr before next oral dose at steady state. (Time to steady state: 3-5 days). Stability: Ambient 8 Days; Refrigerated 1 Month; Frozen 1 Month.			

GENERAL INFORMATION

Testing Schedule	Varies
Expected TAT	4-11 Days
Clinical Use	Clozapine is an atypical antipsychotic agent. Norclozapine has minimal therapeutic activity.
CPT Code(s)	80159
Lab Section	Reference Lab

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Cobalt, Serum/Plasma

Order Name:	**COBALT**
Test Number:	**3610575**
Revision Date:	**03/19/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cobalt, Serum/Plasma	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	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**
Alternate 1	**2 mL (0.5)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Room Temperature**
Instructions	**Collect Serum in a Royal Blue no additive clot tube**. (Plasma from a Royal blue (EDTA) tube is also acceptable.) 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
Lab Section	Reference Lab

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Coccidioides Antibody - Serum

Order Name:	COCIDI CF
Test Number:	5530600
Revision Date:	07/12/2012
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Coccidioides Antibody - Serum	Complement Fixation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-5 Days
Clinical Use	Coccidioides Antibody, Complement Fixation, Serum.
CPT Code(s)	86635
Lab Section	Reference Lab

Cockatiel Feathers IgE

Order Name:	COCKAIEL F
Test Number:	2933375
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Cockatiel Feathers IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Cocklebur IgE

Order Name:	**COCKLEBUR**
Test Number:	**5609225**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cocklebur IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Cockroach German IgE

Order Name:	**COCKROACH**
Test Number:	**5606025**
Revision Date:	**02/11/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cockroach German IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Coconut Food Allergy IgE

Order Name:	**COCONUT**
Test Number:	**5556650**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Coconut Food Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Coconut Food Allergy IgG

Order Name:	**COCONUT G**
Test Number:	**5500471**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Coconut Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Codfish IgE

Order Name:	**CODFISH**
Test Number:	**5606100**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Codfish IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Coffee IgE

Order Name:	**COFFEE IGE**
Test Number:	**5650135**
Revision Date:	**03/07/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Coffee IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Cold Agglutinin Antibody

Order Name:	**COLD AGG**
Test Number:	**5500450**
Revision Date:	**08/30/2006**
LOINC Code:	**32672-8**

TEST NAME	METHODOLOGY
Cold Agglutinin Antibody	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	Allow blood to clot for 30 mins at 37 degrees C. Serum must be kept at 37 degrees C until separated from cells. Transport warm if not centrifuged. Fasting specimen preferred.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	7 Days
Clinical Use	Cold agglutinin disease must be considered for all patients with acquired hemolytic anemia who have a positive direct antiglobulin test. Also suspected for patients with chronic liver disease, certain viral infections and Mycoplasma pneumoniae infection.
Notes	Protein electrophoresis performed if cold agglutinin is positive. (84155; 84165; 80500).
CPT Code(s)	86157

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Collagen Cross-Linked N-Telopeptide (NTx), Urine

Order Name:	**OSTEOMARK**
Test Number:	**3802200**
Revision Date:	**04/26/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Collagen Cross-Linked N-Telopeptide (NTx)	Chemiluminescence Assays	14115-0
Creatinine, Random Urine	Chemiluminescence Assays	2161-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1mL)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	**Collect the second morning void**, do not collect the first morning void. **Do not use preservatives**, Acidified specimen is not acceptable.			

GENERAL INFORMATION

Testing Schedule	Tues - Sat
Expected TAT	3-4 Days
Clinical Use	NTx is useful to assess bone resorption in patients with metabolic bone disease. The test is also useful in monitoring therapy to slow or halt osteoporotic bone loss. A decline of 30% or more of NTx over a six month period suggests effective therapy.
CPT Code(s)	82523, 82570
Lab Section	Reference Lab

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Collagen Type I C-Telopeptide(CTx)

Order Name:	**C TELOPEP**
Test Number:	**5572555**
Revision Date:	**08/06/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Collagen Type I C-Telopeptide(CTx)	Electrochemiluminescent Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	**Fasting is required!** Non-Fasting specimens are unacceptable. Fasting morning collection 8-10 am. (Diurnal variations cause elevated levels at night). Allow blood to clot (10-15 minutes) at room temperature. Centrifuge and separate the serum from the cells and place into plastic aliquot tube. Label aliquot tube as Serum and Freeze as soon as possible.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr, Sat.
Expected TAT	2-4 Days
Clinical Use	CTx is useful to asses bone resorption in patients with metabolic bone disease. The test is also useful in monitoring therapy to slow or halt osteoporotic bone loss.
Notes	Specimen Stability: Room temperature= 16hr; Refrigerated= 3day; Frozen= 3mo.
CPT Code(s)	82523
Lab Section	Reference Lab

Common Silver Birch IgE

Order Name:	**SILV BIRCH**
Test Number:	**5613000**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Common Silver Birch IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Complement C3 and C4

Order Name:	C3/C4
Test Number:	5002000
Revision Date:	03/04/2015
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Complement C3, Serum	Nephelometry	4485-9
Complement C4, Serum	Nephelometry	4498-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Separate serum from cells within one hour of collection** and Freeze. Stability: Room Temperature N/A, Refrigerated 5 days, Frozen 7 days. **C3/C4 Must be Frozen if ordered with CH50.**			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	3 Days
Clinical Use	Low levels of C3 and/or C4 may occur during infections, exacerbation of SLE, glomerulonephritis and immune complex disease.
CPT Code(s)	86160X2

Complement C3, Serum

Order Name:	C3
Test Number:	5000300
Revision Date:	03/04/2015
LOINC Code:	4485-9

TEST NAME	METHODOLOGY
Complement C3, Serum	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.5 mL (1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Separate serum from cells within one hour of collection** and Freeze. Stability: Room Temperature N/A, Refrigerated 5 days, Frozen 7 days. **C3/C4 Must be Frozen if ordered with CH50.**			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Low levels may occur during infections, exacerbation of SLE and glomerulonephritis. Undetectable level suggests C3 deficiency.
CPT Code(s)	86160

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Complement C4, Serum

Order Name:	**C4**
Test Number:	**5000350**
Revision Date:	**03/04/2015**
LOINC Code:	**4498-2**

TEST NAME	METHODOLOGY
Complement C4, Serum	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Separate serum from cells within one hour of collection** and Freeze. Stability: Room Temperature N/A, Refrigerated 5 days, Frozen 7 days. **C3/C4 Must be Frozen if ordered with CH50.**.			

GENERAL INFORMATION

Testing Schedule	Sun-Thr
Expected TAT	3 Days
Clinical Use	Low levels may occur during infections, exacerbation of SLE and glomerulonephritis. Undetectable level suggests C4 deficiency.
CPT Code(s)	86160

Complement, Total (CH50)

Order Name:	**CH 50**
Test Number:	**5569250**
Revision Date:	**03/04/2015**
LOINC Code:	**4532-8**

TEST NAME	METHODOLOGY
Complement, Total (CH50)	Hemagglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Allow to Clot, then separate and pour off serum and freeze ASAP! Do not allow to thaw.** Stability: Room Temperature N/A, Refrigerated N/A, Frozen 7 days.			

GENERAL INFORMATION

Testing Schedule	Batched
Expected TAT	7 Days
Clinical Use	Low levels of total complement may occur during infection, exacerbation of SLE, exacerbation of hereditary angioedema and glomerulonephritis. Undetectable levels suggest possibility of a complement deficiency.
CPT Code(s)	86162

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Complete Blood Count (CBC) with Automated Differential

Order Name:	**CBC**
Test Number:	**0101301**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
White Blood Cell Count (WBC)	Flow cytometry	6690-2
Red Blood Cell Count (RBC)	Flow cytometry	789-8
Hemoglobin (HGB)	Flow cytometry	718-7
Hematocrit (HCT)	Flow cytometry	4544-3
Mean Corpuscular Volume (MCV)	Flow cytometry	787-2
Mean Corpuscular Hemoglobin (MCH)	Flow cytometry	785-6
Mean Corpuscular Hgb Concentration (MCHC)	Flow cytometry	786-4
RBC Distribution Width (RDW)	Flow cytometry	788-0
Platelet Count (PLT)	Flow cytometry	777-3
Mean Platelet Volume (MPV)	Flow cytometry	32623-1
Absolute Neutrophil	Flow cytometry	751-8
Lymphocyte Absolute	Flow cytometry	731-0
Absolute Monocyte	Flow cytometry	742-7
Absolute Eosinophil	Flow cytometry	711-2
Absolute Basophil	Flow cytometry	704-7
RDW - RBC Distribution-S	Flow cytometry	21000-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	**For best results** Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 24hrs. Specimens received after 24hrs will not receive a 5 part differential. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Notes	A manual differential will be performed at an additional cost if indicated.
CPT Code(s)	85025

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Complete Blood Count (CBC) without Differential

Order Name:	**CBC NO DIF**
Test Number:	**0101425**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
White Blood Cell Count (WBC)	Flow cytometry	6690-2
Red Blood Cell Count (RBC)	Flow cytometry	789-8
Hemoglobin (HGB)	Flow cytometry	718-7
Hematocrit (HCT)	Flow cytometry	4544-3
Mean Corpuscular Volume (MCV)	Flow cytometry	787-2
Mean Corpuscular Hemoglobin (MCH)	Flow cytometry	785-6
Mean Corpuscular Hgb Concentration (MCHC)	Flow cytometry	786-4
RBC Distribution Width (RDW)	Flow cytometry	788-0
Platelet Count (PLT)	Flow cytometry	777-3
Mean Platelet Volume (MPV)	Flow cytometry	32623-1
RDW - RBC Distribution-S	Flow cytometry	21000-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	**For best results** Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 24hrs. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	85027

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Complete Blood Count with Differential

Order Name:	**CBC M DIFF**
Test Number:	**0108050**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Complete Blood Count (CBC)	
WBC Differential Count, Manual	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	**For best results** Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 24hrs. Specimens received after 24hrs will not receive a 5 part differential. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	The white blood cell count is useful in the diagnosis and management of infection, inflammatory disorders, hematopoietic maligancies, evaluation of myelopoietic disorders, drug effects, and response to various cytotoxic agents. The differential count is performed to acquirefurther information concerning the above states and enables one to arrive at values for the bsolute value of discreet WBC population. Absolute values for individual cell populations are obtained froma combination of the WBC count and the % of each cell type from the differential.
CPT Code(s)	85027, 85007

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Comprehensive Metabolic Panel

Order Name:	**CHEM 14**
Test Number:	**2028075**
Revision Date:	**03/05/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Glucose	Hexokinase	2345-7
Urea Nitrogen, Blood (BUN)	Urease/GLDH	3094-0
Creatinine	Kinetic Alkaline Picrate (Jaffe)	2160-0
Sodium	Ion-Selective Electrode	2951-2
Potassium Serum/Plasma	Ion-Selective Electrode	2823-3
Chloride	Ion-Selective Electrode	2075-0
Bicarbonate	Enzymatic	1963-8
Anion Gap Calculated	Calculation	33037-3
Calcium	Arsenazo	17861-6
Aspartate Transaminase (AST)	Enzymatic	1920-8
Alanine Transaminase (ALT)	Enzymatic	1742-6
Alkaline Phosphatase	Enzymatic	6768-6
Bilirubin Total	Jendrassik-Grof	1975-2
Albumin	BCG	1751-7
Protein Total	Biuret	2885-2
Glomerular filtration rate	Calculation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 72hrs.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	See detail tests.
CPT Code(s)	80053

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Copper Serum/Plasma

Order Name:	**COPPER S/P**
Test Number:	**3605025**
Revision Date:	**03/02/2015**
LOINC Code:	**5631-7**

TEST NAME	METHODOLOGY
Copper Serum/Plasma	Quantitative Inductively Coupled Plasma-Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5 mL)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Ambient / Refrigerated**
Alternate 1	**2 mL (0.5 mL)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Ambient / Refrigerated**

Instructions

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).

Centrifuge: Do Not Allow Serum or Plasma to remain on cells. Transfer 2 mL serum or plasma to a Trace Element-Free Transport Tube within 6 hours of collection.

Unacceptable Conditions: Separator tubes and specimens that are not separated from the red cells or clot within 6 hours.

Stability: If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
Notes	LOINC 5631-7 ADDED 3/2/15
CPT Code(s)	82525
Lab Section	Reference Lab

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Copper, 24-Hour Urine

Order Name:	**COPPER 24**
Test Number:	**3600950**
Revision Date:	**12/16/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Copper, 24-Hour Urine	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3)**	**Urine, 24-hour**	**Acid Washed, Trace Element Free 24 hour Urine Container**	**Ambient / Refrigerated**
Instructions	**Collect 24-hour urine in a 24-hour Trace Elements Free Urine container** (Random urine is not acceptable). No Preservatives needed. Record total volume on specimen container and on test requisition. If making Aliquot it must be in a Trace Elements Free aliquot tube. **Specimen Stability:** Room temperature 5 days, Refrigerated 14 days, Frozen, 30 days			

GENERAL INFORMATION

Testing Schedule	Sun-Thu (Reports 4-5 days following set up)
Expected TAT	7-12 Days
CPT Code(s)	82525
Lab Section	Reference Lab

Corn IgE

Order Name:	**CORN FOOD**
Test Number:	**5606865**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Corn IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Cortisol AM

Order Name:	CORTISL A
Test Number:	4500450
Revision Date:	01/23/2014
LOINC Code:	9813-7

TEST NAME	METHODOLOGY
Cortisol AM	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	For best results this should be collected before 10am. Specimen stability: Ambient 8 hours. Refrigerated 7Days. Freeze for < 7 Days Stability.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Used in evaluation of adrenal and pituitary function.
CPT Code(s)	82533

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Cortisol Free, 24-Hour or Random Urine

Order Name:	**CORT FR U**
Test Number:	**3602275**
Revision Date:	**03/23/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Cortisol, Urine Free - per 24h	Quantitative HPLC/Tandem Mass Spectrometry	2147-7
Cortisol, Urine Free - per volume	Quantitative HPLC/Tandem Mass Spectrometry	34909-2
Cortisol, Urine Free - ratio to Creatinine	Calculation	32009-3
Creatinine, Urine - per 24h	Spectrophotometry	2162-6
Creatinine, Urine	Spectrophotometry	20624-3
Cortisol, Urine Interpretation		48767-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1 mL)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Alternate 1	**4 mL (1 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
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	2-5 Days
CPT Code(s)	82530
Lab Section	Reference Lab

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Cortisol Free, Serum

Order Name:	**CORT FR S**
Test Number:	**4503500**
Revision Date:	**03/23/2015**
LOINC Code:	**2145-1**

TEST NAME	METHODOLOGY
Cortisol Free, Serum	Equilibrium Dialysis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.6 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 1	**1 mL (0.6 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate 2	**1 mL (0.6 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	Centrifuge specimen. Separate serum or plasma from cells within 2 hours of collection ant transfer 1 mL serum or plasma to an plastic transport tube and freeze.			

GENERAL INFORMATION

Testing Schedule	Tue, Sat
Expected TAT	2-6 Days
CPT Code(s)	82530
Lab Section	Reference Lab

Cortisol PM

Order Name:	**CORTISL P**
Test Number:	**4500500**
Revision Date:	**01/23/2014**
LOINC Code:	**9812-9**

TEST NAME	METHODOLOGY
Cortisol PM	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	For best results this should be collected After 4pm. Specimen stability: Ambient 8 hours. Refrigerated 7Days. Freeze for < 7 Days Stability.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Used in the evaluation of adrenal and pituitary function.
CPT Code(s)	82533

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Cortisol, Saliva

Order Name:	**CORT SALIV**
Test Number:	**4500457**
Revision Date:	**07/28/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cortisol, Saliva	Quantitative Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See instructions**	**Saliva**	**See Instructions**	**Refrigerated**

Instructions

Do not collect specimen within 60 minutes after eating a meal, within 12 hours after consuming alcohol, immediately after brushing teeth or after any activity that may cause gums to bleed. Rinse mouth thoroughly with water 10 minutes before specimen collection. Recommended collection time is between 11:00 p.m. - 1:00 a.m.

Transfer saturated swab to plain (non-citric acid) **Cotton Salivette® collection device** (Available from RML using ARUP supply #41252). Record the time of collection on the test request form, and on Salivette® transport container. Saliva Swab must be completely saturated to ensure sufficient volume for testing.

Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Specimens not collected using the Salivette collection device. Sodium azide preservative. Specimens with pH values greater than 9.0 or less than 3.5 must be recollected. Specimens visibly contaminated with blood, cellular debris, food particles, or mucus.

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
Notes	Bovine hormones normally present in dairy products can cross-react with anti-cortisol antibodies and cause false results. Acidic or high sugar foods can compromise assay performance by lowering sample pH and influencing bacterial growth. Samples with pH values greater than 9.0 or less than 3.5 must be recollected.
CPT Code(s)	82533
Lab Section	Reference Lab

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Cortisone, 24-Hour Urine

Order Name:	CORTSN 24U
Test Number:	3808675
Revision Date:	03/08/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Cortisone, 24-Hour Urine	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10mL (2.1)**	**Urine, 24-hour**	**24 hour Urine Container**	**See Instructions**
Instructions	Keep Urine Refrigerated during and after collection. **After collection mix well and freeze aliquot within 72 hrs.** Stability is Room temperature: 4hrs, Refrigerated: 72hrs, Frozen: 1yr. Collect urine in a 24-hour urine container with 10 grams of boric acid or keep urine refrigerated during collection if preservative is not used. Record 24-hour urine volume on test request form and urine vial. Random urine samples are acceptable, but reference ranges do not apply.			

GENERAL INFORMATION

Testing Schedule	Thur
Expected TAT	3-4 Days
CPT Code(s)	83789
Lab Section	Reference Lab

Cottonseed IgE

Order Name:	COTTNSEED
Test Number:	5556400
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Cottonseed IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Cottonwood IgE

Order Name:	COTONWOOD
Test Number:	5607475
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Cottonwood IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Coumadin/Warfarin Sensitivity (CYP2C9 & VKORC1) 3 Mutations

Order Name:	COUM POLYM
Test Number:	2070050
Revision Date:	01/01/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
CYP2C9 ALLELE #1	Polymerase Chain Reaction	
CYP2C9 ALLELE #2	Polymerase Chain Reaction	56164-7
VKORC1 ALLELE #1	Polymerase Chain Reaction	
VKORC1 ALLELE #2	Polymerase Chain Reaction	
Warfarin Sensitivity Interpretation		54451-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4.5 mL (1mL)**	**EDTA Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon, Thu
Expected TAT	5-7 Days
Clinical Use	Coumadin/Warfarin Polymorphism: Identification of patient CYP2C9*2, CYP2C9*3, VKORC1 polymorphisms can help predict expected drug metabolism enzyme activity allowing clinicians to individualize drug treatment for each patient. Individualized therapy may assist patients by reducing adverse drug reactions and optimizing drug dose requirements.
Notes	Methodology: Polymerase Chain Reaction/DNA Hybridization/Electrochemical Detection
CPT Code(s)	81227; 81355 (2013 code)
Lab Section	Reference Lab

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Cow Dander IgE

Order Name:	**COW DAND**
Test Number:	**5609150**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cow Dander IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Coxsackie A Virus Antibodies - CSF

Order Name:	**COX A CS**
Test Number:	**5575325**
Revision Date:	**08/14/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Coxsackie A Virus Antibodies - CSF	Complement Fixation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-4 Days
Notes	Coxsackie A types: 2,4,7,9,10,11
CPT Code(s)	86658x6
Lab Section	Reference Lab

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Coxsackie A Virus Antibody Panel - Serum

Order Name:	COX A SERM
Test Number:	5500175
Revision Date:	08/14/2007
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Coxsackie A Virus Antibody Panel - Serum	Complement Fixation

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Notes	Coxsackie A types: 2,4,7,9,10,11
CPT Code(s)	86658x6
Lab Section	Reference Lab

Coxsackie B Virus Antibodies - CSF

Order Name:	COX B CS
Test Number:	5575250
Revision Date:	08/14/2007
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Coxsackie B Virus Antibodies - CSF	Complement Fixation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-4 Days
Clinical Use	Coxsackie B Types: 1-6
CPT Code(s)	86658x6
Lab Section	Reference Lab

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Coxsackie B Virus Antibody Panel - Serum

Order Name:	COXSA B A
Test Number:	5502400
Revision Date:	08/14/2007
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Coxsackie B Virus Antibody Panel - Serum	Complement Fixation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 Days
Notes	Coxsackie B types: 1-6
CPT Code(s)	86658X6
Lab Section	Reference Lab

Crab Meat Allergy IgE

Order Name:	CRAB
Test Number:	5610700
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Crab Meat Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Crab Meat Allergy IgG

Order Name:	**CRAB IGG**
Test Number:	**5500491**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Crab Meat Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

Cranberry IgE

Order Name:	**CRANBERRY**
Test Number:	**5506260**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cranberry IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Crayfish Food Allergy IgG

Order Name:	**CRAYFISH G**
Test Number:	**5500517**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Crayfish Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

Crayfish IgE

Order Name:	**CRAYFISH**
Test Number:	**5554225**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Crayfish IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Creatine Kinase Isoenzymes (CK Isoenzymes)

Order Name:	**ISOCPK REF**
Test Number:	**5008150**
Revision Date:	**03/23/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatine Kinase BB Isoenzyme	Quantitative Enzymatic/Electrophoresis	15048-2
Creatine Kinase MM Isoenzyme	Quantitative Enzymatic/Electrophoresis	15049-0
Creatine Kinase MB Isoenzyme	Quantitative Enzymatic/Electrophoresis	12187-1
CK-Macro Type I	Quantitative Enzymatic/Electrophoresis	26019-0
CK-Macro Type II	Quantitative Enzymatic/Electrophoresis	26020-8
Creatine Kinase Total	Quantitative Enzymatic/Electrophoresis	2157-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Allow specimen to clot, then separate and freeze serum aliquot ASAP!** Unacceptable Conditions: Specimens preserved in citrate, EDTA, fluoride, heparin, or iodoacetate. Room temperature specimens. Stability After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	3-4 Days
Clinical Use	The creatine kinase isoenzyme test separates the major isoenzymes of creatine kinase (CK-MM Isoenzyme (muscle), CK-MB Isoenzyme (specific for cardiac muscle), and CK-BB Isoenzyme (found in brain, prostate, gut, lung, bladder, uterus, placenta, and thyroid) by electrophoresis. Creatine Kinase Isoenzymes is useful in the evaluation of myocardial disease. Isoenzyme CK-MM is found in skeletal muscle whereas isoenzyme CK-MB is increased in recent myocardial (heart) damage.
Notes	This test will detect CK macroenzymes. CK-MB and CK-BB are quite labile. Specimens should be frozen. Repeated freeze/thaw cycles destroy CK activity.
CPT Code(s)	82552; 82550
Lab Section	Reference Lab

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Creatine Phosphokinase

Order Name:	**CPK**
Test Number:	**2001950**
Revision Date:	**05/16/2012**
LOINC Code:	**2157-6**

TEST NAME	METHODOLOGY
Creatine Phosphokinase	IFCC;UV/NADH

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 4 hours. Refrigerated 48 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	A diagnostic test in the work-up of suspected Duchenne patients and other myopathies.
CPT Code(s)	82550

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Creatinine

Order Name:	**CREATININE**
Test Number:	**2025050**
Revision Date:	**03/05/2012**
LOINC Code:	**2160-0**

TEST NAME	METHODOLOGY
Creatinine	Kinetic Alkaline Picrate (Jaffe)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 7days.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for sensitive and quantitative measurement of renal function. A Glomerular Filtration Rate (GFR) is also provided.
Notes	**Reference range for GFR African American and non-African American** Normal GFR: **<60** mL/Min. Moderately decreased GFR: **30-59** mL/Min. Severely decreased GFR: **15-29** mL/Min. Kidney failure (or Dialysis): **< 15** mL/Min.
CPT Code(s)	82565

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Creatinine Clearance Urine 24hr

Order Name:	**CREA CL UR**
Test Number:	**2028225**
Revision Date:	**08/14/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine Clearance		2164-2
Creatinine Serum	Kinetic Alkaline Picrate (Jaffe)	
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1.0)**	**Urine and Serum**	**See Instructions**	**Refrigerated**

Instructions

Collect both: 24 hour Urine Container -and-
Clot Activator SST (Red/Gray or Tiger Top) -or- Lithium Heparin PST (Light Green Top)
Serum or Plasma is needed for calculations in clearance results. Blood samples can be collected when 24hr urine container is returned. Refrigerate urine during and after collection. Urine can be collected with no preservative or 6 N HCL, Boric Acid and Sodium Carbonate are acceptable preservatives if collecting with another test. Record number of hours and volume in mL on the specimen container. Include height and weight of patient.
Specimen stability: Ambient 24 hours. Refrigerated 7 days.

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Useful as an aid in monitoring renal function.
CPT Code(s)	82575; 81050

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Creatinine, Serous Fluid

Order Name:	SRS CREAT
Test Number:	2015850
Revision Date:	06/11/2003
LOINC Code:	12190-5

TEST NAME	METHODOLOGY
Creatinine, Serous Fluid	Kinetic Alkaline Picrate (Jaffe)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for sensitive and quantitative measurement of renal function.
CPT Code(s)	82570

Creatinine, Urine Random

Order Name:	CREAT R U
Test Number:	3000750
Revision Date:	02/05/2008
LOINC Code:	2161-8

TEST NAME	METHODOLOGY
Creatinine, Urine Random	Kinetic Alkaline Picrate (Jaffe)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine collection. No preservative. Keep refrigerated. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in monitoring renal function, to follow possible progression of renal disease, adjust dosages of medications in which renal excretion is pivotal.
CPT Code(s)	82570

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Creatinine, Urine Timed

Order Name:	**CREAT TM U**
Test Number:	**3006050**
Revision Date:	**05/20/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine Urine Timed Estimated		
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	24 hour urine collection wtih no preservative. Record number of hours and volume in ML on the specimen container and any aliquots. Refrigerate urine during collection. 6 N HCL, Boric Acid and Sodium Carb are acceptable preservatives if collecting with another test that requires preservative. Specimen stability: Ambient 8 hours, Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Useful as an aid in evaluating renal function.
CPT Code(s)	82570; 81050

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Cryofibrinogen

Order Name:	**CRYOFIBRIN**
Test Number:	**5221675**
Revision Date:	**12/18/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cryofibrinogen	Precipitation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**See Instructions**
Instructions	**Collect: Whole blood must be drawn in a pre-warmed (37°C) syringe and kept at 37°C.** Immediately after blood has been obtained, transfer specimen to a pre-warmed (37°C) 5 mL lt. blue (sodium citrate) tube and keep sample at 37°C. Specimen may be drawn directly into a pre-warmed collection tube and maintained at 37°C until centrifugation. Separate plasma from cells using a 37°C centrifuge, if possible. **Stability:** After separation from cells: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable **Remarks:** Fasting specimen recommended. **Do not refrigerate or freeze at any time.** Proper collection and transport of specimen is critical to the outcome of the assay. Quantities less than 3 mL may affect the sensitivity of the assay.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	4-5 days
CPT Code(s)	82585
Lab Section	Reference Lab

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Cryoglobulins

Order Name:	CRYOGLOB
Test Number:	5500500
Revision Date:	10/26/2012
LOINC Code:	5117-7

TEST NAME	METHODOLOGY
Cryoglobulins	Precipitation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**See Instructions**
Instructions	Fasting specimen preferred. Collect in a red top clot tube without gel separation. Allow blood to clot for 30 mins at 37 degrees C. Serum must be kept 37 degrees C until separated from cells. Centrifuge sample to separate serum from cells then aliquot to plastic pour off tube. Transport processed serum to lab at room temperature. If not processed, keep entire clot tube warm during transport to laboratory for processing.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	7 Days
Clinical Use	Cryoglobulins are classified as type I (monoclonal), type II (mixed; 2 or more immunoglobulins of which one is monoclonal) and type III (polyclonal).
Notes	Positive results will be reflexed to Protein Electrophoresis - Serum (Analyzer) with additional charges. 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)	82595 (See Notes)

Cryptococcus Antibody

Order Name:	CRYPTO AB
Test Number:	5521900
Revision Date:	05/15/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Cryptococcus Antibody	Tube Agglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Separate serum from cells as soon as possible.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 Days
CPT Code(s)	86641
Lab Section	Reference Lab

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Cryptococcus Antigen Screen - CSF

Order Name:	**CSF CRYPTO**
Test Number:	**6002150**
Revision Date:	**03/24/2014**
LOINC Code:	**29896-8**

TEST NAME	METHODOLOGY
Cryptococcus Antigen Screen - CSF	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Detects presence of Cryptococcus neoformans in CSF
Notes	July 5th 2012, Changed CPT from Latex agglutination 86403 to EIA method 87327.
CPT Code(s)	87899

Cryptococcus Antigen Screen - Serum

Order Name:	**CRYPTO AG**
Test Number:	**6002175**
Revision Date:	**03/24/2014**
LOINC Code:	**31790-9**

TEST NAME	METHODOLOGY
Cryptococcus Antigen Screen - Serum	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Cleanse venipuncture site			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Detects presence of Cryptococcus antigen in peripheral blood
Notes	July 5th 2012, Changed CPT from Latex agglutination 86403 to EIA method 87327.
CPT Code(s)	87899

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Crystals, Synovial Fluid

Order Name:	CRYSTL SYN
Test Number:	0801850
Revision Date:	10/28/2011
LOINC Code:	38458-6

TEST NAME	METHODOLOGY
Crystals, Synovial Fluid	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Synovial Fluid**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Alternate 1	**3 mL (1)**	**Synovial Fluid**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Room Temperature**
Instructions	Note fluid type on request.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	89060

Crystals, Urine

Order Name:	CRYSTALS U
Test Number:	1000400
Revision Date:	08/26/2014
LOINC Code:	49755-2

TEST NAME	METHODOLOGY
Crystals, Urine	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (1 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Early morning specimens preferred. Refrigerate or deliver to lab immediately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	81015

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CU Index - Chronic Urticaria Index (Anti-FceR)

Order Name:	**CU INDEX**
Test Number:	**5587555**
Revision Date:	**06/07/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
CU Index - Chronic Urticaria Index (Anti-FceR)	Cul/Stim

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**
Instructions	Patients taking calcineurin inhibitors should stop their medication for 72hrs prior to collection.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-3 Days
Clinical Use	To aid in the evaluation of Chronic Urticaria (CU). Patients with a chronic form of urticaria who are positive (<10) with the CU Index (Functional Anti-FceR test) have an autoimmune basis for their disease. A positive result does not indicate which autoantibody (anti-IgE, anti-FceRI or anti-FceRII) is present.
CPT Code(s)	86352
Lab Section	Reference Lab

Cucumber IgE

Order Name:	**CUCUMBER**
Test Number:	**5578400**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cucumber IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Cumin IgE

Order Name:	**CUMIN**
Test Number:	**5533775**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cumin IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Curry IgE

Order Name:	**CURRY**
Test Number:	**5616420**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Curry IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Curvularia Lunata Allergy IgE

Order Name:	**CURVULARIA**
Test Number:	**5610775**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Curvularia Lunata Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Curvularia Lunata Allergy IgG

Order Name:	**CURVULAR G**
Test Number:	**5500457**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Curvularia Lunata Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

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Cyanide Whole Blood

Order Name:	**CYANIDE**
Test Number:	**4301650**
Revision Date:	**09/09/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cyanide Whole Blood	Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10mL (6mL)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Alternate 1	**10mL (6mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	10 mL Whole blood collected in sodium heparin (green-top) No-Gel tube. Specimen Stability: Room temperature: 14 Days, Refrigerated: 14 Days, Frozen: 30 Days			

GENERAL INFORMATION

Testing Schedule	Mon,Wed,Fri
Expected TAT	2-3 Days
CPT Code(s)	82600
Lab Section	Reference Lab

Cyclic Citrullinated Peptide Antibody (CCP Ab)

Order Name:	**CCP AB**
Test Number:	**5570175**
Revision Date:	**12/29/2005**
LOINC Code:	**32218-0**

TEST NAME	METHODOLOGY
Cyclic Citrullinated Peptide Antibody (CCP Ab)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	7 Days
Clinical Use	CCP Ab is a useful new diagnostic marker for rheumatoid arthritis.
Notes	**{ Note: 2006 CPT Updated.}*
CPT Code(s)	86200

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Cyclosporine Level

Order Name:	CYCLOSPORN
Test Number:	3604000
Revision Date:	04/09/2008
LOINC Code:	3520-4

TEST NAME	METHODOLOGY
Cyclosporine Level	CEDIA

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-3 days
Clinical Use	This test is used to monitor blood concentration of Cyclosporine A.
CPT Code(s)	80158

Cyclosporine Level Peak

Order Name:	CYCLO PEAK
Test Number:	2015325
Revision Date:	07/30/2008
LOINC Code:	53834-8

TEST NAME	METHODOLOGY
Cyclosporine Level Peak	Fluorescence Polarization Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Peak: draw 2 hours after medication. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Twice Daily
Expected TAT	1-2 days
Clinical Use	This test is used to monitor blood concentration of Cyclosporine A.
CPT Code(s)	80158

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Cyclosporine Level Trough

Order Name:	**CYCLO TROU**
Test Number:	**2015525**
Revision Date:	**07/30/2008**
LOINC Code:	**53828-0**

TEST NAME	METHODOLOGY
Cyclosporine Level Trough	Fluorescence Polarization Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Trough: draw before next dose. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Twice Daily
Expected TAT	1-2 days
Clinical Use	This test is used to monitor blood concentration of Cyclosporine A.
CPT Code(s)	80158

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CYP2C19 Clopidogrel (Plavix) Genotype

Order Name:	**CYP2C19GEN**
Test Number:	**5572455**
Revision Date:	**12/05/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
CYP2C19 Clopidogrel (Plavix) Genotype	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4mL (2mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Wed, Sat
Expected TAT	4-6 Days
Clinical Use	This assay detects the wild type allele (CYP2C19*1) as well as 5 common mutations in the CYP2C19 gene, CYP2C19*2 (c.681G>A), CYP2C19*3 (p.W212X), CYP2C19*4 (c.1A>G), CYP2C19*5 (p.R433W) and CYP2C19*17 (c.-806C>T). The first four mutations account for more than 99% of PM alleles in Asian populations and approximately 90% in Caucasians. The CYP2C19*17 variant is associated with the ultra-rapid metabolizer phenotype. It has also been shown to lead to enhanced response to clopidogrel and increased risk of bleeding (Circulation, vol.121, pp.512-8).CYP2C19 catalyzes the hydroxylation of a number of clinically important drugs, including omeprazole, proguanil, hexobarbital, imipramine and to a lesser extent, propranolol and diazepam. CYP2C19 loss-of- function alleles were shown to be associated with a higher rate of subsequent cardiovascular events among patients with an acute myocardial infarction and were receiving clopidogrel treatment (N Engl J Med. 2009;360:363-375).
Notes	In patients receiving clopidogrel (Plavix) treatment, carriers of CYP2C19 loss-of-function alleles have significantly lower levels of active metabolite of the drug, leading to diminished platelet response to treatment and poorer cardiovascular outcomes (NEJM, vol.360, pp.354-62 and JAMA, vol.32, pp.849-57). Three to five percent of Caucasians and 13-23% of Asians carry two losses of function alleles that result in poor metabolizer (PM) phenotype for S-mephenytoin and other substrates. Cytochrome P450 2C19 (CYP2C19, S-mephenytoin 4-prime-hydroxylase) catalyzes the hydroxylation of a number of clinically important drugs, including omeprazole, proguanil, hexobarbital, imipramine and to a lesser extent, propranolol and diazepam.
CPT Code(s)	81225
Lab Section	Reference Lab

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Cystatin C

Order Name:	**CYSTATIN C**
Test Number:	**3623775**
Revision Date:	**07/22/2014**
LOINC Code:	**33863-2**

TEST NAME	METHODOLOGY
Cystatin C	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Dietary Instructions: **Overnight fasting is preferred.** Collect blood in SST Clot tube or green-top heparin tube. Allow Serum to clot for 15 minutes. Centrifuge aliquot serum or plasma for 10min and separate wihtin 2 hours and keep refrigerated. Specimen Stability: Room temperature: 24 Hours, Refrigerated: 7 Days, Frozen: 90 Days.			

GENERAL INFORMATION

Testing Schedule	Tue, Fri
Expected TAT	3-4 Days
Clinical Use	Cystatin C is a highly sensitive and specific marker of glomerular filtration rate (renal function). Cystatin C is independent of muscle mass, age, and body mass index. Cystatin C is also used to assess renal allograft function.
CPT Code(s)	82610

Cystic Fibrosis Culture Panel

Order Name:	**CF SPUTUM**
Test Number:	**6002950**
Revision Date:	**07/02/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Acid Fast Bacilli (AFB) Culture and Smear	Culture	
Fungus Culture	Culture	580-1
Respiratory Culture and Stain	Culture	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Respiratory specimen**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	4 Days
Clinical Use	Identifies respiratory pathogens using Cystic protocol
CPT Code(s)	87070; 87102; 87116

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Cystic Fibrosis, DNA Analysis

Order Name:	**CYSTIC GEN**
Test Number:	**1515700**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cystic Fibrosis, DNA Analysis	INVADER

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

Instructions

Include clinical indication for testing on the test request form. Please indicate the ethnicity of the patient.
Room temperature or Refrigerated is acceptable. Stability: Room Temp 8 Days, Frozen Not Acceptable. Do not centrifuge.
Specimen cannot be shared with other testing for risk of DNA contamination.

GENERAL INFORMATION

Testing Schedule	Set up Monday and Thursday, Reports Tuesday and Friday
Expected TAT	7-10 Days
Clinical Use	Recommended Core Mutation Panel for General Population Cystic Fibrosis Carrier Screening. The CF (cystic fibrosis) transmembrane conductance regulator (CFTR) gene was tested for the presence of 46 specific mutations, including the 25 mutations recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Medical Genetics (ACMG), by genotyping to determine if they are negative, heterozygous, or homozygous for the mutation. This test will detect the F508C MUTATION, a non-cystic fibrosis (CF)-causing variant. When the F508C mutation is paired with a CF-causing mutation, it has been associated with congenital bilateral absence or atresia of the vas deferens (CBAVD).
Notes	Note: Turnaround time may vary with reflex testing for specific gene identification.
CPT Code(s)	81220

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Cysticercus Ab, ELISA

Order Name:	CYSTCERCOS
Test Number:	5559200
Revision Date:	05/16/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Cysticercus Ab, ELISA	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**

GENERAL INFORMATION

Testing Schedule	Tues, Fri
Expected TAT	2-3 Days
CPT Code(s)	86682
Lab Section	Reference Lab

Cystine, Quantitative, Random Urine

Order Name:	CYST QN U
Test Number:	3808100
Revision Date:	05/16/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Cystine, Quantitative, Random Urine	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Instructions	Do not use preservatives. Urine with a pH less than 2.0 will be rejected. Do not thaw. Patient age is required for correct reference range.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	6 Days
CPT Code(s)	82131
Lab Section	Reference Lab

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Cytochrome P450 2D6 Genotype

Order Name:	**CYP2D6 GEN**
Test Number:	**5572355**
Revision Date:	**01/01/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cytochrome P450 2D6 Genotype	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (3mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Store and ship at room temperature. Specimen Stability: Room temperature: 8 Days, Refrigerated: 8 Days, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	2 Days a week
Expected TAT	6-10 days
Clinical Use	The CYP2D6 gene product is responsible for the metabolism of many major drug groups including many antidepressants, neuroleptics, and cardiovascular drugs. Cytochrome 450 2D6 Genotype detects eight alleles associated with the poor metabolizer phenotype (PM). Patients with duplication of the CYP2D6 gene are ultraextensive metabolizers (UEM). Approximately 5-10% of Caucasian individuals express PM phenotype and the same percentage the UEM phenotype.
Notes	Genetic polymorphisms in the drug-metabolizing genes are responsible for different metabolic profiles and thus inter-individual variation in responses to drugs and chemicals. The CYP2D6 gene encodes for a P450 enzyme, debrisquine hydroxylase, which is responsible for oxidative metabolism of various therapeutic agents, including antidepressants, neuroleptics, and cardiovascular drugs. Allelic variants in the CYP2D6 gene lead to metabolic polymorphisms of these drugs. 5-10% of Caucasian individuals (approximately 2% of Asians and 2-17% Africans) carry loss of function alleles that result in the poor metabolizer (PM) phenotype. The ultra-extensive metabolizer (UEM) phenotype, resulting from the duplication of the CYP2D6 gene, is present in up to 7% of Caucasians.
CPT Code(s)	81226 (2013 code)
Lab Section	Reference Lab

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Cytomegalovirus (CMV) DNA, Quantitative

Order Name:	**CMV QT PCR**
Test Number:	**3800225**
Revision Date:	**09/17/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cytomegalovirus (CMV) DNA, Quantitative	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1mL (0.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**1mL (0.5mL)**	**Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	**For EDTA plasma, specimen should be centrifuged and plasma removed from cells within 2-4hrs of collection.** Alternate specimen types: Serum, Random urine, CSF or Amniotic fluid - Aliquot and keep refrigerated. Specimen Stability: Room temperature= 48 Hours; Refrigerated= 8 Days; Frozen= 1 Month. **Note*(Keep EDTA Whole Blood Refrigerated, Do Not Freeze!)**			

GENERAL INFORMATION

Testing Schedule	Mon, Tue, Thr
Expected TAT	1-3 Days
CPT Code(s)	87497

Cytomegalovirus Antibodies IgG and IgM

Order Name:	**CMV G/M AB**
Test Number:	**5502875**
Revision Date:	**03/13/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Cytomegalovirus IgG Antibody	Enzyme Immunoassay	5124-3
Cytomegalovirus IgM Antibody	Enzyme Immunoassay	5126-8

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	4 Days
Clinical Use	Positive or negative serologic results must be interpreted cautiously in light of the clinical presentation and history of the patient.
CPT Code(s)	86645; 86644

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Cytomegalovirus Culture, Rapid (CMV Shell Vial)

Order Name:	**C CMV CUL**
Test Number:	**6000725**
Revision Date:	**08/21/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cytomegalovirus Culture, Rapid (CMV Shell Vial)	Shell Vial Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10mL (1mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Deliver urine to RML Micro for processing ASAP.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	Preliminary 48hrs; Final 4-5 Days
CPT Code(s)	87254X2
Lab Section	Reference Lab

D-Dimer, Quantitative

Order Name:	**DDIMR QUAN**
Test Number:	**1501625**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
D-Dimer, Quantitative	Latex Immunoassay Agglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**
Instructions	**Please indicate anticoagulant therapy.** Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5 mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.** **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	The D-Dimer test may be useful in the diagnosis of thrombosis, DIC, hyperfibrinolytic coagulopathies, and monitoring fibrinolytic therapy. The D-Dimer test is not subject to false positive results in the presence of heparin like the fibrin split products test. The D-Dimer may be decreased in patient on anticoagulant therapy.
CPT Code(s)	85379

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Dehydroepiandrosterone Sulfate (DHEA S)

Order Name:	**DHEA S**
Test Number:	**2022725**
Revision Date:	**10/28/2011**
LOINC Code:	**2191-5**

TEST NAME	METHODOLOGY
Dehydroepiandrosterone Sulfate (DHEA S)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Serum separator tube (SST) (gold or red), allow specimen to clot fully, centrifuge, remove and freeze serum. Specimen stability: Refrigerated 2 days. Frozen 2 months.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-3 days
Clinical Use	Useful for the diagnosis of congenital adrenal hyperplasia and adrenal carcinoma, determining the cause of hirsutism, virilization and polycystic ovary disease.
CPT Code(s)	82627

Dehydroepiandrosterone Unconjugated (DHEA)

Order Name:	**DHEA UNC**
Test Number:	**4001875**
Revision Date:	**02/26/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dehydroepiandrosterone Unconjugated (DHEA)	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	**Do not Collect in Gel separator tubes.** Specimen Stability: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: 2 Years.			

GENERAL INFORMATION

Testing Schedule	Sets up 6 days a week.
Expected TAT	Reports in 4 days.
CPT Code(s)	82626
Lab Section	Reference Lab

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Delta Aminolevulinic Acid, 24 Hour Urine

Order Name:	**DELT ALA24**
Test Number:	**3809500**
Revision Date:	**09/09/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Delta Aminolevulinic Acid, 24 Hour Urine	Kinetic Alkaline Picrate (Jaffe)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.6)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Refrigerate during and after collection. Please collect without preservative. Provide a 2mL aliquot from a well mixed 24hr urine collection.**Wrap aliquot in aluminum foil to protect from light.** Patient name must be both on tube and light protection along with 24-hour total volume. Please also note volume on the test request form.			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	3-4 Days
CPT Code(s)	82135; 81050
Lab Section	Reference Lab

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Delta Aminolevulinic Acid, Random Urine

Order Name:	**DELT ALA R**
Test Number:	**3601050**
Revision Date:	**02/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Delta Aminolevulinic Acid, Random Urine	Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.6 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**

Instructions

Do not use first morning void, a late evening specimen after 8pm or after excessive fluid intake is preferrable.
Do not use preservatives, Keep Refrigerated.
Wrap container in aluminum foil to keep LIGHT PROTECTED!
Specimen Stability: Room temperature: Unacceptable, Refrigerated: 7 days, Frozen: 30 days.

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	4-6 Days
Clinical Use	The usual first step in the diagnosis acute intermittent porphyria.
CPT Code(s)	82135
Lab Section	Reference Lab

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Dengue Fever Abs (IgG,IgM)

Order Name:	**DENGUE FEV**
Test Number:	**5554703**
Revision Date:	**01/21/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dengue Fever IgG	Immunoassay
Dengue Fever IgM	Immunoassay
Dengue Fever Interpretation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 7 Days, Refrigerated: 14 Days, Frozen: 30 Days.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-5 Days
Clinical Use	Dengue hemorrhagic fever and Dengue shock syndrome are caused by infection of the RNA flavivirus transmitted by a mosquito vector. Paired acute and convalescent specimens that exhibit a significant change in titer are useful to confirm clinical diagnosis of infection.
CPT Code(s)	86790x2
Lab Section	Reference Lab

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Deoxycorticosterone

Order Name:	**DEOXYSTER**
Test Number:	**3603055**
Revision Date:	**08/06/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Deoxycorticosterone	Radioimmunoassay/Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1.1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**3mL (1.1)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Sun,Tue,Thr
Expected TAT	6-12 days
CPT Code(s)	82633
Lab Section	Reference Lab

Dermatophagoides pteronyssinus Mite IgE

Order Name:	**DERM PTE**
Test Number:	**5607550**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dermatophagoides pteronyssinus Mite IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Dexamethasone

Order Name:	**DEXAMETH**
Test Number:	**3621100**
Revision Date:	**05/05/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dexamethasone	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.25)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Draw specimen between 8:00 and 10:00 A.M.			

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	3 Days
Clinical Use	Measurement of Dexamethasone is useful in assuring compliance with Dexamethasone treatment and documenting adequate dosing during such procedures as the dexamethasone Suppression Test used in the differential diagnosis of Cushing's syndrome.
CPT Code(s)	80299
Lab Section	Reference Lab

Dexamethasone Suppression

Order Name:	**CORTISL DX**
Test Number:	**4500725**
Revision Date:	**11/10/2003**
LOINC Code:	**47844-6**

TEST NAME	METHODOLOGY
Dexamethasone Suppression	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	Specimen should be drawn at 0700 next morning after 1.0 mg of dexamethasone administered orally at bedtime. Specimen stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if < 48 hours.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Dexamethasone Suppression test is used to document hypersecretion of the adrenocortical hormones and evaluation of depression.
CPT Code(s)	82533

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Dialysis Fluid Culture

Order Name:	**C DIALY RT**
Test Number:	**6002010**
Revision Date:	**05/19/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dialysis Fluid Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1)**	**Dialysate fluid**	**Sterile Screwtop Container**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	4 Days
Clinical Use	Checks sterility of dialysate
CPT Code(s)	87070

Digoxin

Order Name:	**DIGOXIN**
Test Number:	**4500550**
Revision Date:	**11/12/2003**
LOINC Code:	**10535-3**

TEST NAME	METHODOLOGY
Digoxin	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Draw specimen 8 - 24 hours after dose. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used to evaluate adequacy and safety of dosage. Digoxin is commonly prescribed to treat congestive heart failure by strengthening the contraction of heart muscle.
CPT Code(s)	80162

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Dihydrotestosterone

Order Name:	**DIHYDTEST**
Test Number:	**3609075**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dihydrotestosterone	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.6mL)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Refrigerated**
Instructions	Preferred Specimen: Collect 1mL(0.6mL) Serum collected in a **Red-top (No-GEL) clot tube**. **Reject Criteria** : Moderate hemolysis, Gross hemolysis, Lipemia, SST tubes. Specimen Stability: Room temperature: 7 days, Refrigerated: 7 days, Frozen: 2 years			

GENERAL INFORMATION

Testing Schedule	Sun-Thr
Expected TAT	4-6 Days
Clinical Use	DHT is a potent androgen derived from testosterone via 5-alpha-reductase activity. 5-alpha-reductase deficiency results in incompletely virilized males (phenotypic females). This diagnosis is supported by an elevated ratio of testosterone to DHT.
Notes	(AKA: 5-a-Dihydrotestosterone)
CPT Code(s)	80327
Lab Section	Reference Lab

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Dilantin (Phenytoin)

Order Name:	**DILANTIN**
Test Number:	**4002300**
Revision Date:	**06/11/2003**
LOINC Code:	**3968-5**

TEST NAME	METHODOLOGY
Dilantin (Phenytoin)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Draw level 4 hours after IM or 2 hours after IV administration of Cerebyx (Fosphenytoin). Draw 2-4 hours after administration of oral Dilantin. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for monitoring for appropriate therapeutic level and assessing toxicity.
CPT Code(s)	80185

Dilantin, Free (Phenytoin, Free)

Order Name:	**DILAN FREE**
Test Number:	**3804025**
Revision Date:	**06/03/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dilantin, Free (Phenytoin, Free)	Ultrafiltration/Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Oral administration: Draw peak 1.5 - 3.0 hours (regular release) dosage and 4 - 12 hours (slow release) dosage. Fosphenytoin (Cerebyx) 2 hours following IV administration and 4 hour after IM. **EDTA Plasma is No Longer Acceptable specimen.** Specimen stability: Ambient 4 days, Refrigerated 7 days, Frozen 30 days.			

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	3-5 days
Clinical Use	Useful for monitoring for appropriate therapeutic level and assessing toxicity.
CPT Code(s)	80186
Lab Section	Reference Lab

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Dilute Russell Viper Venom (DRVVT) Profile

Order Name:	**DRVVT PROF**
Test Number:	**1505975**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Dilute Russel Viper Venom Screen	Clot Detection	6303-2
DRVVT Screen 1:1 Mixture	Clot Detection	43397-9
DRVVT Confirmation	Clot Detection	57838-5
Dilute Russel Viper Venom Ratio	Calculation	50410-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**
Instructions	**Please indicate anticoagulant therapy.** Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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	Used to determine Lupus Anticoagulant, which is associated with certain hypercoagulable states.
Notes	If the DRVVT Screen is Positive, a DRVVT Mixture and DRVVT Confirm test may be performed at additional cost.
CPT Code(s)	85613 (possible additional 85613 may be added)

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Diphtheria Antitoxoid Antibody

Order Name:	**DIPTHERIA**
Test Number:	**5515800**
Revision Date:	**03/25/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Diphtheria Antitoxoid Antibody	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Blood samples should be allowed to clot naturally. Centrifuge and seperate the serum from the cells. Reject Criteria: Gross hemolysis, gross lipemia, gross icterus. Specimen Stability: Room temperature 7 days, Refrigerated 14 days, Frozen 30 days.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-3 Days
CPT Code(s)	86648
Lab Section	Reference Lab

Direct Coombs (Direct Antiglobulin Test)

Order Name:	**DIR CMBS**
Test Number:	**7301350**
Revision Date:	**04/09/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Direct Coombs Polyspecific	Hemagglutination	1007-4
Coombs Control Cells	Hemagglutination	
Direct Coombs Polyspecific Interpretation	Hemagglutination	1007-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7mL (3.5mL)**	**Whole Blood**	**EDTA (Pink top)**	**Room Temperature**
Alternate 1	**4.5mL (3.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	The DAT is used to determine if red cells have been coated in vivo with immunoglobulin, complement, or both.
Notes	If the polyspecific antiglobulin screen is positive this test reflexes to the specific testing for Anti-C3D and Anti-IgG at additional charge.
CPT Code(s)	86880

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Disseminated Intravascular Coagulation (DIC) Profile

Order Name:	**DIC PR**
Test Number:	**1500855**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Prothrombin Time (PT) and INR		
Activated Partial Thromboplastin Time (aPTT)	Clot Detection	3184-9
Fibrinogen	Clot Detection	3255-7
D-Dimer, Quantitative	Latex Immunoassay Agglutination	
Immature Platelet Fraction	Flow cytometry	71693-6
Reticulocyte (Retic) Count		
Platelet Count (for coagulation interpretation)		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**See Special Instructions**	**Sodium Citrate 3.2% (Blue Top) and EDTA (Lavender Top)**	**See Instructions**

Instructions

Coagulation-

Two: 2.7mL Sodium Citrate 3.2% (Blue Top) Tubes. (**Ambient whole blood or frozen aliquots.**)

Please indicate anticoagulant therapy.

Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.

Do not pool aliquots together! Specimen Stability: Un-Frozen specimens are only good for 4 hours.

Hematology-

One: 4mL (1mL) EDTA (Lavender Top) Whole Blood (**Room Temperature**)

Note: IPF level will not be reported on specimens < 24hrs old.

GENERAL INFORMATION

Expected TAT	1 Day
CPT Code(s)	85055, 85045, 85049, 85379, 85384, 85610, 85730

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Diuretics Screen, Urine

Order Name:	**DIURET S U**
Test Number:	**3632070**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Acetazolamide	Liquid Chromatography/Tandem Mass Spectrometry
Bumetanide	Liquid Chromatography/Tandem Mass Spectrometry
Canrenone	Liquid Chromatography/Tandem Mass Spectrometry
Chlorothiazide	Liquid Chromatography/Tandem Mass Spectrometry
Chlorthalidone	Liquid Chromatography/Tandem Mass Spectrometry
Furosemide	Liquid Chromatography/Tandem Mass Spectrometry
Hydrochlorothiazide	Liquid Chromatography/Tandem Mass Spectrometry
Hydroflumethiazide	Liquid Chromatography/Tandem Mass Spectrometry
Indapamide	Liquid Chromatography/Tandem Mass Spectrometry
Metolazone	Liquid Chromatography/Tandem Mass Spectrometry
Torsemide	Liquid Chromatography/Tandem Mass Spectrometry
Triamterene	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.8 mL)**	**Urine, First Void**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 1	**2 mL (0.8 mL)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Use sterile screw cap container from first void clean catch urine. Stability: Room Temperature= 48 hours, Refrigerated= 28 days, Frozen= 28 day.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	2-4 Days from set up
CPT Code(s)	83788
Lab Section	Reference Lab

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DNA Autoantibodies, Single-Stranded DNA

Order Name:	**DNA AB SS**
Test Number:	**5510650**
Revision Date:	**06/17/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
DNA Autoantibodies, Single-Stranded DNA	Enzyme 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**
Instructions	Stability: Room Temperature - 48 Hours, Refrigerated - 7 Days, Frozen - 12 Months			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
Clinical Use	Single-stranded DNA (ssDNA) autoantibodies are found in patients with SLE and other autoimmune diseases including rheumatoid arthritis, scleroderma, linear localized scleroderma, polymyositis- dermatomyositis, Sjogren syndrome, MCTD and overlap syndromes, myasthenia gravis, chronic active hepatitis, infectious mononucleosis, chronic glomerulonephritis, and biliary cirrhosis as well as during the administration of certain drugs (e.g., procainamide or quinidine).
CPT Code(s)	86226
Lab Section	Reference Lab

DNA Double-Stranded Antibody (anti-ds DNA)

Order Name:	**DNA AB**
Test Number:	**5572000**
Revision Date:	**06/06/2003**
LOINC Code:	**32677-7**

TEST NAME	METHODOLOGY
DNA Double-Stranded Antibody (anti-ds DNA)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon, Wed
Expected TAT	3 Days
Clinical Use	Important autoantibody in SLE with a specificity of 95%. A sensitivity of over 70% in patient with active SLE.
Notes	Positive or borderline results are confirmed with the Crithidia method.
CPT Code(s)	86225

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DNase-B Antibody

Order Name:	**DNASE B AB**
Test Number:	**5500210**
Revision Date:	**03/02/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
DNase-B Antibody	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Separate serum from cells ASAP.** Stability after separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 year.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr, Sat
Expected TAT	2-4 Days
Clinical Use	DNase-B Antibody is useful in patients with group A Streptococcal infection. DNase-B Antibody may persist for as long as three months. Comparison of titers of acute and convalescent specimens is useful for diagnosis of group A streptococcal infection.
CPT Code(s)	86215
Lab Section	Reference Lab

Dog Dander IgE

Order Name:	**DOG DAND**
Test Number:	**5605800**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dog Dander IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Drug Screen Urine Infant

Order Name:	**UDS INFANT**
Test Number:	**4313525**
Revision Date:	**01/19/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Amphetamines Screen Urine	CEDIA	19261-7
Barbiturates Urine	CEDIA	3377-9
Benzodiazepines Urine	CEDIA	3390-2
Cocaine Urine	CEDIA	3397-7
Creatinine, Urine Random	Kinetic Alkaline Picrate (Jaffe)	2161-8
Opiate Urine	CEDIA	19295-5
Phencyclidine Screen Urine	CEDIA	19659-2
Propoxyphen Urine	CEDIA	19141-1
THC Metabolite Urine	CEDIA	3435-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**30 mL (10)**	**Urine, Random**	**COC-Urine Collection Kit**	**Refrigerated**
Instructions	**Collect specimen in accordance with instructions on the Chain of Custody Kit**. Call lab at (918) 744-2500 or (800) 722-8077 for more information. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			
Reference Range	.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-5 days
Clinical Use	Used to evaluate drug abuse.
CPT Code(s)	80301

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Drug Screen Urine, Clinical

Order Name:	**UDS CLIN**
Test Number:	**4313625**
Revision Date:	**01/19/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Acetaminophen Urine Qual	CEDIA	3299-5
Amphetamines Screen Urine	CEDIA	19261-7
Barbiturates Urine	CEDIA	3377-9
Benzodiazepines Urine	CEDIA	3390-2
Cocaine Urine	CEDIA	3397-7
Creatinine, Urine Random	Kinetic Alkaline Picrate (Jaffe)	2161-8
Ethanol Urine	Enzymatic	42242-8
Glucose Dipstick	Dry Chemistry	25428-4
Methadone Screen Urine	CEDIA	19550-3
Opiate Urine	CEDIA	3879-4
Phencyclidine Screen Urine	CEDIA	19659-2
Propoxyphen Urine	CEDIA	19141-1
Salicylate Urine Qual	Colorimetric	4025-3
THC Metabolite Urine	CEDIA	3435-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**30 mL (10)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	**Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used to evaluate drug abuse and toxicity.
CPT Code(s)	80301

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Drug Screen Urine, Industrial

Order Name:	**UDS INDUST**
Test Number:	**4505400**
Revision Date:	**01/19/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Drug Screen Urine, Industrial	Gas Chromatography/Mass Spectrometry (GC/MS)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**35mL (15mL)**	**Urine, Random**	**COC-Urine Collection Kit**	**Refrigerated**
Instructions	**Collect specimen in accordance with instructions on the Chain of Custody Kit**. Workplace drug screen result reports must be reviewed by a Medical Review Officer, according to Oklahoma State Law. Please call Client Services at (918) 744-2500 or (800) 722-8077 for information regarding forensic drug testing.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-3 Days
Clinical Use	Used for the detection for any of the following: Amphetamines, Methamphetamines, Barbiturates, Benzodiazepines, Cocaine- Benzoylecgonine, Methadone, Methaqualone, Opiates- morphine, codeine, 6-acetyl morphine, PCP-Phencyclidine, Propoxyphene, THC- metabolite.
Notes	Court ordered drug screens will only be collected 8:30am to 4:00pm, Monday through Friday, on the 5th Floor of 1923 S. Utica. The client must have a court order or a certified copy when presenting for collection. A chain of custody form and a photo identification are required. The client must pay at the time of collection. All positive results are confirmed by GC/MS or LC/MS/MS.
CPT Code(s)	80301
Lab Section	Reference Lab

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Drug Screen, Blood

Order Name:	**DRUG B SCR**
Test Number:	**4300050**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Acetaminophen Screen Serum	CEDIA	3297-9
Barbiturates Screen	CEDIA	20421-4
Benzodiazepines Screen	CEDIA	46976-7
Ethanol Screen	Enzymatic	20470-1
Salicylate Screen Blood	Colorimetric	4023-8
Tricyclics, Screen		4073-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**2 mL (1.0)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Only original un-opened tube accepted.** Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used to evaluate drug abuse, toxicity and therapeutic levels.
CPT Code(s)	80301

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Duck Feathers IgE

Order Name:	**DUCK FEA**
Test Number:	**3652050**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Duck Feathers IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Dust Greer (H1) IgE

Order Name:	**DUST GREER**
Test Number:	**5579650**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dust Greer (H1) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Dust Mite (D. Farinae D2) IgE

Order Name:	**MITE DUST**
Test Number:	**5604985**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dust Mite (D. Farinae D2) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Ear Culture and Stain

Order Name:	**C EAR RTS**
Test Number:	**6002007**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ear Culture and Stain	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Swab**	**Copan eSwab - White (Regular size)**	**Room Temperature**
Alternate 1		**Swab**	**PNP Swab (Green Cap)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	3 Days
Clinical Use	Used to identify bacterial pathogens of the ear.
CPT Code(s)	87070

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Eastern Equine Encephalitis Virus IgG, IgM

Order Name:	**EAST EQUIN**
Test Number:	**5511925**
Revision Date:	**09/11/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Eastern Equine Encephalitis Virus IgG	Indirect Fluorescent Antibody
Eastern Equine Encephalitis Virus IgM	Indirect Fluorescent Antibody
Eastern Equine Encephalitis Virus Interpretation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.8)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 7 Days, Refrigerated: 14 Days, Frozen: 30 Days			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	This highly sensitive test usually detects IgG and/or IgM antibody in acute specimens. Human infections are seasonal, from mid-summer to late summer, occurring from New England to Texas. Minimal crossreactivity with other Group A arboviruses (i.e., Western Equine Encephalitis virus) is observed.
CPT Code(s)	86652x2
Lab Section	Reference Lab

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EBV (Epstein Barr Virus) Panel

Order Name:	**EB VIRUS**
Test Number:	**5581200**
Revision Date:	**02/11/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Epstein Barr Virus, Viral Capsid Antibodies (EBV-VCA IgG & IgM Ab)		
EBV (Epstein Barr Virus) Early Antigen (EA) Antibody	Enzyme Immunoassay	7882-4
EBV (Epstein Barr Virus) Nuclear Antigen Antibody (EBNA)	Enzyme Immunoassay	22296-8

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 Days
Clinical Use	EBV is the etiologic agent of infectious mononucleosis. The diagnosis of infectious mononucleosis in a patient with clinically suspected disease and is Monospot negative can be confirmed by the more sensitive EBV panel.
Notes	For Interpretation of Epstein Barr Virus panel results please **EBV Serology Interpretation** in the Physicians section of our website.
CPT Code(s)	86665X2; 86663; 86664

Echovirus Antibodies - CSF

Order Name:	**ECHO CSF**
Test Number:	**5502425**
Revision Date:	**08/28/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Echovirus Antibodies - CSF	Complement Fixation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Notes	Antibodies to Echovirus: 4, 7, 9, 11, 30
CPT Code(s)	86658x6
Lab Section	Reference Lab

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Echovirus Antibody Panel, CF (Serum)

Order Name:	ECHOVI AB
Test Number:	5504100
Revision Date:	08/28/2007
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Echovirus Antibody Panel, CF (Serum)	Complement Fixation

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
Notes	Antibodies to Echovirus: 4, 7, 9, 11, 30
CPT Code(s)	86658X3
Lab Section	Reference Lab

EGFR (Epidermal Growth Factor Receptor) Mutation Analysis (TK Domain)

Order Name:	EGFR MUTAT
Test Number:	9103095
Revision Date:	10/14/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
EGFR (Epidermal Growth Factor Receptor) Mutation Analysis (TK Domain)	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**Block**	**Tissue**	**Paraffin Block**	**Room Temperature**
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	Set up Thursday Reports Friday
Expected TAT	10 Days
Clinical Use	This is a DNA PCR amplification test to identify patients with mutations in the TK domain of the EGFR gene (exons 18-21). With this information, physicians will be able to select those patients who are most likely to respond to targeted lung cancer therapy, including Iressa and Tarceva. Physicians can also use this information to predict drug resistance as identified by those patients who do not have those mutations or who have a mutation that confers resistance.
CPT Code(s)	81235

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Egg White IgE

Order Name:	EGG WHITE
Test Number:	5606875
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Egg White IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Egg Yolk IgE

Order Name:	EGG YOLK
Test Number:	5608100
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Egg Yolk IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Ehrlichia chaffeensis Antibody, CSF

Order Name:	**CSF E CHAF**
Test Number:	**5565275**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Ehrlichia chaffeensis IgG Antibody, CSF	Indirect Fluorescent Antibody	32678-5
Ehrlichia chaffeensis IgM Antibody, CSF	Indirect Fluorescent Antibody	32679-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	E. chaffeensis is a tick-borne disease common to the OK/ARK/MO/KS area. Peak titers will occur at 6 weeks after onset. Only 22% will be positive after 1 week, 68% after 2 weeks and 100% after 4 weeks.
CPT Code(s)	86682X2

Ehrlichia chaffeensis Antibody, IgM, IgG

Order Name:	**E CHAFF AB**
Test Number:	**5565250**
Revision Date:	**06/09/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Ehrlichia chaffeensis IgG Antibody	Indirect Fluorescent Antibody	22283-6
Ehrlichia chaffeensis IgM Antibody	Indirect Fluorescent Antibody	7876-6

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	E. chaffeensis is a tick-borne disease common to the OK/ARK/MO/KS area. Peak titers will occur at 6 weeks after onset. Only 22% will be positive after 1 week, 68% after 2 weeks and 100% after 4 weeks.
CPT Code(s)	86666X2

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Electrolytes Panel

Order Name:	**ELECT PNL**
Test Number:	**2919175**
Revision Date:	**06/17/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Sodium	Ion-Selective Electrode	2951-2
Potassium Serum/Plasma	Ion-Selective Electrode	2823-3
Chloride	Ion-Selective Electrode	2075-0
Bicarbonate	Enzymatic	1963-8
Anion Gap Calculated	Calculation	33037-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	See detail tests.
CPT Code(s)	80051

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Electrolytes, Feces

Order Name:	**ELECT FEC**
Test Number:	**3605725**
Revision Date:	**01/18/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Electrolytes, Feces	Ion-Selective Electrode

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10gm (1gm)**	**Stool, 24 or 72-hour**	**Stool Specimen Container, Large for 24 or 72 hour Collections (White)**	**Frozen**
Alternate 1	**10gm (1gm)**	**Stool, Random**	**Stool specimen container**	**Frozen**
Instructions	10g(1g) aliquot from well-mixed, 24-hour or random stool in a clean unpreserved stool transport vial. **Indicate Collection duration on spcimen.** Stool must be liquid. **Do not add saline or water to liquefy specimen.** Unacceptable Conditions: Formed or viscous stool. Stability: Ambient= Unacceptable; Refrigerated= 1 week; Frozen= 1 month			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	4 Days
CPT Code(s)	82438; 84999; 84302
Lab Section	Reference Lab

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Electrolytes, Urine Random

Order Name: **ELECT UR**
Test Number: **2012575**
Revision Date: **06/11/2003**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Chloride Urine Random	Ion-Selective Electrode	2078-4
Potassium Urine Random	Ion-Selective Electrode	2828-2
Sodium Urine Random	Ion-Selective Electrode	2955-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine collection. No preservative.**Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used to evaluate electrolyte balance, acid-base balance
CPT Code(s)	82436; 84300; 84133

Electrophoresis, Protein, CSF, with Total Protein

Order Name: **CSF ELECT**
Test Number: **5586625**
Revision Date: **01/11/2010**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Electrophoresis, Protein, CSF, with Total Protein	Electrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6 (3.5 mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Sun - Sat
Expected TAT	3-4 Days
Clinical Use	CSF Protein Electrophoresis is useful in identifying oligoclonal bands that are associated with multiple sclerosis and occasionally viral illnesses. If testing specifically for Multiple Sclerosis, please use our Multiple Sclerosis Panel - **MULT SC P** .
Notes	Test Components: **Total Protein**; **CSF Electrophoresis** (Pre-Albumin Relative %, Albumin Relative %, Alpha-1-Globulin Relative %, Alpha-2-Globulin Relative %, Beta Globulin Relative %, Gamma Globulin Relative %.)
CPT Code(s)	84157; 84166
Lab Section	Reference Lab

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Elm Tree American IgE

Order Name:	**ELM TREE**
Test Number:	**5606795**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Elm Tree American IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

ENA Screen

Order Name:	**ENA SCR**
Test Number:	**5570050**
Revision Date:	**07/15/2008**
LOINC Code:	**14722-3**

TEST NAME	METHODOLOGY
ENA Screen	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	7 Days
Clinical Use	Screen for specific antibodies (e.g. anti-RNP anti-Sm, anti-SS-A/Ro, anti-SS-B/La, Jo-1, anti-Scl-70) associated with various mixed connective tissue diseases.
Notes	Test includes: Ant-Sm, Anti-RNP, Anti-SSA/Ro, Anti-SSB/La, Jo-1, Anti-Scl-70.
CPT Code(s)	86235

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Endomysial IgA Antibody Screen Reflex to Titer

Order Name:	ENDOMYS AB
Test Number:	5558567
Revision Date:	03/10/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Endomysial IgA Antibody Screen	Indirect Fluorescent Antibody
Endomysial IgA Antibody Titer	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.3 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Tue - Sat
Expected TAT	2-4 Days
Clinical Use	The presence of anti-endomysial (EMA) IgA antibodies has been shown to correlate with gluten-sensitive enteropathy such as celiac disease (CD) and dermatitis herpetiformis (DH). EMA is detected primarily by IFA, using monkey esophagus as a substrate and observing fluorescence of the endomysial lining. Patients with CD and DH can also demonstrate antibodies to reticulin and gliadin, though EMA-IgA seems to be the most specific marker (specifically 94-100%).
CPT Code(s)	86255 If Endomysial Antibody Screen (IgA) is abnormal, Endomysial Antibody Titer will be performed at an additional charge. CPT code: 86256
Lab Section	Reference Lab

English Plantain IgE

Order Name:	ENGL PLANT
Test Number:	5607625
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
English Plantain IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Entamoeba histolytica Antibody (IgG)

Order Name:	**E HISTO AB**
Test Number:	**5584540**
Revision Date:	**02/23/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Entamoeba histolytica Antibody (IgG)	Enzyme-Linked Immunosorbent Assay

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**
Instructions	Allow specimen to clot at room temperature and then centrifuge. Separate serum from cells as soon as possible. Stability, After separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles) Please mark specimen plainly as "acute" or "convalescent."			

GENERAL INFORMATION

Testing Schedule	Tues, Fri
Expected TAT	2-3 Days following set up
Clinical Use	Acute and convalescent specimens must be labeled as such; parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimen plainly as "acute" or "convalescent."
Notes	Entamoeba histolytica (amebiasis) Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.
CPT Code(s)	86753
Lab Section	Reference Lab

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Enterovirus Antibody Panel (CSF)

Order Name:	**CSF ENTERO**
Test Number:	**5573150**
Revision Date:	**11/13/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Coxsackie A Virus Antibodies - CSF	Complement Fixation
Coxsackie B Virus Antibodies - CSF	Complement Fixation
Echovirus Antibodies - CSF	Complement Fixation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3.5)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Preferred to have four (1 - 2mL) individual aliquots for testing the individual viruses.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	4-6 Days
CPT Code(s)	See individual assays
Lab Section	Reference Lab

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Enterovirus DNA PCR

Order Name:	**CSF ENTPCR**
Test Number:	**5586525**
Revision Date:	**09/09/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Enterovirus DNA PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.7 mL (0.3 mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Frozen**
Alternate 1	**0.7 mL (0.3 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate 2	**See Instructions**	**See Instructions**	**See Instructions**	**Frozen**
Instructions	**Stability: Room temperature: 48 Hours, Refrigerated: 7 Days, Frozen: 30 Days.** Preferred Specimen: 0.7mL(0.3mL) CSF. Alternate Specimens: Plasma (ACD, EDTA); Serum, Throat or Rectal swab in M4 or V-C-M medium OR 1 gm Stool (minimum 0.3 mL). Best to freeze all specimens soon after collection for ultimate stability. Avoid repeated freezing and thawing of specimens.			

GENERAL INFORMATION

Testing Schedule	Mon-Sun
Expected TAT	2-3 Days
Notes	Unacceptable Conditions: Nonfrozen samples, samples exposed to repeated freeze/thaw cycles, nonsterile or leaking containers, heparinized samples, and hemolyzed samples.
CPT Code(s)	87498
Lab Section	Reference Lab

Environmental Culture

Order Name:	**C ENVIR**
Test Number:	**6001650**
Revision Date:	**06/12/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Environmental Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**See Instructions**	**See Instructions**	**Room Temperature**
Instructions	Send liquid samples to be tested in sterile container. Alternately, the site may be swabbed with aerobic white swabs.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	4 Days
Clinical Use	Identifies presence of bacteria on environmental objects
CPT Code(s)	87070

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Eosinophil Count, Absolute

Order Name:	**EOS CT ABS**
Test Number:	**0100050**
Revision Date:	**08/26/2014**
LOINC Code:	**711-2**

TEST NAME	METHODOLOGY
Eosinophil Count, Absolute	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	**For best results** Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Eosinophilia is found in parasitic diseases, allergic diseases, skin disorders, and certain malignancies.
CPT Code(s)	85004

Eosinophil Smear

Order Name:	**EOS SMEAR**
Test Number:	**0107800**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Eosinophil % For Eos Smear	Hansel stain	30378-4
Neutrophil % For Eos Smear	Hansel stain	13597-0
Epithelial For Eos Smear	Hansel stain	16822-9

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Nasal Smear**	**Glass Slides with Holder**	**Room Temperature**
Alternate 1		**Nasal swab**	**PNP Swab (Green Cap)**	**Room Temperature**
Alternate 2		**Nasal Wash**	**Sterile Screwtop Container**	**Room Temperature**
Reference Range	Nasal smear, Sputum or Bronchial Washings - Keep Room Temperature.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	89190

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Eosinophil, Urine

Order Name:	**EOS URINE**
Test Number:	**1001600**
Revision Date:	**08/26/2014**
LOINC Code:	**12210-1**

TEST NAME	METHODOLOGY
Eosinophil, Urine	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (1 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Early morning specimens preferred. Refrigerate or deliver to lab immediately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	89050

Epicoccum Purpurascens IgE

Order Name:	**EPICO MLD**
Test Number:	**5621475**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Epicoccum Purpurascens IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Epicoccum Purpurascens IgG

Order Name:	EPICOCUM G
Test Number:	5500453
Revision Date:	07/21/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Epicoccum Purpurascens IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

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Epidermal Growth Factor Receptor (EGFR), ELISA

Order Name:	**EGFR SERUM**
Test Number:	**3657718**
Revision Date:	**02/09/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Epidermal Growth Factor Receptor (EGFR), ELISA	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.2mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	**THIS IS NOT EGFR MUTATION ANALYSIS PERFORMED ON TUMOR TISSUE.** Grossly hemolyzed or lipemic specimens will be rejected. Specimen Stability: Room temperature 48 hours, Refrigerated 7 days, Frozen 21 days.			

GENERAL INFORMATION

Testing Schedule	Wednesday of the second week of month only
Expected TAT	4-5 days following set up
Clinical Use	Patients with high expression of EGFR are most likely to respond to newly developed antineoplastic drugs that target this receptor. These drugs slow or inhibit the ability of metastases and tumors to grow and spread.
CPT Code(s)	84238
Lab Section	Reference Lab

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Epstein Barr Virus DNA, Quantitative Real-Time PCR

Order Name:	**EBV PCR QN**
Test Number:	**5580775**
Revision Date:	**02/03/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Epstein Barr Virus DNA, Quantitative Real-Time PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**EDTA Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.3)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**1 mL (0.3)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Stability: **Plasma,CSF:** Room temperature: 48 Hours, Refrigerated: 8 Days, Frozen: 1 Month. **Whole Blood:** Room temperature: 48 Hours, Refrigerated: 8 Days, Frozen: N/A.			

GENERAL INFORMATION

Testing Schedule	Mon, Tue, Thr
Expected TAT	1-3 days
Clinical Use	Quantitation of EBV DNA is based upon the real-time PCR amplification and detection of EBV genomic DNA. The quantitative range of this assay is from 200 to 2,000,000 EBV DNA copies/mL.
CPT Code(s)	87799

Epstein Barr Virus, Viral Capsid Antibodies (EBV-VCA IgG & IgM Ab)

Order Name:	**VCA AB G/M**
Test Number:	**5580925**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
EBV (Epstein Barr Virus) Anti Vca-G		30339-6
EBV (Epstein Barr Virus) Anti Vca-M		30340-4

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Tues - Thur
Expected TAT	5 Days
Clinical Use	Assist in the diagnosis of an Epstein-Barr infection.
CPT Code(s)	86665X2

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Erythrocyte Sedimentation Rate (ESR) (Sed Rate)

Order Name:	**ESR**
Test Number:	**0107000**
Revision Date:	**08/26/2014**
LOINC Code:	**4537-7**

TEST NAME	METHODOLOGY
Erythrocyte Sedimentation Rate (ESR) (Sed Rate)	Westergren

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Specimen must be tested within the first 24 hours of collection.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	The erythrocyte sedimentation rate is used as a marker of tissue inflammation.
CPT Code(s)	85652

Erythromycin IgE

Order Name:	**ERYTHRO AL**
Test Number:	**5520425**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Erythromycin IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Erythropoietin (EPO)

Order Name:	**ERYTHRO**
Test Number:	**2022575**
Revision Date:	**07/31/2014**
LOINC Code:	**15061-5**

TEST NAME	METHODOLOGY
Erythropoietin (EPO)	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Collect at a consistent time of day due to reports of diurnal variation. Specimen collection between 7:30 am and 12:00 pm are recommended. Refrigerated specimen preferred. **Serum Stability:** Room temperature: 10 days, Refrigerated: 18 days, Frozen: 28 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 Days
CPT Code(s)	82668
Lab Section	Reference Lab

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Estradiol, Free and Total

Order Name:	**ESTRAD F/T**
Test Number:	**2006547**
Revision Date:	**12/17/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Estradiol Total	Liquid Chromatography/Tandem Mass Spectrometry
Estradiol Free	Equilibrium Dialysis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	**DO NOT USE GEL TUBES..!** Specimen Stability: Room temperature: 4 hours, Refrigerated: 72 hours, Frozen: 2 years.			

GENERAL INFORMATION

Testing Schedule	Sun-Wed
Expected TAT	5-7 Days
Clinical Use	Much of Estradiol is bound to proteins. The unbound portion and Estradiol bound to proteins with low affinity reflect the Free concentration. The Free Estradiol may better correlate with medical conditions than the Total Estradiol concentrations.
Notes	Reference Range(s)

Estradiol	**Estradiol, Free**
Female:	**Female:**
Follicular Stage: 39-375 pg/mL	Follicular Stage 0.43-5.03 pg/mL
Mid-Cycle Stage: 94-762 pg/mL	Mid-Cycle Stage 0.72-5.89 pg/mL
Luteal Stage: 48-440 pg/mL	Luteal Stage 0.40-5.55 pg/mL
Postmenopausal: Less than or Equal 10 pg/mL	Postmenopausal Less than or Equal to 0.38 pg/mL
Adult Male: Less than or Equal 29 pg/mL	**Adult Male:** Less than or Equal 0.45 pg/mL

CPT Code(s)	82670x2
Lab Section	Reference Lab

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Estradiol, Serum

Order Name:	**ESTRADIOL**
Test Number:	**2006475**
Revision Date:	**09/16/2013**
LOINC Code:	**2243-4**

TEST NAME	METHODOLOGY
Estradiol, Serum	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Specify age and sex on requisition. Specimen stability: Refrigerated 2 days. Frozen 2 months. **Note: This test is NOT Recommended for Children 12 years and under.** Use **Estradiol, Serum Ultrasensitive** [Test Number: 3600375] for children 12 years and under. **Collection requirements for Estradiol, Serum Ultrasensitive is Serum from a Red No-Gel**.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-3 days
Clinical Use	Useful for evaluation of hypogonadism in the female, evaluation of estrogen producing tumors and feminization in males and in assessing ovarian status in "in vitro" fertilization patients.
CPT Code(s)	82670

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Estradiol, Serum Ultrasensitive (Children 12yr and under)

Order Name:	**ULTR ESTRD**
Test Number:	**3600375**
Revision Date:	**09/16/2013**
LOINC Code:	**35384-7**

TEST NAME	METHODOLOGY
Estradiol, Serum Ultrasensitive (Children 12yr and under)	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.5 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Specify age and sex on test request form. **Serum samples collected in SST clot tubes are not acceptable specimen types.**			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	3 Days
Clinical Use	Estradiol is the major estrogenic hormone secreted by the ovaries. Measurement of estradiol may be useful in women to assess ovarian function in patients with menstrual disorders, precocious or delayed puberty, and menopause and useful in men to assess gynecomastia.
Notes	**Recommended for Children 12 years and under.**
CPT Code(s)	82670
Lab Section	Reference Lab

Estriol, Serum

Order Name:	**ESTRIOL**
Test Number:	**3801500**
Revision Date:	**06/10/2010**
LOINC Code:	**2251-7**

TEST NAME	METHODOLOGY
Estriol, Serum	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Preferred specimen is Serum from Red No-Gel clot tube.			

GENERAL INFORMATION

Testing Schedule	Tues-Thur, Sat
Expected TAT	3 Days
Notes	(Note: SST GEL TUBES and AMNIOTIC FLIUID - No Longer Acceptable! 6-14-2010)
CPT Code(s)	82677
Lab Section	Reference Lab

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Estrogen

Order Name: **ESTROGEN**
Test Number: **2024025**
Revision Date: **01/24/2012**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Estrogen	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	7-14 days
Clinical Use	The measurements may be utilized to evaluate the estrogen status in children and adults where the clinician is not concerned about the E2/E1 ratio. Also use to monitor the HMG dosage.
CPT Code(s)	82672
Lab Section	Reference Lab

Estrogens Fractionated

Order Name: **ESTROG FRA**
Test Number: **3618875**
Revision Date: **06/10/2010**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Estradiol, Serum Ultrasensitive (Children 12yr and under)	Liquid Chromatography/Tandem Mass Spectrometry	35384-7
Estriol, Serum	Liquid Chromatography/Tandem Mass Spectrometry	2251-7
Estrone	Liquid Chromatography/Tandem Mass Spectrometry	2258-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Plasma, fluid and serum collected in SST's are not acceptable specimen types.			

GENERAL INFORMATION

Testing Schedule	Assay dependant
Expected TAT	3-5 Days
CPT Code(s)	82679; 82670; 82677
Lab Section	Reference Lab

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Estrone

Order Name:	**ESTRONE**
Test Number:	**3605650**
Revision Date:	**03/19/2007**
LOINC Code:	**2258-2**

TEST NAME	METHODOLOGY
Estrone	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.5 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Plasma, fluid and serum collected in SST's are not acceptable specimen types.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr, Sat
Expected TAT	3-5 Days
CPT Code(s)	82679
Lab Section	Reference Lab

Ethanol Screen

Order Name:	**ETHANOL SC**
Test Number:	**4301875**
Revision Date:	**01/19/2015**
LOINC Code:	**20470-1**

TEST NAME	METHODOLOGY
Ethanol Screen	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Green/Gray Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen stability:** Ambient 8 hours. Refrigerated 7 days. **Keep tightly stoppered - Do not remove stopper of collection tube.** Use betadine or phisohex prep sponge. Do not use alcohol.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in detection of ethanol (alcohol) in blood. Qualitative test.
CPT Code(s)	80301

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Ethosuximide (Zarontin)

Order Name:	**ETHOSUXIM**
Test Number:	**4002550**
Revision Date:	**12/10/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ethosuximide (Zarontin)	Immunoassay

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)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**1 mL (0.5)**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Refrigerated**
Instructions	**Do not use gel barrier tubes.** Optimum time to collect sample: 4 hours post oral dose. Specimen Stability: Room temperature 4 days, Refrigerated 7 days, Frozen 30 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-3 Days
Clinical Use	Ethosuximide is an anticonvulsant used to treat patients with petit mal, myoclonic, and akinetic seizures. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.
CPT Code(s)	80168
Lab Section	Reference Lab

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Euglobulin Clot Lysis Time

Order Name:	**EUG LYSIS**
Test Number:	**1500950**
Revision Date:	**05/20/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Euglobulin Clot Lysis Time	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Instructions	To avoid release of plaminogen activator, do not massage vein vigorously, pump first excessively or leave tourniquet in place for a prolonged period. Double spin within 30 minutes after collection to get platelet-poor plasma and freeze. Ship specimens frozen on dry ice. Keep samples in a -60 to -80 degree C freezer if they cannot be shipped promptly. Prohibit exercise prior to drawing sample.			

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	3-4 Days
CPT Code(s)	85360
Lab Section	Reference Lab

Everolimus, Blood

Order Name:	**EVEROLIMUS**
Test Number:	**3658513**
Revision Date:	**07/28/2014**
LOINC Code:	**50544-6**

TEST NAME	METHODOLOGY
Everolimus, Blood	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	2-3 Days
Lab Section	Reference Lab

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Eye Culture and Stain

Order Name:	**C EYE RTS**
Test Number:	**6002006**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Eye Culture and Stain	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Swab**	**Copan eSwab - White (Regular size)**	**Room Temperature**
Alternate 1		**Swab**	**PNP Swab (Green Cap)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	3 Days
Clinical Use	Eye cultures help determine bacterial and fungal infections in and around the eye. Swab specimens should be carefully collected to maintain sterility.
CPT Code(s)	87070

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Factor 10 (X) Assay

Order Name:	**FACTOR 10**
Test Number:	**1501250**
Revision Date:	**08/26/2014**
LOINC Code:	**3218-5**

TEST NAME	METHODOLOGY
Factor 10 (X) Assay	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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 10a (Xa) Inhibition, Low Molecular Weight Heparin (LMWH)

Order Name:	**LMWHEPARIN**
Test Number:	**1506175**
Revision Date:	**08/26/2014**
LOINC Code:	**32684-3**

TEST NAME	METHODOLOGY
Factor 10a (Xa) Inhibition, Low Molecular Weight Heparin (LMWH)	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)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Each 2.7mL Sodium Citrate 3.2% (Blue Top) tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results.
Specimen should be collected at least 4 hours after subcutaneous injection.

Whole blood must be transported to SJMC lab within 1 hour of collection. **If testing cannot be started within 1 hour of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.** **Do not pool aliquots together!**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	The assesment of the anti-Xa effect of heparin by this method gives a high sensitivity in detecting Low Molecular Weight Heparin levels.
CPT Code(s)	85520

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Factor 10a (Xa) Inhibition, Unfractionated Heparin.

Order Name:	**UNFRAC HEP**
Test Number:	**1507100**
Revision Date:	**08/26/2014**
LOINC Code:	**3274-8**

TEST NAME	METHODOLOGY
Factor 10a (Xa) Inhibition, Unfractionated Heparin.	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)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Each 2.7mL Sodium Citrate 3.2% (Blue Top) tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results.
Draw any time if the patient is on IV /Drip - Deliver to lab immediately!

Whole blood must be transported to SJMC lab within 1 hour of collection. **If testing cannot be started within 1 hour of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.** **Do not pool aliquots together!**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	The assesment of the anti-Xa effect of heparin by this method gives a high sensitivity in detecting Unfractionated Heparin levels.
CPT Code(s)	85520

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Factor 11 (XI) Assay

Order Name:	**FACTOR 11**
Test Number:	**1501300**
Revision Date:	**08/26/2014**
LOINC Code:	**3226-8**

TEST NAME	METHODOLOGY
Factor 11 (XI) Assay	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile Screwtop Container**	**Frozen**
Instructions	**Please indicate anticoagulant therapy.** Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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 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.
Notes	Prepaired double spun plasma aliquots must be Frozen within 4 hours of collection!
CPT Code(s)	85270

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Factor 12 (XII) Assay

Order Name:	**FACTOR 12**
Test Number:	**1501350**
Revision Date:	**08/26/2014**
LOINC Code:	**3232-6**

TEST NAME	METHODOLOGY
Factor 12 (XII) Assay	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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**
Revision Date:	**11/29/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Factor 13 (XIII) Functional Assay	Chromogenic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.5mL (0.3)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
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
Lab Section	Reference Lab

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Factor 2 (II) Assay

Order Name:	**FACTOR 2**
Test Number:	**1501000**
Revision Date:	**08/26/2014**
LOINC Code:	**3289-6**

TEST NAME	METHODOLOGY
Factor 2 (II) Assay	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**See Instructions**	**Sodium Citrate 3.2% (Blue Top) and EDTA (Lavender Top)**	**Ambient whole blood or frozen aliquots**

Instructions

Please indicate anticoagulant therapy.
Collect Two 2.7mL Sodium Citrate 3.2% (Blue Top) tubes and **One 4mL EDTA (Lavender Top) tube.**

Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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 2 (II) Mutation Analysis
(Prothrombin Gene Mutation 20210 Analysis)

Order Name:	**FAC II MUT**
Test Number:	**1515300**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Factor 2 (II) Mutation Analysis (Prothrombin Gene Mutation 20210 Analysis)	INVADER

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Room temperature or Refrigerated is acceptable. Stability: Room Temp 8 Days, Frozen Not Acceptable. **Do Not Centrifuge.** Specimen cannot be shared with other testing for risk of DNA contamination.			

GENERAL INFORMATION

Testing Schedule	Dayshift- Tue, Fri
Expected TAT	2-4 Days
CPT Code(s)	81240

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Factor 5 (V) Assay

Order Name:	**FACTOR 5**
Test Number:	**1501050**
Revision Date:	**08/26/2014**
LOINC Code:	**3193-0**

TEST NAME	METHODOLOGY
Factor 5 (V) Assay	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**Seee Instructions**	**See Instructions**	**Sodium Citrate 3.2% (Blue Top) and EDTA (Lavender Top)**	**Ambient whole blood or frozen aliquots**

Instructions

Please indicate anticoagulant therapy.
Collect Two 2.7mL Sodium Citrate 3.2% (Blue Top) tubes and **One 4mL EDTA (Lavender Top) tube.**

Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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 5 (V) Leiden Mutation Analysis

Order Name:	**FACT 5 LEI**
Test Number:	**9107735**
Revision Date:	**01/05/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Factor 5 (V) Leiden Mutation Analysis	INVADER

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top) and Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**

Instructions

Collect Both EDTA and Sodium Citrate 3.2% blue top Specimens.
Room temperature or Refrigerated is acceptable. Stability: Room Temp 8 Days, Frozen EDTA is Not Acceptable.
Do Not Centrifuge EDTA Specimen. EDTA Specimen cannot be shared with other testing for risk of DNA contamination.

(**Note**: **The Sodium Citrate 3.2% blue top is not mandatory specimen** but is useful in possible additional testing in a coagulation workup. If the Sodium Citrate Whole blood is not going to be received in the lab within 4hrs of collection it is preferred to process it for frozen plasma by using double spin procedure to create a 1.5 ml frozen aliquot.)

GENERAL INFORMATION

Testing Schedule	Dayshift- Tue, Fri
Expected TAT	2-4 Days
Clinical Use	Factor V Mutation (Leiden) is a point mutation that causes resistance of factor V degradation by activated protein C. This mutation is associated with increased risk of venous thrombosis.
CPT Code(s)	81241

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Factor 7 (VII) Assay

Order Name:	**FACTOR 7**
Test Number:	**1501100**
Revision Date:	**08/26/2014**
LOINC Code:	**3198-9**

TEST NAME	METHODOLOGY
Factor 7 (VII) Assay	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5.4 mL (2.7)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**3.0 mL (1.5)**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Collect Two Sodium Citrate 3.2% (Blue Top) tubes.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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**
Revision Date:	**08/26/2014**
LOINC Code:	**3209-4**

TEST NAME	METHODOLOGY
Factor 8 (VIII) Assay	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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**
Revision Date:	**08/26/2014**
LOINC Code:	**3204-5**

TEST NAME	METHODOLOGY
Factor 8 (VIII) Inhibitor Assay	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5.4 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**3.0 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Collect Two Sodium Citrate 3.2% (Blue Top) tubes.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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**
Revision Date:	**08/26/2014**
LOINC Code:	**3187-2**

TEST NAME	METHODOLOGY
Factor 9 (IX) Assay	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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**
Revision Date:	**08/26/2014**
LOINC Code:	**13591-3**

TEST NAME	METHODOLOGY
Factor Inhibitor Assay	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5.4 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**3 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy - AND - the suspected factor inhibitor.
Collect Two Sodium Citrate 3.2% (Blue Top) tubes.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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	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

Fat Analysis, Urine

Order Name:	**FAT ANAL U**
Test Number:	**1000500**
Revision Date:	**08/26/2014**
LOINC Code:	**25158-7**

TEST NAME	METHODOLOGY
Fat Analysis, Urine	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Early morning specimens preferred. Refrigerate or deliver to lab immediately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	89125

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Feathers(chicken,duck,goose,turkey) IgE

Order Name:	**FEATHERS**
Test Number:	**5607400**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Feathers(chicken,duck,goose,turkey) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Fecal Fat Qualitative

Order Name:	**FAT QL FEC**
Test Number:	**3501010**
Revision Date:	**09/09/2014**
LOINC Code:	**2272-3**

TEST NAME	METHODOLOGY
Fecal Fat Qualitative	Nile Blue

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Fecal/Stool**	**Sterile Orange Screwtop Container**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 3 days, Frozen 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful for the evaluation of persons with intestinal malabsorption and investigation of suspected laxative abuse.
CPT Code(s)	82705

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Fecal Lipids, Total (Quantitative)

Order Name:	**FAT QN FEC**
Test Number:	**3500990**
Revision Date:	**03/06/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Fecal Lipids, Total (Quantitative)	Nuclear Magnetic Resonance (NMR)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**20gm (3gm)**	**Fecal/Stool**	**Stool Specimen Container, Large for 24 or 72 hour Collections (White)**	**Refrigerated**
Alternate 1	**20gm (3gm)**	**Fecal/Stool**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Random or Timed stool collection; 72hr stool collection, 48hr and 24hr stool collections are also acceptable. **Keep refrigerated during and after collection.** Send entire collection sample - Use a 1 gallon, plastic leak-proof container with screw cap for RML to process.			

GENERAL INFORMATION

Testing Schedule	Mon-Thr
Expected TAT	5-7 Days
CPT Code(s)	82710
Lab Section	Reference Lab

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Felbamate (Felbatol)

Order Name:	**FELBAMATE**
Test Number:	**3657650**
Revision Date:	**12/10/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Felbamate (Felbatol)	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Do not use gel barrier tubes. Optimum time to collect sample: 1 hour before next dose. Specimen Stability: Room temperature 72 hours, Refrigerated 5 days, Frozen 30 days.			

GENERAL INFORMATION

Testing Schedule	Tue, Fri
Expected TAT	4-5 Days
Clinical Use	Felbamate is an antiepileptic drug used to treat patients with a variety of types of seizures. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity
Notes	Reference Range: Trough 30-50 mcg/mL at steady state.
CPT Code(s)	80299
Lab Section	Reference Lab

Fennel IgE

Order Name:	**FENNEL**
Test Number:	**5516625**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Fennel IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Fentanyl and Metabolite Quant, Urine

Order Name:	**FENTANYL U**
Test Number:	**3602125**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Fentanyl and Metabolite Quant, Urine	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Do not use any preservatives or additives.			

GENERAL INFORMATION

Testing Schedule	Wed, Fri
Expected TAT	3-4 Days
Clinical Use	Fentanyls are extensively used for anesthesia and analgesia. There are fentanyl transdermal patches available that are used in chronic pain management.
Notes	This assay detects the quantity of Fentanyl and Norfentanyl.
CPT Code(s)	80354
Lab Section	Reference Lab

Ferritin

Order Name:	**FERRITIN**
Test Number:	**4500800**
Revision Date:	**07/16/2008**
LOINC Code:	**2276-4**

TEST NAME	METHODOLOGY
Ferritin	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days. Frozen 3mo.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful for the diagnosis of iron deficiency and iron-overload conditions.
CPT Code(s)	82728

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Fetal Bleed Screen

Order Name:	**FETL BL SC**
Test Number:	**7107700**
Revision Date:	**05/23/2003**
LOINC Code:	**32140-6**

TEST NAME	METHODOLOGY
Fetal Bleed Screen	Hemagglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3.5)**	**Whole Blood**	**EDTA (Pink top)**	**Room Temperature**
Alternate 1	**7 mL (3.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Patient must be Rh neg(D and Du)			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Used as the first step in determining the necessary dosage of Rh Immunglobulin to administer post delivery from an Rh negative mom with an Rh positive infant.
Notes	If the fetal bleed screen is positive a Kleihauer-Betke Fetal Hemaglobin stain will be performed at an additional charge.
CPT Code(s)	85461

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Fetal Fibronectin

Order Name:	**FETAL FIBR**
Test Number:	**0101925**
Revision Date:	**05/28/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Fetal Fibronectin	SPI

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Adeza FFN Kit**	**Refrigerated / On Ice**

Instructions

Transport to laboratory on ice or ice pack - keep specimen refrigerated during transport.
Specimen Stability: Room temperature: 8 hours, Refrigerated: 3 Days, Frozen: Not Recommended.
Use Full Term Adeza Biomedical Collection kit ONLY. (Kits available from Specimen Services. Store kits refrigerated)

1. The specimen should be obtained from the posterior fornix of the vagina during a speculum examination. The polyester tipped swab provided in the collection kit should be inserted into the vagina and lightly rotated across the posterior fornix for approximately 10 seconds to absorb the cervicalvaginal secretions.
2. Carefully remove the swab from the vagina and immerse the swab tip in the tube of buffer provided with the specimen collection kit.
3. Break the shaft (at the score) even with the top of the tube. Align the shaft with the hole inside the tube cap and push down lightly over the shaft, sealing the tube.
4. Label the tube with the patients name and any other identifying information required on the tube label.
Patients with suspected or known placental abruption, placenta previa, or moderate or gross vaginal bleeding should not be tested for fetal fibronectin.
Rejection criteria: Specimens not collected in Adeza kit, Swabs contaminated with lubricant, soap, disinfectant, or cream (e.g. K-Y Jelly(R) lubricant, Betadine(R), disinfectant, Monistat(R) cream), Room temp samples received greater than 8hrs after collection, Specimens received in expired transport. Frozen specimens are not recommended, and will be reported with a disclaimer.

GENERAL INFORMATION

Testing Schedule	Sun-Sat (24/7) If STAT arrange for RML Courier pick up.
Expected TAT	1-2 Days
Clinical Use	The rapid Fetal Fibronectin test is to be used as an aid in assessing the risk of preterm delivery in less than or equal to 7 or 14 days from the time of cervicovaginal sample collection in pregnant women with signs and symptoms of early preterm labor.
CPT Code(s)	82731

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Fetal Hemoglobin (Betke Stain for RhIG injection)

Order Name:	**FETAL HGB**
Test Number:	**0101800**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Fetal RBC's	Microscopy	48556-5
Estimated Fetal Blood Volume	Calculation	48555-7
Rh Immune Globulin Recommended	Calculation	1313-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Specimen should be stored and transported refrigerated.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 Days
Clinical Use	Fetal hemoglobin estimation is used to determine possible fetomaternal hemorrhage. If fetal cells are present in the Rh(-) negative mother's blood, a calculation is performed to determine the necessary dosage of Rh Immune Globulin.
Notes	To quantitate fetal hemoglobin in myelodysplasia or thalassemia use HGBOP HPLC. To quantitate fetal hemoglobin used to monitor treatment of sickle cell disease use HGB F HPLC.
CPT Code(s)	85460

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Fetal Hemoglobin Quantiative by HPLC

Order Name:	**HGB F HPLC**
Test Number:	**5000855**
Revision Date:	**10/16/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Fetal Hemoglobin Quantiative by HPLC	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Patient age and ethnicity are necessary for proper interpretation. Blood transfusions within the last 4 months may affect results.			

GENERAL INFORMATION

Testing Schedule	Sets up 5 days a week.
Expected TAT	3-5 Days
Clinical Use	Used to monitor levels of Hgb F in the treatment of sickle cell disease.
CPT Code(s)	83021
Lab Section	Reference Lab

Fibrinogen

Order Name:	**FIBRINOGEN**
Test Number:	**1501600**
Revision Date:	**08/26/2014**
LOINC Code:	**3255-7**

TEST NAME	METHODOLOGY
Fibrinogen	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**1.5 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**
Instructions	**Please indicate anticoagulant therapy.** Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.** **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Fibrinogen is increased in diabetes, pregnancy, and inflammatory states. It is decreased in DIC, fibrinolysis, and hereditary disease.
CPT Code(s)	85384

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Fire Ant IgE

Order Name:	**FIRE ANT E**
Test Number:	**3693925**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Fire Ant IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Flaxseed (Linseed) IgE

Order Name:	**FLAXSEED**
Test Number:	**5594280**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Flaxseed (Linseed) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Flecainide (Tambocor)

Order Name:	**TAMBOCOR**
Test Number:	**3618200**
Revision Date:	**12/10/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Flecainide (Tambocor)	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Do not use gel barrier tubes. Optimum time to collect sample: 1 hour before next dose. Specimen Stability: Room temperature 5 days, Refrigerated 7 days, Frozen 30 days.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	3-7 Days
Clinical Use	Monitoring the flecainide concentration is used to assure compliance and avoid toxicity of this cardiac drug used to treat ventricular tachcardia and premature cardiac contractions.
CPT Code(s)	80299
Lab Section	Reference Lab

Flounder IgE

Order Name:	**FLOUNDER**
Test Number:	**5599075**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Flounder IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Flow Cytometry on Bone Marrow

Order Name:	**FLOW BM**
Test Number:	**5582550**
Revision Date:	**04/29/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Flow Cytometry on Bone Marrow	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 Days
Clinical Use	Assist in the diagnosis of a lymphoproliferative disease.
CPT Code(s)	test dependant

Flow Cytometry on Peripheral Blood

Order Name:	**FLOW PB**
Test Number:	**5582600**
Revision Date:	**04/29/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Flow Cytometry on Peripheral Blood	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (3mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Please deliver to laboratory (flow cytometry) asap. Do not centrifuge or refrigerate.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 Days
Clinical Use	Assist in the diagnosis of a lymphoproliferative disease.
CPT Code(s)	Test Dependant

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FLT3 Mutation by PCR

Order Name:	**FLT3 MUTAT**
Test Number:	**9607835**
Revision Date:	**03/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
FLT3 Mutation by PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 1	**3 mL (1 mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Determine prognosis in cytogenetically normal acute myelogenous leukemia (CN-AML)
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	81245, 81479
Lab Section	Reference Lab

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Fluorescent Treponemal Antibody-Absorption (FTA - ABS)

Order Name:	**FTA**
Test Number:	**5500700**
Revision Date:	**01/21/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Fluorescent Treponemal Antibody-Absorption (FTA - ABS)	Single Stain Immunofluorescence

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.2mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: 30 Days. Reject Criteria: Gross hemolysis; gross lipemia.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-5 Days
Clinical Use	The FTA-ABS is a specific treponemal assay to detect antibody to t. Pallidum. The FTA-ABS becomes reactive 4-6 weeks after infection. Unlike the nontreponemal tests, once the FTA-ABS test becomes reactive, it will remain reactive for many years. Since the reactivity found with the FTA-ABS does not indicate response to therapy, it is not suitable for monitoring treatment. The FTA-ABS test does not distinguish between syphillis and other treponematoses such as yaws, pinta and bejil.
CPT Code(s)	86780
Lab Section	Reference Lab

Folic Acid (Folate)

Order Name:	**FOLIC ACID**
Test Number:	**4500950**
Revision Date:	**10/25/2006**
LOINC Code:	**2284-8**

TEST NAME	METHODOLOGY
Folic Acid (Folate)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	Non hemolyzed serum. Specimen stability: Ambient 8 hours, Refrigerated 3 days, Frozen 1 week.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful in detecting deficiency of folate, monitor therapy with folate; evaluate megaloblastic and macrocytic anemia; evaluate alcoholic patients; evaluate cause of increase in serum homocysteine level.
CPT Code(s)	82746

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Follicle Stimulating Hormone - FSH, Serum

Order Name:	**FSH**
Test Number:	**3601200**
Revision Date:	**09/16/2013**
LOINC Code:	**15067-2**

TEST NAME	METHODOLOGY
Follicle Stimulating Hormone - FSH, Serum	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days. **Note: This test is NOT Recommended for Children 12 years and under.** Use **Follicle Stimulating Hormone - FSH, Serum Ultrasensitive** [Test Number: **3601200**] for children 12 years and under. Collection requirements for Ultrasensitive FSH indicate the separation of serum from cells ASAP or within 2 hours of collection.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful for evaluation of menstrual irregularities, work-up of patients with suspected hypogonadism, prediction of ovulation, evaluation of infertility and the diagnosis of pituitary disorders.
CPT Code(s)	83001

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Follicle Stimulating Hormone - FSH, Serum Ultrasensitive

Order Name:	**ULTRA FSH**
Test Number:	**3601225**
Revision Date:	**09/16/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Follicle Stimulating Hormone - FSH, Serum Ultrasensitive	Electrochemiluminescent Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Recommended for Children 12 years and under.** Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Hemolyzed specimens. Stability after separation from cells: Ambient= 8 hours, Refrigerated= 2 weeks, Frozen= 6 months.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
Clinical Use	GnRH and FSH production ar regulated by negative feedback systems whereby low levels of gonadal hormones stimulate and high levels inhibit circulating FSH levels. Thus, high FSH levels indicate primary gonadal failure in patients with testicular or ovarian disorders. Conversely, low levels of serum FSH are indicative of pituitary or hypothalimic disease.
CPT Code(s)	83001
Lab Section	Reference Lab

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Follicle Stimulating Hormone - FSH, Urine

Order Name:	**FSH 24 U**
Test Number:	**3601175**
Revision Date:	**08/19/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Follicle Stimulating Hormone - FSH, Urine	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**25 mL**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	25 mL from a 24-hour urine collection. **At the start of collection add 10g of boric acid as preservative**. Use 5g boric asic if patient is less than 10 years old. Mix well before taking 25-mL aliquot refrigerated in a plastic screw top sterile urine container. Patient's age, sex, and 24-hour volume are required on request form for processing.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	83001
Lab Section	Reference Lab

Follicular Lymphoma, IGH/BCL2, t(14;18) by FISH

Order Name:	**FOLLIC FSH**
Test Number:	**9116975**
Revision Date:	**05/10/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Follicular Lymphoma, IGH/BCL2, t(14;18) by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Useful to diagnose follicular lymphoma (> 75%) and some diffuse large B-cell lymphomas.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368, 88368-TCx1
Lab Section	Reference Lab

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Food Basic Panel

Order Name:	**A FOOD B P**
Test Number:	**5606600**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Egg White IgE	ImmunoCAP
Milk (Cow's) Food Allergy IgE	ImmunoCAP
Corn IgE	ImmunoCAP
Walnut Food Allergy IgE	ImmunoCAP
Peanut IgE	ImmunoCAP
Wheat IgE	ImmunoCAP
Soybean IgE	ImmunoCAP
Shrimp Allergy IgE	ImmunoCAP
Clam IgE	ImmunoCAP
Codfish IgE	ImmunoCAP
Scallop IgE	ImmunoCAP
Sesame Seed IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.2 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x12

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Food Comprehensive

Order Name:	**A FOOD C P**
Test Number:	**5611400**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Egg White IgE	ImmunoCAP
Egg Yolk IgE	ImmunoCAP
Soybean IgE	ImmunoCAP
Milk (Cow's) Food Allergy IgE	ImmunoCAP
Casein IgE	ImmunoCAP
Chocolate IgE	ImmunoCAP
Wheat IgE	ImmunoCAP
Oat IgE	ImmunoCAP
Rice IgE	ImmunoCAP
Corn IgE	ImmunoCAP
Potato IgE	ImmunoCAP
Beef IgE	ImmunoCAP
Pork IgE	ImmunoCAP
Turkey Meat IgE	ImmunoCAP
Chicken Meat IgE	ImmunoCAP
Peanut IgE	ImmunoCAP
Pecan Meat Food Allergy IgE	ImmunoCAP
Cashew Nut Food IgE	ImmunoCAP
Orange IgE	ImmunoCAP
Strawberry IgE	ImmunoCAP
Tomato IgE	ImmunoCAP
Codfish IgE	ImmunoCAP
Shrimp Allergy IgE	ImmunoCAP
Tuna IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.4 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x24

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Forearm Ischemic Exercise Test

Order Name:	**ISCHEMIC**
Test Number:	**2001125**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Lactate Baseline	Colorimetric	59004-2
Ammonia Baseline	GLDH/UV	16362-6
Lactate 1 minute	Colorimetric	59005-9
Ammonia 1 minute	GLDH/UV	16362-6
Lactate 3 minute	Colorimetric	59006-7
Ammonia 3 minute	GLDH/UV	16362-6
Lactate 5 minute	Colorimetric	59007-5
Ammonia 5 minute	GLDH/UV	16362-6
Lactate 10 minute	Colorimetric	59011-7
Ammonia 10 minute	GLDH/UV	16362-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Instructions	On ice to lab immediately. Call (918) 744-2500 to scheduled with chemistry. Mon - Fri, 0900-1300. Pathologist will assist with procedure at main lab.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 days
Clinical Use	Useful as a screening test for defects in glycogenolysis and other defects on glycogen metabolism such as myophoserylase deficiency.
Notes	Lactate and ammonia are drawn simultaneously at different intervals. For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	83605x5; 82140x5; 80500

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Fragile X PCR Screen with Reflex

Order Name:	**FRAGILE X**
Test Number:	**0116475**
Revision Date:	**08/05/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Fragile X PCR Screen	Polymerase Chain Reaction	21759-6
Fragile X Southern Blot (If Reflexed)	Southern Blot	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Keep EDTA whole blood at room temperature. Do not centrifuge or aliquot of specimen. Do not share specimen with other tests. Specimen Stability: 8 Days at room temperature.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	Report available: 5-6 days, Reflex 14 days
Clinical Use	A physician may recommend testing if a woman who is planning a pregnancy has a family history of fragile X syndrome or mental retardation or if she shows possible symptoms of fragile X syndrome.
CPT Code(s)	PCR screen results may reflex to Southern Blot Analysis Fragile X PCR Screen - cpt codes: 81243 Fragile X Southern Blot - cpt codes: 81244
Lab Section	Reference Lab

Fructosamine

Order Name:	**FRUCTOSAME**
Test Number:	**3610025**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Fructosamine	Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Tues - Sat
Expected TAT	3-4 Days
CPT Code(s)	82985
Lab Section	Reference Lab

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Fruit and Vegetable Panel

Order Name:	**A FRT/VG P**
Test Number:	**5616475**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Corn IgE	ImmunoCAP
Orange IgE	ImmunoCAP
Pear Fruit IgE	ImmunoCAP
Potato IgE	ImmunoCAP
Peach Fruit IgE	ImmunoCAP
Carrot IgE	ImmunoCAP
Strawberry IgE	ImmunoCAP
Banana IgE	ImmunoCAP
Green Pea IgE	ImmunoCAP
Tomato IgE	ImmunoCAP
Apple Fruit IgE	ImmunoCAP
Sweet Potato IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.2 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x12

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Fungal Disease Antibody Panel Serum

Order Name:	**FUNGAL CF**
Test Number:	**5501325**
Revision Date:	**02/26/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Aspergillus Antibody, CF (Serum)	Complement Fixation	
Candida Antibody	Immunodiffusion	35270-8
Coccidioides Antibody - Serum	Complement Fixation	
Blastomyces Total Antibodies	Complement Fixation	
Histoplasma Antibody, Complement Fixation	Complement Fixation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (3 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Assay Dependant
Expected TAT	2-5 Days
CPT Code(s)	86606, 86628, 86635, 86612, 86698x2
Lab Section	Reference Lab

Fungal Stain

Order Name:	**C FUNG ST**
Test Number:	**6000710**
Revision Date:	**07/02/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Fungal Stain	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Slide**	**Glass Slides with Holder**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 Days
Clinical Use	Detects fungal elements
CPT Code(s)	87205

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Fungus Culture

Order Name:	**C FUNGUS**
Test Number:	**6000300**
Revision Date:	**12/23/2014**
LOINC Code:	**580-1**

TEST NAME	METHODOLOGY
Fungus Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Sputum**	**Sterile Screwtop Container**	**Room Temperature**
Alternate 1		**Tissue**	**Sterile Screwtop Container**	**Room Temperature**
Alternate 2		**Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	Collect sputum, tissues, or fluids in sterile container; lesions in culturette **Also acceptable is: Regular size applicator Copan eSwab - White**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	28 Days
Clinical Use	Determines yeast or fungal infections
CPT Code(s)	87102

Fungus Culture for Skin, Hair or Nails

Order Name:	**C FUNGUS 2**
Test Number:	**6000325**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Fungus Culture for Skin, Hair or Nails	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Skin Scrappings**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	Skin, hair or nails (finger or toe) can be submitted in a clean tube or urine cup.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	21 Days
Clinical Use	Determines fungal infections in skin, hair, or nails
CPT Code(s)	87101

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Fusarium Proliferatum/moniliforme IgE

Order Name:	FUSARIUM
Test Number:	5616830
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Fusarium Proliferatum/moniliforme IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Fusarium Proliferatum/moniliforme IgG

Order Name:	FUSARIUM G
Test Number:	5500459
Revision Date:	07/21/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Fusarium Proliferatum/moniliforme IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

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Gabapentin, Plasma

Order Name:	**GABAPENTIN**
Test Number:	**3658100**
Revision Date:	**01/09/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Gabapentin, Plasma	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1.5)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 1	**2mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
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)	80171
Lab Section	Reference Lab

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Galactose 1 Phosphate

Order Name:	**GAL1PHOS**
Test Number:	**3703875**
Revision Date:	**11/09/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Galactose 1 Phosphate	Spectrophotometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (4)**	**See Instructions**	**Sodium Heparin (Green Top / No-Gel)**	**Frozen**

Instructions

READ THIS BEFORE COLLECTION! - Sample must be processed within 4hrs of collection.

If your location cannot process the sample please send patient to RML main lab for collection. Samples collected off site must be processed within 4hrs of collection.

PROCESSING INSTRUCTIONS:

1. Draw blood in a Sodium Heparin (green-top) tube.
2. Take 2mL aliquot of whole blood into plastic pour off tube and centrifuge for 10 minutes at 2,000 rpm.
3. Carefully pull off the plasma and buffy coat layers from the aliquot with pipette.
4. Add a cold 0.9% saline solution to the cells (about 2 times the volume of cells).
5. Mix gently by inversion and centrifuge again for 10 minutes at 2,000 rpm.
6. Carefully pull off and discard the saline from the top of the cells with pipette.
7. Repeat the wash steps (3-5) 2 more times.
8. After the final centrifugation, Carefully pull off and discard the saline with pipette and a thin layer of the top cells.
9. Immediately freeze the washed, packed cells (red cell pellet from step 7) and send specimen frozen in plastic vial.

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-5 Days
Clinical Use	Confirmatory test used in determining Galactosemia, a hereditary autosomal recessive disorder.
Notes	**Call RML before collecting specimen.**
CPT Code(s)	84378
Lab Section	Reference Lab

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Gamma Glutamyl Transferase (GGT)

Order Name:	GGT
Test Number:	2002100
Revision Date:	10/31/2014
LOINC Code:	2324-2

TEST NAME	METHODOLOGY
Gamma Glutamyl Transferase (GGT)	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for cholestatic liver disease and drug and alcohol abuse.
CPT Code(s)	82977

Ganglioside GM-1 Antibodies (IgG and IgM), EIA

Order Name:	GM1 GANGLI
Test Number:	5565950
Revision Date:	05/06/2009
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Ganglioside GM-1 Antibodies (IgG and IgM), EIA	Enzyme 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**
Instructions	Overnight fasting is preferred.			

GENERAL INFORMATION

Testing Schedule	Mon, Tues, Thur
Expected TAT	5 Days
Clinical Use	Ganglioside GM-1 Antibody IgG is associated with the Guillain-Barre syndrome, particularly the acute motor axonal neuropathy variant. Antibody IgM is associated with chronic multifocal motor neuropathy.
CPT Code(s)	83520X2
Lab Section	Reference Lab

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Gardnerella Culture

Order Name:	G VAG CUL
Test Number:	6002075
Revision Date:	08/13/2010
LOINC Code:	21284-5

TEST NAME	METHODOLOGY
Gardnerella Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Alternate 1		**Swab**	**Anaerobic Gel Swab (Blue Cap)**	**Room Temperature**
Instructions	Obtain culture from mucosal surface. Place swab in sterile transport culturette... NOT for Anaerobes.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	3 Days
Clinical Use	Identifies Gardnerella sp, causative agent of bacterial vaginosis
CPT Code(s)	87070

Garlic IgE

Order Name:	GARLIC
Test Number:	5581375
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Garlic IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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GC/Chlamydia Probe

Order Name:	**GC/CHL PRB**
Test Number:	**5560330**
Revision Date:	**06/18/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Chlamydia Probe	BD ProbeTec	35729-3
Neisseria Gonorrhea Probe	BD ProbeTec	24111-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**SWAB or 8mL (4mL)**	**Urogenital Swab**	**BD ProbeTec Pink(F) or Blue(M)**	**Refrigerated**
Alternate 1	**SWAB or 8mL (4mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Urogenital Swab collection in BD ProbeTec kit, Keep Refrigerated. If urine is used, collect 8mL(4mL) fresh urine specimen in a Sterile Urine Container and refrigerate within 30 minutes.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Amplified Probe technique helps diagnose Neisseria gonorrhoea and Chlamydia trachomatis infections.
Notes	Moderately bloody or grossly mucoid specimens may cause inhibition in this assay that may necessitate recollection.
CPT Code(s)	87491; 87591

Gelatin Bovine (Cow) IgE

Order Name:	**GEL BOVINE**
Test Number:	**5508725**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Gelatin Bovine (Cow) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Gelatin Porcine (Pig) IgE

Order Name:	**GEL PORCIN**
Test Number:	**5508575**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Gelatin Porcine (Pig) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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General OK/KS Panel

Order Name:	**A OK/KS PN**
Test Number:	**5606575**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Elm Tree American IgE	ImmunoCAP
Oak Tree White IgE	ImmunoCAP
Pecan Tree IgE	ImmunoCAP
Kentucky Blue Grass IgE	ImmunoCAP
Bermuda Grass IgE	ImmunoCAP
Johnson Grass IgE	ImmunoCAP
Ragweed Common (Short Ragweed) IgE	ImmunoCAP
Marshelder Rough IgE	ImmunoCAP
Cat Dander IgE	ImmunoCAP
Dog Dander IgE	ImmunoCAP
Dust Mite (D. Farinae D2) IgE	ImmunoCAP
Alternaria Tenuis IgE	ImmunoCAP
Cladosporium herbarum/Hormodendrum IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.3 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x13

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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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Gentamicin

Order Name:	**GENTAMICIN**
Test Number:	**4002800**
Revision Date:	**06/11/2003**
LOINC Code:	**35668-3**

TEST NAME	METHODOLOGY
Gentamicin	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)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used to monitor antimicrobials levels.
CPT Code(s)	80170

Gentamicin Peak

Order Name:	**GENTA PEAK**
Test Number:	**4003850**
Revision Date:	**06/11/2003**
LOINC Code:	**3663-2**

TEST NAME	METHODOLOGY
Gentamicin 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)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Peak: draw 30 minutes to 1 hour after IV infusion. 1 hour after IM dose. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used to monitor antimicrobials levels in treated patients.
CPT Code(s)	80170

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Gentamicin Trough

Order Name:	**GENTA TROU**
Test Number:	**4003900**
Revision Date:	**06/11/2003**
LOINC Code:	**3665-7**

TEST NAME	METHODOLOGY
Gentamicin 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)**	**Refrigerated**
Instructions	Trough: Immediately before next dose. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for monitoring antimicrobials levels from treated patients.
CPT Code(s)	80170

Ginger IgE

Order Name:	**GINGER**
Test Number:	**5558435**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ginger IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Gliadin Deamidated Antibody, IgA

Order Name: **GLIAD IGA**
Test Number: **5537575**
Revision Date: **09/11/2014**
LOINC Code: **58709-7**

TEST NAME	METHODOLOGY
Gliadin Deamidated Antibody, IgA	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.0 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours, Refrigerated more than 8 hours.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
Clinical Use	Assist in diagnosis of celiac disease; however, interpret results with caution due to the propensity of assay false positives. Useful to monitor diet compliance in celiac patients.
CPT Code(s)	83516

Gliadin Deamidated Antibody, IgA and IgG

Order Name: **GLIADIN A**
Test Number: **5558560**
Revision Date: **03/23/2011**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Gliadin Deamidated Antibody, IgA and IgG	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	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	Thur
Expected TAT	7 Days
Clinical Use	Assist in diagnosis of celiac disease; however, interpret results with caution due to the propensity of assay false positives. Useful to monitor diet compliance in celiac patients.
CPT Code(s)	83516x2

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Gliadin Deamidated Antibody, IgG

Order Name:	GLIAD IGG
Test Number:	5537550
Revision Date:	09/11/2014
LOINC Code:	58710-5

TEST NAME	METHODOLOGY
Gliadin Deamidated Antibody, IgG	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.0 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours, Refrigerated more than 8 hours.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
Clinical Use	Assist in diagnosis of celiac disease; however, interpret results with caution due to the propensity of assay false positives. Useful to monitor diet compliance in celiac patients.
CPT Code(s)	83516

Glomerular Basement Membrane Antibody (GBM Ab)

Order Name:	GBM AB
Test Number:	5564400
Revision Date:	12/23/2014
LOINC Code:	63262-0

TEST NAME	METHODOLOGY
Glomerular Basement Membrane Antibody (GBM Ab)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Antibodies to GBM occur in patients with glomerulonephritis and/or pulmonary hemorrhage (Goodpasture's syndrome).
CPT Code(s)	83520

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Glucagon

Order Name:	**GLUCAGON**
Test Number:	**2007000**
Revision Date:	**11/03/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Glucagon	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1.1)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	Overnight fasting is required. Stability: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: 28 Days			

GENERAL INFORMATION

Testing Schedule	Tues, Fri
Expected TAT	5 Days
CPT Code(s)	82943
Lab Section	Reference Lab

Glucose

Order Name:	**GLUCOSE**
Test Number:	**2002240**
Revision Date:	**03/05/2012**
LOINC Code:	**2345-7**

TEST NAME	METHODOLOGY
Glucose	Hexokinase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 2	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. **Specimen Stability: Room temperature= 24hrs, Refrigerated= 72hrs.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
CPT Code(s)	82947

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Glucose 4 PM

Order Name:	**GLUC 4 PM**
Test Number:	**2002275**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Glucose 4 PM	Hexokinase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 2	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
CPT Code(s)	82947

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Glucose Fasting

Order Name:	**GLUC FAST**
Test Number:	**2002150**
Revision Date:	**06/11/2003**
LOINC Code:	**1558-6**

TEST NAME	METHODOLOGY
Glucose Fasting	Hexokinase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 2	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting 12 hour. Patient may have water. Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
CPT Code(s)	82947

Glucose Serous Fluid

Order Name:	**SRS GLUC**
Test Number:	**3500150**
Revision Date:	**06/11/2003**
LOINC Code:	**2344-0**

TEST NAME	METHODOLOGY
Glucose Serous Fluid	Hexokinase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 2 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
CPT Code(s)	82945

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Glucose Spinal Fluid

Order Name:	**CSF GLUC**
Test Number:	**3500600**
Revision Date:	**10/28/2011**
LOINC Code:	**2342-4**

TEST NAME	METHODOLOGY
Glucose Spinal Fluid	Hexokinase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**See Instructions**
Instructions	Patient should be informed, relaxed and properly positioned for lumbar puncture. Blood glucose is needed also, ideally it should drawn 2 hours before the lumbar puncture. Deliver to lab immediately. Specimen stability: Ambient 6 hours. Refrigerated 24 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in diagnosing meningitis, helps to distinguish bacterial versus viral meningitis.
CPT Code(s)	82945

Glucose Synovial Fluid

Order Name:	**SYN GLUC**
Test Number:	**3500800**
Revision Date:	**05/16/2003**
LOINC Code:	**2348-1**

TEST NAME	METHODOLOGY
Glucose Synovial Fluid	Hexokinase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Synovial Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Synovial fluid. See blood glucose.
CPT Code(s)	82945

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Glucose Tolerance (1 Hour Only) Glucola

Order Name:	**GLUC 1 HR**
Test Number:	**2012650**
Revision Date:	**05/11/2011**
LOINC Code:	**20438-8**

TEST NAME	METHODOLOGY
Glucose Tolerance (1 Hour Only) Glucola	Hexokinase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 2	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	If the patient is not pregnant please use **Glucose Tolerance (2 Hour Only)** order name **GLUC 2 HR**. Fasting is not necessary. Preferably performed at 28 weeks gestation. Give 50 grams of glucola. Draw 1 hour after glucola load. Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	This is the screening test for gestational diabetes. It should only be performed on pregnant females. The reference ranges and interpretive data contain the established reference ranges, interpretive data, and criteria for confirming diagnosis of gestational diabetes. The glucola dosing is 50g.
CPT Code(s)	82950

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Glucose Tolerance (2 Hour Only) Glucola

Order Name:	**GLUC 2 HR**
Test Number:	**2002250**
Revision Date:	**05/11/2011**
LOINC Code:	**12610-2**

TEST NAME	METHODOLOGY
Glucose Tolerance (2 Hour Only) Glucola	Hexokinase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium Floride (Gray)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 2	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	According to the American Diabetes Association, Collect specimen 2 hours after the patient ingests 75 grams of Glucola. Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. **If doctor instructs the patient to ingest a "Normal Meal", then order "GLUC 2HRPC" Glucose Tolerance (2 Hour Only) Post Prandial.** Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 days
Clinical Use	Criteria for Diagnosis of Diabetes from the American Diabetes Association recommends Random plasma glucose >200 mg/dl with symptoms (polyuria, polydypsia, and unexplained weight loss) repeated to confirm on subsequent day, or Fasting plasma glucose >126 mg/dl repeated to confirm, or 2-hr plasma glucose <200 mg/dl post 75g glucose challenge repeated to confirm.
Notes	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
CPT Code(s)	82950

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Glucose Tolerance (2 Hour Only) Post Prandial

Order Name:	GLUC 2HRPC
Test Number:	2002200
Revision Date:	05/04/2007
LOINC Code:	1521-4

TEST NAME	METHODOLOGY
Glucose Tolerance (2 Hour Only) Post Prandial	Hexokinase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium Floride (Gray)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 2	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	This test should only be used if the patient has been instructed by their physician to have glucose testing 2 hours after patient has ingested a normal meal. **If doctor instructs the patient to ingest Glucola, then order "GLUC 2 HR" Glucose 2 Hour Only.** Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Criteria for Diagnosis of Diabetes from the American Diabetes Association recommends Random plasma glucose >200 mg/dl with symptoms (polyuria, polydypsia, and unexplained weight loss) repeated to confirm on subsequent day, or Fasting plasma glucose>126 mg/dl repeated to confirm, or 2-hr plasma glucose <200 mg/dl post 75g glucose challenge repeated to confirm.
Notes	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
CPT Code(s)	82947

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Glucose Tolerance (2 Hour) w/90 minute, w/o Urine

Order Name:	**GTT 2 HR**
Test Number:	**2016800**
Revision Date:	**05/11/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Glucose Fasting	Hexokinase	1558-6
Glucose 0.5 Hour Tolerance	Hexokinase	
Glucose 1 Hour Tolerance	Hexokinase	20438-8
Glucose 1.5 Hour Tolerance	Hexokinase	20440-4
Glucose 2 Hour Tolerance	Hexokinase	20436-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 2	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting overnight and during test. Patient may have water. Draw fasting specimen. Adults: Give 75 grams of glucola. Children: Adjusted amount of glucola to be calculated by lab. Call (918) 744-2500. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 days
Clinical Use	Criteria for Diagnosis of Diabetes from the American Diabetes Association recommends Random plasma glucose >200 mg/dl with symptoms (polyuria, polydypsia, and unexplained weight loss) repeated to confirm on subsequent day, or Fasting plasma glucose>126 mg/dl repeated to confirm, or 2hr plasma glucose <200 mg/dl post 75g glucose challenge repeated to confirm.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	82951; 82952X2

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Glucose Tolerance (3 Hour) Gestational Diabetes Panel

Order Name:	**GTT PREG**
Test Number:	**2023550**
Revision Date:	**05/11/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Gestational Fasting Glucose	Hexokinase	1558-6
Gestational 1hr Glucose	Hexokinase	20438-8
Gestational 2hr Glucose	Hexokinase	20436-2
Gestational 3hr Glucose	Hexokinase	20437-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate 1	**2 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 2	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	If the patient is not pregnant please use **Glucose Tolerance (2 Hour Only)** order name **GLUC 2 HR**. Must schedule collection Monday thru Friday from 8am to 12pm. Overnight fasting required. Nothing by mouth except water during testing. Collect a full Sodium fluoride (gray top) tube to for each time interval. **2mL (0.5) of Plasma is required for each glucose interval.** Collect and label a baseline gray top tube for the Fasting Glucose. Then give the patient 100 grams Glucola. Collect and label a gray top for 1 hour, 2 hours and 3 hour interals after the ingestion of the Glucola. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 days
Clinical Use	Used in diagnosing gestational diabetes, and to predict perinatal morbidity, risk of fetal abnormality and perinatal mortality.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	82951; 82952

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Glucose Tolerance (3 Hour) w/o Urine

Order Name:	**GTT 3 HR**
Test Number:	**2006700**
Revision Date:	**05/11/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Glucose Fasting	Hexokinase	1558-6
Glucose 0.5 Hour Tolerance	Hexokinase	
Glucose 1 Hour Tolerance	Hexokinase	20438-8
Glucose 2 Hour Tolerance	Hexokinase	20436-2
Glucose 3 Hour Tolerance	Hexokinase	20437-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 2	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting overnight and during test. Patient may have water. Draw fasting specimen. Adults: Give 75 grams of glucola. Children: Adjusted amount of glucola to be calculated by lab. Call (918) 744-2500. Specimen stability: Ambient 8 hours. Refrigerated 7 days. If the patient is pregnant please use **Glucose Tolerance (3 Hour) Gestational Diabetes Panel** order name **GTT PREG**			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 days
Clinical Use	There are no established guidelines, reference ranges or criteria, for the evaluation of a three hour specimen following a three hour glucose challenge.
Notes	This test should no longer be used to diagnose diabetes. The current ADA criteria for diagnosis of diabetes will be listed in the interpretive data on this test.
CPT Code(s)	82951; 82952x2

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Glucose Tolerance (4 Hour) w/o Urine

Order Name:	**GTT 4 HR**
Test Number:	**2002375**
Revision Date:	**05/11/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Glucose Fasting	Hexokinase	1558-6
Glucose 0.5 Hour Tolerance	Hexokinase	
Glucose 1 Hour Tolerance	Hexokinase	20438-8
Glucose 2 Hour Tolerance	Hexokinase	20436-2
Glucose 3 Hour Tolerance	Hexokinase	20437-0
Glucose 4 Hour Tolerance	Hexokinase	26541-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Instructions	Fasting overnight and during test; Patient may have water. Draw fasting specimen. Adults: Give 75 grams of glucola. Children: Adjusted amount of glucola to be calculated by lab. Call (918) 744-2500. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 days
Clinical Use	There are no established guidelines, reference ranges or criteria, for the evaluation of a three hour or four hour specimen following a four hour glucose challenge.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	82951; 82952x3

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Glucose Tolerance (5 Hour) w/o Urine

Order Name:	**GTT 5 HR**
Test Number:	**2002425**
Revision Date:	**05/11/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Glucose Fasting	Hexokinase	1558-6
Glucose 0.5 Hour Tolerance	Hexokinase	
Glucose 1 Hour Tolerance	Hexokinase	20438-8
Glucose 2 Hour Tolerance	Hexokinase	20436-2
Glucose 3 Hour Tolerance	Hexokinase	20437-0
Glucose 4 Hour Tolerance	Hexokinase	26541-3
Glucose 5 Hour Tolerance	Hexokinase	26543-9

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Instructions	Fasting overnight and during test. Patient may have water. Draw fasting specimen. Adults: Give 75 grams of glucola. Children: Adjusted amount of glucola to be calculated by lab. Call (918) 744-2500. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 days
Clinical Use	There are no established guidelines, reference ranges or criteria, for the evaluation of a three hour, four hour or five hour specimen following a five hour glucose challenge.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	82951; 82952x4

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Glucose Tolerance (6 Hour) w/o Urine

Order Name:	**GTT 6 HR**
Test Number:	**2002525**
Revision Date:	**05/11/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Glucose Fasting	Hexokinase	1558-6
Glucose 0.5 Hour Tolerance	Hexokinase	
Glucose 1 Hour Tolerance	Hexokinase	20438-8
Glucose 2 Hour Tolerance	Hexokinase	20436-2
Glucose 3 Hour Tolerance	Hexokinase	20437-0
Glucose 4 Hour Tolerance	Hexokinase	26541-3
Glucose 5 Hour Tolerance	Hexokinase	26543-9
Glucose 6 Hour Tolerance	Hexokinase	26544-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Instructions	Fasting overnight and during test. Patient may have water. Draw fasting specimen. Adults: Give 75 grams of glucola. Children: Adjusted amount of glucola to be calculated by lab. Call (918) 744-2500. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 days
Clinical Use	There are no established guidelines, reference ranges or criteria, for the evaluation of a three hour, four hour, five hour or six hour specimen following a six hour glucose challenge.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	82951; 82952x5

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Glucose Urine Random

Order Name:	GLUCOSE RU
Test Number:	3003225
Revision Date:	06/11/2003
LOINC Code:	2350-7

TEST NAME	METHODOLOGY
Glucose Urine Random	Hexokinase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
CPT Code(s)	82945

Glucose Urine Timed

Order Name:	GLUC TM U
Test Number:	2053700
Revision Date:	10/28/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine Urine Timed Estimated		
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Glucose 24 Hour Urine mg/dL	Hexokinase	21305-8
Glucose 24 Hour Urine mg/hr		2350-7
Glucose Urine Timed		2351-5
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Timed urine collection. Record number of hours and volume in ml on the specimen container. Keep refrigerated.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used with non diabetic patients whose urine tests positive for reducing substances
CPT Code(s)	82945; 81050

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Glucose-6-Phosphate Dehydrogenase (G6PD)

Order Name:	**G6PD**
Test Number:	**2003750**
Revision Date:	**02/22/2011**
LOINC Code:	**32546-4**

TEST NAME	METHODOLOGY
Glucose-6-Phosphate Dehydrogenase (G6PD)	Enzymatic-RBC Hemolysate

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (2)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Keep Refrigerated, **Do Not Freeze**. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful for evaluation of individuals with Coombs-negative nonspherocytic hemolytic anemia. To help exclude inherited deficiency.
CPT Code(s)	82955

Glutamic Acid Decarboxylase-65 Autoantibodies

Order Name:	**ANTI GAD**
Test Number:	**5592950**
Revision Date:	**10/10/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Glutamic Acid Decarboxylase-65 Autoantibodies	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Stability: Room temperature: 24 hours, Refrigerated: 7 Days Frozen: 3 Months.			

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	2-4 Days
CPT Code(s)	83516
Lab Section	Reference Lab

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Gluten IgE IgE

Order Name:	**GLUTEN**
Test Number:	**5517200**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Gluten IgE IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Goldenrod IgE

Order Name:	**GOLDENROD**
Test Number:	**5517925**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Goldenrod IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Gonococcus Screen

Order Name:	C GC
Test Number:	6000350
Revision Date:	12/23/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Gonococcus Screen	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Copan eSwab - White (Regular size)**	**Room Temperature**
Alternate 1	**See Instructions**	**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Instructions	Obtain culture from mucosal surface with aerobic white swab or green cap minitip swab. Transport at Room Temperature.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	3 Days
Clinical Use	Determines Neisseria gonorrhoeae infections
CPT Code(s)	87081

Goose Feathers IgE

Order Name:	GOOSE FEA
Test Number:	3652150
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Goose Feathers IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Gram Stain STAT

Order Name:	**STATGRAM**
Test Number:	**6000700**
Revision Date:	**10/28/2011**
LOINC Code:	**664-3**

TEST NAME	METHODOLOGY
Gram Stain STAT	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Slide**	**Slide Container**	**Room Temperature**
Alternate 1		**Culture**	**Transport media**	**Room Temperature**
Alternate 2		**Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	If culture is also needed, it must be ordered separately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Reveals cellular components of specimen, including bacteria, if any
Notes	Not for routine gram stain reports. Only order if stat reporting is needed.

Grape IgE

Order Name:	**GRAPE**
Test Number:	**5522300**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Grape IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Grapefruit IgE

Order Name:	**GRAPEFRUIT**
Test Number:	**5557825**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Grapefruit IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Grasses Panel

Order Name:	**A GRASS PN**
Test Number:	**5616700**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bermuda Grass IgE	ImmunoCAP
Kentucky Blue Grass IgE	ImmunoCAP
Johnson Grass IgE	ImmunoCAP
Rye Grass Perennial IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.4 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x4

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Green Bean IgE

Order Name:	**GREEN BEAN**
Test Number:	**5597075**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Green Bean IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Green Pea IgE

Order Name:	**PEA GREEN**
Test Number:	**5608775**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Green Pea IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Group A Streptococcus Culture

Order Name:	**C STREP A**
Test Number:	**6000250**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Group A Streptococcus Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Swab**	**Copan eSwab - White (Regular size)**	**Room Temperature**
Alternate 1		**Swab**	**Double Tipped Aerobic Swab (Red)**	**Room Temperature**
Instructions	Swab tonsils or affected area thoroughly. Avoid the tongue. Do not crush ampule of culturette.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	2 Days
Clinical Use	Detects Group A Streptococcus by culture.
CPT Code(s)	87081

Group B Streptococcus Culture

Order Name:	**C STREP B**
Test Number:	**6000255**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Group B Streptococcus Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Swab**	**Copan eSwab - White (Regular size)**	**Room Temperature**
Alternate 1		**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Instructions	Swab vagina, cervix, and/or rectum.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	2 Days
Clinical Use	Detects Group B Streptococcus (GBS)
CPT Code(s)	87081

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Growth Hormone (HGH), Human (Recombinant)

Order Name:	GH R
Test Number:	2022685
Revision Date:	08/29/2011
LOINC Code:	2963-7

TEST NAME	METHODOLOGY
Growth Hormone (HGH), Human (Recombinant)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Separate Serum from Cells FREEZE ASAP! Stability: Room Temperature=N/A, Refrigerated=8hrs, Frozen=2mo. **Patient Must Be Fasting (8 to 10 hours) and on complete bed rest (supine) for at least 30min. prior to specimen collection.**			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri evenings
Expected TAT	1-3 Days
Notes	For those patients who are being monitored with serial Growth Hormone studies, a new crossover study is recommended at no additional charge for one month. Orderable: as "GH REBASE" [2023375] (Do not order both tests).
CPT Code(s)	83003

Guinea Pig Epithelium IgE

Order Name:	GUINEA PIG
Test Number:	3660250
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Guinea Pig Epithelium IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Hackberry Tree IgE

Order Name:	**TREE HACK**
Test Number:	**5520850**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hackberry Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Haddock IgE

Order Name:	**HADDOCK**
Test Number:	**5599185**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Haddock IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Haemophilus influenza Type B Antibody (IgG)

Order Name:	**H FLU B AB**
Test Number:	**3807800**
Revision Date:	**08/15/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Haemophilus influenza Type B Antibody (IgG)	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Separate serum from cells ASAP or within 2 hours of collection and freeze in plastica aliquot tube. Mark specimens clearly as "Pre-Vaccine" or "Post-Vaccine". Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year. (Avoid repeated thawing and freezing)			

GENERAL INFORMATION

Testing Schedule	Sun-sAT
Expected TAT	1-4 Days
CPT Code(s)	86684
Lab Section	Reference Lab

Halibut IgE

Order Name:	**HALIBUT**
Test Number:	**5552250**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Halibut IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Hamster Allergy IgE

Order Name:	**HAMSTER**
Test Number:	**5584325**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hamster Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Haptoglobin

Order Name:	**HAPTOGLOBN**
Test Number:	**5000700**
Revision Date:	**04/27/2011**
LOINC Code:	**4542-7**

TEST NAME	METHODOLOGY
Haptoglobin	Spectrophotometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: RT=4hrs, RF=7days, FZ=2mo.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	A low serum haptoglobin concentration is not specific for hemolysis. Evaluation and diagnosis of hemolytic anemia.
CPT Code(s)	83010

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Hazelnut Food Allergy IgG

Order Name:	**HAZELNUT G**
Test Number:	**5500463**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hazelnut Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

Hazelnut Food IgE

Order Name:	**HAZELNT FD**
Test Number:	**5609975**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hazelnut Food IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Hazelnut Tree American IgE

Order Name:	HAZELNT TR
Test Number:	5518375
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Hazelnut Tree American IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

hCG Qualitative: Beta-subunit Human Chorionic Gonadotropin

Order Name:	HCG PREG
Test Number:	3601450
Revision Date:	05/19/2010
LOINC Code:	2110-5

TEST NAME	METHODOLOGY
hCG Qualitative: Beta-subunit Human Chorionic Gonadotropin	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen must be in original tube. No pour-off tubes.** Specimen stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if not tested within 48 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for diagnosis of pregnancy, investigation of suspected ectopic pregnancy and monitoring in vitro fertilization patients.
Notes	Serum only
CPT Code(s)	84703

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hCG Quantitative: Beta-subunit Human Chorionic Gonadotropin

Order Name:	**HCG QUANT**
Test Number:	**3601425**
Revision Date:	**05/19/2010**
LOINC Code:	**21198-7**

TEST NAME	METHODOLOGY
hCG Quantitative: Beta-subunit Human Chorionic Gonadotropin	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen must be in original tube. No pour-off tubes.** Specimen stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if not tested within 48 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-3 days
Clinical Use	Useful for diagnosis of pregnancy, investigation of suspected ectopic pregnancy and monitoring in vitro fertilization patients.
Notes	Serum only.
CPT Code(s)	84702

hCG Quantitative: Tumor Marker

Order Name:	**HCG TM**
Test Number:	**3600075**
Revision Date:	**09/19/2014**
LOINC Code:	**21198-7**

TEST NAME	METHODOLOGY
hCG Quantitative: Tumor Marker	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen must be in original tube. No pour-off tubes.** Specimen stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if not tested within 48 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-3 days
Clinical Use	Increased levels in men or in nonpregnant women suggest neoplasia. hCG is also useful in the evaluation of men with gynecomastia and boys with isosexual precocious puberty to diagnose testicular malignancies.
CPT Code(s)	84702

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hCG, Urine Qualitative Pregnancy Test

Order Name:	**PREG U**
Test Number:	**1001120**
Revision Date:	**08/26/2014**
LOINC Code:	**2106-3**

TEST NAME	METHODOLOGY
hCG, Urine Qualitative Pregnancy Test	Immunodiffusion

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (1 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Early morning specimen preferred. Refrigerate or deliver to lab immediately. Stability is 48 hours refrigerated.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Used in the diagnosis of pregnancy. These tests should not be used in evaluation of ectopic pregnancy, problem pregnancy, or trophoblastic disease.
CPT Code(s)	81025

HDL Cholesterol

Order Name:	**HDL TEST**
Test Number:	**2001810**
Revision Date:	**06/17/2003**
LOINC Code:	**2085-9**

TEST NAME	METHODOLOGY
HDL Cholesterol	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting 12 hours. Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Monitoring of this analyte is of clinical significance in patient management since HDL cholesterol has a favorable impact on atherosclerosis risk. Decreased levels of HDL cholesterol (< 35 mg/dl) in both males and females indicate increased risk for CHD while values > 60 mg/dl correlate with decreased risk of CHD and are considered protective.
CPT Code(s)	83718

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HE4, Ovarian Cancer Monitoring

Order Name:	**HE4**
Test Number:	**2024067**
Revision Date:	**05/06/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HE4, Ovarian Cancer Monitoring	Chemiluminescent Micropartical Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5mL (0.3mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate 1	**0.5mL (0.3mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Allow to Clot then Remove serum from cells within 30 minutes of collection into plastic aliquot tube and freeze.** Specimen Stability: Room temperature: 48hrs, Refrigerated: 72hrs, Frozen: 28 Days.			
Reference Range	Female Premenopausal: < or = 70 pmol/L Female Postmenopausal: < or = 140 pmol/L			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-6 Days
Clinical Use	The HE4 EIA assay is an enzyme immunoassay for the quantitative determination of human HE4 antigen in serum. HE4 is a biomarker for ovarian cancer.
Notes	Limitations: A clinical study indicated that serial HE4 levels correlated with clinical status (progression vs. no progression) in 70 percent (247/354) of the study participants.
CPT Code(s)	86305
Lab Section	Reference Lab

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Health Services Immunity Panel

Order Name:	**HS IMMUNE**
Test Number:	**5569975**
Revision Date:	**09/21/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Hepatitis B Surface Antibody, IgG	Chemiluminescence Assays	
Rubella Antibody		
Rubeola Immunity (IgG)	Enzyme Immunoassay	20479-2
Mumps Immunity (IgG)	Enzyme Immunoassay	22415-4
Varicella Zoster Immunity (IgG)	Enzyme Immunoassay	19162-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (3mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Assay Depentant
Expected TAT	1-3 Days
Clinical Use	This test is designed for providing the immunity status for healthcare workers or medical students requiring immunity records.
CPT Code(s)	86706, 86762, 86765, 86735, 86787

Heavy Metal Screen Hair

Order Name:	**METAL/HAIR**
Test Number:	**3809450**
Revision Date:	**06/15/2004**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Heavy Metal Screen Hair	Graphite Furnace Atomic Absorbtion Spectroscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**500mg**	**See Instructions**	**See Instructions**	**Room Temperature**
Instructions	Please cut a Pencil thick bundle of hair as close to the scalp as possible. Wrap bundle with twist tie or tape to paper.			

GENERAL INFORMATION

Expected TAT	5-7 Days
Notes	Tests for heavy metals Arsenic, Cadmium, Chromium, Lead, Mercury.
CPT Code(s)	80103, 82175, 82300, 82495, 83655, 83825.
Lab Section	Reference Lab

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Heavy Metals Panel, 24-Hour Urine

Order Name:	**METAL S U**
Test Number:	**3809100**
Revision Date:	**09/23/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Heavy Metals Panel, 24-Hour Urine	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL**	**Urine, 24-hour**	**24 Hour Urine Acid Washed Container**	**Refrigerated**
Instructions	Collect specimen in 24-hour acid washed urine container. To avoid contamination, do not measure 24-hour volume. **Do not pour off unless you have specific acid washed aliquot tubes. Send entire 24-hour acid washed urine container to main lab for processing.** Patient should refrain from eating seafood, or taking mineral and herbal supplements for at least three days prior to specimen collection.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	3 Days
Clinical Use	Panel includes: Arsenic, Mercury, Lead, Creatinine.
CPT Code(s)	83015; 81050
Lab Section	Reference Lab

Heavy Metals Panel, Random Urine

Order Name:	**METAL U RA**
Test Number:	**3810350**
Revision Date:	**09/23/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Heavy Metals Panel, Random Urine	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (3.5)**	**Urine, Random**	**See Instructions**	**Refrigerated**
Instructions	Collect in an Acid Washed, Trace Element Free container. Patient should refrain from eating seafood at least three days prior to specimen collection.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	4 Days
Clinical Use	Panel includes: Arsenic, Mercury, Lead, Creatinine.
CPT Code(s)	82175; 83825; 83655; 82570
Lab Section	Reference Lab

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Heavy Metals Panel, Whole Blood

Order Name:	**METAL SC**
Test Number:	**3806310**
Revision Date:	**06/24/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Arsenic, Whole Blood	Inductively-Coupled Plasma/Mass Spectrometry	5583-0
Mercury, Whole Blood	Inductively-Coupled Plasma/Mass Spectrometry	5685-3
Lead, Whole Blood (Venous)	Inductively-Coupled Plasma/Mass Spectrometry	17052-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7mL (1.5mL)**	**Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Ambient / Refrigerated**
Instructions	Do not spin. DO NOT ALIQUOT SPECIMEN. Patient should refrain from eating seafood and taking herbal supplements at least 3 days prior to sample collection. Collect whole blood in a **Royal Blue - EDTA** tube. Specimens can be sent at Refrigerated or Ambient temperature.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	82175; 83825; 83655
Lab Section	Reference Lab

Heinz Bodies

Order Name:	**HEINZ BODY**
Test Number:	**0102050**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Heinz Bodies	IHC

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (2 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1 Day
Clinical Use	Testing for oxidative hemolysis and certain hemoglobinopathies and thalassemias.
CPT Code(s)	85445

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Helicobacter pylori Antibodies (IgG, IgA, IgM)

Order Name:	**H PYLO GAM**
Test Number:	**5579875**
Revision Date:	**03/05/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Helicobacter pylori Antibodies IgG	Enzyme Immunoassay	
Helicobacter pylori Antibodies IgA	Enzyme Immunoassay	
Helicobacter pylori Antibodies IgM	Enzyme Immunoassay	7903-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.6)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Allow Serum to clot, then separate Serum to Aliquot ASAP - Keep Refrigerated. Specimen Stability: Room temperature= 4 days, Refrigerated= 7 days, Frozen= 30 days.			

GENERAL INFORMATION

Testing Schedule	Tue - Sat
Expected TAT	3-4 Days
Clinical Use	Colonization with H. pylori is associated with increased risk of patients developing gastritis, peptic ulcer disease, and gastric adenocarcinoma. Serologic testing is recommended only for symptomatic patients. Antibodies IgG, IgA, and IgM provide higher sensitivity than any single antibody test alone.
CPT Code(s)	86677X3
Lab Section	Reference Lab

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Helicobacter pylori Antibody (IgM)

Order Name:	**H PYLORI M**
Test Number:	**5579825**
Revision Date:	**02/26/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Helicobacter pylori Antibody (IgM)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 4 days, Refrigerated: 7 days, Frozen: 30 days.			

GENERAL INFORMATION

Testing Schedule	Tue-Sat
Expected TAT	2-5 Days
Clinical Use	Colonization with H. pylori is associated with increased risk of patients developing gastritis, peptic ulcer disease, and gastric adenocarcinoma. Serologic testing is recommended only for symptomatic patients. Antibody IgM may be not be elevated in many infected individuals.
CPT Code(s)	86677
Lab Section	Reference Lab

Helicobacter Pylori Antibody, IgG

Order Name:	**H PYLORI A**
Test Number:	**5577750**
Revision Date:	**06/10/2003**
LOINC Code:	**7902-0**

TEST NAME	METHODOLOGY
Helicobacter Pylori Antibody, IgG	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Wed - Fri
Expected TAT	5 Days
Clinical Use	Serology for Helicobacter pylori may be a useful noninvasive screening test for H. pylori infection.
CPT Code(s)	86677

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Helicobacter pylori Antigen Detection Stool

Order Name:	**HPYLORI AG**
Test Number:	**3502325**
Revision Date:	**10/14/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Helicobacter pylori Antigen Detection Stool	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1-3 g**	**Stool, Random**	**Stool specimen container**	**Frozen**
Instructions	Collect 0.5 mL of liquid/semi-solid stool or 20 mm diameter solid stool and transfer to properly labelled sterile leakproof container. Do not place stool in preservative,transport media or swab. Watery, diarrheal stool is not acceptable. Specimen Stability= Room temperature: 24hr, Refrigerated: 72hr, Frozen: >72hr.			

GENERAL INFORMATION

Testing Schedule	Sets up 5 days a week.
Expected TAT	2-5 Days
Clinical Use	Antimicrobials, proton pump inhibitors, and bismuth preparations inhibit H.pylori and ingestion prior to testing may cause false negative results. If a negative result is obtained for a patient ingesting these compounds within two weeks prior to performing this test, it may be a false negative result and the test should be repeated on a new specimen obtained two weeks after discontinuing treatment.
CPT Code(s)	87338
Lab Section	Reference Lab

Helicobacter pylori Culture

Order Name:	**C H PYLORI**
Test Number:	**6002009**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Helicobacter pylori Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Gastric biopsy**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	10 Days
Clinical Use	Identifies Helicobacter pylori, causative agent of gastric ulcers
CPT Code(s)	87070

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Helminthosporium Halodes IgG4

Order Name:	**HELMINTH G**
Test Number:	**5500461**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Helminthosporium Halodes IgG4	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG4 tests has not been clearly established. Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

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Hematocrit (HCT)

Order Name:	**HCT DET**
Test Number:	**0102100**
Revision Date:	**08/26/2014**
LOINC Code:	**4544-3**

TEST NAME	METHODOLOGY
Hematocrit (HCT)	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	**For best results** Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	The hematocrit is determined to access red cell mass as part of routine testing or in the evaluation of blood loss, anemia, state of hydration, and various polycythemic states.
CPT Code(s)	85014

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Hemoglobin (HGB)

Order Name:	**HGB**
Test Number:	**0102150**
Revision Date:	**08/26/2014**
LOINC Code:	**718-7**

TEST NAME	METHODOLOGY
Hemoglobin (HGB)	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	For best results: Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 48hrs. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Hemoglobin levels are performed in order to determine the oxygen carrying capacity of blood, and to assess anemia, polycythemia, and their response to therapy. Decreased hemoglobin is caused by anemia of all types. Hemoglobin concentration is also decreased with fluid reconsititution, edematous states, and pregnancy.
CPT Code(s)	85018

Hemoglobin A1C (Glycosylated)

Order Name:	**A1C HPLC**
Test Number:	**5002400**
Revision Date:	**06/02/2014**
LOINC Code:	**4548-4**

TEST NAME	METHODOLOGY
Hemoglobin A1C (Glycosylated)	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Patient does not need to be fasting. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 days
Clinical Use	Useful for assessing the average blood glucose level for the two months preceding the assay.
CPT Code(s)	83036

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Hemoglobin Electrophoresis

Order Name:	**HGB ELECT**
Test Number:	**5000775**
Revision Date:	**05/20/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Hemoglobin Electrophoresis	Alkaline Gel Hemoglobin Electrophoresis	43113-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (4.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	**Pediatric Minium Volume is Two Full EDTA Microtainers (approx. 1mL).** Well mix microtainers by gently inverting them up to 10 times. Please provide a full tube for best results. Specimen stability: Ambient= 24 hours, refrigerated= 5 days.			

GENERAL INFORMATION

Testing Schedule	MON, WED, FRI
Expected TAT	7 Days
Clinical Use	Alkaline Gel Hemoglobin Electrophoresis is used to identify a large number of hemoglobin variants.
Notes	Additional High Performance Liquid Chromatography (HPLC) testing may be required to completely identify some hemoglobin variants. See test "HGBOP HPLC" for more information.
CPT Code(s)	83020; 80500

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Hemoglobin/Hematocrit (HGB/HCT)

Order Name:	**HGB HCT**
Test Number:	**0102225**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Hematocrit (HCT)	Flow cytometry	4544-3
Hemoglobin (HGB)	Flow cytometry	718-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	For best results: Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 48hrs. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Hemoglobin levels are performed in order to determine the oxygen carrying capacity of blood, and to assess anemia, polycythemia, and their response to therapy. Decreased hemoglobin is caused by anemia of all types. Hemoglobin concentration is also decreased with fluid reconsititution, edematous states, and pregnancy.
CPT Code(s)	85014, 85018

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Hemoglobinopathy Evaluation by HPLC

Order Name:	**HGBOP HPLC**
Test Number:	**0105575**
Revision Date:	**10/12/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Red Blood Cell Count		
Hemoglobin		718-7
Hematocrit		
Hemoglobin A1	High Performance Liquid Chromatography	
Hemoglobin A2	High Performance Liquid Chromatography	
Fetal Hemoglobin	High Performance Liquid Chromatography	
Abnormal Hemoglobins	High Performance Liquid Chromatography	
Interpretation		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**5 mL (0.5)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Refrigerated**
Instructions	5 mL Whole blood from EDTA (lavender-top) or (preferred) Sodium heparin (green-top). Patient age and ethnicity are necessary for proper interpretation. Blood transfusions within the last 4 months may affect results. Stability: Room temperature: 72 Hours, Refrigerated: 6 Days, Frozen: Unacceptable			

GENERAL INFORMATION

Testing Schedule	Tue-Sat
Expected TAT	3-5 Days
Clinical Use	To quantitate hemoglobin variants found in myelodysplasia or thalassemia.
Notes	This hemoglobinopathy evaluation examines specimens for common variant hemoglobins such as S and C as well as most other less common variant hemoglobins.
CPT Code(s)	85041, 85018, 85014, 83021
Lab Section	Reference Lab

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Hemosiderin, Urine

Order Name:	**HEMOSDRN U**
Test Number:	**1000750**
Revision Date:	**08/26/2014**
LOINC Code:	**17783-2**

TEST NAME	METHODOLOGY
Hemosiderin, Urine	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Early morning specimens preferred. Refrigerate or deliver to lab immediately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	83070

Heparin Induced Platelet Antibody

Order Name:	**HEPARIN AB**
Test Number:	**5566580**
Revision Date:	**05/22/2008**
LOINC Code:	**57761-9**

TEST NAME	METHODOLOGY
Heparin Induced Platelet Antibody	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Centrifuge, separate and freeze serum			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	The heparin platelet antibody test is designed to detect antibodies against platelet factor 4 (PF4) that are created when PF4 is complexed with heparin for heparin induced thrombocytopenia (HIT).
CPT Code(s)	86022

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Hepatic Function Panel

Order Name:	**LIVER PNL**
Test Number:	**2006125**
Revision Date:	**05/13/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Alanine Transaminase (ALT)	Enzymatic	1742-6
Albumin	BCG	1751-7
Alkaline Phosphatase	Enzymatic	6768-6
Aspartate Transaminase (AST)	Enzymatic	1920-8
Bilirubin Direct	Diazo	1968-7
Bilirubin Total	Jendrassik-Grof	1975-2
Protein Total	Biuret	2885-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 72 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	See detail tests.
CPT Code(s)	80076

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Hepatitis A Antibody (HAV), IgM

Order Name:	**HEP A M AB**
Test Number:	**3603500**
Revision Date:	**06/27/2007**
LOINC Code:	**22314-9**

TEST NAME	METHODOLOGY
Hepatitis A Antibody (HAV), IgM	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Sun - Sat
Expected TAT	1-2 Days
Clinical Use	IgM antibody to HAV is almost always detectable by onset of symptoms. The IgM anti-HAV is generally undetectable by 3-6 months after an HAV infection.
Notes	Click here for interpretive data page for Hepatitis testing in our Specialized Testing section.
CPT Code(s)	86709

Hepatitis A Total Antibody

Order Name:	**HEP A T AB**
Test Number:	**3803603**
Revision Date:	**03/03/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis A Total Antibody Index	Chemiluminescence Assays
Hepatitis A Total Antibody Interpretation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Reference Range •				

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 Days
CPT Code(s)	86708

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Hepatitis B Core IgM Antibody

Order Name:	**HEP BCOR M**
Test Number:	**5553650**
Revision Date:	**06/27/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis B Core IgM Antibody	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Absoulte minimum is 2 mL serum or plasma. Specimen stability: Room Temp = 8 hours; Refrigerated = 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	1-2 Days
Clinical Use	Useful in the diagnosis of Hepatitis B infection and differentiating between acute and chronic Hepatitis B infection when used in conjunction with Hepatitis B core IgG.
Notes	Click here for interpretive data page for Hepatitis testing in our Specialized Testing section.
CPT Code(s)	86705

Hepatitis B Core Total Antibody

Order Name:	**HEP BCOR T**
Test Number:	**3603253**
Revision Date:	**03/03/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis B Core Total Antibody Index	Chemiluminescence Assays
Hepatitis B Core Total Antibody Interpretation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-2 Days
CPT Code(s)	86704

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Hepatitis B Quantitative Viral Load, PCR

Order Name:	**HEP B PCR**
Test Number:	**5592525**
Revision Date:	**12/13/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis B Quantitative Viral Load, PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (2.5mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate 1	**3mL (2.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
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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Hepatitis B Surface Antibody, IgG

Order Name:	**HEP AB BS**
Test Number:	**3611850**
Revision Date:	**06/27/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis B Surface Antibody, IgG	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Room Temp = 8 hours; Refrigerated = 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 Days
Clinical Use	Determine immunity to Hepatitis B virus.
Notes	Click here for interpretive data page for Hepatitis testing in our Specialized Testing section.
CPT Code(s)	86706

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Hepatitis B Surface Antigen

Order Name:	**HEP AG BS**
Test Number:	**3603000**
Revision Date:	**06/27/2007**
LOINC Code:	**5195-3**

TEST NAME	METHODOLOGY
Hepatitis B Surface Antigen	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Room Temp = 8 hours; Refrigerated = 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	24 Hrs
Clinical Use	First serologic marker appearing in the serum 6-16 weeks following hepatitis B infection and until acute infection disappears 1-2 months after onset of symptoms. Persistence of HbsAg after more than 6 months indicates development of chronic carrier state or chronic liver disease.
Notes	Click here for interpretive data page for Hepatitis testing in our Specialized Testing section.
CPT Code(s)	87340

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Hepatitis Be Antibody

Order Name:	**HEP BE AB**
Test Number:	**5502910**
Revision Date:	**10/12/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis Be Antibody	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Plasma is no longer acceptable..!			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-3 Days
CPT Code(s)	86707
Lab Section	Reference Lab

Hepatitis Be Antigen

Order Name:	**HEP BE AG**
Test Number:	**3602923**
Revision Date:	**03/03/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis Be Antigen Index	Chemiluminescence Assays
Hepatitis Be Antigen Interpretation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 Days
CPT Code(s)	87350

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Hepatitis C Analyzer

Order Name:	**HEP C AN**
Test Number:	**5590855**
Revision Date:	**06/09/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis C Analyzer	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Serum and Plasma**	**See Instructions**	**See Instructions**

Instructions

Two Specimens are Required for this Analyzer.

Specimen 1 - for the Hepatitis C Antibody
4mL(2mL) Serum from Clot Activator SST (Red/Gray or Tiger Top) Keep Refrigerated.

Specimen 2 - for possible HCV Quantitative Viral Load by PCR
6mL(2.5mL) Plasma from EDTA (Lavender Top) Frozen.
Separated into Two 2.5mL to 3.0mL EDTA Plasma Frozen Aliquots. Centrifuge specimen and separate plasma from cells, then transfer 2.5mL plasma into two sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	1-2 Days
Clinical Use	Positive Hepatitis C Antibody will order the following test for viral load determination. **Hepatitis C Quantitative Viral Load, PCR [5593950] HCV QT PCR**
CPT Code(s)	86803 (possible 87522 for HCV Quatitative Viral Load by PCR)

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Hepatitis C Antibody (HCV Ab)

Order Name:	**HEP C AB**
Test Number:	**5590850**
Revision Date:	**06/25/2014**
LOINC Code:	**16128-1**

TEST NAME	METHODOLOGY
Hepatitis C Antibody (HCV Ab)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Room Temp = 8 hours; Refrigerated = 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	1-2 Days
Clinical Use	Seroconversion generally occurs by 10 weeks following exposure.
Notes	Click here for interpretive data page for Hepatitis testing in our Specialized Testing section.
CPT Code(s)	86803

Hepatitis C Genotype

Order Name:	**HCV GENO**
Test Number:	**5594650**
Revision Date:	**09/09/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis C Genotype	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6 mL (2.5 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**6mL EDTA Plasma - Separated into Two 2.5-3.0mL EDTA Plasma Frozen Aliquots.** Centrifuge specimen and separate plasma from cells, then transfer 3mL plasma into two sterile, plastic, aliquot tubes. (Minimum volume two 2mL aliquots). **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION

Testing Schedule	Set up Thurdsay, Reports following Friday
Expected TAT	9 Days
Clinical Use	HCV viral genotype is used to predict the likelihood of therapeutic response and determine duration of treatment.
Notes	Patient must have a viral load of > 500 IU/mL for Genotype to be determined.
CPT Code(s)	87902

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Hepatitis C Qualitative PCR

Order Name:	**HCV QL PCR**
Test Number:	**5597425**
Revision Date:	**02/07/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis C Qualitative PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6 mL (2.5 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**6mL EDTA Plasma - Separated into Two 2.5-3.0mL EDTA Plasma Frozen Aliquots.** Centrifuge specimen and separate plasma from cells, then transfer 2mL plasma into two sterile, plastic, aliquot tubes. (minimum volume: 0.6mL). **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION

Testing Schedule	Set up Monday, Reports Tuesday
Expected TAT	5-7 Days
Clinical Use	Confirmation of infection of HCV. The PCR linear range is 12 to 100,000,000 IU/mL (1.08 to 8.00 Log IU/mL).
CPT Code(s)	87521

Hepatitis C Quantitative Viral Load, PCR

Order Name:	**HCV QT PCR**
Test Number:	**5593950**
Revision Date:	**02/07/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
HCV PCR Quantitative IU/mL	Polymerase Chain Reaction	11011-4
HCV PCR Quantitative Log IU/mL	Polymerase Chain Reaction	38180-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6 mL (2.5 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**6mL EDTA Plasma - Separated into Two 2.5mL to 3.0mL EDTA Plasma Frozen Aliquots.** Centrifuge specimen and separate plasma from cells, then transfer 2.5mL plasma into two sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION

Testing Schedule	Set up Monday, Reports Tuesdays and Fridays
Expected TAT	5-7 Days
Clinical Use	To determine the viral load of HCV. The PCR linear range is 12 to 100,000,000 IU/mL (1.08 to 8.00 Log IU/mL).
CPT Code(s)	87522

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Hepatitis C RNA Quantitative PCR with reflex to Genotyping

Order Name:	**HCV Q+GENO**
Test Number:	**5594677**
Revision Date:	**02/10/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
HCV PCR Quantitative IU/mL	Polymerase Chain Reaction	11011-4
HCV PCR Quantitative Log IU/mL	Polymerase Chain Reaction	38180-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6 mL (3 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**6mL EDTA Plasma** - Separated into **Two 2.5mL to 3.0mL EDTA Plasma Frozen Aliquots.** Centrifuge specimen and separate plasma from cells, then transfer 2.5mL plasma into two sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION

Testing Schedule	Initial testing is set up Monday, Reports Tuesday
Expected TAT	5-7 Days
Clinical Use	HCV RNA viral genotype is used to predict the likelihood of therapeutic response and determine duration of treatment. **HCV genotype testing will be performed only if an HCV viral load is detected via PCR testing.** The linear range is 12 to 100,000,000 IU/mL (1.08 to 8.00 Log IU/mL).
Notes	Assay Schedule: HCV Quantitative: Dayshift- Set up on Monday and reported on Tuesday. HCV Genotype: Dayshift- Set up on Wednesdays and reported on Thursdays.
CPT Code(s)	87522 (w/ possible 87902 for genotype)

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Hepatitis Delta IgM Antibody

Order Name:	**HEP DELTA**
Test Number:	**5516450**
Revision Date:	**05/05/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis Delta IgM Antibody	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Tue
Expected TAT	3-8 Days
Clinical Use	Hepatitis D virus (HDV) infection occurs in association with HBV infection. A positive result for HDV total antibody may indicate either acute or chronic HDV infection. HDV antibodies appear transiently during acute infection, and typically disappear with resolution of the infection. In contrast, HDV antibodies usually persist in chronic infection. Measurement of HDV IgM may help distinguish acute from chronic infection.
Lab Section	Reference Lab

Hepatitis E Antibodies IgM & IgG

Order Name:	**HEP E AB**
Test Number:	**3603480**
Revision Date:	**02/15/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis E Antibodies IgM & IgG	Enzyme 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)**	**Frozen**
Instructions	Serum should be removed from cells promptly after collection and transferred to a plastic tube.			

GENERAL INFORMATION

Testing Schedule	Sets up once a week.
Expected TAT	3-9 Days
CPT Code(s)	86790x2
Lab Section	Reference Lab

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Hepatitis E Antibody IgM

Order Name:	**HEP E IGM**
Test Number:	**3606275**
Revision Date:	**02/15/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hepatitis E Antibody IgM	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Serum should be removed from cells promptly after collection and transferred to a plastic tube.			

GENERAL INFORMATION

Testing Schedule	Sets up once a week.
Expected TAT	3-9 Days
CPT Code(s)	86790
Lab Section	Reference Lab

Hepatitis Panel, Dialysis

Order Name:	**DIAL HEP**
Test Number:	**3612100**
Revision Date:	**08/15/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Hepatitis B Surface Antibody, IgG	Chemiluminescence Assays	
Hepatitis B Surface Antigen	Chemiluminescence Assays	5195-3
Hepatitis C Antibody (HCV Ab)	Chemiluminescence Assays	16128-1

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 Days
CPT Code(s)	86706; 86803; 87430

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Hepatitis, Viral Profile

Order Name:	**HEP PROF**
Test Number:	**3603100**
Revision Date:	**12/04/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Hepatitis A Antibody (HAV), IgM	Chemiluminescence Assays	22314-9
Hepatitis B Core IgM	Chemiluminescence Assays	31204-1
Hepatitis B Surface Antigen	Chemiluminescence Assays	5195-3
Hepatitis C Antibody (HCV Ab)	Chemiluminescence Assays	16128-1

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Room Temp = 8 hours; Refrigerated = 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	1-2 Days
CPT Code(s)	80074

Hereditary Hemochromatosis DNA Mutation Analysis

Order Name:	**HEMOCH DNA**
Test Number:	**5574075**
Revision Date:	**01/01/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hereditary Hemochromatosis DNA Mutation Analysis	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	7-13 Days
Clinical Use	Hereditary Hemochromatosis is an autosomal recessive disease that results in an abnormal build-up of iron in the body. The C282Y and H63D are among the most common mutations in patients with hereditary hemochromatosis. Penetrance of the mutations (phenotypic disease), including by individuals with compound heterozygous mutations, is variable.
CPT Code(s)	81256 (2013 code)
Lab Section	Reference Lab

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Herpes Select 1 and 2 Antibody IgG

Order Name:	**HERPESELEC**
Test Number:	**3630375**
Revision Date:	**03/13/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
HSV 1 IgG	Enzyme Immunoassay	5206-8
HSV 2 IgG	Enzyme Immunoassay	5209-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours, Refrigerated < 8 hours.			

GENERAL INFORMATION

Testing Schedule	Tue - Thur
Expected TAT	7 Days
Clinical Use	To determine the HSV type to which the patient had been exposed, HSV1 and/or 2 or neither.
CPT Code(s)	86695, 86696

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Herpes Simplex Antibodies

Order Name:	**HERPE1/2MG**
Test Number:	**5563985**
Revision Date:	**04/20/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Herpes Simplex 1 and 2 IgM Antibody	Enzyme Immunoassay	41399-7
Herpes Simplex 1 IgG Antibody	Enzyme Immunoassay	5206-8
Herpes Simplex 2 IgG Antibody	Enzyme Immunoassay	5209-2

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	3 Days
Clinical Use	For the detection of a current, recent or post infection with HSV1 and/or HSV2.
CPT Code(s)	86694, 86695, 86696

Herpes Simplex Culture

Order Name:	**C HERPES**
Test Number:	**6000455**
Revision Date:	**11/25/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Herpes Simplex Culture	Shell Vial Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Viral Transport Media**	**On Ice**
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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Herpes Simplex Virus 1 and 2 (HSV), DNA, PCR

Order Name:	**HSV PCR QL**
Test Number:	**5586635**
Revision Date:	**09/09/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Herpes Simplex Virus, Type 1 DNA	Polymerase Chain Reaction	16130-7
Herpes Simplex Virus, Type 2 DNA	Polymerase Chain Reaction	16131-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.3mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 1	**2mL (0.3mL)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**2mL (0.3mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

Instructions

Indicate Specimen Source on the Specimen Container.

Separate Serum/Plasma from Cells w/in 2hrs of Draw into plastic aliquot containter, Keep Refrigerated.

Swab specimens must be placed in M4 Viral Transport Media - Keep Refrigerated.

Other acceptable sample types are: Cerebrospinal fluid, Amniotic fluid, Random clean catch urine with no preservative, Pleural fluid, Pericardial fluid, Vitreous fluid in a Sterile leak-proof container. **Please keep all specimens refrigerated**!

Specimen Stability: Room temperature = 48 hours; Refrigerated = 7 Days; Frozen = 1 Month.

GENERAL INFORMATION

Testing Schedule	Dayshift- Mon, Wed, Fri
Expected TAT	2-3 Days
CPT Code(s)	87529X2

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Herpes Simplex Virus Typing

Order Name:	**HERPES TYP**
Test Number:	**6002200**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Herpes simplex typing 1		44475-2
Herpes simplex typing 2		44502-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Slide**	**Slide Container**	**Room Temperature**
Instructions	Slides of cells from lesion, collected by physician			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	2 Days
Clinical Use	Identifies presence or absence of Herpes simplex in slide sample. If present, classifies as Type I or Type II.
CPT Code(s)	87273; 87274

Herpesvirus 6 (HHV-6) Antibody, IgG

Order Name:	**HERP 6 AB**
Test Number:	**5594115**
Revision Date:	**04/27/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Herpesvirus 6 IgG	Enzyme-Linked Immunosorbent Assay	5211-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Please mark specimen plainly as **acute** or **convalescent.** Stability after separation from cells: Ambient= 2 days, Refrigerated= 2 weeks, Frozen= 1 year.			

GENERAL INFORMATION

Testing Schedule	Tue, Thu
Expected TAT	2-6 Days
Notes	Acute and convalescent specimens must be labeled as such; parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.
CPT Code(s)	86790
Lab Section	Reference Lab

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Herpesvirus 6 DNA, Quantitative PCR

Order Name:	**HHV6 PCR**
Test Number:	**5585735**
Revision Date:	**01/21/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Herpesvirus 6 DNA, Quantitative PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.3 mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2		**See Instructions**	**See Instructions**	
Instructions	**EDTA Whole Blood or Bond Marrow**: Do Not Centrifuge, leave as Whole Blood or Bone Marrow, Keep Refrigerated. Specimen Stability (Whole blood or Bone marrow): Room temperature: 48 hours, Refrigerated: 7 days, Frozen: Unacceptable. **EDTA Plasma, Serum or CSF**: Separate Plasma and Serum into plastic aliquot tube within 2hrs of collection. Keep CSF and BAL in a sterile screwtop container Refrigerated. Specimen Stability (Plasma or Serum or CSF Bronchial alveolar lavage (BAL)/wash or Urine): Room temperature: 48 hours, Refrigerated: 7 days, Frozen: 30 days.			

GENERAL INFORMATION

Testing Schedule	Mon-Sun
Expected TAT	2-4 Days
CPT Code(s)	87533
Lab Section	Reference Lab

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Herring IgE

Order Name:	**HERRING**
Test Number:	**5518890**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Herring IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Hickory Nut IgE

Order Name:	**HICKORY NU**
Test Number:	**5516065**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hickory Nut IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Histamine, 24-Hour Urine

Order Name:	**HISTAMI U**
Test Number:	**3808750**
Revision Date:	**11/29/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Histamine, 24-Hour Urine	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect specimen in a 24-hour urine container with 10ml 6N HCl. Avoid direct sunlight. Avoid taking allergy causing drugs, antihistamines, oral corticosteroids and substances which block H2 receptors 24 hours prior to collection. Specimen Stability: Room temperature= 48 Hour; Refrigerated= 14 Day; Frozen= 14 Day.			

GENERAL INFORMATION

Testing Schedule	Tues, Fri
Expected TAT	3-5 Days
CPT Code(s)	83088
Lab Section	Reference Lab

Histamine, Plasma

Order Name:	**HISTAMIN**
Test Number:	**3630650**
Revision Date:	**11/29/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Histamine, Plasma	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	Centrifuge immediately and freeze in plastic vial. Avoid taking antihistamines, oral corticosteroids and substances which block H2 receptors 24 hours prior to collection. Specimen Stability: Room temperature= 24 Hour; Refrigerated= 24 Hour; Frozen= 7 Day.			

GENERAL INFORMATION

Testing Schedule	Tues, Fri
Expected TAT	3 Days
Clinical Use	Histamine is a mediator of the allergic response. Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of Histamine.
CPT Code(s)	83088
Lab Section	Reference Lab

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Histone Antibodies

Order Name:	**HISTONE AB**
Test Number:	**5564350**
Revision Date:	**06/07/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Histone Antibodies	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
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
Lab Section	Reference Lab

Histoplasma Antibody, Complement Fixation

Order Name:	**HISTO CF**
Test Number:	**5522700**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Histoplasma Antibody, Complement Fixation	Complement Fixation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 Days
CPT Code(s)	86698X2
Lab Section	Reference Lab

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Histoplasma Quantitative Antigen EIA, Serum

Order Name:	**HISTO AG S**
Test Number:	**5541775**
Revision Date:	**04/02/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Histoplasma Quantitative Antigen EIA, Serum	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Reference Range: - Reference interval: None Detected. - Results reported as ng/mL in 0.40 - 3.90 ng/mL: Low Positive. - Results reported as ng/mL in 4.00 - 19.00 ng/mL: Moderate Positive. - Results reported as ng/mL in > 19.00 ng/mL: High Positive. Results above the limit of detection but below 0.40 ng/mL are reported as ***Positive, Below the Limit of Quantification***. Results above 19 ng/mL are reported as ***Positive, Above the Limit of Quantification***.
CPT Code(s)	87385
Lab Section	Reference Lab

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Histoplasma Quantitative Antigen EIA, Urine

Order Name:	**HISTO AG U**
Test Number:	**5541750**
Revision Date:	**04/02/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Histoplasma Quantitative Antigen EIA, Urine	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.5mL)**	**Urine, Random**	**Sterile Urine container**	**Room Temperature**
Instructions	Unacceptable Specimens: Samples in transport media; Samples in cyto ThinPrep; Specimens with particulate matter or viscosity.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Reference Range: - Reference interval: None Detected. - Results reported as ng/mL in 0.40 - 3.90 ng/mL: Low Positive. - Results reported as ng/mL in 4.00 - 19.00 ng/mL: Moderate Positive. - Results reported as ng/mL in > 19.00 ng/mL: High Positive. Results above the limit of detection but below 0.40 ng/mL are reported as ***Positive, Below the Limit of Quantification***. Results above 19 ng/mL are reported as ***Positive, Above the Limit of Quantification***.
CPT Code(s)	87385
Lab Section	Reference Lab

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HIV Type 1/O/2 Antibodies

Order Name:	**HIV 1/O/2**
Test Number:	**5670000**
Revision Date:	**11/06/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HIV Type 1/O/2 Antibodies	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Original specimen tube only**, pour off samples will be rejected. Specimens arriving in lab section before 10pm will be tested that day. Original specimen stability: Room temperature=24 hrs; Refrigerated=7 days.			

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	2-5 Days
Clinical Use	This chemiluminescent assay for the detection of antibodies to human immunodeficiency virus type 1, including subtype O and type 2 (HIV 1/O/2).
CPT Code(s)	86703

HIV-1 Antibody, Western Blot

Order Name:	**WESTRN BLT**
Test Number:	**5512375**
Revision Date:	**01/11/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HIV-1 Antibody, Western Blot	Western Blot

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**NOTE: Please send Serum in the Original Collection Tube** if sending a specimen to RML for confirmation of HIV serology testing performed at your laboratory. **Do not send glass tubes.**			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-3 Days
CPT Code(s)	86689
Lab Section	Reference Lab

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HIV-1 Genotyping

Order Name:	**HIV GENOTY**
Test Number:	**9102575**
Revision Date:	**06/13/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Protease Gene Mutations	Polymerase Chain Reaction
Reverse Transcriptase Mutations	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.6)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	Centrifuge specimen and separate plasma from cells, then transfer plasma to capped sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	7-10 Days
Clinical Use	Used in monitoring HIV drug resistance.
CPT Code(s)	87901
Lab Section	Reference Lab

HIV-1 RNA, Qualitative PCR

Order Name:	**HIV QL PCR**
Test Number:	**5595325**
Revision Date:	**02/10/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HIV-1 RNA, Qualitative PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.5 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**NEW COLLECTION REQUIREMENTS** **2mL(1.5) EDTA Plasma - Separated and Freeze plasma in plastic aliquot tube within 2 hrs of collection.**			

GENERAL INFORMATION

Testing Schedule	Set up on Tuesday, Reports on Wednesday
Expected TAT	5-7 Days
Clinical Use	To diagnose infection. Linear range: 40 to 10,000,000 copies/mL (1.60 to 7.00 Log copies/mL).
CPT Code(s)	87535

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HIV-1 RNA, Quantitative Viral Load PCR

Order Name:	**HIV QT PCR**
Test Number:	**5595435**
Revision Date:	**05/13/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HIV-1 RNA Quantitative copies/mL	Polymerase Chain Reaction
HIV-1 RNA Quantitative Log copies/mL	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1.1 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	6mL EDTA Plasma - Separated into Two 2.5mL to 3.0mL EDTA Plasma Frozen Aliquots. Please make two Aliquots. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION

Testing Schedule	Set up Tuesday, Reports Wednesday
Expected TAT	5-7 Days
Clinical Use	Determine viral load of patient. Linear range: 40 to 10,000,000 copies/mL (1.60 to 7.00 Log copies/mL).
CPT Code(s)	87536

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HLA A,B Typing

Order Name:	**HLA AB**
Test Number:	**9709200**
Revision Date:	**02/25/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HLA A,B Typing	PCR-SSO

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5 mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate 1	**10 mL (5 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	A separate ACD (yellow-top) or EDTA (lavender-top) tube must be submitted for all HLA testing. If submitted with any other test requiring an ACD or EDTA tube, please submit a separate tube for this test. Do not open tube. Specimen Stability: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	5 days after setup
CPT Code(s)	81373x2
Lab Section	Reference Lab

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HLA A,B,C Typing

Order Name:	**HLA ABC**
Test Number:	**9709202**
Revision Date:	**02/25/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HLA A,B,C Typing	PCR-SSO

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5 mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate 1	**10 mL (5 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	A separate ACD (yellow-top) or EDTA (lavender-top) tube must be submitted for all HLA testing. If submitted with any other test requiring an ACD or EDTA tube, please submit a separate tube for this test. Do not open tube. Specimen Stability: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	5 days after setup
CPT Code(s)	81372
Lab Section	Reference Lab

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HLA A29 typing

Order Name:	**HLA A29**
Test Number:	**9709212**
Revision Date:	**08/15/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HLA A29 Typing	Molecular HLA

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5 mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Instructions	A separate ACD (yellow-top) or EDTA (lavender-top) tube must be submitted for all HLA testing. If submitted with any other test requiring an ACD or EDTA tube, please submit a separate tube for this test. Do not open tube. Specimen Stability: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	5 days after setup
Clinical Use	Birdshot retinochoroidopathy (BSCR) is a rare posterior uveitis characterized by distinctive, multiple, hypopigmented choroidal and retinal lesions. More than 97% of BSCR patients carry HLA-A29. The frequency of HLA-A29 in the general US population is 8%. Together with clinical manifestations, HLA-A29 typing is used for diagnosis of BSCR.
CPT Code(s)	81374
Lab Section	Reference Lab

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HLA B27 Antigen

Order Name:	**HLA B27**
Test Number:	**5580000**
Revision Date:	**03/07/2012**
LOINC Code:	**26028-1**

TEST NAME	METHODOLOGY
HLA B27 Antigen	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4.5 mL**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	**Deliver to laboratory (flow cytometry) ASAP.** Do NOT centrifuge or refrigerate; collect Monday through Friday only. Specimen must be in lab by Friday afternoon or collect sample on Monday.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 Days
Clinical Use	Assist in the diagnosis of ankylosing spondylitis.
CPT Code(s)	86812

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HLA C Typing

Order Name:	**HLA C**
Test Number:	**9709204**
Revision Date:	**02/25/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HLA C Typing	PCR-SSO

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5 mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate 1	**10 mL (5 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	A separate ACD (yellow-top) or EDTA (lavender-top) tube must be submitted for all HLA testing. If submitted with any other test requiring an ACD or EDTA tube, please submit a separate tube for this test. Do not open tube. Specimen Stability: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	5 days after setup
CPT Code(s)	81373
Lab Section	Reference Lab

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HLA DR/DQ Typing

Order Name:	**HLA DR/DQ**
Test Number:	**9709206**
Revision Date:	**02/25/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HLA DR/DQ Typing	PCR-SSO

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5 mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate 1	**10 mL (5 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	A separate ACD (yellow-top) or EDTA (lavender-top) tube must be submitted for all HLA testing. If submitted with any other test requiring an ACD or EDTA tube, please submit a separate tube for this test. Do not open tube. Specimen Stability: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	5 days after setup
CPT Code(s)	81375
Lab Section	Reference Lab

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HLA Typing for Celiac Disease (DQ2,DQ8)

Order Name:	**HLA CELIAC**
Test Number:	**9709208**
Revision Date:	**08/15/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HLA Typing for Celiac Disease (DQ2,DQ8)	PCR-SSO

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5 mL)**	**Whole Blood**	**ACD Solution A (Yellow Top - Glass)**	**Room Temperature**
Instructions	A separate ACD Solution A (yellow-top) must be submitted for all HLA testing. If submitted with any other test requiring an ACD, please submit a separate tube for this test. Do not open tube. ACD Solution B is not acceptable. Specimen Stability: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	5 days after setup
CPT Code(s)	81383x2; 81377x2
Lab Section	Reference Lab

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Homocysteine

Order Name:	**HOMOCYS**
Test Number:	**2004575**
Revision Date:	**12/12/2005**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Homocysteine	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Alternate 1	**2 mL (1.0)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 2	**2 mL (1.0)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	Place specimen on ice immediately after drawing and keep on ice until centrifugation. **Freeze plasma or serum specimen ASAP.**			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-3 days
Clinical Use	HCY represents the main biochemical marker of several primary and secondary disorders of methionine metabolism. HCY has been linked as an independent predictor of cardiovascular disease.
CPT Code(s)	83090

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Homovanillic Acid, 24-Hour Urine

Order Name:	HVA
Test Number:	3618150
Revision Date:	05/16/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Homovanillic Acid, 24-Hour Urine	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect 24-hour urine in a 24-hour urine container with 15 g of boric acid or 25 mL of 6N HCl to maintain a pH below 3. Urine without preservative is acceptable if pH is below 6 and the sample is shipped frozen. Record 24-hour urine volume on test request form and urine vial. 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. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection.			

GENERAL INFORMATION

Testing Schedule	Tues-Wed, Fri-Sat
Expected TAT	3 Days
CPT Code(s)	83150; 82565
Lab Section	Reference Lab

Honey IgE

Order Name:	HONEY
Test Number:	5578350
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Honey IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Honeybee IgE

Order Name:	**HONEYBEE**
Test Number:	**5514450**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Honeybee IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Hops IgE

Order Name:	**HOPS**
Test Number:	**5519825**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hops IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Horse Dander IgE

Order Name:	**HORSE DAND**
Test Number:	**5609375**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Horse Dander IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

House Dust (Holister/stier H2) IgE

Order Name:	**HOUSE DUST**
Test Number:	**5609675**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
House Dust (Holister/stier H2) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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HPV (Human Papillomavirus), 16/18 Genotype

Order Name:	**HPV 16/18**
Test Number:	**1516350**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HPV (Human Papillomavirus), 16/18 Genotype	INVADER

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Below**	**Tissue**	**SurePath Liquid Pap Container (Pap Prep)**	**Room Temperature**
Alternate 1	**See Below**	**Tissue**	**CytoRich Preservative Vial**	**Room Temperature**
Instructions	The SurePath Prep Preservative Vial and Rover Cervical Brush are available upon request. Additional Rover Endocervical brushes are also available. The SurePath Preservative Vial should be labeled with the patient's name. The cervix brush should be inserted into the endocervical canal. Apply gentle pressure until the bristles form against the cervix. Maintaining gentle pressure, hold the stem between the thumb and forefinger and rotate the brush Five times in a clockwise direction. Gently remove the brush from the endocervical canal and disconnect the entire brush head from the stem and place it into the CytoRich preservative vial. Cap and label the vial with the patients name. If the endocervical brush is used, it should also be disconnected and placed into the same CytoRich preservative vial as the cervix brush. The endocervical brush should never be used by itself.			

GENERAL INFORMATION

Testing Schedule	Mon, Tue and Thr
Expected TAT	2-5 days
Clinical Use	Recent data reports HPV 16 and 18 subtyping as a powerful tool in predicting risk for significant dysplasia, especially in women over the age of 30. This test may be requested as a reflex order in conjunction with the reflex HPV High Risk screening assay; such that it will be performed only in cases that are positive for high risk HPV screening (includes multiple high risk HPV subtypes). Subtyping for HPV 16 and 18, if ordered as a reflex test, will only be performed if indicated. Alternatively, for previous HPV High Risk positive patients, it may be ordered as a stand alone test on the Sure Path specimen with or without an accompanying Pap smear order.
CPT Code(s)	87625

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HPV (Human Papillomavirus), High Risk typing

Order Name:	**HPVPAPHI**
Test Number:	**5522575**
Revision Date:	**01/19/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HPV (Human Papillomavirus), High Risk typing	INVADER

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Below**	**Tissue**	**SurePath Liquid Pap Container (Pap Prep)**	**Room Temperature**
Alternate 1	**See Below**	**Tissue**	**CytoRich Preservative Vial**	**Room Temperature**
Instructions	The SurePath Prep Preservative Vial and Rover Cervical Brush are available upon request. Additional Rover Endocervical brushes are also available. The SurePath Preservative Vial should be labeled with the patient's name. The cervix brush should be inserted into the endocervical canal. Apply gentle pressure until the bristles form against the cervix. Maintaining gentle pressure, hold the stem between the thumb and forefinger and rotate the brush Five times in a clockwise direction. Gently remove the brush from the endocervical canal and disconnect the entire brush head from the stem and place it into the CytoRich preservative vial. Cap and label the vial with the patients name. If the endocervical brush is used, it should also be disconnected and placed into the same CytoRich preservative vial as the cervix brush. The endocervical brush should never be used by itself.			

GENERAL INFORMATION

Testing Schedule	Dayshift- Monday through Friday
Expected TAT	2-3 Days
Clinical Use	This test may be used to: Aid in the diagnosis of sexually transmitted HPV (HIGH RISK HPV TYPES: 16/18/31/33/35/39/45/51/52/56/58/59/68); evaluate and triage patients with an ASCUS PAP smear result; and to provide risk assessment for women with an SIL PAP smear result.
CPT Code(s)	87624

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HPV (Human Papillomavirus), High Risk w/ Reflex to HPV 16/18

Order Name:	**HPV 16RFLX**
Test Number:	**1516355**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HPV (Human Papillomavirus), High Risk typing	INVADER

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Below**	**Tissue**	**SurePath Liquid Pap Container (Pap Prep)**	**Room Temperature**
Alternate 1	**See Below**	**Tissue**	**CytoRich Preservative Vial**	**Room Temperature**
Instructions	The SurePath Prep Preservative Vial and Rover Cervical Brush are available upon request. Additional Rover Endocervical brushes are also available. The SurePath Preservative Vial should be labeled with the patient's name. The cervix brush should be inserted into the endocervical canal. Apply gentle pressure until the bristles form against the cervix. Maintaining gentle pressure, hold the stem between the thumb and forefinger and rotate the brush Five times in a clockwise direction. Gently remove the brush from the endocervical canal and disconnect the entire brush head from the stem and place it into the CytoRich preservative vial. Cap and label the vial with the patients name. If the endocervical brush is used, it should also be disconnected and placed into the same CytoRich preservative vial as the cervix brush. The endocervical brush should never be used by itself.			

GENERAL INFORMATION

Testing Schedule	Mon, Tue and Thr
Expected TAT	3-6 days
Clinical Use	The use of this test is to ensure HPV 16/18 Genotype will only be performed based on the results obtained from the HPV High Risk testing.
CPT Code(s)	Initial testing HPV High Risk typing only (cpt: 87624) Possible reflex to HPV 16/18 genotype (cpt: 87625)

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HTLV I/II Antibody, EIA
(Positives Reflexed to Western Blot)

Order Name:	**HTLV-I/II**
Test Number:	**3535875**
Revision Date:	**03/10/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
HTLV I/II Antibody Screen	Enzyme Immunoassay	29901-6
HTLV I/II Confirmation Western Blot	Western Blot	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**2mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**2mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Stability after separation from cells: **Ambient= No Longer acceptable, Refrigerated= 1 week, Frozen= Indefinitely** (avoid repeated freeze/thaw cycles). Lipemic, severly h0emolyzed specimens, heat inactivated specimens and specimens containing particulate material are not acceptable.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-4 Days
Notes	Positive Human T-Lymphotropic Virus Types I/II Antibodies will reflex to HTLV I/II western blot.
CPT Code(s)	86790, (western blot 86689)
Lab Section	Reference Lab

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HTLV I/II DNA, Qualitative PCR

Order Name:	**HTLV PCR**
Test Number:	**9107250**
Revision Date:	**01/08/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
HTLV I/II DNA, Qualitative PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 1	**2 mL (0.5)**	**Whole Blood**	**ACD Solution B (Yellow Top - Glass)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	3-4 Days
Clinical Use	HTLV-I/II DNA PCR is a highly specific and sensitive method used to detect HTLV-I/II proviral DNA in clinical specimens. In addition, the assay can also differentiate between HTLV-I and HTLV-II infected individuals.
CPT Code(s)	87798x2
Lab Section	Reference Lab

Hu Antibody - Neuronal Nuclear Antibody

Order Name:	**HU ANTIBDY**
Test Number:	**5582775**
Revision Date:	**07/01/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hu Antibody - Neuronal Nuclear Antibody	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Keep Refrigerated!			

GENERAL INFORMATION

Testing Schedule	Mon, Tue, Thr
Expected TAT	4-5 Days
Notes	A positive Antibody screen will confirm by Western Blot and reflex to a titer.
CPT Code(s)	86255; Blot 84181; and Titer 86256
Lab Section	Reference Lab

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Hymenopteria Panel

Order Name:	**HYMENOP P**
Test Number:	**5557950**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hymenopteria Panel	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Hypercoagulation Analyzer

Order Name:	**HYPRCOAGAN**
Test Number:	**1506500**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hypercoagulation Analyzer	

SPECIMEN REQUIREMENTS

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

Instructions

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

Please Collect the following tubes:

Fifteen (2.7mL) 3.2% Sodium Citrate (Blue Top) tubes, (Double Spin and Freeze Aliquots if not tested w/in 4 hours)

Two (4.7mL) EDTA (Lavender Top) tubes, (Keep Whole Blood)

One (7mL) Lithium Heparin (green top) tube (on ice or frozen pour off aliquot)

One (10mL) Clot Activator SST (Red/Gray Top) tube.

Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.

Do not pool aliquots together!

A fasting specimen is preferred but Not required.

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**.**
CPT Code(s)	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.

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Hypersensitivity Pneumonitis Screen

Order Name:	**HYP PNEUM**
Test Number:	**5507380**
Revision Date:	**10/20/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Hypersensitivity Pneumonitis Screen	Immunodiffusion

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon-Thur
Expected TAT	3-5 Days
Notes	Test components are: Aspergillus fumigatus, Micropolyspora faeni, Pigeon Serum, T. candidus, T. vulgaris, S. viridis.
CPT Code(s)	86606, 86331, 86609x4
Lab Section	Reference Lab

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Hypoglycemic Panel Qualitative (Sulfonylureas, Meglitinides)

Order Name:	**HYPOGLYC P**
Test Number:	**4008600**
Revision Date:	**09/26/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Chlorpropamide	Liquid Chromatography/Tandem Mass Spectrometry	3474-4
Tolazamide	Liquid Chromatography/Tandem Mass Spectrometry	9629-7
Glyburide	Liquid Chromatography/Tandem Mass Spectrometry	10540-3
Acetohexamide	Liquid Chromatography/Tandem Mass Spectrometry	27007-4
Tolbutamide	Liquid Chromatography/Tandem Mass Spectrometry	4061-8
Glipizide	Liquid Chromatography/Tandem Mass Spectrometry	10539-5
Glimepiride	Liquid Chromatography/Tandem Mass Spectrometry	40465-7
Nateglinide	Liquid Chromatography/Tandem Mass Spectrometry	49702-4
Repaglinide	Liquid Chromatography/Tandem Mass Spectrometry	38542-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Alternate 1	**2mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Rejection Criteria Polymer gel separation tube (SST or PST). STABILITY: Room temperature= 7 Days, Refrigerated= 7 Days, Frozen= 4 Months Promptly centrifuge and separate Serum or Plasma into a plastic aliquot tube.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	5-10 Days
Clinical Use	For use as a Clinical and Diagnostic Aid.
Notes	Trade names: Amaryl®, DiaBeta®, Diabinese®, Dymelor®, Glucotrol®, Glynase®, Meglitinides, Micronase®, Orinase®, Prandin®, Starlix®, Sulfonylureas, Tolinase®.
CPT Code(s)	83788
Lab Section	Reference Lab

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Hypotonia Panel (DMPK, PWS, SMA)

Order Name:	HYPOTON P
Test Number:	5594975
Revision Date:	01/01/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Myotonic Dystrophy (DMPK)	Polymerase Chain Reaction
Prader-Willi syndrome DNA (PWS)	DNA methylation analysis
Spinal muscular atrophy (SMA)	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (3mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-3 Weeks
CPT Code(s)	81400; 81331; 81404 (2013 codes)
Lab Section	Reference Lab

IgD, Serum

Order Name:	IGD
Test Number:	3611225
Revision Date:	09/01/2006
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
IgD, Serum	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri {Effective Oct. 9th 2006, the test will set up Tue and Thr}
Expected TAT	3-4 Days
CPT Code(s)	82784
Lab Section	Reference Lab

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IGF Binding Protein-3 (IGFBP-3)

Order Name: **IGF-3**
Test Number: **3602480**
Revision Date: **01/17/2011**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
IGF Binding Protein-3 (IGFBP-3)	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen best kept frozen, but can be sent to RML main lab refrigerated.			

GENERAL INFORMATION

Testing Schedule	Tues- Sat
Expected TAT	3-5 Days
CPT Code(s)	83519
Lab Section	Reference Lab

IGF-I (Somatomedin-C)

Order Name: **IGF-1**
Test Number: **2022625**
Revision Date: **01/10/2006**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
IGF-I (Somatomedin-C)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.4)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Serum separator tube (SST) (gold or red), allow specimen to clot fully, centrifuge, remove and freeze serum. **Serum stability:** Refrigerated = 24hrs.; Frozen = 1Mo.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 Days
CPT Code(s)	84305

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IGF-II (Insulin Like Growth Factor II)

Order Name:	**INSLIN GF2**
Test Number:	**3620625**
Revision Date:	**04/21/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
IGF-II (Insulin Like Growth Factor II)	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.5 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	Allow the blood to clot, then centrifuge the sample, separate and freeze serum. Avoid hemolysis. Avoid lipemia. Overnight fasting is prefered.			

GENERAL INFORMATION

Testing Schedule	Wed, Fri
Expected TAT	2-8 Days from set up
Notes	METHODOLOGY: Radioimmunassay after Acid-Alcohol extraction
CPT Code(s)	83519
Lab Section	Reference Lab

Imipramine

Order Name:	**IMIPRAMIN**
Test Number:	**4302400**
Revision Date:	**01/19/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Imipramine	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Do not use gel barrier tubes. Separate from cells as soon as possible after clotting. Optimum time to collect sample: 10-14 hours post oral dose.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 Days
CPT Code(s)	80335
Lab Section	Reference Lab

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Immature Platelet Fraction

Order Name:	**IPF LEVEL**
Test Number:	**0100475**
Revision Date:	**08/26/2014**
LOINC Code:	**71693-6**

TEST NAME	METHODOLOGY
Immature Platelet Fraction	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	IPF level will not be reported on specimens >24hrs old. For best results: Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Measures immature platelet fraction (IPF) assisting with the diagnosis and treatment of altered platelet and red cell production.
CPT Code(s)	85055

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Immune Cell Function Assay (ImmuKnow®)

Order Name:	**IMMUKNOW**
Test Number:	**5501275**
Revision Date:	**08/15/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Immune Cell Function Assay (ImmuKnow®)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (0.5)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**

Instructions

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 2pm the same day of collection.

Before Collection: To insure the specimen can be transported and processed for shipment to the performing laboratory the SAME DAY of Collection you may contact RML at the following numbers:
For Collection Outside the Tulsa Area - Call the RML Main Lab Processing **(918) 744-3131 x17398**
For Collections in the Oklahoma City Area call our OKC Patient Service Center at **(405) 286-9903**

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
Lab Section	Reference Lab

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Immune Complex Detection by C1q Binding

Order Name:	C1Q BINDIN
Test Number:	5500520
Revision Date:	07/14/2005
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Immune Complex Detection by C1q Binding	Immunodiffusion

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	Freeze serum within one hour of time drawn. With multiple tests, submit a separate tube for each test. Do not use gel barrier tubes. Do not submit the sample in a glass tube. Do not thaw.			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	2-3 Days
CPT Code(s)	86332
Lab Section	Reference Lab

Immunofixation Serum with Interpretation

Order Name:	S IMMUNO
Test Number:	5510600
Revision Date:	12/17/2009
LOINC Code:	25700-6

TEST NAME	METHODOLOGY
Immunofixation Serum with Interpretation	Immunoelectrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.5mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	1-3 days
CPT Code(s)	86334 (86334-26)

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Immunofixation Urine with Interpretation

Order Name:	**U IMMUNO**
Test Number:	**5521550**
Revision Date:	**07/19/2011**
LOINC Code:	**13440-3**

TEST NAME	METHODOLOGY
Immunofixation Urine with Interpretation	Immunofixation Electrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**20mL (10)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	1-3 Days
CPT Code(s)	86335 (86335-26)

Immunoglobulin A, Secretory (sIgA)

Order Name:	**IGA SECRE**
Test Number:	**5570200**
Revision Date:	**06/12/2003**
LOINC Code:	**26849-0**

TEST NAME	METHODOLOGY
Immunoglobulin A, Secretory (sIgA)	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1)**	**Saliva**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Fri
Expected TAT	7 Days
Clinical Use	Detection of sIgA deficiency in saliva. A serum IgA deficiency generally equates to a sIgA deficiency.
CPT Code(s)	86329

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Immunoglobulin IgE

Order Name: **IGE**
Test Number: **2020850**
Revision Date: **06/01/2005**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Total Serum IgE	Chemiluminescence Assays	19113-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Preferred specimen temperature is frozen. Specimen stability is 1 week frozen and 48 hours refrigerated.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 days
Clinical Use	Useful as an initial screening test for allergic disease.
CPT Code(s)	82785

Immunoglobulin IgG IgA IgM

Order Name: **IG G-A-M**
Test Number: **5001090**
Revision Date: **01/31/2013**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Immunoglobulin, IgG Quantitative	Nephelometry	2465-3
Immunoglobulin, IgA Quantitative	Nephelometry	2458-8
Immunoglobulin, IgM Quantitative	Nephelometry	2472-9

SPECIMEN REQUIREMENTS

Specimen	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 - Fri
Expected TAT	1-3 Days
CPT Code(s)	82784x3

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Immunoglobulin IgG Subclasses

Order Name:	IGG SUBCL
Test Number:	5580250
Revision Date:	10/06/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Immunoglobulin IgG1	Immunodiffusion	2466-1
Immunoglobulin IgG2	Immunodiffusion	2467-9
Immunoglobulin IgG3	Immunodiffusion	2468-7
Immunoglobulin IgG4	Immunodiffusion	2469-5
Immunoglobulin, IgG Quantitative	Nephelometry	2465-3

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Fri
Expected TAT	7 Days
Clinical Use	Useful for the detection of IgG subclass deficiencies.
CPT Code(s)	82787X4, 82784

Immunoglobulin IgG, CSF

Order Name:	CSF IGG
Test Number:	3500765
Revision Date:	11/18/2010
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Immunoglobulin IgG, CSF	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.4mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	CSF must be crystalline clear. Centrifuge and separate to remove cellular material. Stability: Ambient= 8 hours, Refrigerated= 8 days, Frozen= 1 year (if frozen within 24 hours).			

GENERAL INFORMATION

Testing Schedule	Sets up 3 days a week.
Expected TAT	3-5 Days
Clinical Use	The concentration of CSF IgG is increased in various infections, inflammatory conditions, neoplastic diseases, and active multiple sclerosis.
CPT Code(s)	82784
Lab Section	Reference Lab

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Immunoglobulin IgG4

Order Name: **IGG4**
Test Number: **5580200**
Revision Date: **10/06/2011**
LOINC Code: **2469-5**

TEST NAME	METHODOLOGY
Immunoglobulin IgG4	Immunodiffusion

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon
Expected TAT	2-8 Days
CPT Code(s)	82787

Immunoglobulin, IgA Quantitative

Order Name: **IGA**
Test Number: **5001100**
Revision Date: **09/11/2014**
LOINC Code: **2458-8**

TEST NAME	METHODOLOGY
Immunoglobulin, IgA Quantitative	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours, Refrigerated more than 8 hours.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Useful for detection of monoclonal gammopathies and immune deficiencies.
CPT Code(s)	82784

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Immunoglobulin, IgG Quantitative

Order Name:	IGG
Test Number:	5001150
Revision Date:	06/10/2003
LOINC Code:	2465-3

TEST NAME	METHODOLOGY
Immunoglobulin, IgG Quantitative	Nephelometry

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Useful for detection of monoclonal gammopathies and immune deficiencies.
CPT Code(s)	82784

Immunoglobulin, IgM Quantitative

Order Name:	IGM
Test Number:	5001200
Revision Date:	06/10/2003
LOINC Code:	2472-9

TEST NAME	METHODOLOGY
Immunoglobulin, IgM Quantitative	Nephelometry

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Useful for the detection of monoclonal gammopathies and immune deficiencies.
CPT Code(s)	82784

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India Ink for Yeast

Order Name:	C INDIA PR
Test Number:	6000500
Revision Date:	10/28/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
India Ink for Yeast	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Reveals presence of Crytococcus neoformans in CSF
CPT Code(s)	87210

Indoor Allergen Panel

Order Name:	A INDOOR P
Test Number:	5606625
Revision Date:	03/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Dust Mite (D. Farinae D2) IgE	ImmunoCAP
House Dust (Holister/stier H2) IgE	ImmunoCAP
Cat Dander IgE	ImmunoCAP
Dog Dander IgE	ImmunoCAP
Cockroach German IgE	ImmunoCAP
Penicillium Chrysogenum (M1) IgE	ImmunoCAP
Aspergillus fumigatus Mold IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.7 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x7

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Inflammatory Bowel Disease Panel (Crohn's disease)

Order Name:	**IBD PANEL**
Test Number:	**2905565**
Revision Date:	**02/13/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Anti-Neutrophil Cytoplasmic Antibody (ANCA)	
Saccharomyces cerevisiae Antibodies (ASCA) (IgA, IgG)	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Assay Dependant
Expected TAT	5-7 Days
Clinical Use	The Inflammatory Bowel Disease Differentiation Panel is useful in diagnosing patients with Crohn's disease. The Panel includes Antibodies against Saccharomyces cerevisiae (Baker's yeast) that are detected in approximately half of patients with Crohn's disease.
CPT Code(s)	86671x2, 86021
Lab Section	Reference Lab

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Influenza A and B by PCR

Order Name:	**FLU AB PCR**
Test Number:	**5565578**
Revision Date:	**01/22/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Influenza A by PCR	Polymerase Chain Reaction	34487-9
Influenza B by PCR	Polymerase Chain Reaction	40982-1

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1 mL)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3 mL (1 mL)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**3 mL (1 mL)**	**Bronchial lavage/wash**	**Sterile Orange Screwtop Container**	**Refrigerated**
Instructions	The preferred specimen is mini-Flocked Swab in Universal Transport Media (UTM) (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M4. Keep swabs refrigerated up to 48hrs (room temperature stability is only 4hrs). Freeze if testing will be delayed more than 48hrs. Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated. **NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.**			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 Days
CPT Code(s)	87802

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Influenza A and B Screen

Order Name:	**C A/B FLU**
Test Number:	**6003125**
Revision Date:	**03/02/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Influenza A Screen	Enzyme Immunoassay
Influenza B Screen	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**See Instructions**	**Saline nasal wash**	**Sterile Screwtop Container**	**Refrigerated**

Instructions

The preferred specimen is Universal Transport Media (UTM) with mini-Flocked Swab (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Swabs in saline are only acceptable for up to 8 hours. Keep swabs refrigerated (room temperature stability is only 24hrs).

For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container.

Note: Green cap minitip Swab is No Longer Acceptable. Also not acceptable are swabs in M4, M4-RT, Modified or Liquid Stuart's and Remel M6 transport media. *(the green cap minitip swab has liquid stuart's)*

Also acceptable is: Mini-tip size applicator Copan eSwab - Green

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	87804x2

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Influenza A by PCR

Order Name:	**FLU A PCR**
Test Number:	**5565570**
Revision Date:	**01/19/2015**
LOINC Code:	**34487-9**

TEST NAME	METHODOLOGY
Influenza A by PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3mL (1mL)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**3mL (1mL)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	The preferred specimen is mini-Flocked Swab in Universal Transport Media (UTM) (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M4. Keep swabs refrigerated up to 48hrs (room temperature stability is only 4hrs). Freeze if testing will be delayed more than 48hrs. Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated. **NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.**			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 Days
Clinical Use	Qualitative detection of Influenza A by PCR (Polymerase Chain Reaction).
CPT Code(s)	87801

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Influenza A H1N1 by RT-PCR

Order Name:	**H1N1 PCR**
Test Number:	**6010300**
Revision Date:	**04/27/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Influenza A RNA	Polymerase Chain Reaction	55465-9
Influenza H1 Gene	Polymerase Chain Reaction	55465-9

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (0.35)**	**Nasal swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3mL (0.35)**	**Nasal Wash**	**Viral Transport Media**	**Refrigerated**
Instructions	**Preferred Specimen**: Nasopharyngeal mini-Flocked Swab (Comes as a kit: RML Supply# 50775) in BD Viral Transport Media (VTM) (M4) or (M6); or 3mL(0.35mL) Nasal Aspirate in Universal Transport Media (UTM). Use only sterile swabs: Dacron, nylon, or rayon with plastic shafts. **DO NOT USE calcium alginate swabs**. [06/22/2010: Throat Swabs are no longer acceptable.]			

GENERAL INFORMATION

Testing Schedule	Mon-Sun
Expected TAT	3-4 Days
Notes	This assay aids in the detection and differentiation of seasonal influenza A virus infection and infection by the 2009 H1N1 influenza virus. The test uses PCR technology to target two separate regions of the hemagglutinin gene of the 2009 H1N1 influenza virus to differentiate it from the seasonal human influenza A virus.
CPT Code(s)	87502
Lab Section	Reference Lab

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Influenza A Screen

Order Name:	**C FLUA SC**
Test Number:	**6001875**
Revision Date:	**01/14/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Influenza A Screen	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Nasal swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**See Instructions**	**Saline nasal wash**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Swabs in saline are only acceptable for up to 8 hours. Keep swabs refrigerated (room temperature stability is only 24hrs). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **NOW Acceptable Alternates:** Liquid Stuarts (green cap minitip), M4, M4RT, M5, M6, Amies and normal saline. However add on testing will NOT be available with these specimen types.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	This test screens for the presence of Influenza virus A ONLY.
CPT Code(s)	87804

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Influenza B by PCR

Order Name:	**FLU B PCR**
Test Number:	**5565580**
Revision Date:	**01/19/2015**
LOINC Code:	**40982-1**

TEST NAME	METHODOLOGY
Influenza B by PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3mL (1mL)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**3mL (1mL)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	The preferred specimen is mini-Flocked Swab in Universal Transport Media (UTM) (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M4. Keep swabs refrigerated up to 48hrs (room temperature stability is only 4hrs). Freeze if testing will be delayed more than 48hrs. Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated. **NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.**			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 Days
Clinical Use	Qualitative detection of Influenza B by PCR (Polymerase Chain Reaction).
CPT Code(s)	87801

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Influenza B Screen

Order Name:	**C INFLU B**
Test Number:	**6001975**
Revision Date:	**01/14/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Influenza B Screen	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Nasal swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**See Instructions**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Swabs in saline are only acceptable for up to 8 hours. Keep swabs refrigerated (room temperature stability is only 24hrs). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **NOW Acceptable Alternates:** Liquid Stuarts (green cap minitip), M4, M4RT, M5, M6, Amies and normal saline. However add on testing will NOT be available with these specimen types.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	This test screens for the presence of Influenza virus B ONLY.
CPT Code(s)	87804

Influenza Type A IgM, IgG Serology

Order Name:	**INFLU A**
Test Number:	**5564600**
Revision Date:	**10/22/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Influenza Interpretation	
Influenza Type A IgG	Indirect Fluorescent Antibody
Influenza Type A IgM	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 Days
CPT Code(s)	86710X2

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Influenza Type B IgM, IgG Serology

Order Name:	**INFLU B**
Test Number:	**5564650**
Revision Date:	**10/22/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Influenza Interpretation	
Influenza Type B IgG	Indirect Fluorescent Antibody
Influenza Type B IgM	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 Days
CPT Code(s)	86710X2

Inhibin A

Order Name:	**INHIBIN A**
Test Number:	**3622375**
Revision Date:	**06/30/2010**
LOINC Code:	**23883-2**

TEST NAME	METHODOLOGY
Inhibin A	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**

GENERAL INFORMATION

Testing Schedule	Tues
Expected TAT	3-4 Days
CPT Code(s)	86336
Lab Section	Reference Lab

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Inhibin B

Order Name:	**INHIBIN B**
Test Number:	**3656615**
Revision Date:	**02/12/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Inhibin B	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 48 hours; Frozen 1 month.			

GENERAL INFORMATION

Testing Schedule	Wed, Fri
Expected TAT	2-8 Days
CPT Code(s)	83520
Lab Section	Reference Lab

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Inhibitor Screen

Order Name:	**INHIB SCRN**
Test Number:	**1516550**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
PT 1:1 Mixture (Room Temp)	Clot Detection	
PTT 1:1 Mixture (Room Temp)	Clot Detection	
PTT-LA 1:1 Mixture (Room Temp)	Clot Detection	67097-6
PT 1:1 Mixture (Incubated)	Clot Detection	
PTT 1:1 Mixture (Incubated)	Clot Detection	
PTT-LA 1:1 Mixture (Incubated)	Clot Detection	
Inhibitor Screen Interpretation		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**22 mL (16 mL)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**12 mL (9 mL)**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**
Instructions	**Please indicate anticoagulant therapy.** **Collect 6-8 Sodium Citrate 3.2% (Blue Top) tubes.** Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.** **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	Testing dependent
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 VIII. Nonspecific inhibitors, such as lupus anticoagulants, are also detected.
Notes	If PT Mix is performed 85611X2 If PTT Mix is performed 85732X2 If PTT-LA Mix is performed 85732X2 Testing includes a pathology interpretation.
CPT Code(s)	See Test Notes

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Insect or Arthropod Identification

Order Name:	**INSECT ID**
Test Number:	**6001000**
Revision Date:	**08/08/2003**
LOINC Code:	**10644-3**

TEST NAME	METHODOLOGY
Insect or Arthropod Identification	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Insect**	**Sterile Screwtop Container**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1 Day
Clinical Use	Identifies true parasites vs insects
CPT Code(s)	87168

Insulin Antibody

Order Name:	**INSULIN AB**
Test Number:	**3613150**
Revision Date:	**03/03/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Insulin Antibody	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Pediatric Collection: (0.1 mL) Serum, Frozen. Stability after separation from cells: Ambient= 24 hours, Refrigerated= 1 week, Frozen= 2 months.			

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	3-10 Days
CPT Code(s)	86337
Lab Section	Reference Lab

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Insulin Resistance Test

Order Name:	**INSULIN R**
Test Number:	**2006775**
Revision Date:	**06/30/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Fasting Glucose Insuline Tolerance	Hexokinase	1558-6
Fasting Insulin for Tolerance	Chemiluminescence Assays	27873-9
Glucose 2 Hour Insuline Tolerance	Hexokinase	12610-2
Insulin 2 hour for Tolerance	Chemiluminescence Assays	27826-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum and Plasma**	**Sodium Floride (Gray) and Clot Activator SST (Gold Top)**	**Refrigerated**
Instructions	Overnight fasting is required. Draw a fasting glucose and insulin. Administer 75 gms of glucola. Draw a 2 hour glucose and insulin (post glucola). Note time drawn on tubes. Insulin assay not recommended for patients with insulin autoantibody. Use Free Insulin assay if autoantibody positive.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-3 days
CPT Code(s)	82947X2; 83525X2

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Insulin, Free (Bioactive)

Order Name:	**INSULIN F**
Test Number:	**3601937**
Revision Date:	**02/09/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Insulin, Free (Bioactive)	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.3mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Overnight fasting is Preferred!** Specimen Stability: Room temperature 12 hours, Refrigerated 7 days, Frozen 28 days.			

GENERAL INFORMATION

Testing Schedule	Sun, Tue, Thr
Expected TAT	3-6 Days
Clinical Use	The free insulin measurement is helpful in interpreting blood sugar concentration and its relationship to insulin injections in insulin-treated patients with insulin antibodies.
Notes	Insulin levels vary widely in specimens taken from non-fasting individuals. Insulin analogues may demonstrate non-linear cross-reactivity in this assay. Interpret results accordingly.
CPT Code(s)	83527
Lab Section	Reference Lab

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Insulin, Serum

Order Name:	**INSULIN**
Test Number:	**2023075**
Revision Date:	**07/25/2013**
LOINC Code:	**20448-7**

TEST NAME	METHODOLOGY
Insulin, Serum	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Overnight fasting is required.** **Allow to clot then centrifuge aliquot 2mL(0.5mL) Serum into plastic aliquot tube and freeze ASAP.** Stability: Room temperature= 8hrs; Refrigerated=48hrs; Frozen=14days. Insulin assay not recommended for patients with insulin autoantibody. Use Free Insulin assay if autoantibody positive.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful for the determination of insulin levels. Along with proinsulin and C-peptide measurements it may be useful in the diagnosis of insulinoma. May also be used in the management of diabetes mellitus.
CPT Code(s)	83525

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Interleukin 28 B (IL28B) AccuType(R)

Order Name:	**IL28B GENO**
Test Number:	**9103400**
Revision Date:	**01/01/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
IL28B SNP rs1297860	Polymerase Chain Reaction	60279-7
IL28B Interpretation		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (2mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Specimen Stability: Room temperature: 8 days, Refrigerated: 8 days, Frozen: Do not freeze.			

GENERAL INFORMATION

Testing Schedule	Sun,Tue,Thr
Expected TAT	3-5 Days from set up.
Clinical Use	The C polymorphism in rs12979860 is strongly associated with a two-fold greater sustained virological response in European, African American, and Hispanic populations. Knowledge of host genotype patients infected with HCV will aid in the clinical decision to initiate treatment with PegIFN and RBV (a 48 week course of interferon and ribavirin which has limited efficacy and is often poorly tolerated due to side effects that prevent patients from finishing treatment).
Notes	This assay detects the rs12979860C/T variant upstream of the IL28B gene. The presence of cytosine (C) is associated with an approximate two-fold improved response rate across ethnicites compared to thymine (T) at the same position. Approximately 70% of Caucasians, 40% of African-Americans and 95% of Asians carry at least one copy of the rs12979860C variant allele. To detect the rs12979860C/T variant, a region upstream of the IL28B gene is amplified by polymerase chain reaction (PCR), followed by detection on a real-time PCR platform using an allelic discrimination method.
CPT Code(s)	81479 (2013 code)
Lab Section	Reference Lab

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Interleukin-6

Order Name:	**INTERLEU-6**
Test Number:	**0111325**
Revision Date:	**01/31/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Interleukin-6	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate 1	**1 mL (0.5 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	**Freeze Plasma Immediately Do Not Thaw!** Specimen Stability: Room Temperature - 24 hours, Refrigerated - 48 hours, Frozen - 7 months.			

GENERAL INFORMATION

Testing Schedule	Set up Thr, Reports Mon
Expected TAT	5 Days
CPT Code(s)	83520
Lab Section	Reference Lab

Intrinsic Factor Blocking Antibody

Order Name:	**INT BL AB**
Test Number:	**5590600**
Revision Date:	**07/10/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Intrinsic Factor Blocking Antibody	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Tues, Thur, Sat
Expected TAT	3 Days
CPT Code(s)	86340
Lab Section	Reference Lab

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Iodine, Serum/Plasma

Order Name:	**IODINE S/P**
Test Number:	**3800757**
Revision Date:	**01/21/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Iodine, Serum/Plasma	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Refrigerated**
Instructions	**Must be collected in Royal Blue Trace Element Free Collection Tube.** Aliquot serum or plasma into an appropriate Trace Element free plastic aliquot container ASAP. Specimen Stability: Room temperature: 10 Days, Refrigerated: 10 Days, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
CPT Code(s)	83789
Lab Section	Reference Lab

Iodine, Urine

Order Name:	**IODINE UR**
Test Number:	**4003950**
Revision Date:	**08/06/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Iodine, Urine	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (2)**	**Urine, 24-hour**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Record urine volume and collection period on test request form and urine vial. Keep refrigerated. Do not freeze.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	4-5 Days
CPT Code(s)	83789
Lab Section	Reference Lab

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Iontophoresis (Sweat Test)

Order Name:	**SWEAT TEST**
Test Number:	**2005225**
Revision Date:	**06/24/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Sweat Chloride	Coulometric	2077-6
Sweat Collection Weight		33247-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**100 ul (40 ul)**	**Sweat**	**Wescor collection device**	**See Instructions**
Instructions	Analyze immediately. Call Special Chemistry to schedule test for Tues or Thurs morning. (918) 744-2500.			

GENERAL INFORMATION

Testing Schedule	Tues, Thu
Expected TAT	1-2 days
Clinical Use	Use for the diagnosis cystic fibrosis
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	89360; 82438

Iron

Order Name:	**IRON TEST**
Test Number:	**4501050**
Revision Date:	**07/02/2003**
LOINC Code:	**2498-4**

TEST NAME	METHODOLOGY
Iron	TPTZ

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**See Instructions**
Instructions	For ongoing iron determinations on a patient. The sample should be obtained at approximately the same time each day. The concentration may vary 30% thouroughout the day. Specimen stability: Ambient 4 days. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for diagnosis of iron deficiency and iron overload disorders such as hemochromatosis.
CPT Code(s)	83540

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Iron Group

Order Name:	**IRON GRP**
Test Number:	**2019150**
Revision Date:	**08/31/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Iron	TPTZ	2498-4
Total Iron Binding Capacity		
Ferritin	Chemiluminescence Assays	2276-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Best if kept refrigerated. See Individual tests for specimen stability.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	1-2 days
CPT Code(s)	83540, 83550, 82728

Iron with Total Iron Binding Capacity (TIBC)

Order Name:	**IRON/TIBC**
Test Number:	**4501000**
Revision Date:	**10/11/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Iron	TPTZ	2498-4
Total Iron Binding Capacity		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1mL (0.5mL)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 4 days. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for diagnosis of iron deficiency and iron overload disorders such as hemochromatosis.
Notes	For ongoing iron determinations on a patient. The sample should be obtained at approximately the same time each day. The concentration may vary 30% thouroughout the day.
CPT Code(s)	83550, 83540

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Islet Cell Antibody, IgG

Order Name:	**ISLET AB**
Test Number:	**3805675**
Revision Date:	**08/31/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Islet Cell Antibody, IgG	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.15)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-4 Days
Clinical Use	Islet cell antibodies (ICAs) are associated with type 1 diabetes (T1D), an autoimmune endocrine disorder. These antibodies may be present in individuals years before the onset of clinical symptoms. To calculate Juvenile Diabetes Foundation (JDF) units: multiply the titer x 5 (1:8 8 x 5 = 40 JDF Units).
Notes	Cross References: Anti-Islet Cell Antibody, IgG (Islet Cell Antibody, IgG), CICA (cytoplasmic Islet cell antibody) Islet cell antibody sera will react with the cytoplasm (Isl, ICA (Islet Cell Antibody, IgG)
CPT Code(s)	86341
Lab Section	Reference Lab

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Islet Cell Antigen 512 Autoantibodies (IA-2 Antibody)

Order Name:	**ISLET AG**
Test Number:	**3809750**
Revision Date:	**08/19/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Islet Cell Antigen 512 Autoantibodies (IA-2 Antibody)	Quantitative Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability, After separation from cells: Ambient: 24hrs, Refrigerated: 1wk, Frozen: 2mo.			

GENERAL INFORMATION

Testing Schedule	Mon, Fri
Expected TAT	2-10 Days
Clinical Use	Type 1 diabetes is characterized by lymphocytic cell infiltrate of the pancreatic islets. Measurement of GAD-65, ICA-512, and Insulin Antibody is a highly sensitive means to assess risk and predict onset of Type I diabetes. There is a correlation between the number of positive antibodies and the antibody titers versus the severity of the autoimmune process.
Notes	Cross References: Beta-Cell Autoantibody to IA-2 (IA-2 Antibody), Insulinoma Associated 2 Antibody (IA-2 Antibody), Islet Cell Antigen (ICA) 512 (IA-2 Antibody)
CPT Code(s)	86341
Lab Section	Reference Lab

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JAK 2 Mutation (V617F) Analysis

Order Name:	**JAK2 MUTAT**
Test Number:	**9100185**
Revision Date:	**01/16/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
JAK 2 Mutation (V617F) Analysis	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6mL (4mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

Instructions

Do Not use EDTA that has been sampled by an instrument or share with any other testing.

6mL(4mL) **Peripheral Whole Blood** in **EDTA** Lavender top tube. Please keep specimens at room temperature or refrigerated.
Do Not Centrifuge.
Stability is 8 days room temperature and refrigerated.

GENERAL INFORMATION

Testing Schedule	Dayshift- Friday
Expected TAT	5-6 Days
Clinical Use	Myeloproliferative disorders (MPDs) are clonal hematopoietic stem cell malignancies characterized by excessive production of blood cells by hematopoietic precursors. In addition to thrombotic and hemorrhagic complications, leukemic transformation can occur. The main members of MPD are Polycythemia Vera (PV), Essential Thrombocythemia (ET) and Idiopathic Myelofibrosis (MF). The molecular pathogenesis of most MPDs is unknown. This V617F mutation leads to constituitive tyrosine phosphorylation activity that promotes cytokine activity and induces erythrocytosis. The V617F mutation in JAK2 is a dominant gain-of function mutation that contributes to the expansion of the myeloproliferative disorder clone.
CPT Code(s)	81270

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Jalapeno Pepper IgE

Order Name:	**PEPPER JAL**
Test Number:	**5536125**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Jalapeno Pepper IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

JC Polyoma Virus DNA, Qualitative PCR, CSF

Order Name:	**JC VIRUS C**
Test Number:	**5575525**
Revision Date:	**01/09/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
JC Polyoma Virus DNA, Qualitative PCR, CSF	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (0.3mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Frozen**
Instructions	**This is for CSF specimens only** Best if CSF is kept refrigerated until Frozen. Preferred to be frozen within two hours of collection. Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 Days. Unacceptable Specimens: Urine, EDTA Plasma, Heparin Plasma specimens.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Clinical Use	JC Virus is the cause of progressive multifocal leukoencephalopathy (PML), a severe demyelinating disease of the central nervous system. PML is a particular concern for individuals infected with the human immunodeficiency virus. The detection of JC virus DNA is based upon the real-time PCR amplification and detection of specific JC virus genomic sequences from total DNA extracted from the specimen.
CPT Code(s)	87798
Lab Section	Reference Lab

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JC Polyoma Virus DNA, Qualitative PCR, Plasma

Order Name:	**JC VIRUS P**
Test Number:	**5575425**
Revision Date:	**11/17/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
JC Polyoma Virus DNA, Qualitative PCR, Plasma	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (0.3mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**This is for EDTA Plasma specimens only.** Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 days. Unacceptable Specimens: Urine, CSF, Heparin Plasma specimens.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Clinical Use	JC Virus is the cause of progressive multifocal leukoencephalopathy (PML), a severe demyelinating disease of the central nervous system. PML is a particular concern for individuals infected with the human immunodeficiency virus. The detection of JC virus DNA is based upon the real-time PCR amplification and detection of specific JC virus genomic sequences from total DNA extracted from the specimen.
CPT Code(s)	87798
Lab Section	Reference Lab

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JC Polyoma Virus DNA, Qualitative PCR, Urine

Order Name:	JC VIRUS U
Test Number:	5575475
Revision Date:	01/09/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
JC Polyoma Virus DNA, Qualitative PCR, Urine	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7mL (0.3mL)**	**Urine, Random**	**Sterile Urine container**	**Frozen**
Instructions	**This is for Urine specimens only.** Best if urine is kept refrigerated until Frozen. Preferred to be frozen within two hours of collection. Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 Days. Unacceptable Specimens: CSF, EDTA Plasma, Heparin Plasma specimen.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Clinical Use	JC Virus is the cause of progressive multifocal leukoencephalopathy (PML), a severe demyelinating disease of the central nervous system. PML is a particular concern for individuals infected with the human immunodeficiency virus. The detection of JC virus DNA is based upon the real-time PCR amplification and detection of specific JC virus genomic sequences from total DNA extracted from the specimen.
CPT Code(s)	87798
Lab Section	Reference Lab

Jo-1 Antibody

Order Name:	JO-1 AB
Test Number:	3805375
Revision Date:	09/03/2010
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Jo-1 Antibody	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Overnight fasting is preferred.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 Days
CPT Code(s)	86235

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Johnson Grass IgE

Order Name:	JOHNSN GR
Test Number:	5605965
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Johnson Grass IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Johnson Smut Grass IgE

Order Name:	JOHNS SMUT
Test Number:	5527975
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Johnson Smut Grass IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Karaya Gum IgE

Order Name:	**KARAYA GUM**
Test Number:	**5594365**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Karaya Gum IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Kentucky Blue Grass IgE

Order Name:	**KENT BLUE**
Test Number:	**5605885**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Kentucky Blue Grass IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Ketones

Order Name:	KETONES
Test Number:	2000075
Revision Date:	02/28/2014
LOINC Code:	2513-0

TEST NAME	METHODOLOGY
Ketones	Dry Chemistry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	**Keep tightly stoppered - Do not remove stopper of collection tube.** Keep refrigerated.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for the diagnosis and monitoring of therapy for diabetic ketoacidosis.
CPT Code(s)	82009

Kidney Bean IgE

Order Name:	KIDNY BEAN
Test Number:	5515325
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Kidney Bean IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Kidney Stone Analysis

Order Name:	**STONE ANY**
Test Number:	**9101850**
Revision Date:	**10/18/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Kidney Stone Analysis	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**n/a**	**Stone**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	Dry kidney stone. Calculi specimens transported in liquid require special handling to be processed. Blood and moisture interfere with this methodology. Samples that are wrapped in tape or embedded in wax will delay or prevent analysis and should not be submitted.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	6 Days
CPT Code(s)	82365
Lab Section	Reference Lab

Kiwi Fruit IgE

Order Name:	**KIWI**
Test Number:	**5532075**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Kiwi Fruit IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Kochia (Firebrush) IgE

Order Name:	KOCHIA
Test Number:	5621200
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Kochia (Firebrush) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

KOH Prep for Fungus

Order Name:	C KOH PR
Test Number:	6300100
Revision Date:	07/02/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
KOH Prep for Fungus	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**See Instructions**	**See Instructions**	**Room Temperature**
Instructions	Send tissue scraping or nail cuttings in sterile cup. Send wet prep in sterile saline.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Reveals fungal elements in tissue samples; assists in detecting vaginosis in wet prep samples.
CPT Code(s)	87220

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KRAS Mutation Analysis (K-ras)

Order Name:	KRAS MUTAT
Test Number:	9100040
Revision Date:	09/09/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
KRAS Mutation Analysis (K-ras)	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Below**	**Tissue**	**Paraffin Block**	**Room Temperature**
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	Dayshift- Thursday
Expected TAT	7-10 Days
Clinical Use	The presence of a KRAS mutation has been shown to confer resistance to anti-EGFR chemotherapy in both colorectal carcinoma and non-small cell lung adenocarcinomas.
Notes	Fresh Tissue may be submitted for processing in our histology department or tissue blocks may be used from earlier hospital stays or other encounters, but the KRAS Mutation order should be placed on the patient's current encounter specific to the ordering physician and client account.
CPT Code(s)	81275, G0452-26, Plus 88381 for Microdisection

Lactate

Order Name:	LACTATE
Test Number:	2003800
Revision Date:	10/28/2011
LOINC Code:	2524-7

TEST NAME	METHODOLOGY
Lactate	Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium Floride (Gray)**	**See Instructions**
Instructions	Patient should be at rest. Prechill tube; place on ice and deliver to chemistry immediately. To transport, spin and separate within 30 minutes. Refrigerate or freeze. Stable 2 days refrigerated.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for the monitoring and diagnosis of lactic acidosis and carbohydrate/muscle disorders.
CPT Code(s)	83605

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Lactate Dehydrogenase (LDH)

Order Name:	LDH
Test Number:	2003860
Revision Date:	08/06/2003
LOINC Code:	2532-0

TEST NAME	METHODOLOGY
Lactate Dehydrogenase (LDH)	Lactate - Pyruvate (NAD)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Non hemolyzed specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for evaluating a possible diagnosis of MI after the first 24 hours; however, this use of LD has been replaced by Troponin I determinations. LD may also be useful in liver disease and conditions causing hemolysis.
CPT Code(s)	83615

Lactic Acid Spinal Fluid

Order Name:	CSF LACTIC
Test Number:	3500650
Revision Date:	10/28/2011
LOINC Code:	2520-5

TEST NAME	METHODOLOGY
Lactic Acid Spinal Fluid	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**See Instructions**
Instructions	Patient should be informed, relaxed and properly positioned for lumbar puncture. Specimen must be on ice. Deliver to lab immediately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used to differentiate bacterial from other types of meningitis. Elevated in cerebral infarct, cerebral hemorrhage and hepatic encaphalopathy.
CPT Code(s)	83605

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Lactic Dehydrogenase Isoenzymes (LD Isoenzymes)

Order Name:	**LDH ISOENZ**
Test Number:	**2019500**
Revision Date:	**11/29/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lactic Dehydrogenase Isoenzymes (LD Isoenzymes)	Electrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**
Instructions	Do not freeze. Keep specimen room temperature. Hemolyzed specimens are not acceptable.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr, Sat
Expected TAT	3-4 Days
CPT Code(s)	83615; 83625
Lab Section	Reference Lab

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Lactoferrin Detection, EIA (Stool)

Order Name:	**FEC LACTOF**
Test Number:	**6002550**
Revision Date:	**01/11/2011**
LOINC Code:	**40703-1**

TEST NAME	METHODOLOGY
Lactoferrin Detection, EIA (Stool)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL/1g**	**Stool, Random**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	1mL Liquid Stool or 1g(0.5g) Solid Stool - Collect undiluted feces in clean, dry, Airtight sterile leak proof container, keep Room temperature or Refrigerated. Do not add fixative or preservative. Stool in Transport Media, Preservatives or Formalin is Not Acceptable. Stool from Breast Fed infants is Not Acceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-3 Days
Clinical Use	Human lactoferrin, a major component of leukocytes, is present during an inflammatory response. Diarrheal diseases can be classified into inflammatory and non-inflammatory diarrhea. Non-inflammatory diarrheas include those caused by viruses and most parasites and are for the most part, effectively treated with simple oral rehydration therapy. Inflammatory diarrheas tend to be more serious and need to be followed up by more extensive testing. In inflammatory diarrheas, fecal leukocytes are found in the stool in large numbers. Pathogens such as *Shigella, Salmonella, Campylobacter and Clostridium difficile* are example of organisms that may cause an inflammatory response.
Notes	This test may also help distinguish between inflammatory bowel disease such as ulcerative colitis and Crohn's disease, and active irritable bowel syndrome, which doe not cause intestinal inflammation. The fecal lactoferrin test has an advantage over the determination of fecal leukocytes by microscopy. The microscopy method has disadvantages such as no standardization and degradation of the cells in the stool by lysis during storage. Lactoferrin is very stable and is not degraded during infections by the toxins of pathogens such as *C. difficile*. A positive test indicates elevated levels of lactoferrin released from fecal leukocytes as a marker of intestinal inflammation.
CPT Code(s)	83630

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Lactose Tolerance

Order Name:	LACTOS TOL
Test Number:	2003300
Revision Date:	11/01/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Lactose Fasting	Colorimetric	2552-8
Lactose 0.5 Hour Tolerance	Colorimetric	1584-2
Lactose 1 Hour Tolerance	Colorimetric	1582-6
Lactose 2 Hour Tolerance	Colorimetric	1583-4
Lactose 3 Hour Tolerance	Colorimetric	19249-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Plasma**	**Sodium Floride (Gray)**	**See Instructions**
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

Lamb IgE

Order Name:	LAMB
Test Number:	2930325
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Lamb IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Lambert-Eaton Syndrome Antibody Panel

Order Name:	**LAMB EATON**
Test Number:	**5503125**
Revision Date:	**03/31/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Voltage-Gated Calcium Channel (VGCC) Antibody Assay	Radiobinding Assay
Acetylcholine Receptor Binding Antibody	Radioimmunoassay
Acetylcholine Receptor Modulating Antibody	Radiobinding Assay
Striated Muscle Antibody Screen	Immunofluorescent Assay
Striated Muscle Antibody Titer	Immunofluorescent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4mL (2mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**4mL (2mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Minimum volume for pediatric collection: 1mL. Stability: Room temperature: 8Hours Refrigerated: 14Days Frozen: 30Days.			

GENERAL INFORMATION

Testing Schedule	Assay Dependant
Expected TAT	5-8 Days
Clinical Use	Lambert Eaton myasthenic syndrome is a paraneoplastic phenomena associated with small cell lung cancer. There is a decrease of voltage-gated calcium channels on presynaptic nerve terminals due to an auto-antibody reactive with the channels. There is an associated proximal muscle weakness and often coexisting thyroid autoimmune disease and vitiligo.
CPT Code(s)	86255, 83519x3
Lab Section	Reference Lab

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Lambsquarter IgE

Order Name:	**LAMBSQUART**
Test Number:	**5609300**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lambsquarter IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Lamellar Bodies (fetal lung maturity)

Order Name:	**LAMELR BOD**
Test Number:	**2007485**
Revision Date:	**08/31/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lamellar Bodies (fetal lung maturity)	Electronic Resistance Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (2mL)**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	Visibly Icteric Samples Should Not Be Used as Bilirubin may Interfere.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	1-2 Days
Notes	Used as a replacement for the FLM Ratio to determine fetal lung maturity.
CPT Code(s)	83664
Lab Section	Reference Lab

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Lamotrigine

Order Name:	**LAMOTRIGIN**
Test Number:	**4310575**
Revision Date:	**01/09/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lamotrigine	Liquid Chromatography/Tandem Mass Spectrometry

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)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Draw 1/2-1 hour before next dose at steady state. Do not use gel barrier tubes. Separate serum, plasma from cells ASAP. **Reject Criteria** : Gross Hemolysis, Lipemia, Gel barrier tube. Specimen Stability: Room temperature: 48 hours, Refrigerated: 5 days, Frozen: 14 days.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	80175
Lab Section	Reference Lab

Latex Allergy IgE

Order Name:	**LATEX IGE**
Test Number:	**5610780**
Revision Date:	**10/11/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Latex Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-3 Days
Clinical Use	This test can be used to detect a general allergy to all latex products.
Notes	Tests for Latex Hevea braziliensis (K82) the Non-ammoniated, **Buffered Latex** collected in a pH buffer then separated by ultracentrifugation; contains the most native latex proteins.
CPT Code(s)	86003

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Latex Allergy Panel

Order Name:	**LATEXRAST3**
Test Number:	**5573975**
Revision Date:	**06/16/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Ammoniated Latex (AL)	Radioimmunoassay	6845-2
Non-Ammoniated (Buffered) Latex (NAL)	Radioimmunoassay	6846-0
Latex Glove	Radioimmunoassay	6728-0

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Set up on Tuesday, Reports Wednesday evening.
Expected TAT	3-9 Days
Clinical Use	Used by Allergists to detect the specific type of Latex that can cause an allergic immune response.
Notes	Includes the specific forms of latex: **Ammoniated Latex**- latex used to manufacture dipped latex products such as gloves and condoms. **Buffered Latex**- Non-Ammoniated latex collected in a pH buffer then separated by ultracentrifugation; contains the most native latex proteins. **Latex gloves**- An aqueous extract prepared from a commercial latex exam glove.
CPT Code(s)	86003x3
Lab Section	Reference Lab

LDH Serous Fluid

Order Name:	**SRS LDH**
Test Number:	**3500250**
Revision Date:	**06/11/2003**
LOINC Code:	**14803-1**

TEST NAME	METHODOLOGY
LDH Serous Fluid	Lactate - Pyruvate (NAD)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	LD may be useful in diagnosing liver disease and conditions causing hemolysis.
CPT Code(s)	83615

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LDH Spinal Fluid

Order Name:	**CSF LDH**
Test Number:	**3500700**
Revision Date:	**10/28/2011**
LOINC Code:	**60024-7**

TEST NAME	METHODOLOGY
LDH Spinal Fluid	Lactate - Pyruvate (NAD)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5mL (0.1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Patient should be informed, relaxed and properly positioned for lumbar puncture. Specimen stability: Ambient 6 hours. Refrigerated 24 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
CPT Code(s)	83615

LDH Synovial Fluid

Order Name:	**SYN LDH**
Test Number:	**3500850**
Revision Date:	**06/11/2003**
LOINC Code:	**68453-0**

TEST NAME	METHODOLOGY
LDH Synovial Fluid	Lactate - Pyruvate (NAD)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Synovial Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	LD may be useful in diagnosing liver disease and conditions causing hemolysis
CPT Code(s)	83615

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Lead, Blood (Whole Blood)

Order Name:	**LEAD**
Test Number:	**3601650**
Revision Date:	**02/18/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lead, Blood (Whole Blood)	Electro Chemical

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7mL (3mL)**	**Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Ambient / Refrigerated**
Alternate 1	**4mL (2mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Ambient / Refrigerated**
Alternate 2	**0.5mL (0.2mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Ambient / Refrigerated**

Instructions

The best specimen for lead testing on children is EDTA whole blood. Whole blood should be collected in Royal Blue-top (EDTA) evacuated tubes with negligible trace element levels. **Capillary collection should be 0.5mL in Lavender Capillary Tube,** gently invert capped microtainer several times to avoid clotting. **Notate on Specimen if Venous or Capillary Collection.**

Specimens must be received within 72 hours of collection.
Specimen Stability: Room temperature 72 hours, Refrigerated 72 hours, Frozen Not Acceptable.
Specimens can be transported either Refrigerated or Ambient temperature.

Collection Instructions: Use powder-less gloves. For capillary collection, wash hands thoroughly with soap and dry with clean, low-lint towel. Once washed, fingers must not come into contact with any surface. Clean skin (finger or other area for venipuncture) with lead free alcohol swab prior to puncture.
The specimen volume cannot be less that 50% of intended fill volume. Testing on specimens less than half filled and or clotted will not be performed, redraw will be required

Avoid worksite collection: Tests performed on a specimen submitted in a non-trace element tube or non acid washed/non metal free container may not accurately reflect the patient's level. If a non-trace element tube/container is received, it will be accepted for testing. However, elevated results shall be reported with a message that a re-submission with a trace element tube/container is recommended.

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3 Days
Clinical Use	**The State will require that the patient have an EDTA whole blood specimen collected so that accurate numerical results are obtained.** Note: The BD MicroGuard Pink-Top is no longer being provided for testing, use the standard Lavender Capillary Tube for capillary collections.
Notes	View Memo
CPT Code(s)	83655

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Lead, Serum or Plasma

Order Name:	**LEAD SERUM**
Test Number:	**3603775**
Revision Date:	**08/30/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lead, Serum or Plasma	Gas Chromatography/Mass Spectrometry (GC/MS)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Room Temperature**
Alternate 1	**2 mL (0.5)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Room Temperature**
Instructions	**There are no established ranges for serum or plasma lead levels.** Serum or plasma must be collected in acid washed trace element free container, Regular Clot or SST are no longer acceptable.			

GENERAL INFORMATION

Testing Schedule	Tues, Fri
Expected TAT	3-4 Days
Clinical Use	**Serum or plasma is NOT the recommended test for state lead reporting in children.**
CPT Code(s)	83655
Lab Section	Reference Lab

Legionella Antibody

Order Name:	**LEGIONELLA**
Test Number:	**5564700**
Revision Date:	**06/10/2003**
LOINC Code:	**5236-5**

TEST NAME	METHODOLOGY
Legionella Antibody	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Evidence of a recent or current exposure to Legionella pneumonophilia. A Legionella titer must rise to equal to or greater than 1:128 to be considered significant.
CPT Code(s)	86713

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Legionella pneumophila Antigen Urine

Order Name:	**LEGION AGU**
Test Number:	**3806575**
Revision Date:	**05/19/2003**
LOINC Code:	**6447-7**

TEST NAME	METHODOLOGY
Legionella pneumophila Antigen Urine	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Random urine			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Random urine has been shown to be the best specimen for detection of Legionella sp. antigen.
CPT Code(s)	87449

Legionella Screen

Order Name:	**C LEGIO SC**
Test Number:	**6101800**
Revision Date:	**05/29/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Legionella Screen	Direct Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Respiratory specimen**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Detects Legionella sp. in respiratory specimens. Sensitivity is not as good as the urinary antigen test. We highly recommend LEGION AGU as a superior test.
CPT Code(s)	87278, 87070

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Lemon IgE

Order Name:	**LEMON**
Test Number:	**5594075**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lemon IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Lentil IgE

Order Name:	**LENTIL**
Test Number:	**5506230**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lentil IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Leptin

Order Name: **LEPTIN**
Test Number: **5518675**
Revision Date: **09/06/2011**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Leptin	Electrochemiluminescent Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.2mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 8Hours, Refrigerated: 14Days, Frozen: 5Weeks. REJECT CRITERIA: Hypericteric; Moderate hemolysis; Gross hemolysis			

GENERAL INFORMATION

Testing Schedule	Tue, Fri
Expected TAT	2-3 Days following set up
Clinical Use	Leptin is an adipocyte-derived hormone that is essential for normal body weight regulation. Leptin production is under neuroendocrine control so that serum concentrations vary directly with the amount of triglycerides stored in adipose tissue depots.
CPT Code(s)	82397
Lab Section	Reference Lab

Leptospira Antibody

Order Name: **LEPTOSP AB**
Test Number: **5525210**
Revision Date: **02/24/2009**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Leptospira Antibody	Hemagglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Allow specimen to clot at room temperature and then centrifuge. Separate serum from cells as soon as possible. Refrigerate at 2-8 degrees C.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-5 Days
CPT Code(s)	86720
Lab Section	Reference Lab

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Lettuce IgE

Order Name: **LETTUCE**
Test Number: **5556550**
Revision Date: **02/11/2013**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Lettuce IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Levetiracetam (Keppra)

Order Name: **LEVETIRACE**
Test Number: **3658525**
Revision Date: **01/09/2014**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Levetiracetam (Keppra)	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**1mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Do not use Gel separation tubes. Stability= Room temperature: 14 days, Refrigerated: 28 days, Frozen: 60 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	4-5 Days
CPT Code(s)	80177
Lab Section	Reference Lab

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Levofloxacin Level

Order Name:	**LEVOFLOXCN**
Test Number:	**4005775**
Revision Date:	**08/29/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Levofloxacin Level	Bioassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.0 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
CPT Code(s)	80299
Lab Section	Reference Lab

Lidocaine (Xylocaine)

Order Name:	**LIDOCAINE**
Test Number:	**3603900**
Revision Date:	**07/14/2005**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lidocaine (Xylocaine)	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Do not use gel barrier tubes. Collect trough specimen prior to next dose.			

GENERAL INFORMATION

Testing Schedule	Tues - Sat
Expected TAT	2-4 Days
CPT Code(s)	80176
Lab Section	Reference Lab

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Light Chains (Kappa & Lambda) Urine, Quantitative

Order Name:	**LIGHT CH U**
Test Number:	**2051750**
Revision Date:	**02/11/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Kappa Light Chains Urine	Nephelometry	25682-6
Lambda Light Chains Urine	Nephelometry	25684-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**15mL (1)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect without preservative. **Record total volume on 24hr Container and all aliquots.** Send 15ml aliquot to lab for testing.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	24-48Hrs
CPT Code(s)	83883X2
Lab Section	Reference Lab

Light Chains, Free with Ratio, (Kappa/Lambda) Serum

Order Name:	**FREE LIGHT**
Test Number:	**5006075**
Revision Date:	**06/04/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Free Kappa Light Chains	Nephelometry	36916-5
Free Lambda Light Chains	Nephelometry	33944-0
Free Kappa/Lambda Light Chains Ratio	Calculation	48378-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability - Room temperature= 1wk; Refrigerated= 3wk; Frozen= 3mo.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	1-3 Days
CPT Code(s)	83883x2

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Lima Bean IgE

Order Name:	**LIMA BEAN**
Test Number:	**5558475**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lima Bean IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Lime IgE

Order Name:	**LIME**
Test Number:	**5518825**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lime IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Limulus Amebocyte Lysate (LAL) Assay, Quantitative

Order Name:	**LIMULUS**
Test Number:	**5441803**
Revision Date:	**01/18/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Limulus Amebocyte Lysate (LAL) Assay, Quantitative	Kinetic Spectrophotometric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (3mL)**	**Aqueous Fluids**	**Sterile Screwtop Container**	**Frozen**
Instructions	**Aqueous solution and Aqueous fluid Frozen ASAP!** Room temperature unacceptable, Refrigerated unacceptable. Specimen Stability: Room temperature= Unacceptable Refrigerated= Unacceptable Frozen= 30 Days.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	12-13 Days
Notes	Reference Range(s)

LAL	USP Limits
Less than 0.05 EU/mL	None detected
0.25 EU/mL	Acceptable limits for injectable or irrigation water
0.50 EU/mL	Acceptable limits for injectable or irrigation water
2.00 EU/mL	Acceptable upper limit for hemodialysis reuse water

CPT Code(s)	87999
Lab Section	Reference Lab

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Lipase

Order Name:	**LIPASE**
Test Number:	**2004000**
Revision Date:	**01/04/2013**
LOINC Code:	**3040-3**

TEST NAME	METHODOLOGY
Lipase	Enzymatic - Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days. Hemolyzed specimens will be rejected.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for the evaluation of patients suspected of having acute pancreatitis and intestinal obstruction.
CPT Code(s)	83690

Lipase Serous Fluid

Order Name:	**SRS LIPASE**
Test Number:	**2004025**
Revision Date:	**01/04/2013**
LOINC Code:	**15212-4**

TEST NAME	METHODOLOGY
Lipase Serous Fluid	Enzymatic - Colorimetric

SPECIMEN REQUIREMENTS

Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for the evaluation of patients suspected of having acute pancreatitis and intestinal obstruction.
CPT Code(s)	83690

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Lipid Group

Order Name:	**LIPID GRP**
Test Number:	**2019100**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Cholesterol, Total Serum	Enzymatic	2093-3
Triglycerides	Glycerol Phosphate Oxidase	2571-8
HDL Cholesterol	Enzymatic	2085-9
Calculated LDL Test	Calculation	13457-7
Cholesterol / HDL Ratio	Calculation	9830-1
Non-HDL Cholesterol	Calculation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting 12 hours. Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	See detail tests.
CPT Code(s)	80061

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Lipid Group w/Direct LDL

Order Name:	**LIP DR LDL**
Test Number:	**2012900**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Cholesterol, Direct LDL	Enzymatic	18262-6
Cholesterol, Total Serum	Enzymatic	2093-3
Cholesterol-HDL	Enzymatic	
Triglycerides	Glycerol Phosphate Oxidase	2571-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**2 mL (1.0)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Sent to reference lab.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 days
CPT Code(s)	82465; 84478; 83718; 83721

Lipoprotein (a)

Order Name:	**LIPOPROT A**
Test Number:	**2020875**
Revision Date:	**11/23/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lipoprotein (a)	Immunoprecipitin

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting for at least 12 hours is required.			

GENERAL INFORMATION

Testing Schedule	Tues-Sun
Expected TAT	4-5 Days
Clinical Use	Elevated concentrations of Lp(a) are associated with increased risk of coronary artery disease.
CPT Code(s)	83695
Lab Section	Reference Lab

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Lipoprotein Electrophoresis

Order Name:	**LIPO PEP**
Test Number:	**5004625**
Revision Date:	**06/13/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lipoprotein Electrophoresis	Electrophoresis

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 Days
Notes	Panel includes: • Cholesterol, Total • Triglycerides, Serum • Chylomicrons • Beta Lipoproteins • Pre-Beta Lipoproteins • Alpha Lipoproteins • Serum Appearance • Interpretation
CPT Code(s)	82465, 82664, 84478
Lab Section	Reference Lab

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Listeria Antibody

Order Name:	**LISTERIA**
Test Number:	**5512250**
Revision Date:	**02/17/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Listeria Antibody	Complement Fixation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	STABILITY: Room Temperature: 5days, Refrigerated: 14days, Frozen: 30days.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-3 Days
Notes	Single titers Greater Than or Equal to 1:8 are suggestive of listeria infection. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis.
CPT Code(s)	86609
Lab Section	Reference Lab

Lithium

Order Name:	**LITHIUM**
Test Number:	**4003050**
Revision Date:	**11/09/2003**
LOINC Code:	**14334-7**

TEST NAME	METHODOLOGY
Lithium	Spectrophotometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Draw specimen 12 hours after evening dose. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for monitoring therapy of patients with bipolar disorders, including recurrent episodes of mania and depression. Evaluate toxicity.
CPT Code(s)	80178

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Liver Cytosol (LC-1) Autoantibodies

Order Name:	**LIVER CYTO**
Test Number:	**5592675**
Revision Date:	**10/19/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Liver Cytosol (LC-1) Autoantibodies	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 48 Hours, Refrigerated: 7 Days, Frozen: 60 Days.			

GENERAL INFORMATION

Testing Schedule	Saturday
Expected TAT	2-3 Days following set up
Clinical Use	Liver cytosol autoantibodies (LC-1) can be detected in patients with autoimmune hepatitis type 2 in the presence or absence of Liver-Kidney (LKM) autoantibodies. LC-1 are typically not associated with autoimmune hepatitis type 1, primary biliary cirrhosis or drug-induced hepatitis.
CPT Code(s)	86376
Lab Section	Reference Lab

Liver-Kidney Microsome - 1 Antibody, IgG

Order Name:	**LIV-KID AB**
Test Number:	**3606775**
Revision Date:	**09/17/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Liver-Kidney Microsome - 1 Antibody, IgG	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Unacceptable Specimens: Hemolyzed, lipemic, contaminated, or heat-inactivated specimens. (Avoid repeated freeze/thaw cycles). Stability after separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 year.			

GENERAL INFORMATION

Testing Schedule	Sun, Tue, Thu
Expected TAT	2-5 Days
Clinical Use	A positive result indicates the presence of IgG antibodies to recombinant human P450 2D6 and suggests the possibility of autoimmune hepatitis, type 2. A negative LKM-1 does not rule out the presence of autoimmune hepatitis, type 2.
CPT Code(s)	86376
Lab Section	Reference Lab

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Lobster (Spiny) Allergy IgE

Order Name:	**LOBSTR SPN**
Test Number:	**5500521**
Revision Date:	**07/18/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lobster (Spiny) Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Lobster (Spiny) Allergy IgG

Order Name:	**LOBSTR SPG**
Test Number:	**5500513**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lobster (Spiny) Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Lobster Food Allergy IgE

Order Name:	**LOBSTER**
Test Number:	**5610275**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lobster Food Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Lobster Food Allergy IgG

Order Name:	**LOBSTER G**
Test Number:	**5500503**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lobster Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Lombardy Poplar Tree IgE

Order Name:	**POPLAR TR**
Test Number:	**5519650**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lombardy Poplar Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Lorazepam (Ativan)

Order Name:	**LORAZEPAM**
Test Number:	**3611975**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lorazepam (Ativan)	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	**Do not use GEL Seperated tubes.**			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	3-5 Days
CPT Code(s)	80346
Lab Section	Reference Lab

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Luetinizing Hormone (LH), Serum

Order Name:	**LH**
Test Number:	**3601750**
Revision Date:	**11/10/2003**
LOINC Code:	**10501-5**

TEST NAME	METHODOLOGY
Luetinizing Hormone (LH), Serum	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Non hemolyzed specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Useful as an adjunct in the evaluation of menstrual irregularities, work-up of patients with suspected hypogonadism, prediction of ovulation, evaluation of infertility and the diagnosis of pituitary disorders.
CPT Code(s)	83002

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Lupus Anticoagulant Analyzer

Order Name:	**LUP ANT AN**
Test Number:	**1506300**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Cardiolipin Antibodies, IgM and IgG		
Prothrombin Time (PT) and INR		
Activated Partial Thromboplastin Time (aPTT)	Clot Detection	3184-9
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 the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-3236.

Please collect:

Twelve: 2.7mL Sodium Citrate Blue top tubes and

One: 10mL Tiger top clot tube.

Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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.**
CPT Code(s)	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.

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Lupus Anticoagulant Profile

Order Name:	**LUPUS ANTI**
Test Number:	**1506550**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Activated Partial Thromboplastin Time (aPTT)	Clot Detection	3184-9
Lupus Anticoagulant PTT Screen	Clot Detection	
Prothrombin Time	Clot Detection	5902-2
International Normalized Ratio (INR)	Clot Detection	6301-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**22 mL (16 mL)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**12 mL (9 mL)**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

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

Please Collect **Six to Eight (2.7mL) Sodium Citrate 3.2% (Blue Top) tubes.**

Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.

Do not pool aliquots together!

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	Testing dependent
Clinical Use	Testing for the lupus anticoagulant is usually performed in patients with recurrent or unexplained thrombosis and recurrent fetal loss (typically second trimester or later).
Notes	Testing is based on an algorithm beginning with the PTT and Lupus Sensitive PTT. Further testing is directed by the results of these tests. Possible additional testing includes:Pathology Interpretation, DRVVT, Inhibitor Screen, Platelet Neutralization and Heparin Neutralization.
CPT Code(s)	85705; 85730; 85610

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Lupus Anticoagulant-Hexagonal Phospholipid Neutralization

Order Name:	**HEXA PHOS**
Test Number:	**1507375**
Revision Date:	**08/26/2014**
LOINC Code:	**33930-9**

TEST NAME	METHODOLOGY
Lupus Anticoagulant-Hexagonal Phospholipid Neutralization	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5.4 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**3.0 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.

Collect Two 2.7mL Sodium Citrate 3.2% (Blue Top) tubes.

Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.

Do not pool aliquots together!

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	3-4 Days
CPT Code(s)	85598

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Lupus Panel (SLE)

Order Name:	**LUPUS PNL**
Test Number:	**5500380**
Revision Date:	**04/21/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Anti-Nuclear Antibody (ANA) Screen	Indirect Fluorescent Antibody	8061-4
Complement C3 and C4		
DNA Double-Stranded Antibody (anti-ds DNA)	Enzyme Immunoassay	32677-7
ENA Screen	Enzyme Immunoassay	14722-3
Lupus Panel Interpretation		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	Centrifuge and separate serum- aliquot into two 1 mL samples. Refrigerate one and freeze one.			

GENERAL INFORMATION

Testing Schedule	Monday - Friday with ENA peformed on Friday.
Expected TAT	Assay dependant
Clinical Use	To assist in the diagnosis and monitoring of SLE.
CPT Code(s)	86235; 86225; 86038; 86160x2

Luteinizing Hormone Serum/Follicle Stimulating Hormone (LH/FSH)

Order Name:	**LH/FSH**
Test Number:	**2009150**
Revision Date:	**07/23/2004**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Follicle Stimulating Hormone - FSH, Serum	Chemiluminescence Assays	15067-2
Luetinizing Hormone (LH), Serum	Chemiluminescence Assays	10501-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours, Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 DAYS
Clinical Use	Useful as an adjunct in the evaluation of menstrual irregularities work up of patients.
CPT Code(s)	83001; 83002

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Lyme Antibodies CSF

Order Name:	**CSF LYM IF**
Test Number:	**5574900**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Lyme IgG CSF	Indirect Fluorescent Antibody	13204-3
Lyme IgM CSF	Indirect Fluorescent Antibody	13205-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL CSF**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Assist in the diagnosis of an exposure to Borrelia burdorferi, the causative agent of Lyme disease.
CPT Code(s)	86618X2

Lyme Antibody (Polyvalent)

Order Name:	**LYME EIA**
Test Number:	**5570800**
Revision Date:	**05/11/2007**
LOINC Code:	**20449-5**

TEST NAME	METHODOLOGY
Lyme Antibody (Polyvalent)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Seasonal and Volume Dependant
Expected TAT	5 -7 Days
Clinical Use	All positives or borderline results are confirmed with western blot. Serology may not be positive until 2-4 weeks after onset of erythema migrans.
CPT Code(s)	86618

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Lyme Disease (Borrelia spp) DNA Qualitative, Blood

Order Name:	**LYME PCR**
Test Number:	**3622100**
Revision Date:	**08/30/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lyme Disease (Borrelia spp) DNA Qualitative, Blood	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4.5 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 48 Hours, Refrigerated: 7 Days, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Sun
Expected TAT	3-5 Days
Clinical Use	The diagnosis of Lyme Disease is most often made by clinical examination combined with evidence of tick bite or exposure in endemic areas. Amplification of Borrelia genomic DNA from blood, fluids or tissue can support the diagnosis.
CPT Code(s)	87801
Lab Section	Reference Lab

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Lymphocyte Proliferation to Antigens

Order Name:	**LYM AG PRO**
Test Number:	**5600570**
Revision Date:	**06/06/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lymphocyte Proliferation to Antigens	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5.0)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**

Instructions

Collect Monday-Wednesday only, No weekends or Holidays -- Before Collection Call RML Processing at 744-3131 x17398.

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.

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.

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
Lab Section	Reference Lab

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Lymphocyte Proliferation to Mitogens (Blastogenesis)

Order Name:	**LYM MIT PR**
Test Number:	**5500565**
Revision Date:	**06/06/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lymphocyte Proliferation to Mitogens (Blastogenesis)	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5.0)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Instructions	**Collect Monday-Wednesday only, No weekends or Holidays --** Before Collection Call RML Processing at 744-3131 x17398. **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. **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.			

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
Lab Section	Reference Lab

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Lymphocyte Proliferation, Antigens & Mitogens

Order Name:	**LYM AG/MIT**
Test Number:	**5600590**
Revision Date:	**06/06/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lymphocyte Proliferation, Antigens & Mitogens	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5.0)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Instructions	**Collect Monday-Wednesday only, No weekends or Holidays --** Before Collection Call RML Processing at 744-3131 x17398. **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. **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.			

GENERAL INFORMATION

Testing Schedule	Mon - Thurs.
Expected TAT	12-14 Days
Clinical Use	Testing Immunocompetency by stimulation from PHA, ConA adn PWM Mitogens, also Candida and Tetanus Antigens.
CPT Code(s)	86353x5
Lab Section	Reference Lab

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Lymphocytic Choriomeningitis (LCM) Virus IgG,IgM, CSF

Order Name:	**LCM G/M**
Test Number:	**5583120**
Revision Date:	**03/30/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lymphocytic Choriomeningitis (LCM) Virus IgM on CSF	Indirect Fluorescent Antibody
Lymphocytic Choriomeningitis (LCM) Virus IgG on CSF	Indirect Fluorescent Antibody
Lymphocytic Choriomeningitis (LCM) Virus Interpretation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.1mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Keep specimen refrigerated until it can be frozen for ultimate stability. Stability: Room temperature= N/A, Refrigerated= 14days, Frozen= 30days.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	4-7 Days
Clinical Use	Detection of intrathecally-produced organism-specific antibodies in CSF indicates central nervous system infection. However, serum levels of organism-specific antibodies, blood-brain barrier integrity, and possible CSF contamination by blood should be considered when assessing CSF results.
CPT Code(s)	86727x2
Lab Section	Reference Lab

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Lysozyme (Muramidase), Serum

Order Name:	**MURAMIDASE**
Test Number:	**3611450**
Revision Date:	**02/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Lysozyme (Muramidase), Serum	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Allow to Clot then Centrifuge and Separate Serum into plastic aliquot tube within 1hr of collection and Freeze..!** Avoid freezing and thawing. Do not send plasma. STABILITY: Room temperature: 24 Hours, Refrigerated: 15 Days, Frozen: 18 Days.			

GENERAL INFORMATION

Testing Schedule	Mon, Thr
Expected TAT	2-3 Days
Clinical Use	Lysozyme plays an important role in a host's defense against microorganisms. Lysozyme concentrations are increased in patients with acute myelocytic leukemia with monocytic differentiation (FAB M4/M5). Concentrations may also be increased in patients with other leukemias, sarcoidosis, and infections such as tuberculosis. With sarcoidosis, lysozyme may be useful in monitoring disease and treatment.
CPT Code(s)	85549
Lab Section	Reference Lab

Macadamia Nut Allergy IgE

Order Name:	**MACADAMIA**
Test Number:	**5500425**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Macadamia Nut Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Macadamia Nut Allergy IgG

Order Name:	**MACADMIA G**
Test Number:	**5500489**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Macadamia Nut Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

Mace Spice IgE

Order Name:	**MACE SPICE**
Test Number:	**5515845**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mace Spice IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Magnesium

Order Name:	**MAGNESIUM**
Test Number:	**2004100**
Revision Date:	**06/17/2003**
LOINC Code:	**2601-3**

TEST NAME	METHODOLOGY
Magnesium	Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for the identification of malabsorptive disorders, pancreatitis, abnormalities associated with renal clearance, drug therapy and for monitoring treatment of toxemia of pregnancy.
CPT Code(s)	83735

Magnesium, 24-Hour Urine

Order Name:	**MAG 24 U**
Test Number:	**3808800**
Revision Date:	**03/18/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Magnesium, 24-Hour Urine	Atomic Absorbtion, HPLC

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect urine with 25 mL of 6N HCl to maintain a pH below 3. Record 24-hour urine volume on test request form and urine vial.			

GENERAL INFORMATION

Testing Schedule	Tues - Fri
Expected TAT	3-4 Days
CPT Code(s)	83735; 82570
Lab Section	Reference Lab

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Magnesium, Random Urine

Order Name:	**MAG R U**
Test Number:	**2927785**
Revision Date:	**09/18/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Magnesium, Random Urine	Atomic Absorption Spectrophotometry	13474-2
Creatinine, Random Urine	Enzymatic - Colorimetric	2161-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (0.5 mL)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Please submit 10 mL of a well-mixed random collection. Adjust pH to <3.0 with 6N HCl prior to aliquoting for testing. Refrigerate during and after collection. Stability: Room temperature: 4 days; Refrigerated: 7 days; Frozen: 90 days.			

GENERAL INFORMATION

Testing Schedule	Tue - Sat
Expected TAT	2-3 Days
CPT Code(s)	82570, 83735
Lab Section	Reference Lab

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Malaria Antibody, IgG

Order Name:	**MALARIA**
Test Number:	**3659600**
Revision Date:	**10/25/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Malaria Antibody, IgG	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**1mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Unacceptable Conditions: Contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year.			

GENERAL INFORMATION

Testing Schedule	Tue
Expected TAT	2-8 days
Notes	A positive result, with consistent clinical symptoms and history, suggests malarial infection by any of the following species: P. falciparum, P. vivax, P. malariae, or P. ovale.
CPT Code(s)	86750
Lab Section	Reference Lab

Malt IgE

Order Name:	**MALT**
Test Number:	**5620175**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Malt IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Manganese, Serum or Plasma

Order Name:	**MANGANESE**
Test Number:	**3610650**
Revision Date:	**03/22/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Manganese, Serum or Plasma	Atomic Spectroscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Refrigerated**
Alternate 1	**2mL (1mL)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Refrigerated**
Instructions	For serum sample, blood may be drawn into a royal blue top evacuated tube without additive, allowed to clot at 18-28 degrees C within 4 hours of collection. Serum separated is poured into a labeled acid-washed plastic vial for transportation. Do not use powdered gloves. For plasma samples, follow the above instructions except that the sample does not go through the clotting process. Patient should refrain from taking mineral supplements at least 3 days prior to sample collection.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	4-6 Days
CPT Code(s)	83785
Lab Section	Reference Lab

Mango Fruit IgE

Order Name:	**MANGO**
Test Number:	**5519035**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mango Fruit IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Mantle Cell Lymphoma, IGH/CCND1, t(11;14) by FISH

Order Name:	**MANTLE FSH**
Test Number:	**9116800**
Revision Date:	**09/12/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mantle Cell Lymphoma, IGH/CCND1, t(11;14) by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Useful to detect classical translocation in Mantle cell lymphoma.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368, 88368-TCx1
Lab Section	Reference Lab

Maple Tree IgE

Order Name:	**MAPLE TREE**
Test Number:	**5610925**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Maple Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Marjoram IgE

Order Name: **MARJORAM**
Test Number: **5515690**
Revision Date: **02/11/2013**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Marjoram IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Marshelder Rough IgE

Order Name: **MARSHELDER**
Test Number: **5606835**
Revision Date: **02/11/2013**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Marshelder Rough IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Maternal Serum Screen 3 (Triple Screen)

Order Name:	**AFP MAT PR**
Test Number:	**3810900**
Revision Date:	**07/14/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Maternal Serum Screen 3 (Triple Screen)	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

Instructions

The optimal gestational age for collection is 16-18 weeks.

The below information is required for accurate result interpretation:

- Maternal date of birth:
- Maternal weight:
- Maternal race:
- Maternal insulin-dependant diabetes status:
- History of Neural Tube Defects:
- History of Downs Syndrome:
- Number of fetuses:
- Estimated Date of Delivery (EDD):
- Method of EDD determination:US/LMP/PE:

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-3 Days
Clinical Use	The maternal serum biochemical triple screen is used for prenatal screening of Down syndrome (DS) (Trisomy 21), Edward's syndrome (Trisomy 18), and open neural tube defects (ONTD) and ventral abdominal wall defects. **These risks can only be calculated for gestational ages between 15-22.9 weeks. The optimal collection time is at 16-18 weeks gestation.** Establishing risk for fetal DS, using the maternal serum biochemical triple screen, has been found to improve the detection rate (55-65%) with a false positive rate (5%). Normal AFP concentrations do not ensure birth of a normal infant; AFP screening has a false negative rate of 12%, and 21% for anencephaly and open spina bifida, respectively. In addition, 2-3% of newborns have some type of physical or mental defect, many of which may be undetectable with current prenatal diagnostic procedures.
Notes	Risk assessment for Neural Tube Defect (NTD), Down Syndrome (DS), and Trisomy 18 by calculating the MoM of the following components: • Serum Alpha-Fetoprotein (AFP) • Serum Human Chorionic Gonadotropin (hCG) • Serum Free Estriol (uE3)
CPT Code(s)	82677; 84702; 82105
Lab Section	Reference Lab

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Maternal Serum Screen 4 (Quad Screen)

Order Name:	**MAT SCR 4**
Test Number:	**3622300**
Revision Date:	**05/15/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Maternal Serum Screen 4 (Quad Screen)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

Instructions

The optimal gestational age for collection is 16-18 weeks.

The below information is required for accurate result interpretation:

- Maternal date of birth:
- Maternal weight:
- Maternal race:
- Maternal insulin-dependant diabetes status:
- History of Neural Tube Defects:
- History of Downs Syndrome:
- Number of fetuses:
- Estimated Date of Delivery (EDD):
- Method of EDD determination:US/LMP/PE:

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-3 Days
Clinical Use	The maternal serum biochemical quad screen is used for prenatal screening of Down syndrome (DS) (Trisomy 21), Edward's syndrome (Trisomy 18), and open neural tube defects (ONTD) and ventral abdominal wall defects. **These risks can only be calculated for gestational ages between 15-22.9 weeks. The optimal collection time is at 16-18 weeks gestation.**
Notes	Risk assessment for Neural Tube Defect (NTD), Down Syndrome (DS), and Trisomy 18 by calculating the MoM of the following components: • Serum Alpha-Fetoprotein (AFP) • Serum Human Chorionic Gonadotropin (hCG) • Serum Free Estriol (uE3) • Dimeric Inhibin A
CPT Code(s)	82677; 84702; 82105; 86336
Lab Section	Reference Lab

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Maternal Serum Screen 5 (Penta Screen)

Order Name:	**MAT SCR 5**
Test Number:	**3622400**
Revision Date:	**05/15/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Maternal Serum Screen 5 (Penta Screen)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

Instructions

The optimal gestational age for collection is 16-18 weeks.

The below information is required for accurate result interpretation:

- Maternal date of birth:
- Maternal weight:
- Maternal race:
- Maternal insulin-dependant diabetes status:
- History of Neural Tube Defects:
- History of Downs Syndrome:
- Number of fetuses:
- Estimated Date of Delivery (EDD):
- Method of EDD determination:US/LMP/PE:

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-3 Days
Clinical Use	The maternal serum biochemical quad screen is used for prenatal screening of Down syndrome (DS) (Trisomy 21), Edward's syndrome (Trisomy 18), and open neural tube defects (ONTD) and ventral abdominal wall defects. **These risks can only be calculated for gestational ages between 15-22.9 weeks. The optimal collection time is at 16-18 weeks gestation.**
Notes	Risk assessment for Neural Tube Defect (NTD), Down Syndrome (DS), and Trisomy 18 by calculating the MoM of the following components: • Serum Alpha-Fetoprotein (AFP) • Serum Human Chorionic Gonadotropin (hCG) • Serum Free Estriol (uE3) • Dimeric Inhibin A • Invasive Trophoblast Ag (ITA) MoM [aka: Hyperglycosylated hCG (h-hCG)]
CPT Code(s)	82677; 84702; 82105; 86336; 82397
Lab Section	Reference Lab

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Maternal Serum Screen, First Trimester

Order Name:	**MAT FIRST**
Test Number:	**3635275**
Revision Date:	**03/17/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Maternal Screen First Trimester Results	Immunoassay
Sonographer Information	Calculation

SPECIMEN REQUIREMENTS

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

Instructions

The optimal gestational age for collection is 9-13 weeks gestation.
The below information is required for accurate result interpretation:
Mothers Date of Birth
Wieght (lbs)
Race
Insulin Dependent Diabetic
Number fetuses
History of Neural Tube Defects:
History of Downs Syndrome:
EDD by Ultrasound
Ultrasound Date
Date of Draw
* Crown Rump Length (mm)
* Nuchal Translucency (mm)
* Sonographer name
* Certification Number
(*Note: Crown Rump Length, Nuchal Translucency, Sonographer Name & Certification number are required information in order to receive a MoM NT (Multple of Median for the Nuchal Translucency). If not provided the screen will be reported without the MoM NT findings.)

GENERAL INFORMATION

Testing Schedule	Tue-Fri
Expected TAT	3-4 Days
Clinical Use	To screen for Down Syndrome and Trisomy 18 during 9 to 13 weeks gestation. Tests for: * Age Based Risk Down Syndrome * Screen Based Down Syndrome Risk * Risk For Trisomy 18 * Calculated Gestational Age * Pregnancy Assoc. plasma protein (PAPP-A) MoM * Invasive Trophoblast Ag (ITA) MoM [aka: Hyperglycosylated hCG (h-hCG)] * Nuchal Translucency (NT) MoM
CPT Code(s)	82397, 84163
Lab Section	Reference Lab

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Meadow Fescue IgE

Order Name:	**FESCUE**
Test Number:	**5607250**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Meadow Fescue IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Meconium Drug Screen (10 Panel)

Order Name:	**DRUG F S10**
Test Number:	**4066450**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Amphetamines	Immunoassay	8144-8
Barbiturates	Immunoassay	
Benzodiazepines	Immunoassay	
Cocaine and metabolite	Immunoassay	40527-4
Opiates	Immunoassay	8214-9
Oxycodone	Immunoassay	
Phencyclidine	Immunoassay	8232-1
Marijuana (THC) and metabolite	Immunoassay	8167-9
Methadone	Immunoassay	
Propoxyphene	Immunoassay	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5g (1g)**	**See Instructions**	**See Special Instructions**	**Refrigerated**
Instructions	**CHAIN OF CUSTODY TEST !** - Please contact RML Client Services to arrange for collection supplies and instruction before submission of specimen for testing. 5g(1g) Meconium in an appropriate Chain of Custody packet, Refrigerated.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	3-5 Days (depending on confirmations)
Notes	All fecal drug screens are analyzed by immunoassay. Each positive result is confirmed by GC/MS or LC/MS/MS to the limit of detection.
CPT Code(s)	80301
Lab Section	Reference Lab

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Meconium Drug Screen (5 Panel)

Order Name:	**DRUG F SCR**
Test Number:	**4066250**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Amphetamines	Immunoassay	8144-8
Cocaine and metabolite	Immunoassay	40527-4
Opiates	Immunoassay	8214-9
Phencyclidine	Immunoassay	8232-1
Marijuana (THC) and metabolite	Immunoassay	8167-9

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5g (1g)**	**See Instructions**	**See Special Instructions**	**Refrigerated**
Instructions	**CHAIN OF CUSTODY TEST !** - Please contact RML Client Services to arrange for collection supplies and instruction before submission of specimen for testing. 5g(1g) Meconium in an appropriate Chain of Custody packet, Refrigerated.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	3-5 Days (depending on confirmations)
Notes	All fecal drug screens are analyzed by immunoassay. Each positive result is confirmed by GC/MS or LC/MS/MS to the limit of detection.
CPT Code(s)	80301 (or G0431)
Lab Section	Reference Lab

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Melon IgE

Order Name:	**MELON**
Test Number:	**5557975**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Melon IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Mercury, Whole Blood

Order Name:	**MERCURY**
Test Number:	**3806250**
Revision Date:	**06/24/2013**
LOINC Code:	**5685-3**

TEST NAME	METHODOLOGY
Mercury, Whole Blood	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7mL (1mL)**	**Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Ambient / Refrigerated**
Instructions	Do not spin. DO NOT ALIQUOT SPECIMEN. Patient should refrain from eating seafood and taking herbal supplements at least 3 days prior to sample collection. Collect whole blood in a **Royal Blue - EDTA** tube. Specimen can be transported either Refrigerated or Ambient temperature.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	83825
Lab Section	Reference Lab

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Mesquite Tree IgE

Order Name:	**MESQUITE**
Test Number:	**5613225**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mesquite Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Metanephrines, Fractionated 24-Hour or Random Urine

Order Name:	**METANEPH U**
Test Number:	**3800350**
Revision Date:	**03/23/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Metanephrine, Urine - per 24h	Quantitative HPLC/Tandem Mass Spectrometry	19049-6
Metanephrine, Urine - ratio to Creatinine	Quantitative HPLC/Tandem Mass Spectrometry	35644-4
Normetanephrine, Urine - per 24h	Quantitative HPLC/Tandem Mass Spectrometry	2671-6
Normetanephrine, Urine - ratio to Creatinine	Quantitative HPLC/Tandem Mass Spectrometry	44342-4
Creatinine, Urine - per 24h	Spectrophotometry	2162-6
Creatinine, Urine	Spectrophotometry	20624-3
Metanephrines, Urine Interpretation		49283-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Frozen**
Alternate 1	**4 mL (1.5)**	**Urine, Random**	**Sterile Urine container**	**Frozen**
Instructions	Collect: 24-hour or random urine. Refrigerate 24-hour specimens during collection. **Record total volume and collection time interval on transport tube and test request form.** Adequate refrigeration is the most important aspect of specimen preservation. Stability can be enhanced by adjusting the pH to 2-3 by using an acid such as 6 mol/L HCl. A pH lower than 2 may cause assay interference. Stability: Ambient= Unacceptable; Refrigerated= 2 weeks; Frozen= 1 month. Patient Preparation: If possible, abstain from medications for 72 hours prior to collection.			

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
Lab Section	Reference Lab

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Metanephrines, Plasma (Free)

Order Name:	**METANEPH P**
Test Number:	**3805327**
Revision Date:	**03/23/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Metanephrine, Free	Quantitative Liquid Chromatography-Tandem Mass Spectrometry	25474-8
Normetanephrine, Free	Quantitative Liquid Chromatography-Tandem Mass Spectrometry	25489-6
Metanephrines Interpretation		48767-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**

Instructions

Process Plasma Specimen to Frozen Aliquot ASAP.
The whole blood sample should be kept on wet ice until centrifuge (preferably at 4 degrees C).
Separate the plasma within 1 hour of venipuncture. After centrifugation, 2mL(1mL) plasma should be transferred to a plastic, leak-proof Aliquot vial and frozen for immediately.
Stability After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Patient Preparation: Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible. Collection of the specimen after the patient has rested for 15 minutes in a supine position is recommended.

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	3-5 Days
Notes	Many drugs/medications, including over-the-counter and herbal products, can interfere with test results. Testing for all potential interactions is not possible. If the patient is taking a drug not listed as an interferent, its potential effect on test results is unknown. If test results are inconsistent with clinical evidence, drug interference should be considered. If appropriate, the patient should discontinue the potential interferent for 48-72 hours and a new sample collected for retesting.
CPT Code(s)	83835
Lab Section	Reference Lab

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Metapneumovirus PCR

Order Name:	**METAPNEUMO**
Test Number:	**5575875**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Metapneumovirus PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1 mL)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3 mL (1 mL)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**3 mL (1 mL)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	The preferred specimen is mini-Flocked Swab in Universal Transport Media (UTM) (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M4. Keep swabs refrigerated up to 48hrs (room temperature stability is only 4hrs). Freeze if testing will be delayed more than 48hrs. Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated. **NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.**			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 Days
Notes	PCR detection of the pathogen's RNA or DNA will provide a more sensitive and specific method when compared to the DFA method.
CPT Code(s)	87798

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Methadone Screen Urine

Order Name:	**METHADO UR**
Test Number:	**3650775**
Revision Date:	**01/09/2015**
LOINC Code:	**19550-3**

TEST NAME	METHODOLOGY
Methadone Screen Urine	CEDIA

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**30mL (10mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	**Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
CPT Code(s)	80301

Methemoglobin

Order Name:	**MET HGB**
Test Number:	**2004200**
Revision Date:	**10/28/2011**
LOINC Code:	**2614-6**

TEST NAME	METHODOLOGY
Methemoglobin	Hemoximeter

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Whole Blood**	**Lithium Heparin (Dark Green Top / No-Gel)**	**See Instructions**
Alternate 1	**2 mL (1.0)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**See Instructions**
Instructions	Specimen must be on ice. Deliver whole blood to lab immediately. **Must be run within 30 minutes of drawing.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for the diagnosis of methemoglobinemia and identifying cyanosis due to other causes.
CPT Code(s)	83050

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Methylmalonic Acid

Order Name:	METHYLMA S
Test Number:	2051075
Revision Date:	03/23/2015
LOINC Code:	13964-2

TEST NAME	METHODOLOGY
Methylmalonic Acid	Quantitative Liquid Chromatography-Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.2 mL (0.6)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 1	**1.2 mL (0.6)**	**Plasma**	**Lithium Heparin PST (Green/Gray Top)**	**Frozen**
Instructions	Collect: Plain red or serum separator tube. Also acceptable: Green (sodium heparin), lavender (EDTA). **Centrifuge and remove serum or plasma from cells within 2 hours of collection.** Transfer 1.2 mL serum or plasma to a standard transport tube and freeze immediately. Unacceptable Conditions: Room temperature specimens. Grossly hemolyzed or lipemic specimens.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-4 Days
CPT Code(s)	83921
Lab Section	Reference Lab

Methylmalonic Acid, Urine

Order Name:	METHYLMA U
Test Number:	4505300
Revision Date:	02/05/2007
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Methylmalonic Acid, Urine	Gas Chromatography/Mass Spectrometry (GC/MS)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Instructions	Can also be 24hr collection. Do not use preservatives.			

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	3 Days
CPT Code(s)	83921; 82570
Lab Section	Reference Lab

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Microalbumin Urine Random

Order Name: **MICRALUR**
Test Number: **2022200**
Revision Date: **06/11/2003**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine collection. No preservative. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Microalbuminuria predicts the development of proteinuria, diabetic nephropathy, serious microvascular disease, and early mortality in type I and/or II diabetes.
CPT Code(s)	82043

Microalbumin Urine Timed

Order Name: **ALBUM24U**
Test Number: **2022250**
Revision Date: **06/13/2003**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Microalbum/Creat Ratio 24H UR		14958-3
Microalbumin Excretion		58448-2
Microalbuminuria 24 Hour Urine mg/24hr		14956-7
Microalbuminuria 24 Hour Urine mg/l	Immunoturbidimetry	30003-8
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	24 hour urine collection. No preservative. Record number of hours and volume in ml on the specimen container. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Useful for diabetic patients to assess the potential for early onset of nephropathy.
CPT Code(s)	82043

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Microdeletion Syndrome Detection, by FISH

Order Name:	**PRADR FISH**
Test Number:	**5590525**
Revision Date:	**06/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Microdeletion Syndrome Detection, by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Instructions	Whole blood, amniotic fluid, products of conception. Please call laboratory before sample submission. * Please specify syndrome, see list below.			

GENERAL INFORMATION

Testing Schedule	As Needed
Expected TAT	7 Days
Clinical Use	The following syndromes are detected by this FISH assay: Angelman, Cri du Chat, DiGeorge, Kallman, Miller-Dieker, Prader-Willi/Angleman, Smith-Magenis, Williams, Wolf-Hirschhorn.
Notes	Please specify syndrome.
CPT Code(s)	88230
Lab Section	Reference Lab

Milk (Cow's) Food Allergy IgE

Order Name:	**MILK COW**
Test Number:	**5605735**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Milk (Cow's) Food Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Milk (Cow's) Food Allergy IgG4

Order Name:	COW MILK G
Test Number:	5500551
Revision Date:	07/18/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Milk (Cow's) Food Allergy IgG4	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG4 tests has not been clearly established. Physicians sometimes use allergen-specific IgG4 to evaluate patients prior to or during immunotherapy. These tests can be used in special clinical situations. This test should only be ordered by physicians who recognize the limitations of the test
CPT Code(s)	86001
Lab Section	Reference Lab

Mite and Roach Panel

Order Name:	A MITE PNL
Test Number:	5616725
Revision Date:	03/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Dust Mite (D. Farinae D2) IgE	ImmunoCAP
Dermatophagoides pteronyssinus Mite IgE	ImmunoCAP
Cockroach German IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x3

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Mitochondrial Antibody Screen - Reflex to Titer

Order Name:	**MITOCH AB**
Test Number:	**5564250**
Revision Date:	**08/18/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mitochondrial Antibody Screen - Reflex to Titer	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Detectable in 93-99% of patient's with primary biliary cirrhosis.
CPT Code(s)	Screen 86255, If positive it will reflex to titer 86256

Mitochondrial M2 Antibody, IgG EIA

Order Name:	**MITOCH M2**
Test Number:	**5574400**
Revision Date:	**03/23/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mitochondrial M2 Antibody, IgG EIA	Semi-Quantitative Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 7 days, Refrigerated: 14 days, Frozen: 30 days.			

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	2-8 Days
Clinical Use	Mitochondrial Antibody is present in approximately 95% of patients with primary biliary cirrhosis (PBC). Mitochondrial M2 Antibody has an even higher specificity for PBC.
Notes	(CPT changed from 83516 to 83520 on 11/19/2012.)
CPT Code(s)	83520
Lab Section	Reference Lab

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Mold Panel

Order Name:	**A MOLD PNL**
Test Number:	**5622575**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Alternaria Tenuis IgE	ImmunoCAP
Aspergillus fumigatus Mold IgE	ImmunoCAP
Cladosporium herbarum/Hormodendrum IgE	ImmunoCAP
Curvularia Lunata Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.6 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x6

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Mononucleosis (EBV) Analyzer

Order Name:	**MONO AN**
Test Number:	**5545275**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mononucleosis (EBV) Analyzer	Direct Agglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**Two 1mL Aliquots**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Separate serum specimen into Two 1mL aliquots**, labeling one for the monospot screen and the other for possible EBV Serology. **Keep specimens refrigerated.**			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 Days
Clinical Use	For the evaluation of Mononucleosis caused by the Epstein Barr Virus. If the monospot screen is negative, the following serology tests for Epstein Barr Virus will be implemented at an additional charge: EBV (Epstein Barr Virus), Viral Capsid Antibodies (EBV-VCA IgG & IgM Ab) EBV (Epstein Barr Virus), Early Antigen (EA) Antibody EBV (Epstein Barr Virus), Nuclear Antigen Antibody (EBNA)
Notes	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)	86308 (if reflexed: 86665X2, 86663, 86664)

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Monospot Test (Mono Test)

Order Name:	**MONO TEST**
Test Number:	**5504950**
Revision Date:	**08/27/2010**
LOINC Code:	**31418-7**

TEST NAME	METHODOLOGY
Monospot Test (Mono Test)	Direct Agglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**1 mL**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Test specimen ASAP. Stability: RT=10hrs, RF=48hrs, Freeze if not tested within 48 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Diagnosis of Mononucleosis. Suggest performing an EBV panel if the monospot test is negative.
CPT Code(s)	86308

Motor Neuropathy Basic Panel

Order Name:	**MOTRNEUR 1**
Test Number:	**5583575**
Revision Date:	**06/10/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Motor Neuropathy Basic Panel	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Keep Refrigerated			

GENERAL INFORMATION

Testing Schedule	Mon, Tue, Thr
Expected TAT	4-5 Days
Notes	CONTAINS: GM1 Ab IgG/M; Asialo-GM1 Ab IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG IgM.
CPT Code(s)	83520x8
Lab Section	Reference Lab

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Motor Neuropathy Basic Panel + GD1a

Order Name:	**MOTRNEUR 2**
Test Number:	**5583675**
Revision Date:	**06/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Motor Neuropathy Basic Panel + GD1a	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Keep Refrigerated!			

GENERAL INFORMATION

Testing Schedule	Mon, Tue, Thur
Expected TAT	4-5 Days
Notes	CONTAINS: GM1 Ab IgG/M; Asialo-GM1 Ab IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG I; PLUS GD1a Ab IgG/M
CPT Code(s)	83520x10
Lab Section	Reference Lab

Motor Neuropathy Basic Panel + GQ1b

Order Name:	**MOTRNEUR 3**
Test Number:	**5583725**
Revision Date:	**06/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Motor Neuropathy Basic Panel + GQ1b	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Keep Refrigerated!			

GENERAL INFORMATION

Testing Schedule	Mon, Tue, Thur
Expected TAT	4-5 Days
Notes	CONTAINS: GM1 Ab IgG/M; Asialo-GM1 Ab IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG IgM; PLUS GQ1B IgG.
CPT Code(s)	83520x9
Lab Section	Reference Lab

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Motor Neuropathy Panel + GD1a & GQ1b

Order Name:	**MOTRNEUR 4**
Test Number:	**5583765**
Revision Date:	**06/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Motor Neuropathy Panel + GD1a & GQ1b	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Keep Refrigerated!			

GENERAL INFORMATION

Testing Schedule	Mon, Tue, Thur
Expected TAT	4-5 Days
Notes	CONTAINS: GM1 Ab IgG/M; Asialo-Gb IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG IgM; PLUS GD1a Ab IgG/M & GQ1b IgG.
CPT Code(s)	83520x11
Lab Section	Reference Lab

Motor-Sensory Neuropathy 1

Order Name:	**MOTR/SENS1**
Test Number:	**5563725**
Revision Date:	**02/07/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Motor-Sensory Neuropathy 1	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Keep Refrigerated			

GENERAL INFORMATION

Testing Schedule	Assay Dependant
Expected TAT	4-5 Days
Notes	CONTAINS: GM1 Ab IgG/M; Asialo-GM1 Ab IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG IgM AND HU ANTIBODY.
CPT Code(s)	83520x8, 86255
Lab Section	Reference Lab

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Motor-Sensory Neuropathy 2

Order Name:	**MOTR/SENS2**
Test Number:	**5563735**
Revision Date:	**02/07/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Motor-Sensory Neuropathy 2	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Keep Refrigerated			

GENERAL INFORMATION

Testing Schedule	Assay Dependant
Expected TAT	4-5 Days
Notes	CONTAINS: GM1 Ab IgG/M; Asialo-GM1 Ab IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG IgM AND HU, RI AND YO ANTIBODY.
CPT Code(s)	83520x8, 86255x3
Lab Section	Reference Lab

Mountain Juniper/cedar (T6) IgE

Order Name:	**WE JUNIPR**
Test Number:	**5611850**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mountain Juniper/cedar (T6) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Mouse Urine IgE

Order Name:	**MOUSE URIN**
Test Number:	**5607090**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mouse Urine IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

MRSA (Methicillin Resistant Staphylococcus aureus)

Order Name:	**C MRSA**
Test Number:	**6002050**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
MRSA (Methicillin Resistant Staphylococcus aureus)	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Swab**	**Copan eSwab - Green (Mini-tip)**	**Room Temperature**
Alternate 1		**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Instructions	Swab anterior nares, perineal region or directly from suspected area. other skin sources or throat are also acceptable. Other swabs are acceptable, including Aimes Gel Swab.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	3 Days
Clinical Use	Confirms presence or absence of methicillan resistant Staph aureus
Notes	Set up on Chromogenic Agar to facilitate identification.
CPT Code(s)	87081

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MTHFR, DNA Mutation Analysis (C677T & A1298C) [methylenetetrahydrofolate reductase]

Order Name:	**MTHFR**
Test Number:	**1515625**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
MTHFR, DNA Mutation Analysis (C677T & A1298C) [methylenetetrahydrofolate reductase]	INVADER

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6mL (3mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Room temperature or Refrigerated is acceptable. Stability: Room Temp 8 Days, Frozen Not Acceptable. **Do Not Centrifuge.** Specimen cannot be shared with other testing for risk of DNA contamination.			

GENERAL INFORMATION

Testing Schedule	Dayshift- Thursday
Expected TAT	2-8 Days
Clinical Use	The Methylenetetrahydrofolate Reductase (MTHFR) enzyme plays a major role in homocysteine metabolism and contains several known polymorphisms(C677T and A1298C). This mutation is reported to reduce MTHFR activity, resulting in hyperhomocysteinemia. This condition is a risk factor for cardiovascular disease, increased risk for arterial and venous thrombosis, and an increased risk for obstetrical complications.
CPT Code(s)	81291

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Mucor Racem Allergy IgG

Order Name:	**MUCOR IGG**
Test Number:	**5500439**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mucor Racem Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

Mucor Racemosus IgE

Order Name:	**MUCOR RACE**
Test Number:	**5621325**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mucor Racemosus IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Mugwort (Sagebrush) Allergens IgE

Order Name:	**MUGWORT IC**
Test Number:	**5612025**
Revision Date:	**05/28/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mugwort (Sagebrush) Allergens IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Multiple Myeloma Profile by FISH

Order Name:	**MULT MYEL**
Test Number:	**9115585**
Revision Date:	**07/31/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Multiple Myeloma Profile by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Multiple Myeloma (MM) is characterized by the proliferation of malignant monoclonal plasma cells in the bone marrow. In most cases, there is low proliferation index of terminally different malignant plasma cells. As a result, conventional cytogenetic analysis frequently yields normal results. The most frequent abnormalities with prognostic association have been included in this panel [t(11;14)(CCND1;IGH), 13q14.3, 13q34, t(4;14)(FGFR3;IGH), 11q22.3(ATM), 17p13.1(TP53)]. Interphase FISH studies can enhance the detection rate and complement conventional cytogenetic techniques.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368x2, 88368-TCx6
Lab Section	Reference Lab

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Multiple Sclerosis Panel

Order Name:	**MULT SC P**
Test Number:	**5551560**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Oligoclonal Bands IgG	Isolectric Focusing	
Myelin Basic Protein (MBP)	Radioimmunoassay	2638-5
IgG Serum	Nephelometry	2465-3
IgG CSF	Nephelometry	2464-6
Albumin Serum	Enzymatic	
Albumin CSF	Enzymatic	
IgG Index		
Synthesis Rate IgG, CSF		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL**	**CSF and Serum**	**Sterile Screwtop Container and Clot Activator SST**	**Refrigerated**
Instructions	**4 mL Serum and CSF.** (Minimum volume: 2mL CSF, 1.5mL Serum) It is preferred that the collection date and time be the same for both the CSF and Serum. This panel requires both CSF and serum. Client can draw serum up to 48 hours after the CSF tap, however it is not recommended. Clients must be called when no serum has been supplied. If client cannot send patient serum, the IgG Synthesis Rate portion of this panel cannot be performed. CSF must be crystalline clear.			

GENERAL INFORMATION

Testing Schedule	Assay dependant.
Expected TAT	3-6 Days
Clinical Use	Patients with Multiple Sclerosis (MS) have multiple, scarred areas of the brain. Symptoms can initially be mild but typically lead to relapsing or progressive incapacitating neuromotor dysfunction.
Notes	Panel components: **Oligoclonal Bands (IgG), CSF** **IgG Synthesis Rate/Index, CSF** **Myelin Basic Protein, Serum**
CPT Code(s)	82040; 82042; 82784x2; 83873; 83916
Lab Section	Reference Lab

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Mumps IgM and IgG Antibodies

Order Name:	**MUMPS AB**
Test Number:	**5564750**
Revision Date:	**10/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Mumps IgG	Enzyme Immunoassay	22420-4
Mumps IgM	Indirect Fluorescent Antibody	22417-0

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3 Days
Clinical Use	Serologically demonstrates a recent or current infection of mumps.
CPT Code(s)	86735X2

Mumps Immunity (IgG)

Order Name:	**HS MUMPS**
Test Number:	**5566715**
Revision Date:	**10/11/2013**
LOINC Code:	**22415-4**

TEST NAME	METHODOLOGY
Mumps Immunity (IgG)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3 Days
CPT Code(s)	86735

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Mushroom IgE

Order Name:	**MUSHROOM**
Test Number:	**5598090**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mushroom IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Mussel Blue Allergy IgG

Order Name:	**BLUE MSL G**
Test Number:	**5500493**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mussel Blue Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Mustard IgE

Order Name:	**MUSTARD**
Test Number:	**5562750**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mustard IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Myasthenia Gravis Panel 1

Order Name:	**MYAS GRAV1**
Test Number:	**5551325**
Revision Date:	**06/11/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Acetylcholine Receptor Binding Antibody	Radioimmunoassay
Striated Muscle Antibody	Immunofluorescent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 (0.4 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Specimen should be collected in a Non-Gel clot tube.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	4-5 Days
Clinical Use	Myasthenia Gravis is a neurological disorder characterized by a decrease in acetylcholine receptors. Patients exhibit skeletal muscle weakness and fatigability.
CPT Code(s)	86255; 83519
Lab Section	Reference Lab

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Myasthenia Gravis Panel 2

Order Name:	**ACETY BBM**
Test Number:	**5500250**
Revision Date:	**09/05/2013**
LOINC Code:	**Not Specified**

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

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**2 mL (1.5)**	**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.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	4-6 Days
Clinical Use	Myastenia Gravis is a neurological disorder characterized by a decrease in acetylcholine receptors. Patients exhibit skeletal muscle weakness and fatigability. Approximately 80% of patients with Myastenia Gravis, excluding ocular involvement only, have detectable acetylcholine receptor antibody.
CPT Code(s)	83519x2, 88182TC
Lab Section	Reference Lab

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Mycobacterium tuberculosis (CSF & Fluids) PCR

Order Name:	**TB PCR CSF**
Test Number:	**6004150**
Revision Date:	**05/01/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mycobacterium tuberculosis (CSF & Fluids) PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 1	**3 mL (1)**	**Urine, First Void Clean Catch**	**Sterile Screwtop Container**	**Refrigerated**

Instructions

3 mL(1 mL min) CSF or First void clean catch urine or Urine with no preservative. Keep refrigerated In a sterile crew-capped container.

Alternate Specimens: Random urine or Random clean catch urine or Catheterized urine or Fresh (unfixed) tissue or Tissue biopsy or Amniotic fluid or Fluid or Cyst fluid or Gastric fluid or Pericardial fluid or Peritoneal fluid or Pleural fluid or Synovial fluid or Vitreous fluid.

Tissue: Collect aseptically as much as possible, up to 2 grams. Specimen must be kept moist with sterile saline, broth or buffer. Tissues fixed in formalin or paraffin blocks are NOT acceptable.

Fluids: Collect aseptically, as much as possible, up to 150 mL (2 mL min).

Gastric Lavage Fluids: Collect 5-10 mL of an early morning specimen, before food or water intake, in a sterile container without preservative. Adjust to normal pH with 100 mg of sodium carbonate within 4 hours of collection. Unneutralized specimens are not acceptable. Separate specimens collected on 3 consective days are recommended.

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Clinical Use	This is an amplified method used to detect Mycobacterium tuberculosis complex nucleic acid in the raw specimen. It is used to aid the physician in the rapid diagnosis and treatment of a possible tuberculosis infection. A negative result does not rule out disease. Results should be supported by additional alternate testing.
CPT Code(s)	87556
Lab Section	Reference Lab

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Mycobacterium tuberculosis (Respiratory) PCR

Order Name:	**MTB NAA**
Test Number:	**6060550**
Revision Date:	**09/28/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mycobacterium tuberculosis (Respiratory) PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (2mL)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 1	**5mL (2mL)**	**Sputum**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**5mL (2mL)**	**Tracheal lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	**For Respiratory Specimens Only**. Early morning collection of sputum is preferred. 7mL(2mL) Bronchial lavage/wash, Tracheal lavage/wash or Sputum. Less than 2mL of specimen or grossly bloody specimens are causes for rejection. Keep refrigerated in a sterile screw cap container. Sputum specimens should not be frozen!			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Notes	Performed at Oklahoma State Health Deptartment.
CPT Code(s)	N/A

Mycophenolic Acid

Order Name:	**MYCOPHEN A**
Test Number:	**3630000**
Revision Date:	**01/09/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mycophenolic Acid	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.6)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**1 mL (0.6)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Separate serum or plasma from cells ASAP. **Do not use gel separator.** Stability after separation from cells: Ambient= 6 weeks, Refrigerated= 6 weeks, Frozen: 11 months.			

GENERAL INFORMATION

Testing Schedule	Tue, Thu, Sat
Expected TAT	2-4 Days
CPT Code(s)	80180
Lab Section	Reference Lab

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Mycoplasma pneumoniae Antibody

Order Name:	**MYCOPLA AB**
Test Number:	**5564800**
Revision Date:	**06/12/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Mycoplasma IgG	Indirect Fluorescent Antibody	46198-8
Mycoplasma IgM	Indirect Fluorescent Antibody	58708-9
Mycoplasma Interpretation		

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Serologically demonstrates a recent or current infection with M. pneumoniae. Accounts for approximately 20% of all cases of pneumonia.
CPT Code(s)	86738X2

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Mycoplasma pneumoniae Culture

Order Name:	**C M PNEUMO**
Test Number:	**6002785**
Revision Date:	**10/27/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Mycoplasma pneumoniae Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Respiratory specimen**	**Sterile Screwtop Container**	**Frozen**
Instructions	**Please Indicate Source on the Specimen!** **Specimen:** Throat swab, sputum, or other respiratory specimen, CSF, brain tissue, lung tissue, pericardial fluid, joint fluid, or vesicle swab in Mycoplasma Frozen in M4 transport media. For fluid specimens minimum volume 1 mL. **Stability:** Ambient: 8 hours; Refrigerated: 24 hours; Frozen: (-70°C) 1 month. **Unacceptable Conditions:** Genital specimens. Dry swabs, wood swabs, and calcium alginate swabs. M4 RT (room temp) is unacceptable transport media.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	26-30 days
Clinical Use	Detects Mycoplasman pneumoniae in respiratory specimens.
CPT Code(s)	87109
Lab Section	Reference Lab

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Myelin Associated Glycoprotein IgM (MAG IgM) Antibody

Order Name:	**MAG IGM**
Test Number:	**5523200**
Revision Date:	**04/22/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Myelin Associated Glycoprotein IgM (MAG IgM) Antibody	Enzyme 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**
Instructions	Avoid hemolysis. Overnight fasting is preferred.			

GENERAL INFORMATION

Testing Schedule	Tue, Thur
Expected TAT	2-3 Days
Clinical Use	High concentrations of IgM MAG autoantibodies are found in approximately 50% of patients with peripheral neuropathies accompanied by IgM monoclonal gammopathies. Lower concentrations of MAG IgM autoantibodies can also be found in patients with inflammatory neuropathies, multiple sclerosis, systemic lupus erythematosus and healthy individuals.
CPT Code(s)	83520
Lab Section	Reference Lab

Myelin Associated Glycoprotein IgM (MAG-SGPG) Antibody

Order Name:	**SGPG AB**
Test Number:	**3660850**
Revision Date:	**06/12/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Myelin Associated Glycoprotein IgM (MAG-SGPG) Antibody	Enzyme 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**

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	3-8 Days
Clinical Use	MAG-SGPG Ab (IgM) is useful in detecting antibodies associated with autoimmune peripheral neuropathy.
CPT Code(s)	83520
Lab Section	Reference Lab

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Myelin Basic Protein (MBP)

Order Name:	MYELN PRO
Test Number:	3601950
Revision Date:	10/28/2011
LOINC Code:	2638-5

TEST NAME	METHODOLOGY
Myelin Basic Protein (MBP)	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.2 mL (0.5)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 Days
CPT Code(s)	83873
Lab Section	Reference Lab

Myeloid Disorders Profile by FISH

Order Name:	MYELOID P
Test Number:	9115525
Revision Date:	05/10/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Myeloid Disorders Profile by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Bone Marrow**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Alternate 1	**5 mL (3 mL)**	**Whole Blood**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	[-5/5q-, -7/7q-, +8, 20q-] Useful for diagnosing some types of myelodysplastic syndromes with certain specific cytogenetic abnormalities (MDS) as well as certain subtypes of MDS such as 5q- syndrome. It is also useful as adjunct test in diagnosing chronic myelomonocytic leukemia (CMML) and juvenile myelomonocytic leukemia (JMML) and for following the evolution of chronic myelogenous leukemia (CML) to accelerated phase or blast crisis.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88368x2, 88368-TCx4
Lab Section	Reference Lab

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Myeloperoxidase Antibody (MPO)

Order Name:	**MPO AB**
Test Number:	**5551850**
Revision Date:	**06/18/2004**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Myeloperoxidase Antibody (MPO)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Associated with P-ANCA and thus specific ANCA-associated vasculitides (e.g. microvascular polyangitis)
CPT Code(s)	83520

Myoglobin Urine

Order Name:	**MYOGLOBN U**
Test Number:	**3001050**
Revision Date:	**02/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Myoglobin Urine	L-FR NEPH

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4mL**	**Urine, Random**	**See Instructions**	**Frozen**
Instructions	Random urine submitted in a Myoglobin Transport Tube. Urine must be transferred to Myoglobin transport tube and Frozen within 1hr of collection. The pH must be Less than 8.0. Stability= Room Temperature: Unacceptable, Refrigerated: 72 hours, Frozen: 72 hours.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful for confirming the presence of a myopathy associated with injury to skeletal or cardiac muscle, metabolic disease and renal failure.
CPT Code(s)	83874
Lab Section	Reference Lab

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Myoglobin, Serum

Order Name:	**MYOGLOBIN**
Test Number:	**2004240**
Revision Date:	**01/14/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Myoglobin, Serum	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Allow specimen to clot completely at Room Temp before centrifuging. Separate serum or plasma from cells ASAP. Stability After separation from cells: Ambient: 7 days; Refrigerated: 2 week; Frozen: 35 days. **Plasma specimens from EDTA and Heparin tubes are No Longer Accceptable.**			

GENERAL INFORMATION

Testing Schedule	Sun-Thr
Expected TAT	2-3 Days
CPT Code(s)	83874
Lab Section	Reference Lab

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Myositis Profile

Order Name:	**MYOSI PROF**
Test Number:	**5513230**
Revision Date:	**12/10/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
PL-7 Autoantibodies	Radioimmunoprecipitation assay	33772-5
PL-12 Autoantibodies	Radioimmunoprecipitation assay	33771-7
Mi-2 Autoantibodies	Radioimmunoprecipitation assay	18485-3
Ku Autoantibodies	Radioimmunoprecipitation assay	18484-6
EJ Autoantibodies	Radioimmunoprecipitation assay	45149-2
OJ Autoantibodies	Radioimmunoprecipitation assay	45152-6
SRP Autoantibodies	Radioimmunoprecipitation assay	33921-8
Jo-1 Autoantibodies	Enzyme Immunoassay	8076-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6 mL (2)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Refrigerated**
Instructions	6mL Serum from **Non-Gel Clot tube** separated into **Two 3mL aliquots.** Keep specimen refrigerated. Stability: Ambient= 4 Day(s), Refrigerated= 7 Day(s), Frozen= 30 Day(s).			

GENERAL INFORMATION

Testing Schedule	Tuedays
Expected TAT	16-22 Days
CPT Code(s)	83516x5, 86235x3
Lab Section	Reference Lab

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Myotonic Dystrophy (DMPK)

Order Name:	**MYOTON DYS**
Test Number:	**5594800**
Revision Date:	**01/01/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Myotonic Dystrophy (DMPK)	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (3mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-2 Weeks
Clinical Use	Myotonic dystrophy (DM) is the most common inherited neuromuscular disease in adults and affects 1 in 8,000 individuals. DM is an autosomal dominant muscle disease which is caused by a defect in the regulation of a gene cluster located on chromosome 19q13.2. Myotonic dystrophy results in prolonged muscle contraction, cardiac arrhythmia, and can cause cataracts.
Notes	Myotonic Dystrophy analysis can be included in the Hypotonia Panel with SMA and Prader-Willi to expedite diagnosis
CPT Code(s)	81401 (2013 code)
Lab Section	Reference Lab

N-Methylhistamine, 24Hr Urine

Order Name:	**N-METHYLHI**
Test Number:	**3811100**
Revision Date:	**07/31/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
N-Methylhistamine, 24Hr Urine	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**50mL (5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	24Hr urine collection. Keep refrigerated during collection. Preservatives are not necessary, but is compatible with 50% Acetic Acid, Boric Acid or Thymol.			

GENERAL INFORMATION

Testing Schedule	Mon, Thur
Expected TAT	3-6 Days
CPT Code(s)	83789
Lab Section	Reference Lab

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Narcolepsy - HLA Typing

Order Name:	**HLA NARCO**
Test Number:	**9108975**
Revision Date:	**10/20/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Narcolepsy - HLA Typing	Molecular HLA

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**14 mL (5 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	**Specimen Stability:** Room temperature: 1 Week, Refrigerated: 1 Week, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	10-11 Days
CPT Code(s)	81383x2; 81377 (2013 codes)
Lab Section	Reference Lab

Nasal Culture

Order Name:	**C NASAL RT**
Test Number:	**6002011**
Revision Date:	**12/23/2014**
LOINC Code:	**10353-1**

TEST NAME	METHODOLOGY
Nasal Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Nasal swab**	**Copan eSwab - White (Regular size)**	**Room Temperature**
Alternate 1		**Nasal swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Alternate 2		**Nasal swab**	**PNP Swab (Green Cap)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	3 Days
Clinical Use	Identifies upper respiratory pathogens
CPT Code(s)	87070

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Neisseria Gonorrhea Probe

Order Name:	**GC PROBE**
Test Number:	**5960180**
Revision Date:	**12/08/2010**
LOINC Code:	**24111-7**

TEST NAME	METHODOLOGY
Neisseria Gonorrhea Probe	BD ProbeTec

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**SWAB or 8mL (4mL)**	**Urogenital Swab**	**BD ProbeTec Pink(F) or Blue(M)**	**Refrigerated**
Alternate 1	**SWAB or 8mL (4mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Urogenital Swab collection in BD ProbeTec kit, Keep Refrigerated. If urine is used, collect 8mL(4mL) fresh urine specimen in a Sterile Urine Container and refrigerate within 30 minutes.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Amplified Probe technique helps diagnose Neisseria gonorrhea infection.
Notes	Moderately bloody or grossly mucoid specimens may cause inhibition in this assay that may necessitate recollection.
CPT Code(s)	87591

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Neisseria Meningitidis IgG Vaccine Response

Order Name:	NEIS M VAC
Test Number:	5513425
Revision Date:	04/21/2006
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Neisseria Meningitidis IgG Vaccine Response	MAID

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Please indicate Pre or Post Vaccine innoculation.** Specimen stability: Ambient= 1 Week; Refrigerated= 1 Month; Frozen= 1 Year.			

GENERAL INFORMATION

Testing Schedule	Once a week, volume dependant.
Expected TAT	4-10 Days
Clinical Use	This assay measures serum IgG antibodies recognizing polysaccharide antigens from the four Neisseria meningitidis serogroups included in the licensed meningococcal vaccine. The meningococcal vaccine response is best evaluated by testing pre-vaccination and post-vaccination samples in parallel. A two-fold or greater increase for at least two serogroups is expected when comparing post-vaccination to pre-vaccination results. N. meningitidis IgG levels peak approximately one month post-vaccination, but decline markedly by two years.
Notes	Testing includes the following Serogroups: Serogroup A, Serogroup C, Serogroup Y and Serogroup W-135.
CPT Code(s)	86741x4
Lab Section	Reference Lab

Nettle IgE

Order Name:	NETTLE IC
Test Number:	5650125
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Nettle IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Neuromyelitis Optica (NMO) Antibody (Aquaporin-4 Receptor)

Order Name:	**NMO AB**
Test Number:	**3805377**
Revision Date:	**07/28/2014**
LOINC Code:	**61430-5**

TEST NAME	METHODOLOGY
Neuromyelitis Optica (NMO) Antibody (Aquaporin-4 Receptor)	Semi-Quantitative Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Separate serum from cells ASAP or within 2 hours of collection.			

GENERAL INFORMATION

Testing Schedule	Tuesday
Expected TAT	2-9 Days
Clinical Use	Approximately 75 percent of patients with neuromyelitis optica (NMO) express antibodies to the aquaporin-4 (AQP4) receptor. Diagnosis of NMO requires the presence of longitudinally extensive acute myelitis (lesions extending over 3 or more vertebral segments) and optic neuritis. While absence of antibodies to the AQP4 receptor does not rule out the diagnosis of NMO, presence of this antibody is diagnostic for NMO.
CPT Code(s)	83516
Lab Section	Reference Lab

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Neuron Specific Enolase (NSE)

Order Name:	**NEUR ENOLS**
Test Number:	**5590650**
Revision Date:	**12/12/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Neuron Specific Enolase (NSE)	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	NSE is high in platelets and RBC. Therefore, plasma and hemolyzed specimens are not acceptable. **Serum should be separated from cells immediately.** Allow specimen to clot completely at room temperature. Separate serum from cells ASAP. Serum should be separated from cells immediately to avoid release of NSE from blood cells. Avoid repeated freeze/thaw cycles. Stability: Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 1 year			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-4 Days
CPT Code(s)	86316
Lab Section	Reference Lab

Neutrophil Adhesion Panel

Order Name:	**NEUTR ADHE**
Test Number:	**5605650**
Revision Date:	**03/02/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Neutrophil Adhesion Panel	Flow cytometry	
Pathologist ID For Flow Cytomt		19139-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL**	**Whole Blood**	**EDTA (Lavender Top) and Lithium Heparin (Dark Green Top / No-GEL)**	**See Instructions**
Instructions	Collect One Lithium Heparin (green no gel) and One EDTA (Lavender) store at room temperature. Do not centrifuge. Deliver to Immunology ASAP.			

GENERAL INFORMATION

Testing Schedule	Mon - Thur
Expected TAT	3 Days
Clinical Use	Evaluation for the presence of adhesion molecules which are important in the attachment and migration of inflammatory cells.
CPT Code(s)	88184, 88185X11, 88188

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Neutrophil Membrane Antibody

Order Name:	**NEUTRO AB**
Test Number:	**5565160**
Revision Date:	**02/26/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Neutrophil Membrane Antibody	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (0.5)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Frozen**
Alternate 1	**3 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Collect blood in a clot tube or separator tube and remove serum from cells and freeze ASAP. Stability: Room Temperature: n/a, Refrigerated: 3 days, Frozen: 1 month.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-6 Days
Clinical Use	Evaluation for the presence of anti-neutrophil membrane antibody observed in some patients with neutropenia.
CPT Code(s)	86021
Lab Section	Reference Lab

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Neutrophil Oxidative Index (NOI, Chemiluminescence)

Order Name:	**CHEMILUMIN**
Test Number:	**5569200**
Revision Date:	**10/31/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Particulate Stimulation	Flow cytometry
Soluble Stimulate	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Insrtructions**	**Whole Blood**	**EDTA (Lavender Top) and Lithium Heparin (Dark Green Top / No-GEL)**	**Room Temperature**
Instructions	**Collect both 4mL EDTA Lavender and 7mL Lithium Heparin no gel**. Deliver to laboratory (flow cytometry) ASAP (Before 2pm and within 8hrs of collection). Do NOT centrifuge or refrigerate.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 days
Clinical Use	Neutrophil metabolic killing function.
CPT Code(s)	88184, 88185, 88187

Niacin (Vitamin B3)

Order Name:	**NIACIN**
Test Number:	**3657450**
Revision Date:	**03/02/2015**
LOINC Code:	**18244-4**

TEST NAME	METHODOLOGY
Niacin (Vitamin B3)	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4mL (1mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**Protect from light.** Transfer 4mL(1mL) EDTA plasma to an Light protected or Amber Transport Tube and freeze immediately. **CRITICAL FROZEN**. **Separate specimens must be submitted when multiple tests are ordered.** Unacceptable Conditions: Thawed specimens or specimens not protected from light. Grossly hemolyzed or lipemic specimens. Stability: Ambient Unacceptable; Refrigerated Unacceptable; Frozen 2 months.			

GENERAL INFORMATION

Testing Schedule	Varies
Expected TAT	6-12 Days
CPT Code(s)	84591
Lab Section	Reference Lab

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Nickel, Random Urine

Order Name:	**NICKEL U**
Test Number:	**3808875**
Revision Date:	**01/31/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Nickel, Random Urine	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (5)**	**Urine, Random**	**See Instructions**	**Refrigerated**
Instructions	Wash hands before sample collection. Wipe hand dry with lint free paper towel. Do not use recycled paper. Collect 7 mL aliquot of the second morning urine in an acid-washed polypropylene or polyethylene collection container. Use powderless gloves to pour sample into acid-washed shipping container, if needed, Cap securely and ship refrigerated (2-10 C). For clinical monitoring, collect second voided AM urine. For industrial monitoring, collect urine preshift. Patient should refrain from taking mineral supplements at least three days prior to sample collection			

GENERAL INFORMATION

Testing Schedule	Sets up: Mon-Fri am Reports: Thu-Mon pm
Expected TAT	5-7 Days
Clinical Use	Nickel toxicity is associated with allergy, asthma, urticaria, erythema multiforme, contact dermatitis, and hand eczema.
CPT Code(s)	83885
Lab Section	Reference Lab

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Nickel, Serum

Order Name:	**NICKEL BL**
Test Number:	**4003100**
Revision Date:	**05/28/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Nickel, Serum	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	2-4 Days
Notes	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)	83885
Lab Section	Reference Lab

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Nicotine and Metabolite, Quantitative, Random Urine

Order Name:	**NICOTINE U**
Test Number:	**4312325**
Revision Date:	**01/19/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Nicotine Quantitative, Urine	Gas Chromatography/Mass Spectrometry (GC/MS)	3854-7
Cotinine Quantitative, metabolite, Urine	Gas Chromatography/Mass Spectrometry (GC/MS)	10366-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (2.5)**	**Urine, Random**	**Sterile Urine container**	**Frozen**
Alternate 1	**5 mL (2.5)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Instructions	Specimen Stability: Room Temperature= 72Hrs; Refrigerated= 2Wks; Frozen= 1Mo.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	5-8 Days
CPT Code(s)	80323
Lab Section	Reference Lab

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Nicotine and Metabolites Quantitation, Serum or Plasma

Order Name:	NICOT QN S
Test Number:	4312555
Revision Date:	03/23/2015
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Nicotine, Serum or Plasma	Quantitative HPLC/Tandem Mass Spectrometry	3853-9
Cotinine, Serum or Plasma	Quantitative HPLC/Tandem Mass Spectrometry	10365-5
3-OH-Cotinine, Serum or Plasma	Quantitative HPLC/Tandem Mass Spectrometry	35140-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Alternate 1	**4 mL (1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**
Alternate 2	**4 mL (1 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Plasma or whole blood collected in blue top Sodium Citrate tubes. Specimens exposed to repeated freeze/thaw cycles. Stability: After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Notes	Nicotine and Metabolites - Confirmation/Quantitation, Serum or Plasma. Drugs and analytes covered: nicotine, cotinine (metabolite), 3-OH-cotinine (metabolite).
CPT Code(s)	80323; (Alt code: G6055)
Lab Section	Reference Lab

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Nocardia Culture

Order Name:	C NOCARDIA
Test Number:	6000305
Revision Date:	09/18/2012
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Nocardia Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Anaerobic Gel Swab (Blue Cap)**	**Room Temperature**
Alternate 1	**See Instructions**	**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Alternate 2	**See Instructions**	**Respiratory specimen**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	Red Cap swabs and Respiratory specimens, Fluids and aspirates in sterile screwtop container also acceptable.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	28 Days
CPT Code(s)	87070

Norpace (Disopyramide)

Order Name:	NORPACE
Test Number:	4003260
Revision Date:	12/10/2012
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Norpace (Disopyramide)	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Do not use gel barrier tubes. Specimen Stability: Room temperature 5 days, Refrigerated 7 days, Frozen 30 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-3 Days
Clinical Use	Disopyramide is useful in treating patients with cardiac arrhythmias and tachcardia. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.
CPT Code(s)	80299
Lab Section	Reference Lab

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Nortriptyline (Aventyl)

Order Name:	**NORTRIPTL**
Test Number:	**4006150**
Revision Date:	**01/09/2015**
LOINC Code:	**3872-9**

TEST NAME	METHODOLOGY
Nortriptyline (Aventyl)	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Do not use gel barrier tubes. Separate from cells as soon as possible after clotting. Optimum time to collect sample: 10-14 hours post oral dose.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-4 Days
CPT Code(s)	80335
Lab Section	Reference Lab

NPM1 Mutation by PCR

Order Name:	**NPM1 MUTAT**
Test Number:	**9628625**
Revision Date:	**03/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
NPM1 Mutation by PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 1	**3 mL (1 mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Determine prognosis in cytogenetically normal acute myelogenous leukemia (CN-AML)
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	81310
Lab Section	Reference Lab

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Nutmeg IgE

Order Name:	NUTMEG
Test Number:	5515835
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Nutmeg IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Nuts Panel

Order Name:	A NUTS PNL
Test Number:	5616500
Revision Date:	03/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Peanut IgE	ImmunoCAP
Walnut Food Allergy IgE	ImmunoCAP
Pecan Meat Food Allergy IgE	ImmunoCAP
Almond Nut Food Allergy	ImmunoCAP
Hazelnut Food IgE	ImmunoCAP
Brazil Nut Food Allergy IgE	ImmunoCAP
Cashew Nut Food IgE	ImmunoCAP
Pistachio IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.8 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x8

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Oak Tree White IgE

Order Name:	OAK TREE
Test Number:	5604925
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Oak Tree White IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Oat IgE

Order Name:	OAT
Test Number:	5607850
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Oat IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Oat IgG Allergy

Order Name:	**OAT IGG**
Test Number:	**3666350**
Revision Date:	**02/11/2013**
LOINC Code:	**51901-7**

TEST NAME	METHODOLOGY
Oat IgG Allergy	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86001
Lab Section	Reference Lab

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Occult Blood - Fecal (iFOBT)

Order Name:	**ICT OCCULT**
Test Number:	**3510285**
Revision Date:	**02/11/2011**
LOINC Code:	**29771-3**

TEST NAME	METHODOLOGY
Occult Blood - Fecal (iFOBT)	Immunochemical Fecal Occult Blood Test

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 Kit**	**Stool, Random**	**ICT Dowel Probe Kit**	**Room Temperature**
Alternate 1	**1 Kit**	**Stool, Random**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	Submit a single stool specimen collected on dowel of provided collection device. ICT devices are acceptable up to 14 days after collection, **keep refrigerated at 2-8 C if delay is anticipated**. For more information concerning the collection and kit refer to this test in our Specialized Testing section. Please contact your Sales Representative or Client Services if you have not received the new collection device.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	1-2 Days
Clinical Use	The automated fecal occult blood test detects the presence of human hemoglobin using a photometric reading of the presence of an antibody-antigen complex. This immuno-chemical test provides several advantages over the old guaiac method which include ease of collection, reduction in the number of samples needed, no dietary restrictions, increased specificity for human hemoglobin and detection of hemoglobin from the colon or rectal area only.
Notes	No special diet needed. If upper GI bleed is suspected, a traditional stool guaiac tests should be performed (OCC BL 1,2,3) The ICT OCCULT is specific for human hemoglobin from the colon or rectal area only for the detection of colorectal cancer, or lower GI bleeding.
CPT Code(s)	82274

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Occult Blood X1

Order Name:	**OCC BL 1**
Test Number:	**3510000**
Revision Date:	**02/11/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Occult Blood X1	Guaiac Colormetric Reaction (GUIAC)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.1)**	**Stool, Random**	**Fecal Occult Blood Card**	**Room Temperature**
Instructions	**SPECIAL DIET REQUIRED**: Do not eat red meat, any blood-containing food, cantaloupe, uncooked broccoli, turnip, radish, or horseradish for 3 days prior to the test. Some medications may interfere with this test. These include vitamin C and aspirin. The health care provider should be consulted regarding medication changes that may be necessary. **Medication should not be stopped or decreased without consulting the health care provider.** **The patient's full name and date/time of collection should be noted on the card**.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Colon cancer screening
CPT Code(s)	82270

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Occult Blood x2

Order Name:	**OCC BL 2**
Test Number:	**3501330**
Revision Date:	**02/11/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Occult blood #1 Screen	Guaiac Colormetric Reaction (GUIAC)	14563-1
Occult blood #2	Guaiac Colormetric Reaction (GUIAC)	14564-9

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.1)**	**Stool, Random**	**Fecal Occult Blood Card**	**Room Temperature**

Instructions

Specimens cards should be collected on consecutive bowel movements.

SPECIAL DIET REQUIRED: Do not eat red meat, any blood-containing food, cantaloupe, uncooked broccoli, turnip, radish, or horseradish for 3 days prior to the test.

Some medications may interfere with this test. These include vitamin C and aspirin. The health care provider should be consulted regarding medication changes that may be necessary. Medication should not be stopped or decreased without consulting the health care provider.

The patient's full name and date/time of collection should be noted on the cards.

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Colon cancer screening
CPT Code(s)	82270

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Occult Blood x3

Order Name:	**OCC BL 3**
Test Number:	**3501340**
Revision Date:	**02/11/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Occult blood #1 Screen	Guaiac Colormetric Reaction (GUIAC)	14563-1
Occult blood #2	Guaiac Colormetric Reaction (GUIAC)	14564-9
Occult blood #3	Guaiac Colormetric Reaction (GUIAC)	14565-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.1)**	**Stool, Random**	**Fecal Occult Blood Card**	**Room Temperature**

Instructions

Specimens cards should be collected on consecutive bowel movements.

SPECIAL DIET REQUIRED: Do not eat red meat, any blood-containing food, cantaloupe, uncooked broccoli, turnip, radish, or horseradish for 3 days prior to the test.

Some medications may interfere with this test. These include vitamin C and aspirin. The health care provider should be consulted regarding medication changes that may be necessary. Medication should not be stopped or decreased without consulting the health care provider.

The patient's full name and date/time of collection should be noted on the cards.

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Colon cancer screening
CPT Code(s)	82270

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Occult Blood, Gastric Contents

Order Name:	GASTRCULT
Test Number:	3510080
Revision Date:	02/11/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Occult Blood, Gastric Contents	Guaiac Colormetric Reaction (GUIAC)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**See Instructions**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Submit only liquid gastric or vomitus contents in a sterile screwtop container. A sterile urine container will be sufficient. Mark container correctly with sample type submitted.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	1-2 Days
CPT Code(s)	82271

Ocotopus Food Allergy IgE

Order Name:	OCTOPUS
Test Number:	5500541
Revision Date:	07/18/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Ocotopus Food Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Ocotopus Food Allergy IgG

Order Name:	**OCTOPUS G**
Test Number:	**5500501**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ocotopus Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Oligoclonal Bands IgG

Order Name:	**OLIGO CSF**
Test Number:	**0804040**
Revision Date:	**06/17/2004**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Oligoclonal Bands IgG	Isolectric Focusing

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL ea.**	**CSF and Serum**		**Refrigerated**
Instructions	**1mL of CSF and Serum.** It is preferred that the collection date and time be the same for both the CSF and Serum. Client can draw serum up to 48 hours after the CSF tap, however it is not recommended. Clients must be called when no serum has been supplied. If client cannot send patient serum, only then will the CSF be tested with control serum.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-3 Days
Clinical Use	Oligoclonal bands are present in the CSF of more than 85% of patients with clinically definite multiple sclerosis (MS). To distinguish between oligoclonal bands in the CSF due to a peripheral gammopathy and oligoclonal bands due to local production in the CNS, serum and CSF should be tested simultaneously. Oligoclonal bands can however be observed in a variety of other diseases, e.g., subacute sclerosing panencephalitis, inflammatory polyneuropathy, CNS lupus, and brain tumors and infarctions.
CPT Code(s)	83916
Lab Section	Reference Lab

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Omega 3 and 6 Fatty Acids, Plasma

Order Name:	**OMEGA 3/6**
Test Number:	**2005877**
Revision Date:	**03/03/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Omega-3 (EPA+DHA) Index	Calculation
Omega-6/Omega-3 Ratio	Calculation
Arachidonic Acid/EPA Ratio	Calculation
Arachidonic Acid	Liquid Chromatography/Tandem Mass Spectrometry
EPA	Liquid Chromatography/Tandem Mass Spectrometry
DHA	Liquid Chromatography/Tandem Mass Spectrometry
Cardiovascular Disease Risk	INTERP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.4 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	**OVERNIGHT FASTING IS REQUIRED.** Unacceptable specimen: Gross Hemolysis; Gross Lipemia; Gross Icteria. STABILITY: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: 28 Days.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	4 - 6 Days
Clinical Use	Omega-3 fatty acids are anti-inflammatory and antithrombotic, while omega-6 fatty acids are the opposite (proinflammatory and prothrombotic). Balance between the 2 is important for cardiovascular health. The omega-3 index is an indicator of cardiovascular disease risk.
CPT Code(s)	81599
Lab Section	Reference Lab

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Onion IgE

Order Name:	**ONION**
Test Number:	**5556750**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Onion IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Opiates, Expanded Urine

Order Name:	**OPIATE GCU**
Test Number:	**4318525**
Revision Date:	**01/19/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Codeine	Gas Chromatography/Mass Spectrometry (GC/MS)	16250-3
Hydrocodone	Gas Chromatography/Mass Spectrometry (GC/MS)	16252-9
Oxycodone	Gas Chromatography/Mass Spectrometry (GC/MS)	16249-5
Morphine	Gas Chromatography/Mass Spectrometry (GC/MS)	16251-1
Hydromorphone	Gas Chromatography/Mass Spectrometry (GC/MS)	16998-7
Oxymorphone	Gas Chromatography/Mass Spectrometry (GC/MS)	17395-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**15mL (5mL)**	**Urine, Random**	**Sterile Urine container**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Sets up 5 days a week.
Expected TAT	4-5 Days
Clinical Use	Opiates are used in medicine primarily for analgesia. They are prescribed extensively for the management of chronic pain, and acute pain from injury and surgical procedures, and for the relief of chronic and breakthrough pain experienced by cancer patients. This test is utilized to determine patient compliance with narcotic(opiate) prescriptions for Oxycodone and/or Oxymorphone. This test is often used in conjunction with an immunoassay screening procedure to verify the presence of a specific drug. Compliance with prescriptions for controlled substances is a major concern for physicians who prescribed them for patients.
Notes	Limit of detection is 100 ng/mL.
CPT Code(s)	80361, 80365
Lab Section	Reference Lab

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Orange IgE

Order Name:	ORANGE
Test Number:	5607325
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Orange IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Orchard Grass IgE

Order Name:	ORCHRD GR
Test Number:	3633050
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Orchard Grass IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Oregano IgE

Order Name:	**OREGANO**
Test Number:	**5516875**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Oregano IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Organic Acids Serum/Plasma

Order Name:	**ORG ACID P**
Test Number:	**3607575**
Revision Date:	**08/26/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Organic Acids Serum/Plasma	Gas Chromatography/Mass Spectrometry (GC/MS)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 1	**2 mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**Separate Serum and Plasma from cells and Freeze ASAP!**			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	4-5 Days
CPT Code(s)	83918
Lab Section	Reference Lab

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Organic Acids, Urine

Order Name:	**ORG A S U**
Test Number:	**3000825**
Revision Date:	**12/05/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Organic Acids, Urine	Gas Chromatography/Mass Spectrometry (GC/MS)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (3)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Instructions	Freeze urine as soon as possible after collection. Avoid dilute urine when possible.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	4-7 days
CPT Code(s)	83918
Lab Section	Reference Lab

Organism Identification

Order Name:	**C ORG ID**
Test Number:	**6001750**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Organism Identification	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Viable Isolated Organism**	**Transport media**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	5 Days
Clinical Use	Identifies an unknown organism
CPT Code(s)	87081

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Orotic Acid, Urine

Order Name:	**OROTIC A U**
Test Number:	**3000875**
Revision Date:	**02/05/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Orotic Acid, Urine	Coulometric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (3)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Instructions	Do not use preservatives. Ship specimen frozen on dry ice. Do not thaw.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
CPT Code(s)	83921
Lab Section	Reference Lab

Osmolality Fecal

Order Name:	**OSMO FEC**
Test Number:	**3502020**
Revision Date:	**07/26/2010**
LOINC Code:	**2693-0**

TEST NAME	METHODOLOGY
Osmolality Fecal	Freezing Point Depression

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Stool, Random**	**Stool specimen container**	**Refrigerated**
Instructions	Specimen must be in liquid form. A stool osmo is used in conjuction with a serum osmo to calculate an osmotic gap. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-5 days
Clinical Use	Useful for diagnosis of factitious diarrhea (where patient adds water to stool to simulate diarrhea).
CPT Code(s)	84999

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Osmolality Serum/Plasma

Order Name:	**OSMO**
Test Number:	**2004300**
Revision Date:	**01/23/2013**
LOINC Code:	**2692-2**

TEST NAME	METHODOLOGY
Osmolality Serum/Plasma	Freezing Point

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days. Frozen 4 weeks.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used in the investigation of hyponatremia and potential poisoning.
CPT Code(s)	83930

Osmolality Urine

Order Name:	**OSMO U**
Test Number:	**3001100**
Revision Date:	**01/23/2015**
LOINC Code:	**2695-5**

TEST NAME	METHODOLOGY
Osmolality Urine	Freezing Point

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.0)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Fresh random urine collection. No preservative. Keep refrigerated. Specimen stability: Ambient 8 hours. Refrigerated 7 days. ***24 hour urine specimen are acceptable but will be reported with comment that reference ranges to not apply.***			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for assessing the concentrating ability of the kidney.
CPT Code(s)	83935

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Osteocalcin, Human (Bone Gla Protein, BGP)

Order Name:	**OSTEOCALCI**
Test Number:	**3801550**
Revision Date:	**05/10/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Osteocalcin, Human (Bone Gla Protein, BGP)	Electrochemiluminescent Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Frozen**
Alternate 1	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Avoid hemolysis. Avoid lipemia. Overnight fasting is preferred. **Do Not collect if patient has received BIOTIN (Vitamin B7) within 8hrs!** Allow blood to clot at room temperature then centrifuge immediately to separate the serum from the cells. **Freeze as soon as possible!** Specimen Stability: Room temperature: n/a; Refrigerated: 24 Hours; Frozen: 21days.			

GENERAL INFORMATION

Testing Schedule	Sun, Tue, Thr
Expected TAT	2-3 Days from set up.
Clinical Use	Osteocalcin, the most abundant non-collagen protein in bone matrix, is a bone-specific, calcium binding protein. Serum osteocalcin levels are related to the rate of bone turnover in various disorders of bone metabolism, e.g. osteoporosis, primary and secondary hyperparathyroidism, and Paget's disease.
Notes	Osteocalcin, N-MID
CPT Code(s)	83519
Lab Section	Reference Lab

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Outdoor OK/KS Panel

Order Name:	**A OUTDOR P**
Test Number:	**5606650**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Elm Tree American IgE	ImmunoCAP
Pecan Tree IgE	ImmunoCAP
Oak Tree White IgE	ImmunoCAP
Ash White IgE	ImmunoCAP
Bermuda Grass IgE	ImmunoCAP
Kentucky Blue Grass IgE	ImmunoCAP
Johnson Grass IgE	ImmunoCAP
Ragweed Common (Short Ragweed) IgE	ImmunoCAP
Marshelder Rough IgE	ImmunoCAP
Alternaria Tenuis IgE	ImmunoCAP
Cladosporium herbarum/Hormodendrum IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x11

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Outdoor OK/TX Panel

Order Name:	**A OK/TX PN**
Test Number:	**5606580**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Dust Mite (D. Farinae D2) IgE	ImmunoCAP
Alternaria Tenuis IgE	ImmunoCAP
Cat Dander IgE	ImmunoCAP
Dog Dander IgE	ImmunoCAP
Dermatophagoides pteronyssinus Mite IgE	ImmunoCAP
Bermuda Grass IgE	ImmunoCAP
Ragweed Common (Short Ragweed) IgE	ImmunoCAP
Common Silver Birch IgE	ImmunoCAP
Cottonwood IgE	ImmunoCAP
Elm Tree American IgE	ImmunoCAP
Box Elder IgE	ImmunoCAP
Mountain Juniper/cedar (T6) IgE	ImmunoCAP
Pecan Tree IgE	ImmunoCAP
Cockroach German IgE	ImmunoCAP
Penicillium Chrysogenum (M1) IgE	ImmunoCAP
Aspergillus fumigatus Mold IgE	ImmunoCAP
Cladosporium herbarum/Hormodendrum IgE	ImmunoCAP
Oak Tree White IgE	ImmunoCAP
Marshelder Rough IgE	ImmunoCAP
Pigweed Allergens IgE	ImmunoCAP
Sheep Sorrell IgE	ImmunoCAP
Timothy Grass IgE	ImmunoCAP
Ash White IgE	ImmunoCAP
Red Mulberry Tree IgE	ImmunoCAP
Nettle IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.5 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x25

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Outpatient Organism Susceptibility

Order Name:	**OP SUS**
Test Number:	**6001800**
Revision Date:	**10/28/2011**
LOINC Code:	**29576-6**

TEST NAME	METHODOLOGY
Outpatient Organism Susceptibility	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Viable Isolated Organism**	**Transport media**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	2 Days
Clinical Use	Provides antibiotic susceptibilities for any given isolated organism on growth media.
CPT Code(s)	87184

Ovarian Antibody Screen with reflex to Titer

Order Name:	**OVARIAN AB**
Test Number:	**5005750**
Revision Date:	**06/12/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ovarian Antibody	Indirect Fluorescent Antibody
Ovarian Antibody Reflex to Titer	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	3-10 days
Clinical Use	Ovarian Antibody is found in patients with premature ovarian failure, Addison's disease, and polyendocrinopathy syndromes.
CPT Code(s)	86255 Screen (86256 Titer)
Lab Section	Reference Lab

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Oxalate, 24-Hour Urine

Order Name:	**OXALATE U**
Test Number:	**3808300**
Revision Date:	**03/04/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Oxalate, 24-Hour Urine	Spectrophotometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (2)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect urine with 25 mL of 6N HCl to maintain a pH below 3. Mix well before aliquotting. (Urine can be collected without preservative if kept refrigerated during and after collection.)			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
CPT Code(s)	83945; 82570
Lab Section	Reference Lab

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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Oxcarbazepine as Metabolite, Serum or Plasma

Order Name: **TRILEPTAL**
Test Number: **3638130**
Revision Date: **01/09/2014**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Oxcarbazepine as Metabolite, Serum or Plasma	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	**Please collect a Red Non-Gel clot tube.** Specimen stability: 3 days room temperature; 2 weeks refrigerated; 2 months frozen.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
CPT Code(s)	83789
Lab Section	Reference Lab

Oyster Food Allergy IgG

Order Name: **OYSTER IGG**
Test Number: **5500511**
Revision Date: **07/21/2014**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Oyster Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Oyster IgE

Order Name:	**OYSTER**
Test Number:	**5520125**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Oyster IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Pancreastatin, Plasma

Order Name:	**PANCREASTA**
Test Number:	**3658225**
Revision Date:	**05/09/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pancreastatin, Plasma	Quantitative Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1 mL)**	**Plasma**	**Z-tube (G.I. Preservative tube)**	**Frozen**

Instructions

Patient Preparation: Patient must be fasting 10-12 hours prior to collection. **Patient should not be on any medications that may influence insulin levels, if possible, for at least 48 hours prior to collection.**

Must Collect in a Special Z-tube (G.I. Preservative tube). ***Contact RML Client Services to make arrangement for supply of these tubes***.

Specimen Preparation: CRITICAL FROZEN Separate from cells within 1 hour of draw and transfer 2mL(1mL) plasma to an plastic Transport Tube and freeze immediately. Separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions: Thawed specimens. Specimens not collected in GI preservative tube.
Stability Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 months

GENERAL INFORMATION

Testing Schedule	Varies
Expected TAT	5-22 days
CPT Code(s)	83519
Lab Section	Reference Lab

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Pancreatic Elastase, Fecal

Order Name:	**STOOL ELAS**
Test Number:	**3502350**
Revision Date:	**11/19/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pancreatic Elastase, Fecal	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1g (0.3g)**	**Stool, Random**	**Sterile Screwtop Container**	**Frozen**
Instructions	**Preferred Frozen** Collect undiluted feces in clean, dry, sterile leak proof container. Do not add fixative or preservative. **Reject Criteria** : Specimen stored at room temperature for more than 5 days, Specimen(s) collected in Formalin, MF, SAF, PVA or Cary-Blair media. Specimen Stability: Room temperature: 5 days, Refrigerated: 7 days, Frozen: 1 year.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 days
Clinical Use	The Elastase-1 is a quantitative enzyme linked immunosorbent assay for measuring concentrations of elastase-1 in feces as an aid in diagnosis of the exocrine pancreatic function.
CPT Code(s)	82656
Lab Section	Reference Lab

Pancreatic Polypeptide

Order Name:	**PANC POLY**
Test Number:	**2051350**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pancreatic Polypeptide	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.6)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	Ship specimen frozen on dry ice. Overnight fasting is preferred.			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	4 Days
CPT Code(s)	83519
Lab Section	Reference Lab

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Paperwasp IgE

Order Name:	**PAPERWASP**
Test Number:	**5514500**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Paperwasp IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Paperwasp IgG

Order Name:	**PAPERWA G**
Test Number:	**3617850**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Paperwasp IgG	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86001
Lab Section	Reference Lab

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Parainfluenza Virus (Types 1, 2 and 3) PCR

Order Name:	**PARA FLU P**
Test Number:	**5504945**
Revision Date:	**01/01/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Parainfluenza Virus Type 1	Polymerase Chain Reaction
Parainfluenza Virus Type 2	Polymerase Chain Reaction
Parainfluenza Virus Type 3	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3mL (1mL)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**3mL (1mL)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	The preferred specimen is mini-Flocked Swab in Universal Transport Media (UTM) (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M4. Keep swabs refrigerated up to 48hrs (room temperature stability is only 4hrs). Freeze if testing will be delayed more than 48hrs. Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 Days
Clinical Use	Qualitative detection of Parainfluenza Virus (Types 1, 2 and 3) by PCR (Polymerase Chain Reaction).
CPT Code(s)	87631 (2013 code)

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Parasite Complete Exam Stool

Order Name:	**C PARASPEC**
Test Number:	**6060250**
Revision Date:	**05/22/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Parasite Complete Exam Stool	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3gm (1gm)**	**Stool, Random**	**Formalin and PVA container**	**Room Temperature**
Instructions	It is preferable to add enough of stool (to Indicator Line) into each of the PVA and Formalin (PARA-PAK) containers within 1 hour of collection. **Patients must not have had barium for 10 days prior to collection for this test.** Not for patients hospitalized more than 5 days.			

GENERAL INFORMATION

Testing Schedule	Mon, Thur
Expected TAT	1-3 Days
Notes	It is recommnded to submit separate specimens that are collected over 3 consecutive days for best results.
CPT Code(s)	87177, 87209

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Parasite Screen - Stool (Giardia, Cryptosporidium)

Order Name:	C PARA SC
Test Number:	6060200
Revision Date:	10/13/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Parasite Screen - Stool (Giardia, Cryptosporidium)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 grams**	**Stool, Random**	**Formalin and PVA container**	**Room Temperature**
Instructions	**Stool in formalin screwtop container.**			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	1-3 Days
Clinical Use	Testing includes specific antigen testing for for Giardia lamblia and Cryptosporidium sp.
Notes	Refer to the Mircrobiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers.
CPT Code(s)	87328, 87329

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Parasite Smear with Interpretaion

Order Name:	**PARASIT BL**
Test Number:	**0103250**
Revision Date:	**08/26/2014**
LOINC Code:	**17784-0**

TEST NAME	METHODOLOGY
Parasite Smear with Interpretaion	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**2 Slides (1 Slide)**	**Peripheral Blood Smears**	**Glass Slides with Holder**	**Room Temperature**
Alternate 2	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	Specimen is best collected before chills. Please prepare slides as soon as possible following collection. Keep whole blood refrigerated.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 Days
Clinical Use	Identification of blood parasites, usually malaria.
Notes	Testing includes a pathology interpretation.
CPT Code(s)	87207; 80500

Parmesan Cheese IgE

Order Name:	**CHEES PARM**
Test Number:	**5582530**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Parmesan Cheese IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Paroxysmal Nocturnal Hemoglobinuria (PNH) (FLAER)

Order Name:	**PNH FLOW**
Test Number:	**9126105**
Revision Date:	**10/13/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Paroxysmal Nocturnal Hemoglobinuria (PNH) (FLAER)	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 1	**5 mL (1 mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**

Instructions

For Best Stability - Collect Monday through Thursday!
Send specimen to RML main laboratory ASAP on the same day of collection to maintain optimal stability!
(Specimens received at RML Main Laboratory after Noon on Friday will not reach the performing lab within stability.)

Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.
(Sodium or Lithium Heparin No-Gel and Yellow ACD tubes are also acceptable)
Stability: Room temperature 48hrs, Refrigerated 48hrs, Frozen N/A.

GENERAL INFORMATION

Testing Schedule	Monday-Saturday
Expected TAT	2-4 Days
Clinical Use	Paroxysmal nocturnal hemoglobinuria (PNH) is an acquired hematologic disorder characterized by nocturnal hemoglobinuria, chronic hemolytic anemia, thrombosis, pancytopenia, and, in some patients, acute or chronic myeloid malignancies.
CPT Code(s)	88184, 88185x4, 88187
Lab Section	Reference Lab

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Parsley IgE

Order Name:	**PARSLEY**
Test Number:	**5577300**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Parsley IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Parvovirus B-19 IgG and IgM

Order Name:	**PARVO B19**
Test Number:	**5574700**
Revision Date:	**03/17/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Parvovirus B19 Titer IgG	Semi-Quantitative Enzyme-Linked Immunosorbent Assay	5273-8
Parvovirus B19 Titer IgM	Semi-Quantitative Enzyme-Linked Immunosorbent Assay	5274-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.3 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**0.5 mL (0.3 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**0.5 mL (0.3 mL)**	**Plasma**	**Lithium Heparin PST (Green/Gray Top)**	**Refrigerated**
Instructions	**Separate serum or plasma from cells into plastic aliquot tube ASAP or within 2 hours of collection.** **Please mark specimen plainly as "acute" or "convalescent."** (Acute and convalescent specimens must be labeled as such; parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.) Unacceptable: Heat-inactivated, hemolyzed, hyperlipemic, icteric, or contaminated serum specimens. Stability after separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-4 Days
Clinical Use	For the detection of IgM and IgG anti-parvovirus B19 antibodies to aid in diagnosing erythema infections, parvovirus B19 aplastic crisis and other parovirus B19 related diseases.
CPT Code(s)	86747X2

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Parvovirus B19 DNA, PCR

Order Name:	**PARVO DNA**
Test Number:	**3613425**
Revision Date:	**03/03/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Parvovirus B19 DNA, PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.25)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate 1	**1 mL (0.25)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 2	**1 mL (0.25)**	**Fluid**	**Sterile, Capped Plastic Tube**	**Frozen**
Instructions	**Please indicate source on specimen.** Plasma or Serum - Centrifuge specimen within 3 hours of collection, separate and freeze immediately. CSF, bronchoalveolar lavage (BAL), ocular fluid, amniotic fluid, or synovial fluid collected aseptically per established clinical procedure, placed in a sterile plastic tube and frozen. Do not allow freeze-thaw cycle to occur. Fresh tissue, snap frozen, acceptable on dry ice. Stability: Ambient= 8 hours (excludes tissue), Refrigerated= 3 days (excludes tissue), Frozen= 6 months.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
CPT Code(s)	87798
Lab Section	Reference Lab

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PCB (Polychlorinated Biphenyls), Serum or Plasma

Order Name:	**PCB**
Test Number:	**3607050**
Revision Date:	**03/21/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
PCB (Polychlorinated Biphenyls), Serum or Plasma	Gas Chromatography/Mass Spectrometry (GC/MS)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4mL (1.2mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Alternate 1	**4mL (1.2mL)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines. **Rejection Criteria:** Polymer gel separation tube (SST or PST).			

GENERAL INFORMATION

Testing Schedule	Mon-Thur
Expected TAT	4-7 Days
CPT Code(s)	82441
Lab Section	Reference Lab

Peach Fruit IgE

Order Name:	**PEACH FRUT**
Test Number:	**5609750**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Peach Fruit IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Peanut IgE

Order Name:	**PEANUT**
Test Number:	**5604850**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Peanut IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Pear Fruit IgE

Order Name:	**PEAR FRUIT**
Test Number:	**5611075**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pear Fruit IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Pecan Meat Food Allergy IgE

Order Name:	**PECAN MEAT**
Test Number:	**5611150**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pecan Meat Food Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Pecan Meat Food Allergy IgG

Order Name:	**PECAN FD G**
Test Number:	**5500473**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pecan Meat Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Pecan Tree IgE

Order Name:	**PECAN TREE**
Test Number:	**5606750**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pecan Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Pediatric Environmental Panel

Order Name:	**A PED EN P**
Test Number:	**5622600**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Aspergillus fumigatus Mold IgE	ImmunoCAP
Cat Dander IgE	ImmunoCAP
Dog Dander IgE	ImmunoCAP
Alternaria Tenuis IgE	ImmunoCAP
Cladosporium herbarum/Hormodendrum IgE	ImmunoCAP
Dermatophagoides pteronyssinus Mite IgE	ImmunoCAP
Dust Mite (D. Farinae D2) IgE	ImmunoCAP
House Dust (Holister/stier H2) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.9 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x9

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Pediatric Food Panel

Order Name:	**A FOOD P P**
Test Number:	**5611450**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Corn IgE	ImmunoCAP
Egg White IgE	ImmunoCAP
Egg Yolk IgE	ImmunoCAP
Rice IgE	ImmunoCAP
Milk (Cow's) Food Allergy IgE	ImmunoCAP
Casein IgE	ImmunoCAP
Oat IgE	ImmunoCAP
Wheat IgE	ImmunoCAP
Barley IgE	ImmunoCAP
Turkey Meat IgE	ImmunoCAP
Chicken Meat IgE	ImmunoCAP
Pork IgE	ImmunoCAP
Beef IgE	ImmunoCAP
Tuna IgE	ImmunoCAP
Peach Fruit IgE	ImmunoCAP
Strawberry IgE	ImmunoCAP
Banana IgE	ImmunoCAP
Tomato IgE	ImmunoCAP
Potato IgE	ImmunoCAP
Peanut IgE	ImmunoCAP
Green Pea IgE	ImmunoCAP
Chocolate IgE	ImmunoCAP
Soybean IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.3 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x23

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Pediatric General Panel

Order Name:	**A PED G PN**
Test Number:	**5606675**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Alternaria Tenuis IgE	ImmunoCAP
Cat Dander IgE	ImmunoCAP
Dog Dander IgE	ImmunoCAP
Milk (Cow's) Food Allergy IgE	ImmunoCAP
Dust Mite (D. Farinae D2) IgE	ImmunoCAP
Egg White IgE	ImmunoCAP
Peanut IgE	ImmunoCAP
Codfish IgE	ImmunoCAP
Wheat IgE	ImmunoCAP
Soybean IgE	ImmunoCAP
Walnut Food Allergy IgE	ImmunoCAP
Cladosporium herbarum/Hormodendrum IgE	ImmunoCAP
Cockroach German IgE	ImmunoCAP
Dermatophagoides pteronyssinus Mite IgE	ImmunoCAP
Shrimp Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x15

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Pediatric Seasonal Panel

Order Name:	**A PED SN P**
Test Number:	**5616550**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bermuda Grass IgE	ImmunoCAP
Elm Tree American IgE	ImmunoCAP
Oak Tree White IgE	ImmunoCAP
Ragweed Common (Short Ragweed) IgE	ImmunoCAP
Ragweed Giant IgE	ImmunoCAP
Cottonwood IgE	ImmunoCAP
Meadow Fescue IgE	ImmunoCAP
Pecan Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.8 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x8

Penicillin G (Injectable) IgE

Order Name:	**PEN G**
Test Number:	**5510560**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Penicillin G (Injectable) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Penicillin Level

Order Name:	**PENICIL**
Test Number:	**4001350**
Revision Date:	**08/29/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Penicillin Level	Bioassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Specimens collected just before or within 15 minutes of the next dose represent the TROUGH levels. Specimens obtained within 15-30 minutes after the end of I.V. infusion or 45-60 minutes after an IM injection or 90 minutes after oral intake represent the PEAK levels.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-4 Days
CPT Code(s)	80299
Lab Section	Reference Lab

Penicillin V (Oral) IgE

Order Name:	**PEN V**
Test Number:	**5510575**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Penicillin V (Oral) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Penicillium Chrysogenum (M1) IgE

Order Name:	**PEN CHRYSO**
Test Number:	**5622400**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Penicillium Chrysogenum (M1) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Penicillium Chrysogenum IgG

Order Name:	**PEN CHRY G**
Test Number:	**5500433**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Penicillium Chrysogenum IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

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Peripheral Blood Smear (PBS) Analyzer

Order Name:	**ANEMIA AN**
Test Number:	**0110800**
Revision Date:	**10/02/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Anemia Analyzer Smear	Microscopy	
Complete Blood Count (CBC) with Automated Differential		
Immature Platelet Fraction	Flow cytometry	71693-6
Reticulocyte (Retic) Count		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**See Instructions**	**EDTA (lavender top) and Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

Instructions

Collect Both: **One 5mL(3mL) EDTA (Lavender)** and **One 10 mL Clot Activator SST (Red/Grey or Tiger).**
For best results: Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated.
Refrigerated specimens can be tested up to 24hrs. Specimens received after 24hrs will not receive a 5 part differential.
Specimens received greater than 48hrs old will be canceled.

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	This algorithm is used in the evaluation of newly encountered anemia. A CBC and reticulocyte count begin a cascade with the appropriate chemistry tests added as needed. The peripheral blood smear, the results of the biochemical tests and the patient clinical history is reviewed by a pathologist who issues an interpretive report.
Notes	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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Peripheral Blood Smear (PBS) Comprehensive Consult

Order Name:	**PBS RML**
Test Number:	**2904600**
Revision Date:	**10/02/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Complete Blood Count (CBC) with Automated Differential		
WBC Differential Count, Manual	Microscopy	
Reticulocyte (Retic) Count		
Immature Platelet Fraction	Flow cytometry	71693-6
Peripherial Blood Smear Eval		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**2 Slides (1 Slide)**	**Peripheral Blood Smears**	**Glass Slides with Holder**	**Room Temperature**
Alternate 2	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	**For best results: Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated.** Refrigerated specimens can be tested up to 24hrs. Specimens received after 24hrs will not receive a 5 part differential. **Specimens received greater than 48hrs old will be canceled.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 Days
Notes	Provide patient history as available. Testing includes CBC, IPF, Manual Differential, Retic Count and pathologist interpretation. If this testing is performed at your laboratory please send these results with the smears and the lavender tube. If the question is anemia, consider ordering an Anemia Analyzer with the algorythmic reflex ordering of the appropriate chemistry tests.
CPT Code(s)	85027, 85045, 85007, 80502, 85055

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Persantine (Dipyridamole), Serum or Plasma

Order Name:	**PERSANTIN**
Test Number:	**3635050**
Revision Date:	**08/11/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Persantine (Dipyridamole), Serum or Plasma	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**2 mL (1)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	**Do not use gel separation tubes.**			

GENERAL INFORMATION

Testing Schedule	Mon, Thur
Expected TAT	3-5 Days
CPT Code(s)	80299
Lab Section	Reference Lab

pH Blood Venous

Order Name:	**PH VENOUS**
Test Number:	**2005625**
Revision Date:	**12/19/2013**
LOINC Code:	**2746-6**

TEST NAME	METHODOLOGY
pH Blood Venous	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Whole Blood**	**Blood gas syringe**	**See Instructions**
Instructions	Patient should be at rest. Fill blood gas syringe completely . Place specimen on ice and deliver to lab immediately. **Specimen stability: 1 hour on ice.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in assessing acid-base balance.
CPT Code(s)	82800

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pH Serous Fluid

Order Name:	SRS PH
Test Number:	3500350
Revision Date:	06/11/2003
LOINC Code:	2748-2

TEST NAME	METHODOLOGY
pH Serous Fluid	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**See Instructions**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen must be on ice after collection. Deliver to lab immediately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in assessing acid-base balance.
CPT Code(s)	83986

pH Stool

Order Name:	PH FEC
Test Number:	3501025
Revision Date:	01/01/2013
LOINC Code:	2755-7

TEST NAME	METHODOLOGY
pH Stool	Dry Chemistry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5)**	**Fecal/Stool**	**Stool specimen container**	**Refrigerated**
Instructions	Fresh (Less than 24 hours) random stool specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful in diagnosis of carbohydrate malabsorption (usually < 5.6) and alkalinization (to detect phenolphthalein).
Notes	Expanded Methodology: Dry Chemistry/pH Indicator Sticks
CPT Code(s)	83986

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Phenobarbital

Order Name:	**PHENOBARB**
Test Number:	**4003300**
Revision Date:	**01/09/2015**
LOINC Code:	**3948-7**

TEST NAME	METHODOLOGY
Phenobarbital	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Draw specimen same time each day. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for monitoring for appropriate therapeutic level and toxicity.
CPT Code(s)	80345

Phenobarbital, Free, Serum or Plasma

Order Name:	**PHENOB FR**
Test Number:	**3804075**
Revision Date:	**07/02/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Phenobarbital, Free, Serum or Plasma	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1.2)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Refrigerated**
Alternate 1	**3mL (1.2)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**3mL (1.2)**	**Plasma**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Refrigerated**
Instructions	Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
CPT Code(s)	80184
Lab Section	Reference Lab

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Phenylalanine

Order Name:	**PHENYLALA**
Test Number:	**3609475**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Phenylalanine	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Frozen**
Instructions	Separate plasma within 30 minutes of draw. Freeze immediately after separating from cells. Do not thaw. Provide patient age (required for correct reference range), sex, a brief clinical history, tentative diagnosis, and the therapy over the last three days (drugs, X-ray, infant formula, diet). Patient age is required for correct reference range.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed - Fri, Sun
Expected TAT	6 Days
CPT Code(s)	84030
Lab Section	Reference Lab

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Pheochromocytoma Evaluation

Order Name:	**PHEOCHROMO**
Test Number:	**3630645**
Revision Date:	**02/05/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pheochromocytoma Evaluation	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect 24-hour urine with 15 g of boric acid or 25 mL of 6N HCl to maintain a pH below 3. Urine without preservative is acceptable if pH is below 6 and the sample is shipped frozen. Record 24-hour urine volume on test request form and urine vial. **NOTE:** It is preferable for the patient to be off medications for three days prior to collection. Patient should avoid tobacco, tea, coffee, for three days prior to specimen collection. Common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Medications which are alpha agonists (Aldomet), alpha blockers (Dibenzyline) should be avoided 18-24 hours prior to specimen collection.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	3 Days
Clinical Use	Pheochromocytoma is a tumor of the adrenal gland associated with headaches, cyclic changes in blood pressure, sweating, and other symptoms. Pheochromocytomas produce catecholamines and metanephrine.
Notes	Catecholamines, Total Catecholamine/Creatinine Ratio Metanephrines, Total Metanephrine/Creatinine Ratio Creatinine
CPT Code(s)	82382; 82570; 83835
Lab Section	Reference Lab

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Phoma Betae Allergy IgG

Order Name:	**PHOMA IGG**
Test Number:	**5500451**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Phoma Betae Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

Phoma Betae IgE

Order Name:	**PHOMA BET**
Test Number:	**5621550**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Phoma Betae IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Phosphatidylserine Antibodies (IgG, IgA, IgM)

Order Name:	**PHOS SERIN**
Test Number:	**5503950**
Revision Date:	**03/11/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Phosphatidylserine IgG	Enzyme Immunoassay	
Phosphatidylserine IgA	Enzyme Immunoassay	13069-0
Phosphatidylserine IgM	Enzyme Immunoassay	14246-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	If other coagulation studies are ordered in addition to Phosphatidylserine Antibodies, frozen citrated plasma must be submitted. **Note: This test can also be performed on Serum** Specimen Stability: Room temperature= 1 Week, Refrigerated= 28 Days, Frozen= 28 Days.			

GENERAL INFORMATION

Testing Schedule	Six days a week
Expected TAT	2-3 Days
CPT Code(s)	86148x3
Lab Section	Reference Lab

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Phospholipids, Serum

Order Name:	**PHOSLIPID**
Test Number:	**3611500**
Revision Date:	**02/24/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Phospholipids, Serum	Spectrophotometry

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**
Alternate 2	**1 mL (0.2)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Allow Serum to clot completely at room temperature 3O minutes, then separate serum or plasma from cells ASAP! Stability after separation from cells: Ambient: 8 hours; Refrigerated: 1 month; Frozen: 1 month.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	84311
Lab Section	Reference Lab

Phosphorus

Order Name:	**PHOSPHORUS**
Test Number:	**2004400**
Revision Date:	**01/04/2013**
LOINC Code:	**2777-1**

TEST NAME	METHODOLOGY
Phosphorus	Phosphomolybdate Complex

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the diagnosis and treatment of various disorders including parathyroid gland and kidney diseases and vitamin D imbalance.
CPT Code(s)	84100

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Phosphorus Urine Random

Order Name:	**PHOS R U**
Test Number:	**3002300**
Revision Date:	**06/10/2003**
LOINC Code:	**2778-9**

TEST NAME	METHODOLOGY
Phosphorus Urine Random	Phosphomolybdate Complex

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine collection. Diurnal variation exists. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the diagnosis and treatment of various disorders including parathyroid gland and kidney diseases and vitamin D imbalance.
CPT Code(s)	84105

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Phosphorus Urine Timed

Order Name:	**PHOS TM U**
Test Number:	**3006225**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine Urine Timed Estimated		
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Phosphorus 24 Hour Urine mg/24hr		2779-7
Phosphorus Urine mg/dL	Phosphomolybdate Complex	21458-5
Phosphorus Urine Timed		2779-7
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Used to evaluate calcium/phosphorus balance.
CPT Code(s)	84105

Pigweed Allergens IgE

Order Name:	**PIGWEED**
Test Number:	**5644025**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pigweed Allergens IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Pineapple IgE

Order Name:	**PINEAPPLE**
Test Number:	**5522000**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pineapple IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Pinon Nut (Pine Nut) Allergy IgE

Order Name:	**PINION NUT**
Test Number:	**5552220**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pinon Nut (Pine Nut) Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Pinon Nut (Pine Nut) Allergy IgG

Order Name:	**PINON N G**
Test Number:	**5500481**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pinon Nut (Pine Nut) Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

Pinto Bean IgE

Order Name:	**PINTO BEAN**
Test Number:	**5598050**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pinto Bean IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Pinworm Exam

Order Name:	**C PINWORM**
Test Number:	**6000600**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pinworm Exam	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**see instructions**	**Swube paddle**	**Swube paddle**	**Room Temperature**
Instructions	Taken with SWUBE (Sticky) Paddle. Best taken in middle of the night when eggs are laid on the rectal area of patient. (Clear cellophane tape is acceptable alternate specimen collection device)			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 Days
Clinical Use	Detects presence of Enterobius vermicularis (pinworm) larvae
CPT Code(s)	87172

Pistachio IgE

Order Name:	**PISTACHIO**
Test Number:	**5610400**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pistachio IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Pistachio Nut Allergy IgG

Order Name:	**PISTACHI G**
Test Number:	**5500479**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pistachio Nut Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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PLAC-2 (Lipoprotein A Phospholipase A2)

Order Name:	**PLAC 2**
Test Number:	**2003975**
Revision Date:	**06/22/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
PLAC-2 (Lipoprotein A Phospholipase A2)	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Specimen must be spun and stored refrigerated.			

GENERAL INFORMATION

Testing Schedule	Fridays
Expected TAT	1-7 Days
Clinical Use	Used to determine patients with increased risk for cardiovascular events including myocardial infarction and ischemic stroke.
CPT Code(s)	83698

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Plasma Hemoglobin

Order Name:	**PLASMA HGB**
Test Number:	**2004550**
Revision Date:	**07/08/2014**
LOINC Code:	**721-1**

TEST NAME	METHODOLOGY
Plasma Hemoglobin	Spectrophotometry

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**
Instructions	**Must have red cell free plasma!** Separate plama from cells immediately and aliquot approximately 1.5mL of plasma into plastic aliquot tube. Then centrifuge that plastic aliquot tube second time and aliquot 1mL(0.5mL) of red cell free plasma. **If testing is not going to be performed immediately please freeze final aliquot.**			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful for determining whether hemolysis is occurring such as from transfusion reaction and mechanical fragmentation of red blood cells.
CPT Code(s)	83051

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Plasminogen Activator Inhibitor-1 (PAI-1) Antigen

Order Name:	**PLAS ACT I**
Test Number:	**1504400**
Revision Date:	**06/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Plasminogen Activator Inhibitor-1 (PAI-1) Antigen	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate 1	**2 mL (0.5)**	**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	Mon, Wed, Thr
Expected TAT	5-9 Days
Clinical Use	Plasminogen Activator Inhibitor-1 Antigen: Elevated levels of PAI-1 are associated with risk of thrombotic stroke, myocardial infarction, venous thrombosis, diabetes and pregnancy. Platelet contamination of a test sample will tend to falsely elevate results.
Notes	Increased activity is associated with increased risk of arterial thrombosis, such as with unexplained premature myocardial infarction. As an acute phase reactant, the activity is increased after an acute event. Studies suggest PAI-1 may be a prognostic marker in early stage breast cancer.
CPT Code(s)	85415
Lab Section	Reference Lab

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Plasminogen Activator Inhibitor-1 (PAI-1) Genotype

Order Name:	**PLAS ACT G**
Test Number:	**1517000**
Revision Date:	**06/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Plasminogen Activator Inhibitor-1 (PAI-1) Genotype	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**EDTA Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Thursday
Expected TAT	8-15 Days
Clinical Use	The PAI-1 4G/5G polymorphism is a single nucleotide deletion/insertion in the promoter of the PAI-1 gene, which produces two alleles containing either four (4G) or five (5G) consecutive guanosines. It has been reported that individuals carrying two 4G alleles (4G/4G) may have higher PAI-1 plasma levels than 5G allele carriers (genotypes 4G/5G and 5G/5G). Higher PAI-1 levels may be associated with depressed fibrinolytic activity and increased thrombotic risk. Zoller et al. (Thromb Haemost [1998] 79,802-7) have reported approximate 4-fold increases in the risk of pulmonary embolism among subjects with hereditary protein S deficiency who were homozygous for the 4G allele.
Notes	The 4G/5G polymorphism is detected by polymerase chain reaction (PCR) amplification of a portion of the promoter of the PAI-1 gene, followed by single nucleotide primer extension, and detection of fluorescent extension products on an automated DNA sequencer. Since genetic variation and other problems can affect the accuracy of direct mutation testing, the results of this testing should always be interpreted in the light of clinical and familial data.
CPT Code(s)	81400 (2013 code)
Lab Section	Reference Lab

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Platelet Aggregation Profile

Order Name:	**PLT AGG**
Test Number:	**1501910**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Platelet Aggregation, ADP	Aggregation	5992-3
Platelet Aggregation, Epinephrine	Aggregation	5996-4
Platelet Aggregation, Ristocetin High	Aggregation	5998-0
Platelet Aggregation, Arachadonic Acid	Aggregation	
Platelet Aggregation, Collagen	Aggregation	
Platelet Count for Agglutination	Flow cytometry	777-3
Pathology Report		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) and EDTA (Lavender Top)**	**Room Temperature**

Instructions

READ BEFORE COLLECTING SPECIMEN..!

COLLECTIONS and TESTING MUST BE SCHEDULED with the RML Coagulation Department!
Please call the coagulation department to make testing arrangements: (918) 744-3131 x15513.

If OFF-SITE collection is Authorized by the Coagulations Department, the **specimens must reach RML main lab within 1 hour of collection and before 1pm. If you cannot arrange for specimens to arrive in this time frame, Do Not Collect Specimen!**

Patient Must be fasting for at least 8 hours before collection.

Collect Both:
- Four (2.7mL) **3.2% Sodium Citrate** - Blue top tubes
- One (4.5mL) **EDTA** - Lavender top tubes

Keep specimens whole blood (Do Not Spin) - Keep specimen at Room Temperature!

Patient should refrain from aspirin, phenylbutazone, phenothiazines or antihistamines for 10 days prior to the test. Patient should have PLT count Greater than 75,000 for accuracy.

GENERAL INFORMATION

Testing Schedule	Mon - Fri (7am - 1pm)
Expected TAT	1 Day
Clinical Use	Platelet aggregation studies are done to evaluate platelet function. This is a specialized test and would normally be performed in patients with some indicator of a qualitative platelet disorder.
CPT Code(s)	85576x5, 8557626

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Platelet Aggregation Profile Expanded

Order Name:	**PLT AGG EX**
Test Number:	**1501920**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Platelet Aggregation, ADP	Aggregation	5992-3
Platelet Aggregation, Arachadonic Acid	Aggregation	
Platelet Aggregation, Collagen	Aggregation	
Platelet Aggregation, Epinephrine	Aggregation	5996-4
Platelet Aggregation, Ristocetin High	Aggregation	5998-0
Platelet Aggregation, Ristocetin Low	Aggregation	
Platelet Count for Agglutination	Flow cytometry	777-3
Pathology Report		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) and EDTA (Lavender Top)**	**Room Temperature**

Instructions

READ BEFORE COLLECTING SPECIMEN..!

COLLECTIONS and TESTING MUST BE SCHEDULED with the RML Coagulation Department!
Please call the coagulation department to make testing arrangements: (918) 744-3131 x15513.

If OFF-SITE collection is Authorized by the Coagulations Department, the **specimens must reach RML main lab within 1 hour of collection and before 1pm. If you cannot arrange for specimens to arrive in this time frame, Do Not Collect Specimen!**

Patient Must be fasting for at least 8 hours before collection.

Collect Both:
- Five (2.7mL) **3.2% Sodium Citrate** - Blue top tubes
- One (4.5mL) **EDTA** - Lavender top tubes

Keep specimens whole blood (Do Not Spin) - Keep specimen at Room Temperature!

Patient should refrain from aspirin, phenylbutazone, phenothiazines or antihistamines for 10 days prior to the test. Patient should have PLT count Greater than 75,000 for accuracy.

GENERAL INFORMATION

Testing Schedule	Mon - Fri (7am - 1pm)
Expected TAT	1 Day
Clinical Use	Platelet aggregation studies are done to evaluate platelet function. This is a specialized test and would normally be performed in patients with some indicator of a qualitative platelet disorder.
CPT Code(s)	85576x6, 8557626

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Platelet Autoantibody

Order Name:	**PLT AUTOAB**
Test Number:	**5577375**
Revision Date:	**11/13/2014**
LOINC Code:	**24374-1**

TEST NAME	METHODOLOGY
Platelet Autoantibody	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**On Ice**

Instructions

Due to specimen integrity and stability reasons, it is highly suggested this should be collected at the RML Main Laboratory - Monday through Thursday..!
Testing must begin within 24hrs.

Please make this a Separate Specimen, Do not share this specimen with other testing.
Keep specimen as Whole Blood and On-ICE..! Do Not Centrifuge!
Transport specimen directly to Lab Section ASAP On-ICE but **Do Not Freeze!**

(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.)

GENERAL INFORMATION

Testing Schedule	Mon-Thr
Expected TAT	2-3 Days
Clinical Use	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.
CPT Code(s)	86022

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Platelet Count (PLT)

Order Name:	**PLT**
Test Number:	**0104400**
Revision Date:	**08/26/2014**
LOINC Code:	**777-3**

TEST NAME	METHODOLOGY
Platelet Count (PLT)	Flow cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	Mix tube well after collection to avoid clots. For best results: Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 48hrs.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Platelet counts are determined in patients with a suspected bleeding disorders, patients with purpura or petechia, those with prolonged platelet function testing, those with leukemia/lymphoma, DIC, and various platelet disorders, patients on chemotherapy, and to determine the response to patients receiving platelet transfusions.
CPT Code(s)	85049

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Platelet Function Studies

Order Name:	**PLT FUN**
Test Number:	**1506325**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Platelet Function, ADP	Platelet Function Testing	24472-3
Platelet Function, Epinephrine	Platelet Function Testing	24471-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5.4 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**

Instructions

NOTE: If collected at a location other than the laboratory at St. John Medical Center 1923 South Utica Ave. Tulsa, Then please send by STAT courier the the laboratory at St. John Medical Center for testing.

Specimen must be tested within 4 hours of collection. Do not refrigerate!

Collect Two 2.7mL Sodium Citrate 3.2% (Blue Top) tubes - DO NOT Spin, Filter or Freeze specimens!

Patient should have PLT >150,000 and HCT >35% for accuracy.

Please write on request if patient is receiving aspirin.

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Platelet function studies are done to evaluate platelet function. This is a specialized test and would normally be performed in patients with some indicator of a qualitative platelet disorder.
CPT Code(s)	85576x2

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Platelet Refractory Antibody

Order Name:	**PLT REFAB**
Test Number:	**5577425**
Revision Date:	**03/11/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Platelet Refractory Antibody	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.2)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**2mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Separate Plasma or Serum from cells ASAP.** Keep Plasma or Serum refrigerated until testing. If specimen is not going to be tested within 48 hours then freeze the specimen.			

GENERAL INFORMATION

Testing Schedule	Mon-Thr
Expected TAT	1-3 Days
Clinical Use	The refractory platelet transfusion antibody study is designed to detect antibodies that can cause the immune destruction of transfused platelets.
Notes	Testing setup Monday through Thursday and reported Tuesday through Friday.
CPT Code(s)	86022

Plum Fruit IgE

Order Name:	**PLUM**
Test Number:	**5506110**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Plum Fruit IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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PM-1 Antibody

Order Name:	**PM-1 AB**
Test Number:	**3806050**
Revision Date:	**03/23/2015**
LOINC Code:	**61120-2**

TEST NAME	METHODOLOGY
PM-1 Antibody	Semi-Quantitative Immunoblot/Semi-Quantitative Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Unacceptable Conditions: Plasma. Contaminated, hemolyzed, or severely lipemic specimens. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year			

GENERAL INFORMATION

Testing Schedule	Tue
Expected TAT	2-10 Days
CPT Code(s)	86235
Lab Section	Reference Lab

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PML/RARA t(15;17), Quantitative PCR

Order Name:	**PML/RARA**
Test Number:	**9616805**
Revision Date:	**04/29/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
PML/RARA t(15;17), Quantitative PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	For Best results: **Send specimens for testing ASAP.** Specimens not going to be tested immediately should be stored refrigerated, specimens kept at room temperature will degrade faster than those kept refrigerated. Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	5-7 Days
Clinical Use	Acute promyelocytic leukemia (APL) accounts for 10% of acute myelogenousleukemia and is typified by the t(15;17) translocation, which leads to theformation of the PML-RARa fusion gene and predicts a beneficial response toall-trans retinoic acid therapy.
CPT Code(s)	81315, (G0452-26)
Lab Section	Reference Lab

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Pneumococcal Antibody Panel (12 Serotype)

Order Name:	**PNEUMO 12**
Test Number:	**5575553**
Revision Date:	**07/26/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pneumococcal Ab Type 1	Fluoroimmunoassay
Pneumococcal Ab Type 3	Fluoroimmunoassay
Pneumococcal Ab Type 4	Fluoroimmunoassay
Pneumococcal Ab Type 8	Fluoroimmunoassay
Pneumococcal Ab Type 9 (9N)	Fluoroimmunoassay
Pneumococcal Ab Type 12 (12F)	Fluoroimmunoassay
Pneumococcal Ab Type 14	Fluoroimmunoassay
Pneumococcal Ab Type 19 (19F)	Fluoroimmunoassay
Pneumococcal Ab Type 23 (23F)	Fluoroimmunoassay
Pneumococcal Ab Type 26 (6B)	Fluoroimmunoassay
Pneumococcal Ab Type 51 (7F)	Fluoroimmunoassay
Pneumococcal Ab Type 56 (18C)	Fluoroimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	A common method for evaluating suspected antibody deficiency is to immunize the patient with an appropriately selected vaccine, such as Pneumococcal, and determine vaccine-specific antibody concentrations in a serum sample 3-4 weeks post-immunization compared to a pre-immunization sample.
CPT Code(s)	86317x12
Lab Section	Reference Lab

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Pneumococcal Antibody Panel (23 Serotype)

Order Name:	**PNEUMO 23**
Test Number:	**5575605**
Revision Date:	**08/18/2014**
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, Fri
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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Pneumocystis carinii Screen

Order Name:	C P CAR SC
Test Number:	6001625
Revision Date:	07/02/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Pneumocystis carinii Screen	Direct Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Respiratory specimen**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 Days
Clinical Use	Detects Pneumocystis carinii pneumonia
CPT Code(s)	87281

Pneumocystis jirovecii, Qual RT-PCR

Order Name:	PNEUMOCYST
Test Number:	5565733
Revision Date:	12/14/2012
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Pneumocystis jirovecii, Qual RT-PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.7mL (0.3mL)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 1	**0.7mL (0.3mL)**	**Sputum**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	**Please Mark Source and Specimen on Container..!** Bronchial alveolar lavage (BAL)/wash or Bronchial washings or Sputum Stablility: Room temperature: 48 Hours, Refrigerated: 7 Days, Frozen: 30 Days			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-4 Days
Clinical Use	Detection of Pneumocystis jirovecii DNA by Real-Time PCR is a useful tool for the rapid diagnosis of Pneumocystis pneumonia.
CPT Code(s)	87798
Lab Section	Reference Lab

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Poliovirus Antibodies

Order Name:	**POLIO ABS**
Test Number:	**5520015**
Revision Date:	**03/19/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Poliovirus Type 1 Antibodies	Indirect Fluorescent Antibody
Poliovirus Type 2 Antibodies	Indirect Fluorescent Antibody
Poliovirus Type 3 Antibodies	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Wed, Fri
Expected TAT	3-7 Days
CPT Code(s)	86658x3
Lab Section	Reference Lab

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Pollen Panel

Order Name:	**A POLLN PN**
Test Number:	**5616650**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Bermuda Grass IgE	ImmunoCAP
Elm Tree American IgE	ImmunoCAP
Oak Tree White IgE	ImmunoCAP
English Plantain IgE	ImmunoCAP
Meadow Fescue IgE	ImmunoCAP
Ragweed Giant IgE	ImmunoCAP
Russian Thissle IgE	ImmunoCAP
Sheep Sorrell IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.8 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x8

Poppyseed IgE

Order Name:	**POPPYSEED**
Test Number:	**5515975**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Poppyseed IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Pork IgE

Order Name:	**PORK**
Test Number:	**5608175**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pork IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Porphobilinogen, Quantitative, 24-Hour Urine

Order Name:	**PBG QN U**
Test Number:	**3001210**
Revision Date:	**06/20/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Porphobilinogen, Quantitative, 24-Hour Urine	Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (2)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
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 Na2CO3) 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
Lab Section	Reference Lab

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Porphobilinogen, Quantitative, Random Urine

Order Name:	**PBG QT U**
Test Number:	**3005800**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Porphobilinogen, Quantitative, Random Urine	Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (2)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Instructions	Do not use preservatives. Wrap tube in aluminum foil to protect from light.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
CPT Code(s)	84110
Lab Section	Reference Lab

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Porphyrins Fractionated Quant. and Porphobilinogen, 24-Hour Urine

Order Name:	**PORPH 24 U**
Test Number:	**3808400**
Revision Date:	**04/16/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Porphobilinogen	High Performance Liquid Chromatography	2810-0
Pentacarboxyporphyrin	High Performance Liquid Chromatography	9730-3
Uroporphyrins	High Performance Liquid Chromatography	
Coproporphyrins	High Performance Liquid Chromatography	2137-8
Heptacarboxyporphyrin	High Performance Liquid Chromatography	9449-0
Hexacarboxyporphyrin	High Performance Liquid Chromatography	11217-7
Porphyrins, Total		10885-2
Interpretation		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**12 mL (3)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Keep urine refrigerate during and after collection. 24-hour total volume must be provided on the test request form. Stability: Room temperature: N/A, Refrigerated: 7 Days, Frozen: 30 Days. Wrap tube in aluminum foil or use amber tube to protect from light.			

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	2-3 Days
Clinical Use	Urinary Porphobilinogen is the first step in the diagnosis of acute intermittent prophyria (AIP). Porphyria is a group of distinct disorders characterized by the abnormal accumulation of porphyrins or porphyrin precursors. Porphyrin Fractionation of Urine is useful in diagnosing porphyrin cutanea tarda, hereditary coproporphyria, and variegate porphyria.
CPT Code(s)	84120; 84110
Lab Section	Reference Lab

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Porphyrins Fractionated Quantitative, Random Urine

Order Name:	**PORPH SCR**
Test Number:	**3805850**
Revision Date:	**04/08/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Coproporphyrin	High Performance Liquid Chromatography	38162-4
Uroporphyrin	High Performance Liquid Chromatography	38508-8
Pentacarboxyporphyrin	High Performance Liquid Chromatography	38161-6
Hexacarboxyporphyrin	High Performance Liquid Chromatography	
Heptacarboxyporphyrin	High Performance Liquid Chromatography	51752-4
Total Porphyrins		38160-8
Interpretation		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.5 mL)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Refrigerate after collection. Wrap tube in aluminum foil or use amber tube to protect from light.			

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	4-6 Days
Clinical Use	Clinical use is to diagnose porphyria cutanea tarda, hereditary coproporphyria, variegate porphyria.
CPT Code(s)	84120
Lab Section	Reference Lab

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Porphyrins, Total, Serum

Order Name:	**PORPH SER**
Test Number:	**3812550**
Revision Date:	**02/12/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Porphyrins Total, Serum	Scanning Fluorometry	33311-2
Porphyrins Interpretation		49289-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	CRITICAL - Protect from light during collection, storage, and shipment. Wrap in foil ASAP to protect from light. Do Not collect in gel separation tubes. Stability after separation from cells: Ambient=N/A, Refrigerated= 4 days, Frozen= 1 month. Transport in amber tubes may not be sufficient protection to prevent destruction of porphyrins.			

GENERAL INFORMATION

Testing Schedule	Sun, Tue, Thu
Expected TAT	2-5 Days
Clinical Use	Useful for evaluation of cutaneous photosensitivity to rule out porphyrin disorders, particularly erythropoietic protoporphyria. The best specimen for evaluation of suspected porphyria cutanea tarda (PCT) is a urine specimen. Continued monitoring of PCT with serum is an acceptable practice. Evaluation of neurologic and/or psychiatric symptoms associated with suspected acute porphyria (such as acute intermittent porphyria) requires Porphobilinogen (PBG), Urine.
Notes	Protoporphyrin is extremely light sensitive, whereas uroporphyrin and coproporphyrin are much less so. Specimens from patients with suspected erythropoietic protoporphyria should be carefully protected from exposure to light.
CPT Code(s)	84311
Lab Section	Reference Lab

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Potassium Serum/Plasma

Order Name:	**POTASSIUM**
Test Number:	**2004600**
Revision Date:	**03/05/2012**
LOINC Code:	**2823-3**

TEST NAME	METHODOLOGY
Potassium Serum/Plasma	Ion-Selective Electrode

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 7days.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in monitoring metabolic processes, hydration, proper body pH and regulation of appropriate heart and muscle functions.
CPT Code(s)	84132

Potassium Urine Random

Order Name:	**POTAS R U**
Test Number:	**3001350**
Revision Date:	**05/16/2003**
LOINC Code:	**2828-2**

TEST NAME	METHODOLOGY
Potassium Urine Random	Ion-Selective Electrode

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine collection. No preservative. Keep refrigerated. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the management of kidney disease.
CPT Code(s)	84133

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Potassium Urine Timed

Order Name:	**POTAS TM U**
Test Number:	**3003125**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine Urine Timed Estimated		
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Potasium Urine Timed Estimated		
Potassium 24 Hour Urine mm/24hr		2829-0
Potassium 24 Hour Urine mm/L	Ion-Selective Electrode	21476-7
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Used to evaluate electrolyte balance and acid-base balance.
CPT Code(s)	84133; 81050

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Potassium, Feces

Order Name:	**POTAS FEC**
Test Number:	**3503125**
Revision Date:	**01/24/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Potassium, Feces	Ion-Selective Electrode

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5g (1g)**	**Fecal/Stool**	**Sterile Orange Screwtop Container**	**Frozen**
Instructions	Random or 24 hour collection of feces. Send entire collection sample in a plastic leak-proof container with screw cap. Submit a well mixed timed stool collection. Record total collection time (Random, 24, 48, or 72 hours). Keep refrigerated during collection. Do not submit specimen in metal paint cans, as processing poses a safety hazard. Specimens received in paint cans will be rejected. Stability: Ambient= 1 hour; Refrigerated= 2 weeks; Frozen= 6 months. **Unacceptable Specimens: Formed or viscous stool.**			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	5 Days
CPT Code(s)	84999
Lab Section	Reference Lab

Potato IgE

Order Name:	**POTATO**
Test Number:	**5608400**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Potato IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Prader-Willi syndrome DNA (PWS)

Order Name:	**PRADR DNA**
Test Number:	**5591575**
Revision Date:	**01/01/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Prader-Willi syndrome DNA (PWS)	DNA methylation analysis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (3mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-2 Weeks
Clinical Use	Prader-Willi syndrome (PWS) is characterized by neonatal hypotonia and failure to thrive, early childhood-onset hyperphagia with resulting obesity, short stature, small hands and feet, hypogonadotropic hypogonadism and mental retardation. The majority of patients (70%) have interstitial deletions of the paternal chromosome 15 (q11.2-q13). Approximately 26% have maternal uniparental disomy (UPD), 2% have chromosome 15 translocations, and 2% have mutations of the imprint control region.
Notes	Prader-Willi syndrome (PWS) DNA methylation analysis can be included in the Hypotonia Panel with myotonic dystrophy (DM) and Spinal muscular atrophy (SMA) analysis to expedite diagnosis.
CPT Code(s)	81331 (2013 code)
Lab Section	Reference Lab

Pre Albumin

Order Name:	**PRE ALB**
Test Number:	**3603830**
Revision Date:	**06/19/2012**
LOINC Code:	**14338-8**

TEST NAME	METHODOLOGY
Pre Albumin	Turbidometric

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 days
Clinical Use	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.
CPT Code(s)	84134

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Pregabalin (Lyrica), Serum or Plasma

Order Name:	**PREGABAL S**
Test Number:	**2025650**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pregabalin (Lyrica), Serum or Plasma	Gas Chromatography/Mass Spectrometry (GC/MS)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1mL (0.5mL)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-4 days
CPT Code(s)	80366
Lab Section	Reference Lab

Pregabalin (Lyrica), urine

Order Name:	**PREGABAL U**
Test Number:	**2025625**
Revision Date:	**06/24/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pregabalin (Lyrica), urine	Gas Chromatography/Mass Spectrometry (GC/MS)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10mL (1mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	5 days
CPT Code(s)	82542
Lab Section	Reference Lab

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Pregnenolone, Serum or Plasma

Order Name:	**PREGNENOLO**
Test Number:	**3639050**
Revision Date:	**05/19/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pregnenolone, Serum or Plasma	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (0.5mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate 1	**4 mL (0.5mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**CRITICAL FROZEN.** Additional specimens must be submitted when multiple tests are ordered. **Separate into TWO 2mL(0.25mL) serum or plasma aliquots and to plastic aliquot tube and freeze immediately.** Unacceptable Conditions: Refrigerated or room temperature specimens. Stability After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-5 Days
CPT Code(s)	84140
Lab Section	Reference Lab

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Prenatal 8 Profile

Order Name:	**PRENATAL 8**
Test Number:	**2953400**
Revision Date:	**07/31/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Complete Blood Count (CBC) with Automated Differential		
Rubella Antibody		
Hepatitis B Surface Antigen	Chemiluminescence Assays	5195-3
ABO Group & Rh Type		
Antibody Screen to RBC Antigens (Indirect Coombs)		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**See Instructions**	**See Instructions**	**Room Temperature**
Instructions	This profile requires the collection of several specimen types. Please collect one of each of the following specimens: One 7mL EDTA Pink top. One 5mL EDTA Lavender top. One 10mL SST Clot Tube (Tiger top).			

GENERAL INFORMATION

Testing Schedule	Test dependant
Expected TAT	2-4 Days
CPT Code(s)	85025; 86592; 87340; 86900; 86850; 80055

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Prenatal Screen, AneuVision(R) by FISH (13,18,21)

Order Name:	**PRENATFISH**
Test Number:	**0112985**
Revision Date:	**08/09/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Prenatal Screen, AneuVision(R) by FISH (13,18,21)	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10-20 mL**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Instructions	Required information: • Patient Diagnosis • EDD (Estimated Date of Delivery) • Gestational Age and method of determination: US or LMP			

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	3-4 Days
Clinical Use	Sensitivity of this conventional chromosome analysis method is best for larger chromosomal aberrations. Methods that utilize molecular probes (eg, fluorescence in situ hybridization [FISH]) may be required to detect smaller, subtler, changes. The advantage of chromosome analysis, however, is that specimens can be screened for multiple cytogenetic abnormalities, whereas molecular methods require a suspicion or knowledge of the specific abnormality at the time of testing so that the appropriate probe(s) can be used.
CPT Code(s)	88271x5, 88274x2; 88291
Lab Section	Reference Lab

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Primidone (Mysoline) Level

Order Name:	**PRIMID REF**
Test Number:	**4008230**
Revision Date:	**11/19/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Primidone (Mysoline) Level	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**1mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	**Collect just prior to next dose.** Centrifuge and immediately separate plasma or serum specimens from the cells into clean, plastic, screw-capped vial(s) - **Keep Refrigerated**. Specimen Stability (Plasma or Serum): Room temperature: 72 Hours, Refrigerated: 14 Days, Frozen: 30 Days.			

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	2-3 Days
CPT Code(s)	80188
Lab Section	Reference Lab

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Procainamide

Order Name:	**PROCAINAMI**
Test Number:	**3621850**
Revision Date:	**01/14/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Procainamide	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**1mL (0.5mL)**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Refrigerated**
Instructions	**Do not use gel barrier tubes!** Serum from Red No-Gel clot tube is preferred specimen. Plasma from EDTA or Sodium Heparin No-Gel tubes are acceptable. Specimen Stability (Serum or Plasma): Room temperature: 4 Days, Refrigerated: 7 Days, Frozen: Not Established			

GENERAL INFORMATION

Testing Schedule	Mon-Sun
Expected TAT	2-3 Days
Clinical Use	Procainamide is used to treat a variety of atrial and ventricular arrhythmias. Metabolism of procainamide produces an active metabolite N-Acetylprocainamide (NAPA). The concentration of both procainamide and NAPA levels are monitored to assure adequate therapeutic levels of procainamide are achieved and to avoid toxicity.
CPT Code(s)	80192
Lab Section	Reference Lab

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Procalcitonin

Order Name:	**PROCALCITN**
Test Number:	**5700157**
Revision Date:	**10/07/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Procalcitonin	Immunofluorescent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 1	**2 mL (0.5 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate 2	**2 mL (0.5 mL)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Instructions	**Allow serum to clot, then freeze serum or plasma into a frozen aliquot within 30min of collection**. Specimen Stability: Room temperature: Unacceptable, Refrigerated: Unacceptable, Frozen: 43 Days.			

GENERAL INFORMATION

Testing Schedule	Mon- Fri
Expected TAT	2-3 Days
Clinical Use	Used in the diagnosis of bacteremia and septicemia in adults and children (including neonates), renal involvement in urinary tract infection in children, bacterial infection in neutropenic patients, and in the diagnosis, risk stratification, and monitoring of septic shock, systemic secondary infection post-surgery, as well as in severe trauma, burns, and multiorgan failure. Differential diagnosis of bacterial versus viral meningitis. Differential diagnosis of community-acquired bacterial versus viral pneumonia. Monitoring of therapeutic response to antibacterial therapy.
CPT Code(s)	84145
Lab Section	Reference Lab

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Progesterone, Serum

Order Name:	**PROGESTER**
Test Number:	**2007800**
Revision Date:	**09/16/2013**
LOINC Code:	**2839-9**

TEST NAME	METHODOLOGY
Progesterone, Serum	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.6)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if it will not be tested within 48 hours. Specify age, sex, and menopausal status on test request form. **Note: This test is NOT Recommended for Children 12 years and under.** Use **Progesterone, Serum Ultrasensitive** [Test Number: **3800065**] for children 12 years and under. **Collection requirements for Progesterone, Serum Ultrasensitive is Serum from a Red No-Gel.**			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-3 days
Clinical Use	Useful for ascertaining whether ovulation did occur in a menstrual cycle, evaluation of placental function in pregnancy and work-up of some patients with adrenal or testicular tumors.
CPT Code(s)	84144

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Progesterone, Serum Ultrasensitive

Order Name:	**ULTRA PROG**
Test Number:	**3800065**
Revision Date:	**09/16/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Progesterone, Serum Ultrasensitive	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.3 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**2 mL (0.3 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	**Recommended for children 12 years and under.** Separate serum after clotting. Ship serum refrigerated or frozen.			

GENERAL INFORMATION

Testing Schedule	Sun-Thr
Expected TAT	5-7 Days
Clinical Use	This test (1) establishes the presence of a functioning corpus lutem or luteal cell function, (2) confirms basal body temperature measurements of the occurrence of ovulation, (3) affords an indication of the day of ovulation, (4) assesses placental function during pregnancy.
CPT Code(s)	84144
Lab Section	Reference Lab

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Prograf (FK506)

Order Name:	**PROGRAF**
Test Number:	**4503275**
Revision Date:	**11/19/2012**
LOINC Code:	**11253-2**

TEST NAME	METHODOLOGY
Prograf (FK506)	Microparticle enzyme immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	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

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

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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Prolactin, Serum

Order Name:	**PROLACTIN**
Test Number:	**3602400**
Revision Date:	**09/16/2013**
LOINC Code:	**2842-3**

TEST NAME	METHODOLOGY
Prolactin, Serum	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours, Refrigerated 1 week, Frozen 1 week. **Note: This test is NOT Recommended for Children 12 years and under.** Use **Prolactin, Serum Ultrasensitive** [Test Number: **3608600**] for children 12 years and under.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful for aiding in evaluation of pituitary tumors, amenorrhea, galactorrhea, infertility, hypogonadism and monitoring therapy of prolactin-producing tumors.
CPT Code(s)	84146

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Prolactin, Serum Ultrasensitive

Order Name:	**ULTRA PROL**
Test Number:	**3608600**
Revision Date:	**09/16/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Prolactin, Serum Ultrasensitive	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Recommended for Children 12 years and under.** Overnight fasting is preferred. Stability Room temperature: 5 Days, Refrigerated: 7 Days, Frozen: 28 Days.			

GENERAL INFORMATION

Testing Schedule	Tue- Sat
Expected TAT	3-4 Days
Clinical Use	During pregnancy and postpartum lactation, serum prolactin can increase 10- to 20-fold. Exercise, stress, and sleep also cause transient increases in prolactin levels. Consistently elevated serum prolactin levels (>30 ng/mL), in the absence of pregnancy and postpartum lactation, are indicative of hyperprolactinemia. Hypersecretion of prolactin can be caused by pituitary adenomas, hypothalamic disease, breast or chest wall stimulation, renal failure or hypothyroidism. A number of drugs, including many antidepressants, are also common causes of abnormally elevated prolactin levels. Hyperprolactinemia often results in galactorrhea, amenorrhea, and infertility in females, and in impotence and hypogonadism in males. Renal failure, hypothyroidism, and prolactin-secreting pituitary adenomas are also common causes of abnormally elevated prolactin levels.
CPT Code(s)	84146
Lab Section	Reference Lab

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Properdin Factor B (C3 Proactivator)

Order Name:	**FACTOR B**
Test Number:	**5000475**
Revision Date:	**05/15/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Properdin Factor B (C3 Proactivator)	Nephelometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Avoid hemolysis. Overnight fasting is preferred.			

GENERAL INFORMATION

Testing Schedule	Mon, Tues, Thur
Expected TAT	2-3 Days
CPT Code(s)	83883
Lab Section	Reference Lab

Prostaglandins D2 Urine

Order Name:	**PROSTAD2 U**
Test Number:	**3805100**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Prostaglandins D2 Urine	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Frozen**
Instructions	Collect urine without preservative. Record 24-hour urine volume on test request form and urine vial. Aspirin, Indomethacin, and some other medications strongly suppress the production and release of Prostaglandins.			

GENERAL INFORMATION

Testing Schedule	As Needed
Expected TAT	2-9 Days
CPT Code(s)	84150
Lab Section	Reference Lab

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Prostate Specific Antigen (PSA) Total

Order Name:	**PSA EQ**
Test Number:	**2012225**
Revision Date:	**04/05/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Prostate Specific Antigen (PSA) Total	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Serum only. Collect before rectal exam. Stability: Ambient 8 hours, Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful for screening for prostate cancer. Useful for monitoring patients with a history of prostate cancer.
CPT Code(s)	84153

Prostate Specific Antigen (PSA), Free and Total

Order Name:	**PSA FREE**
Test Number:	**2001575**
Revision Date:	**01/28/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Free PSA	Chemiluminescence Assays	10886-0
Total PSA	Chemiluminescence Assays	2857-1
% Free PSA	Calculation	12841-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Collect prior to biopsy, prostatectomy, prostatic massage or digital rectal exam. Allow 30min. for specimen to clot then aliquot serum and freeze Immediately. Specimen stability: Room temperature= n/a; Refrigerated= 24hrs; Frozen= 1mo.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-4 Days
CPT Code(s)	84153, 84154

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Prostate Specific Antigen (PSA), HAMA Treated

Order Name:	**PSA HAMA**
Test Number:	**3602575**
Revision Date:	**04/05/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Prostate Specific Antigen (PSA), HAMA Treated	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Draw before rectal examination or biopsy procedure. Stability: Ambient 4 days. Refrigerated 10 days, Frozen 1 year.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr, Sat
Expected TAT	4-7 days
Clinical Use	Useful for screening for prostate cancer. Useful for monitoring patients with a history of prostate cancer.
Notes	PSA HAMA sent to reference lab.
CPT Code(s)	84153
Lab Section	Reference Lab

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Prostate Specific Antigen (PSA), Total and HAMA Treated PSA

Order Name:	**PSA HAMA P**
Test Number:	**3602585**
Revision Date:	**04/05/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Prostate Specific Antigen (PSA) Total	Chemiluminescence Assays
Prostate Specific Antigen (PSA), HAMA Treated	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Draw before rectal examination or biopsy procedure. Keep serum refrigerated.			

GENERAL INFORMATION

Testing Schedule	assay dependant
Expected TAT	3-7 Days (assay dependant)
Clinical Use	Useful for screening for prostate cancer. Useful for monitoring patients with a history of prostate cancer.
Notes	PSA HAMA sent to reference lab.
CPT Code(s)	84153x2
Lab Section	Reference Lab

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Prostate Specific Antigen (PSA), Ultrasensitive

Order Name:	**ULTRA PSA**
Test Number:	**3602325**
Revision Date:	**03/03/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Prostate Specific Antigen (PSA), Ultrasensitive	Electrochemiluminescent Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP. Unacceptable Conditions: Grossly hemolyzed specimens. Stability after separation from cells: Ambient= 8 hours, Refrigerated= 5 days, Frozen= 6 months.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	84153
Lab Section	Reference Lab

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Prostatic Acid Phosphatase (PAP)

Order Name:	**ACID PHS P**
Test Number:	**2000275**
Revision Date:	**06/03/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Prostatic Acid Phosphatase (PAP)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Draw before rectal examination or biopsy procedure.** Allow specimen to clot then remove 1mL serum and freeze in plastic aliquot tube ASAP. Specimen Stability: Room temperature 24 hours, Refrigerated 24 hours, Frozen 28 days. Reject Criteria: Gross hemolysis, Unfrozen specimens received over 24hrs after collection.			

GENERAL INFORMATION

Testing Schedule	Wednesday AM only, repoprts Friday AM.
Expected TAT	2-3 days following set up
Notes	Microparticle EIA
CPT Code(s)	84066
Lab Section	Reference Lab

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Protein C Antigen

Order Name:	**PROT C AG**
Test Number:	**1503250**
Revision Date:	**04/14/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Protein C Antigen	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.4)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate 1	**1 mL (0.4)**	**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!** Do not thaw. Hemolyzed specimens are not acceptable.			

GENERAL INFORMATION

Testing Schedule	Tues - Sat
Expected TAT	2-3 Days
Clinical Use	Protein C Antigen levels may be decreased with congenital deficiency, treatment with oral anticoagulants, liver disease, DIC, and post-surgery.
CPT Code(s)	85302
Lab Section	Reference Lab

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Protein C, Functional

Order Name:	**PROT C FUN**
Test Number:	**1506000**
Revision Date:	**08/28/2014**
LOINC Code:	**27819-2**

TEST NAME	METHODOLOGY
Protein C, Functional	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5.4 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**3.0 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Collect Two 2.7mL Sodium Citrate 3.2% (Blue Top) tubes.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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	Protein C is a major regulator of the coagulation process. The clinical interest in Protein C levels is due to Protein C deficiencies, both acquired and congenital. Acquired deficiencies are found in hepatic disorders, in DIC and during oral anticoagulant therapy. Congenital Protein C deficiencies are characterized by recurrent venous thrombosis.
CPT Code(s)	85303

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Protein CSF

Order Name:	**CSF PROT**
Test Number:	**3500725**
Revision Date:	**08/05/2013**
LOINC Code:	**2880-3**

TEST NAME	METHODOLOGY
Protein CSF	Pyrogallol Red

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**See Instructions**
Instructions	Patient should be informed, relaxed and properly positioned for lumbar puncture. Usually 3 tubes of CSF are collected for cell count, culture and protein and glucose analyses. Specimen stability: Ambient 6 hours. Refrigerated 24 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in determining presence of infection, inflammation, hemorrhagic, neoplastic or demyelinating disease of the CNS.
CPT Code(s)	84157

Protein Electrophoresis - 24hr Urine (Analyzer)

Order Name:	**PEPU 24 AN**
Test Number:	**5008175**
Revision Date:	**07/19/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Protein Electrophoresis - 24hr Urine (Analyzer)	Electrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**20 mL (10)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect a 24hr urine with no preservative. Please note total volume on 24hr collection container along with any and all pour off aliquots.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2 Days
Clinical Use	Useful in determining urine protein abnormalities, including Bence Jones protein.
Notes	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)	84156; 84166; (80500 or 84166-26) Initial testing only.

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Protein Electrophoresis - 24hr Urine (without reflex testing)

Order Name:	**PEP U 24**
Test Number:	**5002575**
Revision Date:	**08/17/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Protein Urine Timed		
Urine Electrophoresis: Quant	Electrophoresis	
Urine Electrophoresis: Quant	Electrophoresis	34539-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Collect a 24hr urine with no preservative. Please note total volume on 24hr collection container along with any and all pour off aliquots.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2 Days
Clinical Use	Urine protein abnormalities
Notes	Test includes a pathologist interpretation.
CPT Code(s)	84156; 84166; (81050 or 84166-26)

Protein Electrophoresis - Random Urine (Analyzer)

Order Name:	**PEPU AN**
Test Number:	**5004450**
Revision Date:	**07/19/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Protein Electrophoresis - Random Urine (Analyzer)	Electrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**20 mL (10)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine no preservatives.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	1-3 Days
Clinical Use	Initial testing: Protein Electrophoresis; Total Protein; Pathologist Interpretation. Useful in determining urine protein abnormalities, including Bence Jones protein.
Notes	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)	84156; 84166; (80500 or 84166-26) Initial testing only.

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Protein Electrophoresis - Random Urine (without reflex testing)

Order Name:	**PEPU NO AN**
Test Number:	**5002175**
Revision Date:	**08/17/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Protein Electrophoresis - Random Urine (without reflex testing)	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine no preservatives.			

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	3 Days
Clinical Use	Urine protein abnormality
Notes	Test includes a pathologist interpretation.
CPT Code(s)	84155; 84166; (80500 or 8416626)

Protein Electrophoresis - Serum (Analyzer)

Order Name:	**PEP AN**
Test Number:	**5004425**
Revision Date:	**06/17/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Protein Electrophoresis - Serum (Analyzer)	Electrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	1-3 Days
Clinical Use	Initial testing: Protein Electrophoresis; Total Protein; Serum Free Light Chains (Kappa/Lambda); Pathologist Interpretation
Notes	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)	84155; 84165; 83883x2, (80500 or 8416526) Initial testing only.

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Protein Electrophoresis - Serum (without reflex testing)

Order Name:	**PEP NO AN**
Test Number:	**5002125**
Revision Date:	**08/17/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Protein Electrophoresis - Serum (without reflex testing)	Electrophoresis

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	3 Days
Notes	Test includes a Total Protein in addition to the pathologist interpretation in the electrophoresis report.
CPT Code(s)	84155, 84165, (80500 or 8416526)

Protein Fluid Timed

Order Name:	**PROT TM FL**
Test Number:	**3003025**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Protein 24 Hour Fluid mg/24hr	
Protein 24 Hour Fluid mg/dl	Biuret

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Fluid**	**24 hour Urine Container**	**Refrigerated**
Instructions	Timed fluid collection. No preservative. Record number of hours and volume in ml on the specimen container. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful as an aid in diagnosing renal function.
CPT Code(s)	84165; 81050

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Protein S Antigen, Free

Order Name:	**PROT S FRE**
Test Number:	**1507050**
Revision Date:	**10/29/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Protein S Antigen, Free	Immunoturbidimetry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate 1	**1mL (0.5)**	**Double Spun Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Instructions	**Please indicate anticoagulant therapy.** Collect properly filled Sodium Citrate 3.2% (Blue Top) tube. **Whole blood must reach RML for processing within 4 hours of collection.** 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!** Do not thaw. Hemolyzed specimens are not acceptable.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-5 Days
Clinical Use	Free Protein S is intended for quantitative determination of free Protein S using an Immuno-turbidimetric method.
CPT Code(s)	85306
Lab Section	Reference Lab

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Protein S Antigen, Total

Order Name:	**PROT S AG**
Test Number:	**1503400**
Revision Date:	**10/29/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Protein S Antigen, Total	Micro Latex Particle

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate 1	**1mL (0.5)**	**Double Spun Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Instructions	**Please indicate anticoagulant therapy.** Collect properly filled Sodium Citrate 3.2% (Blue Top) tube. **Whole blood must reach RML for processing within 4 hours of collection.** 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!** Do not thaw. Hemolyzed specimens are not acceptable.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3-5 Days
Clinical Use	Antigen testing is appropriate when a functional activity deficiency is present. If low, Total Protein S Antigen assesses the Protein S deficiency as Type I or III (IIa).
CPT Code(s)	85305
Lab Section	Reference Lab

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Protein S, Functional

Order Name:	**PROT S FUN**
Test Number:	**1506100**
Revision Date:	**08/26/2014**
LOINC Code:	**27822-6**

TEST NAME	METHODOLOGY
Protein S, Functional	Clot Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5.4 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate 1	**3.0 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**

Instructions

Please indicate anticoagulant therapy.
Collect Two 2.7mL Sodium Citrate 3.2% (Blue Top) tubes.
Each 2.7mL Sodium Citrate 3.2% (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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot 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	Protein S has an essential anticoagulant function. A congenital or acquired deficiency of Protein S increases the risk of thrombo-embolism. Congenital deficiencies are divided into 3 types, based on levels of both total and free Protein S Antigen, and on the activity level of Protein S. Protein S can also be decreased in hepatic disorders, inflamatory syndromes and oral anticoagulant therapy.
CPT Code(s)	85306

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Protein Serous Fluid

Order Name:	SRS PROT
Test Number:	3500450
Revision Date:	06/11/2003
LOINC Code:	2881-1

TEST NAME	METHODOLOGY
Protein Serous Fluid	Biuret

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used in evaluating protein nutritional status and protein altering diseases.
CPT Code(s)	84155

Protein Synovial Fluid

Order Name:	SYN PROT
Test Number:	3500900
Revision Date:	05/09/2014
LOINC Code:	2886-0

TEST NAME	METHODOLOGY
Protein Synovial Fluid	Biuret

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Synovial Fluid**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Synovial Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Place fluid in a Lithium Heparin Green top tube with No-Gel to prevent possible clot formation. Fluid in a sterile screwtop container is an acceptable alternate. Venous blood is often drawn simultaneously. **Note fluid type on requisition and container.** Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used in evaluating protein nutritional status and protein altering diseases.
CPT Code(s)	84155

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Protein Total

Order Name:	**PROT TOT**
Test Number:	**2004700**
Revision Date:	**03/05/2012**
LOINC Code:	**2885-2**

TEST NAME	METHODOLOGY
Protein Total	Biuret

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 7days.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Used in evaluating protein nutritional status and protein altering diseases.
CPT Code(s)	84155

Protein Urine Random

Order Name:	**PROT R U**
Test Number:	**3001950**
Revision Date:	**06/11/2003**
LOINC Code:	**2888-6**

TEST NAME	METHODOLOGY
Protein Urine Random	Pyrogallol Red

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine collection. No preservative. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for detecting proteinuria and evaluation of renal function.
CPT Code(s)	84155

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Protein Urine Timed

Order Name:	**PROT TM U**
Test Number:	**3006150**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine Urine Timed Estimated		
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Protein 24 Hour Urine mg/24hr		2889-4
Protein 24 Hour Urine mg/dL	Pyrogallol Red	
Protein Urine Timed Estimated		
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful as an aid in evaluating renal function.
CPT Code(s)	84156

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Proteinase-3 Antibody (PR3 Ab)

Order Name:	**PR-3 AB**
Test Number:	**5551900**
Revision Date:	**08/19/2010**
LOINC Code:	**63310-7**

TEST NAME	METHODOLOGY
Proteinase-3 Antibody (PR3 Ab)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	ANCA that produces a cyoplasmic pattern (C-ANCA) and associated with ANCA-associated vasculitides (e.g. Wegener's granulomatosis).
CPT Code(s)	83520

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Prothrombin Time (PT) and INR

Order Name:	**PT**
Test Number:	**1500350**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
International Normalized Ratio (INR)	Clot Detection	6301-6
Prothrombin Time	Clot Detection	5902-2

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.
Each 2.7mL Sodium Citrate 3.2% (Blue Top) tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results.
Whole blood stability for PT only is 24 hours at Room temperature.

If ordering Both PT and PTT and **testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5 ml plasma aliquot from each tube into individual plastic aliquot tubes and freeze**.
Do not pool aliquots together!

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	This test is often used to monitor warfarin (coumadin) effect. It may also be used to screen for hemostatic dysfunction involving the extrinsic system as a result of liver disease, vitamin K deficiency, factor deficiency or DIC.
CPT Code(s)	85610

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PTH Intact Analyzer

Order Name:	**PTH**
Test Number:	**5577075**
Revision Date:	**02/13/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Calcium	Arsenazo	17861-6
PTH Intact	Chemiluminescence Assays	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5 Plasma and Serum Each)**	**Plasma and Serum**	**EDTA (lavender top) and Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**

Instructions

Collect Both EDTA Lavender and Clot Activator SST (Red/Gray or Tiger Top).
It is preferred that the EDTA specimen be separated into plasma and frozen if testing is not going to be performed within 8 hours of collection of the specimen.
EDTA Plasma Stability is Room Temperature 8 hours, Refrigerated 72 hours and Frozen 1 month.
Serum or Heparin Plasma Stability is Room Temperature 8 hours, Refrigerated 7 days.
If submitting aliquot tubes, **please mark each aliquot tube correctly with EDTA Plasma or Serum**.
Serum for calcium can be used from serum collected with other general chemistry tests.
Heparin Plasma is also acceptable for calcium.

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-3 days
Clinical Use	Useful in the differential diagnosis of hypercalcemia and parathyroid disorders.
Notes	This analyzer has a result driven interpretative comment included in the report that is specific for this individual. 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)	83970

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PTH-Related Protein (PTH-RP)

Order Name:	**PTH R PROT**
Test Number:	**5559700**
Revision Date:	**02/15/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
PTH-Related Protein (PTH-RP)	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.3)**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**See Instructions**

Instructions

Preferred Specimen: 1mL (0.3) Plasma - from Regular **Sodium Heparin tube Green Top** Tube. Centrifuge and Separate Plasma into a plastic Aliquot tube ASAP!

Specimen Stability: Room Temperature: 7 days, Refrigerated: 7 days, Frozen: 28days.

Note: Lithium Heparin Tubes are Not Acceptable. The PTH Cocktail tube is no longer required.

GENERAL INFORMATION

Testing Schedule	Sets up 4 days a week.
Expected TAT	5-6 Days
Notes	Refrigerated Sodium Heparin is fine, Frozen offers the longest stability.
CPT Code(s)	83519
Lab Section	Reference Lab

Pumpkin IgE

Order Name:	**PUMPKIN**
Test Number:	**5578650**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pumpkin IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Purkinje Cell (Yo) Antibody Screen with Reflex to Titer

Order Name:	YO ANTIBDY
Test Number:	5563125
Revision Date:	06/12/2007
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Purkinje Cell (Yo) Antibody Screen with Reflex to Titer	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-3 Days
CPT Code(s)	86255; (titer 86256)
Lab Section	Reference Lab

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Pyruvate

Order Name:	**PYRUVAT RF**
Test Number:	**3630350**
Revision Date:	**05/30/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Pyruvate	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2)**	**See Instructions**	**EDTA (Lavender Top)**	**Frozen**

Instructions

Collection preferred at 5th floor drawsite in main lab. Collect with a pre-chilled EDTA Lavender top tube. Specimen must be placed on ice and deliver to chemistry immediately for processing. Specimen must be processed within 5 minutes of the collection.

INSTRUCTIONS:

- Collect full 4.5mL EDTA Lavender whole blood tube.
- Immediately mix 4mL EDTA whole blood with 4mL ice cold 7% (or 8%) Perchloric Acid.
- Let mixture stand for 10 minutes; then, centrifuge to separate.
- Transfer the supernatant fluid into plastic pour off tube for Testing - FREEZE !

For Optimum Stability submit Supernatant - Frozen

If you cannot Freeze specimen keep supernatant Refrigerated 2-8 'C.

Pediatric or Minimum collection requirements: Use 2mL EDTA whole blood with 2mL ice cold 7% (or 8%) Perchloric Acid. Please specify on the pour off tube the volumes of blood and Perchloric Acid used.

GENERAL INFORMATION

Testing Schedule	Mon, Wed
Expected TAT	5 - 6 days
Clinical Use	Useful for work-up cases of nonspherocytic hemolytic anemia and for a family work-up to determine inheritance pattern (PK deficiency is autosomal recessive) for genetic counseling.
CPT Code(s)	84210

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Q Fever (Coxiella burnetii) Antibody IgG, Phase I & II by IFA

Order Name:	**Q FEV 1-2**
Test Number:	**5558990**
Revision Date:	**04/27/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Q-Fever Phase I, IgG	Indirect Fluorescent Antibody	9708-9
Q-Fever Phase II, IgG	Indirect Fluorescent Antibody	9709-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.15mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Separate serum from cells ASAP. Acute and convalescent specimens should be labeled as such; parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimen plainly as **acute** and **convalescent**. Stability after separation from cells: Ambient= 2 days, Refrigerated= 2 weeks, Frozen= 1 year (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION

Testing Schedule	Tue, Fri
Expected TAT	2-6 Days
Clinical Use	Single phase II IgG titers of 1:256 and greater are considered evidence of C. burnetii infection at some time prior to the date of the serum specimen. Phase I antibody titers of 1:16 and greater are consistent with chronic infection or convalescent phase of Q-fever.
CPT Code(s)	86638x2
Lab Section	Reference Lab

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Quantiferon TB Gold (Client Incubated)

Order Name:	**TB GOLD**
Test Number:	**5587325**
Revision Date:	**01/14/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Quantiferon TB Gold (Client Incubated)	Immunoassay

SPECIMEN REQUIREMENTS

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

Instructions

ATTENTION..!

Due to the Stringent collection and processing requirements of this test, collection and processing will be strictly controlled by RML. Patients or Doctors may arrange for an appointment for collection with one of the approved locations of collection.

Collection tubes and instructions can be provided to a client, Contact RML Client Services for this option.

GENERAL INFORMATION

Testing Schedule	6 days a week
Expected TAT	4-6 Days
Clinical Use	Quantiferon ® TB Gold IT is an indirect test for M. tuberculosis infection (including disease) and is intended for use in conjunction with risk assessment, radiography and other medical and diagnostic evaluations.
Notes	View interpretation information in our Specialized Test section of RMLonline.com
CPT Code(s)	86480

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Quinidine

Order Name:	**QUINIDINE**
Test Number:	**4004325**
Revision Date:	**01/14/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Quinidine	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.2mL)**	**Plasma**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Refrigerated**
Alternate 1	**1mL (0.2mL)**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Refrigerated**
Alternate 2	**1mL (0.2mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Draw specimen immediately before next dose. **Do not collect in Gel Separation tube!** Keep specimen refrigerated. Specimen stability: Ambient: 4 days; Refrigerated: 7 days; Frozen: N/A.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 days
Clinical Use	Useful for assessing and adjusting dosage for optimal therapeutic levels and toxicity.
CPT Code(s)	80194
Lab Section	Reference Lab

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Quinoline (Yellow Dye 13) IgE

Order Name:	**QUINOLINE**
Test Number:	**5650155**
Revision Date:	**03/07/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Quinoline (Yellow Dye 13) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

RA Factor (Rheumatoid Factor)

Order Name:	**RA FACTOR**
Test Number:	**5572775**
Revision Date:	**11/18/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
RA Factor (Rheumatoid Factor)	Nephelometry

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	3 Days
Clinical Use	Used to assist in the diagnosis and prognosis of Rheumatoid Arthritis.
CPT Code(s)	86431

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Rabbit Epithelium IgE

Order Name:	**RABBIT EPI**
Test Number:	**5533850**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rabbit Epithelium IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Ragweed Common (Short Ragweed) IgE

Order Name:	**RAGWEED C**
Test Number:	**5604625**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ragweed Common (Short Ragweed) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Ragweed False IgE

Order Name:	**RAGWEED F**
Test Number:	**5621050**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ragweed False IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Ragweed Giant IgE

Order Name:	**RAGWEED GI**
Test Number:	**5607025**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ragweed Giant IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Raji Cell Immune Complex Assay

Order Name:	**RAJI CELL**
Test Number:	**5500430**
Revision Date:	**06/09/2014**
LOINC Code:	**10864-7**

TEST NAME	METHODOLOGY
Raji Cell Immune Complex Assay	Quantitative Flow Cytometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 1	**3 mL (0.5 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	**CRITICAL FROZEN.** Allow serum to clot then separate serum from cells within 1 hour and freeze immediately. Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Non-frozen specimens. Specimens exposed to repeated freeze/thaw cycles.			

GENERAL INFORMATION

Testing Schedule	Tue
Expected TAT	2-9 days
Clinical Use	Many autoimmune disorders, chronic infections and malignancies are associated with circulating immune complexes. Quantitation of immune complexes assists in staging immunologic disorders.
CPT Code(s)	86332
Lab Section	Reference Lab

Rape Seed (Canola) IgE

Order Name:	**RAPE SEED**
Test Number:	**5536875**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rape Seed (Canola) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Rapid Strep A screen (Strep Throat)

Order Name:	**C RAP A SC**
Test Number:	**6001700**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rapid Strep A screen (Strep Throat)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Swab**	**Copan eSwab - Green (Mini-tip)**	**Room Temperature**
Alternate 1		**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Alternate 2		**Swab**	**Double Tipped Aerobic Swab (Red)**	**Room Temperature**
Instructions	Rinse mouth with tap water before collection. Avoid throat lozenges and mouthwashes. Swab back of throat on tonsils, avoid the tongue.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Detection of Group A Streptococcus antigen.
Notes	If rapid strep A screen is negative, a culture will automatically be set up.
CPT Code(s)	87880QW

Rasberry IgE

Order Name:	**RASBERRY**
Test Number:	**5506370**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rasberry IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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RBC Antigen Typing

Order Name:	**AG TYP X1**
Test Number:	**7001100**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Red Blood Cell Antigen	Hemagglutination	43739-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3.5mL)**	**Whole Blood**	**EDTA (Pink top)**	**Room Temperature**
Alternate 1	**7 mL (3.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1 Day
Clinical Use	Used to determine the presence of a specific red blood cell antigen.
Notes	Please specify on the requisition if a specific antigen is requested.
CPT Code(s)	86905

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RBC Folate

Order Name:	**RBC FOLATE**
Test Number:	**3803500**
Revision Date:	**01/15/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
RBC Folate	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4.5mL (1mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

Instructions

Send **Full EDTA WHOLE BLOOD Tube - KEEP ROOM TEMPERATURE**. Both the Folate and HCT will be performed on this tube at the reference laboratory. Suggest not to share the RBC Folate sample with a CBC sample.

ALTERNATE:

1mL Frozen (EDTA) Whole Blood (Pediatric 0.2mL) in a plastic, screw-capped vial.

Note: HCT testing cannot be performed on a refrigerated or frozen specimen. A default HCT result will be used for calculation of the RBC folate value. **DO NOT THAW FROZEN SAMPLES**.

Light Protection: Folate is light sensitive. It is recommended to minimize exposure to light during sample handling and storage.

GENERAL INFORMATION

Testing Schedule	Tue-Sat
Expected TAT	2-4 Days
Clinical Use	Folate levels have diagnostic significance in nutritional deficiencies, especially in cases of severe alcoholism, function damage to the upper third of small bowel, pregnancy and various forms of megoblastic anemia. Since serum folate levels are subject to rapid changes reflecting diet and absorption, RBC folate may be a better diagnostic tool since the levels remain fairly constant.
CPT Code(s)	82747
Lab Section	Reference Lab

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RBC Osmotic Fragility

Order Name:	**FRAGILITY**
Test Number:	**0104740**
Revision Date:	**10/10/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
RBC Osmotic Fragility	Spectrophotometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (1mL + Smears)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Refrigerated**
Alternate 1	**5mL (1mL + Smears)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 2	**5mL (1mL + Smears)**	**Whole Blood**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Refrigerated**
Instructions	**Collect only Monday through Thursday Only.** **5mL Sodium Heparin Whole Blood Non-Gel Tube** or EDTA Whole Blood collected Non-Gel Tube (Lithium no-gel Green top is acceptable), **PLUS Two unfixed blood smears.** **Specimens should be refrigerated within 30 minutes after collection..!** Do not transfer blood to other containers. **Samples must be received at RML within 24 hours of collection; testing must be performed within 72 hours of collection.** Stability (collection to initiation of testing) Ambient: Unacceptable, Refrigerated: 72hrs, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri, except holidays.
Expected TAT	2-5 Days
Clinical Use	To confirm suspected red cell spherocytosis.
Notes	For patients with acute hemolysis, a normal red cell osmotic fragility test result cannot exclude an osmotic fragility abnormality since the osmotically labile cells may be hemolyzed and not present. Recommend testing during a state of prolonged homeostasis with stable hematocrit.
CPT Code(s)	85555; 80500
Lab Section	Reference Lab

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Red Cedar(rt202) IgE

Order Name:	**RED CEDAR**
Test Number:	**2954175**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Red Cedar(rt202) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Red Mulberry Tree IgE

Order Name:	**MULBERRY**
Test Number:	**5518175**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Red Mulberry Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Red Top/bent Grass IgE

Order Name:	**RED TOP GR**
Test Number:	**5613075**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Red Top/bent Grass IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Reducing Substances Fecal

Order Name:	**RE SUB FEC**
Test Number:	**3501050**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Fecal Sugar After Hydrolysis	Copper Sulfate	57796-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Fecal/Stool**	**Stool specimen container**	**See Instructions**
Instructions	Fresh (< 24 hours) stool specimen. Freeze if testing is delayed.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful in detecting deficiency of intestinal border enzymes, primarily sucrase and lactase due to congenital deficiency or nonspecific mucosal injury.
CPT Code(s)	84376

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Reducing Substances, Urine

Order Name:	**RE SUB U**
Test Number:	**1001450**
Revision Date:	**08/26/2014**
LOINC Code:	**5809-9**

TEST NAME	METHODOLOGY
Reducing Substances, Urine	Visual

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (1 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Refrigerate or deliver to lab immediately.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	81002

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Renal Profile

Order Name:	**RENAL PR**
Test Number:	**2028525**
Revision Date:	**05/17/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Albumin	BCG	1751-7
Bicarbonate	Enzymatic	1963-8
Calcium	Arsenazo	17861-6
Chloride	Ion-Selective Electrode	2075-0
Creatinine	Kinetic Alkaline Picrate (Jaffe)	2160-0
Glucose	Hexokinase	2345-7
Phosphorus	Phosphomolybdate Complex	2777-1
Potassium Serum/Plasma	Ion-Selective Electrode	2823-3
Sodium	Ion-Selective Electrode	2951-2
Urea Nitrogen, Blood (BUN)	Urease/GLDH	3094-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 3 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	See detail test
CPT Code(s)	80069

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Renin Activity, Plasma

Order Name:	**RENIN ACT**
Test Number:	**3802425**
Revision Date:	**04/04/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Renin Activity, Plasma	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1.2)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**

Instructions

CRITICAL FROZEN - Separate specimens must be submitted when multiple tests are ordered. **Do not refrigerate.** Do not collect in refrigerated tubes. Refrigeration will cause cryoactivation to occur and prorenin will convert to renin causing falsley high renin activity results.

Separate plasma from cells and freeze immediately.

Unacceptable Specimens: Serum. Specimens collected in heparin, citrate, or oxalate. Refrigerated specimens.

Stability: After separation from cells: **Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month.**

Preferable Upright Specimen:

1. Specimen should be obtained before noon. The patient should be upright (seated or standing) for at least two hours.
2. Normal sodium diet (100-200 mEq/day) for at least three days.
3. Take no medications known to affect renin-aldosterone system.

For Supine Specimens:

1. Specimen should be obtained between 8 a.m. and 10 a.m. after at least two hours in supine position.
2. Normal sodium diet (100-200 mEq/day) for at least three days.
3. Take no medications known to affect renin-aldosterone system.

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-4 Days
Clinical Use	Renin is a proteolytic enzyme produced by the kidney in response to stimulation of renal beta-adrenergic receptors or by circulating catecholamines. Erect posture, exercise, sodium depletion, hemorrhage, and low cardiac output all increase renin secretion via one or more pathways. The measurement of plasma renin activity (PRA) is useful in evaluating hypertension. A normal or high PRA rules out primary aldosteronism, whereas a normal or low PRA helps rule out renal hypertension. Additionally, an elevated PRA may indicate renovascular hypertension due to renal artery stenosis.
CPT Code(s)	84244
Lab Section	Reference Lab

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Respiratory Culture and Stain

Order Name:	**C RESP RTS**
Test Number:	**6002001**
Revision Date:	**07/02/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Respiratory Culture and Stain	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**Respiratory specimen**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	3 Days
Clinical Use	Identifies aerobic bacterial pathogens in sputum or bronchial specimens.
CPT Code(s)	87070

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Respiratory Mini-screen

Order Name:	**VRESP3 EIA**
Test Number:	**6060525**
Revision Date:	**01/21/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Influenza A Screen	Enzyme Immunoassay
Influenza B Screen	Enzyme Immunoassay
Respiratory Syncytial Virus Detection	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**4 mL (2)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**4 mL (2)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Keep swabs Refrigerated (2-8'C) or Frozen in UTM or other viral transport if a delay in reaching the lab is anticipated (Room Temperature is Not Recommended). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **Note: Green cap minitip Swab is No Longer Acceptable**. Also not acceptable are swabs in M4, M4-RT, Liquid Amies-D, Amies Clear, Modified or Liquid Stuart's and Remel M6 transport media. *(the green cap minitip swab has liquid stuart's)*			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 Days
Clinical Use	This IEA screens for the presence of three most common respiratory viruses. Influenza A & B; and Respiratory Syncytial Virus (RSV).
Notes	This Screen will No Longer Reflex to Respiratory Virus DFA if negative.
CPT Code(s)	87804x2, 87807

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Respiratory Syncytial Virus Detection

Order Name:	**C RSV SC**
Test Number:	**6001850**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Respiratory Syncytial Virus Detection	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3 mL (1)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**3 mL (1)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**

Instructions

The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Keep swabs Refrigerated (2-8'C) or Frozen in UTM or other viral transport if a delay in reaching the lab is anticipated (Room Temperature is Not Recommended).

For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container.

Also acceptable is: Mini-tip size applicator Copan eSwab - Green

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Detects presence of Respiratory Syncitial virus
CPT Code(s)	87807

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Respiratory Syncytial Virus IgM, IgG Serology (RSV Ab)

Order Name:	**RSV AB**
Test Number:	**5565000**
Revision Date:	**10/22/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Respiratory Sync Virus IgG	Indirect Fluorescent Antibody	41012-6
Respiratory Sync Virus IgM	Indirect Fluorescent Antibody	

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Diagnosis of a recent, current or past exposure of RSV.
CPT Code(s)	86756X2

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Respiratory Syncytial Virus with Culture if Indicated

Order Name:	**C RSV WCII**
Test Number:	**6001900**
Revision Date:	**11/19/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Respiratory Syncytial Virus with Culture if Indicated	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3 mL (1)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**3 mL (1)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**

Instructions

The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Keep swabs Refrigerated (2-8'C) or Frozen in UTM or other viral transport if a delay in reaching the lab is anticipated (Room Temperature is Not Recommended).

For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container.

Note: Green cap minitip Swab is No Longer Acceptable. Also not acceptable are swabs in M4, M4-RT, Liquid Amies-D, Amies Clear, Modified or Liquid Stuart's and Remel M6 transport media. *(the green cap minitip swab has liquid stuart's)*

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Detects presence of Respiratory Syncitial virus; viral culture is performed if screen is negative.
CPT Code(s)	87807

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Respiratory Virus Panel by PCR

Order Name:	**VRESP PCR**
Test Number:	**5568555**
Revision Date:	**09/09/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Adenovirus Detection by PCR	Polymerase Chain Reaction	39528-5
Influenza A by PCR	Polymerase Chain Reaction	34487-9
Influenza B by PCR	Polymerase Chain Reaction	40982-1
RSV (Respiratory Syncytial Virus) Detection by PCR	Polymerase Chain Reaction	40988-8
Parainfluenza Virus Type 1	Polymerase Chain Reaction	
Parainfluenza Virus Type 2	Polymerase Chain Reaction	
Parainfluenza Virus Type 3	Polymerase Chain Reaction	
Metapneumovirus PCR	Polymerase Chain Reaction	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3mL (1mL)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**3mL (1mL)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**

Instructions

The preferred specimen is mini-Flocked Swab in Universal Transport Media (UTM) (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M4.
Keep swabs refrigerated up to 48hrs (room temperature stability is only 4hrs). Freeze if testing will be delayed more than 48hrs.
Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated.
NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.

GENERAL INFORMATION

Testing Schedule	Dayshift- Mon, Wed, Fri
Expected TAT	2-3 Days
Clinical Use	Qualitative detection of RSV (Respiratory Syncytial Virus), Adenovirus, Influenza A,B and Parainfluenza Virus Type 1,2,3, by PCR (Polymerase Chain Reaction).
Notes	PCR detection of the pathogen's RNA or DNA will provide a more sensitive and specific method when compared to the DFA method.
CPT Code(s)	87631x2, 87798x2

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Reticulin Antibody, IgG

Order Name:	**RETCUL IGG**
Test Number:	**5510275**
Revision Date:	**08/18/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Reticulin Antibody, IgG	Semi-Quantitative Immunofluorescence Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-3 Days
CPT Code(s)	86255
Lab Section	Reference Lab

Reticulocyte (Retic) Count

Order Name:	**RETIC**
Test Number:	**0111800**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Absolute Retic Count	Flow cytometry	60474-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**
Instructions	Room temp specimens should be tested w/in 12hrs, otherwise send Refrigerated. Stability is 4 days Refrigerated.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Indication of the rate of erythropoiesis.
CPT Code(s)	85045

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Rh Immune Globulin

Order Name:	**RHIGU DR**
Test Number:	**7308575**
Revision Date:	**07/01/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rh Immune Globulin	

SPECIMEN REQUIREMENTS	
Instructions	For physician offices that wish to purchase Rh Immune globulin from RML.

GENERAL INFORMATION	
Testing Schedule	Mon.-Fri.
Expected TAT	1 Day
Clinical Use	Used to help protect the Rh negative women of child bearing age from developing D antibodies, in cases of a fetomaternal hemorrhage, invasive procedures, or antepartum administration.
Notes	Please indicate the number of syringes requested on the RML requisition.
CPT Code(s)	90384

Rh Phenotype

Order Name:	**RH PHEN**
Test Number:	**7001400**
Revision Date:	**05/22/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Rh Phenotype Big D	Hemagglutination	978-7
Rh Phenotype Big C	Hemagglutination	948-0
Rh Phenotype Big E	Hemagglutination	1021-5
Rh Phenotype Little C	Hemagglutination	1159-3
Rh Phenotype Little E	Hemagglutination	1165-0

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3.5mL)**	**Whole Blood**	**EDTA (Pink top)**	**Room Temperature**
Alternate 1	**7 mL (3.5mL)**	**Whole Blood**		**Room Temperature**

GENERAL INFORMATION	
Testing Schedule	Mon - Fri
Expected TAT	1 Day
Clinical Use	Used to determine the specific RH antigens displayed by the patients red blood cells.
CPT Code(s)	86906

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Rhizopus Nigricans IgE

Order Name:	**RHIZOPUS**
Test Number:	**5569475**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rhizopus Nigricans IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Ri Antibody - Neuronal Nuclear Antibody

Order Name:	**RI ANTIBDY**
Test Number:	**5586475**
Revision Date:	**07/01/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ri Antibody - Neuronal Nuclear Antibody	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Keep Refrigerated!			

GENERAL INFORMATION

Testing Schedule	Mon, Tue, Thr
Expected TAT	4-5 Days
Notes	A positive Antibody screen will confirm by Western Blot and reflex to a titer.
CPT Code(s)	86255; Blot 84181; and Titer 86256
Lab Section	Reference Lab

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Ribosomal P Antibody

Order Name:	**ANTI-RPP**
Test Number:	**5590425**
Revision Date:	**02/24/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ribosomal P Antibody	MAID

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Allow Serum to clot then separate from cells and keep refrigerated. Unacceptable: Plasma, body fluids, Severely lipemic specimens. Stability after separation from cells: Ambient= 2 days; Refrigerated= 2 weeks; Frozen= 1 year (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
CPT Code(s)	86235
Lab Section	Reference Lab

Rice IgE

Order Name:	**RICE**
Test Number:	**5608250**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rice IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Ristocetin Cofactor

Order Name:	**RISTOC COF**
Test Number:	**1502200**
Revision Date:	**03/31/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ristocetin Cofactor	PLATELET AGGREGATION

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Instructions	Frozen Citrated plasma, plasma must be double spun and frozen in 1.5 ml aliquots. Do not pool plasma from multiple tubes! Do not thaw. Hemolyzed specimens are not acceptable. See Specimen Collection Section, Coagulation Testing. Fasting for at least 8 hours is preferred.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
CPT Code(s)	85245
Lab Section	Reference Lab

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Ristocetin Platelet Aggregation (High and Low)

Order Name:	**RIPA AGG**
Test Number:	**1501930**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Platelet Aggregation, Ristocetin High	Aggregation	5998-0
Platelet Aggregation, Ristocetin Low	Aggregation	
Platelet Count for Agglutination	Flow cytometry	777-3
Pathology Report		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) and EDTA (Lavender Top)**	**Room Temperature**

Instructions

READ BEFORE COLLECTING SPECIMEN..!

COLLECTIONS and TESTING MUST BE SCHEDULED with the RML Coagulation Department!
Please call the coagulation department to make testing arrangements: (918) 744-3131 x15513.

If OFF-SITE collection is Authorized by the Coagulations Department, the **specimens must reach RML main lab within 1 hour of collection and before 1pm. If you cannot arrange for specimens to arrive in this time frame, Do Not Collect Specimen!**

Patient Must be fasting for at least 8 hours before collection.

Collect Both:
- Four (2.7mL) **3.2% Sodium Citrate** - Blue top tubes
- One (4.5mL) **EDTA** - Lavender top tubes

Keep specimens whole blood (Do Not Spin) - Keep specimen at Room Temperature!

Patient should refrain from aspirin, phenylbutazone, phenothiazines or antihistamines for 10 days prior to the test. Patient should have PLT count Greater than 75,000 for accuracy.

GENERAL INFORMATION

Testing Schedule	Mon - Fri (7am - 1pm)
Expected TAT	1 Day
Clinical Use	Platelet aggregation studies are done to evaluate platelet function. This is a specialized test and would normally be performed in patients with some indicator of a qualitative platelet disorder.
CPT Code(s)	85576x2, 8557626

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RNA Polymerase III Antibody

Order Name:	**RNA P3 AB**
Test Number:	**3704128**
Revision Date:	**01/21/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
RNA Polymerase III Antibody	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.3 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**0.5 mL (0.3 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 4 days, Refrigerated: 7 days, Frozen: 30 days. **Reject Criteria: Gross hemolysis**			

GENERAL INFORMATION

Testing Schedule	Wed, Sat
Expected TAT	2-5 Days
Clinical Use	To aid in the diagnosis of systemic sclerosis.
CPT Code(s)	83520
Lab Section	Reference Lab

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RNP (Ribonuclear Protein) Antibody (Anti-RNP)

Order Name:	**ANTI RNP**
Test Number:	**5572100**
Revision Date:	**09/03/2010**
LOINC Code:	**29374-6**

TEST NAME	METHODOLOGY
RNP (Ribonuclear Protein) Antibody (Anti-RNP)	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon
Expected TAT	7 Days
Clinical Use	Marker antibody for mixed connective tissue disease disorders. Found in 30-40% of SLE patients.
CPT Code(s)	86235

Rocky Mountain Spotted Fever (RMSF) / Ehrlichiosis Analyzer

Order Name:	**RMSF/EH AN**
Test Number:	**5581950**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rocky Mountain Spotted Fever (RMSF) / Ehrlichiosis Analyzer	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Analyzer triggers Ehrlichia or RMSF based on positive or negative screen.
Notes	See Specialized Testing and Analyzer section for additional CPT codes.
CPT Code(s)	Multiple

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Rocky Mountain Spotted Fever (RMSF) IgG, IgM

Order Name:	**RMSF IFA**
Test Number:	**5553875**
Revision Date:	**09/20/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Rocky Mountain Spotted Fever IgG Antibody	Indirect Fluorescent Antibody	42968-8
Rocky Mountain Spotted Fever IgM Antibody	Indirect Fluorescent Antibody	42969-6

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Assist in the diagnosis of Rocky Mountain Spotted Fever. The patient may not seroconvert until 10 days after onset of illness.
CPT Code(s)	86757X2

Rocky Mountain Spotted Fever,(RMSF) CSF

Order Name:	**CSF RMSF**
Test Number:	**5560225**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rocky Mountain Spotted Fever IgG, CSF	Indirect Fluorescent Antibody
Rocky Mountain Spotted Fever IgM, CSF	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Assist in the diagnosis of tick born meningitis.
CPT Code(s)	86757X2

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ROS1 Break-Apaart Probe by FISH

Order Name:	**ROS1 FISH**
Test Number:	**9100815**
Revision Date:	**10/10/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
ROS1 Break-Apaart Probe by FISH	Fluorescence in Situ Hybridization

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Information**	**Tissue**	**Paraffin Block**	**Room Temperature**
Instructions	**Formalin fixed paraffin embedded tissue.** Proper Case or Block needs to be identified before specimen will be sent for testing. The 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	Variable
Expected TAT	3-5 Days from set up
Clinical Use	This test is for targeted treatment of Non-Small Cell Lung Carcinoma (NSCLC).
CPT Code(s)	88368x2
Lab Section	Reference Lab

Rosemary IgE

Order Name:	**ROSEMARY**
Test Number:	**5516620**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rosemary IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Rotavirus Screen

Order Name:	**C ROTA SC**
Test Number:	**6100250**
Revision Date:	**10/13/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rotavirus Screen	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL**	**Fecal/Stool**	**Sterile Orange Screwtop Container**	**Refrigerated**
Alternate 1	**3mL**	**Fecal/Stool**	**Stool Specimen Container, Small for Random Collection (Gray)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Detects rotavirus in stool
CPT Code(s)	87425

Routine CSF Culture and Stain

Order Name:	**C CSF RTS**
Test Number:	**6002004**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Routine CSF Culture and Stain	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	3 Days
Clinical Use	Identifies CSF pathogens
CPT Code(s)	87070

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RSV (Respiratory Syncytial Virus) Detection by PCR

Order Name:	**RSV PCR**
Test Number:	**5565560**
Revision Date:	**02/18/2011**
LOINC Code:	**40988-8**

TEST NAME	METHODOLOGY
RSV (Respiratory Syncytial Virus) Detection by PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate 1	**3mL (1mL)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**3mL (1mL)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	The preferred specimen is mini-Flocked Swab in Universal Transport Media (UTM) (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M4. Keep swabs refrigerated up to 48hrs (room temperature stability is only 4hrs). Freeze if testing will be delayed more than 48hrs. Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated. **NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.**			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	1-3 Days
Clinical Use	Qualitative detection of RSV (Respiratory Syncytial Virus) by PCR (Polymerase Chain Reaction).
CPT Code(s)	87798
Lab Section	Reference Lab

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Rubella Antibody

Order Name:	**RUBELLA AB**
Test Number:	**5518900**
Revision Date:	**05/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Rubella Antibody IgG	Enzyme Immunoassay	25514-1
Rubella Antibody Interpretation		20458-6

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 Days
Clinical Use	Immunity to rubella
CPT Code(s)	86762

Rubeola IgG and IgM Antibodies

Order Name:	**RUBEO G/M**
Test Number:	**5571200**
Revision Date:	**10/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Rubeola IgG	Enzyme Immunoassay	20479-2
Rubeola IgM	Indirect Fluorescent Antibody	21503-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3 Days
Clinical Use	Diagnosis of a recent, current or past exposure to Rubeola.
CPT Code(s)	86765x2

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Rubeola Immunity (IgG)

Order Name:	**HS RUBEOLA**
Test Number:	**5571225**
Revision Date:	**10/11/2013**
LOINC Code:	**20479-2**

TEST NAME	METHODOLOGY
Rubeola Immunity (IgG)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4.5 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3 Days
Clinical Use	Determine the of immunity to the Rubeola virus.
CPT Code(s)	86765

Rufinamide (Banzel) Serum/Plasma

Order Name:	**RUFINAMIDE**
Test Number:	**3804077**
Revision Date:	**08/11/2014**
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**
Alternate 1	**1 mL (0.5 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Ambient / Refrigerated**
Instructions	**Do Not Collect in Gel Separator Tubes.** Stability: Room temperature 7 Days, Refrigerated 30 Days, Frozen 30 Days.			

GENERAL INFORMATION

Testing Schedule	Tue, Fri
Expected TAT	2-6 Days
CPT Code(s)	82491
Lab Section	Reference Lab

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Russian Thissle IgE

Order Name:	**RUSN THISL**
Test Number:	**5607100**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Russian Thissle IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Rye Food (Secale Cereale) IgE

Order Name:	**RYE FOOD**
Test Number:	**5616900**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rye Food (Secale Cereale) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Rye Food (Secale Cereale) IgG

Order Name:	**RYE IGG**
Test Number:	**3666250**
Revision Date:	**02/11/2013**
LOINC Code:	**51933-0**

TEST NAME	METHODOLOGY
Rye Food (Secale Cereale) IgG	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86001
Lab Section	Reference Lab

Rye Grass Perennial IgE

Order Name:	**RYEGRASS**
Test Number:	**5609600**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Rye Grass Perennial IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Saccharomyces cerevisiae Antibodies (ASCA) (IgA)

Order Name:	**ASCA IGA**
Test Number:	**3630225**
Revision Date:	**02/13/2008**
LOINC Code:	**31032-6**

TEST NAME	METHODOLOGY
Saccharomyces cerevisiae Antibodies (ASCA) (IgA)	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 (0.3 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Sets up 3 day a week
Expected TAT	3-5 Days
Clinical Use	Antibodies to Saccharormyces cerevisiae are found in approximately 75% of patients with Crohn's disease, 15% of patients with ulcerative colitis, and 5% of the healthy population. High titers of antibody increase the likelihood of disease, and specifically Crohn's disease, and are associated with more aggressive disease.
CPT Code(s)	86671
Lab Section	Reference Lab

Saccharomyces cerevisiae Antibodies (ASCA) (IgA, IgG)

Order Name:	**ASCA G/A**
Test Number:	**3630525**
Revision Date:	**02/13/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Saccharomyces cerevisiae Antibodies (ASCA) (IgA)	Enzyme-Linked Immunosorbent Assay	31032-6
Saccharomyces cerevisiae Antibodies (ASCA) (IgG)	Enzyme-Linked Immunosorbent Assay	6713-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.6)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Sets up 3 days a week.
Expected TAT	3-5 Days
CPT Code(s)	86671x2
Lab Section	Reference Lab

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Saccharomyces cerevisiae Antibodies (ASCA) (IgG)

Order Name:	ASCA IGG
Test Number:	3630200
Revision Date:	02/13/2008
LOINC Code:	6713-2

TEST NAME	METHODOLOGY
Saccharomyces cerevisiae Antibodies (ASCA) (IgG)	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 (0.3 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Sets up 3 day a week.
Expected TAT	3-5 Days
Clinical Use	Antibodies to Saccharormyces cerevisiae are found in approximately 75% of patients with Crohn's disease, 15% of patients with ulcerative colitis, and 5% of the healthy population. High titers of antibody increase the likelihood of disease, and specifically Crohn's disease, and are associated with more aggressive disease.
CPT Code(s)	86671
Lab Section	Reference Lab

Safflower IgE

Order Name:	SAFFLOWER
Test Number:	5582925
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Safflower IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Sage IgE

Order Name: **SAGE**
Test Number: **5516540**
Revision Date: **02/11/2013**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Sage IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Salicylate Qualitative

Order Name: **SALIC SC**
Test Number: **4302025**
Revision Date: **01/19/2015**
LOINC Code: **4023-8**

TEST NAME	METHODOLOGY
Salicylate Qualitative	Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Qualitative results. Screen for salicylate ingestion.
CPT Code(s)	80302

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Salicylate Quantitative

Order Name:	SALICYLATE
Test Number:	4004550
Revision Date:	01/09/2015
LOINC Code:	4024-6

TEST NAME	METHODOLOGY
Salicylate Quantitative	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for optimizing drug dosage and assessing toxicity.
CPT Code(s)	80329

Salmon IgE

Order Name:	SALMON
Test Number:	5610625
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Salmon IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Sardine IgE

Order Name:	**SARDINE**
Test Number:	**5556325**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Sardine IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Scallop Food Allergy IgG

Order Name:	**SCALLOP G**
Test Number:	**5500497**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Scallop Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Scallop IgE

Order Name:	**SCALLOP**
Test Number:	**5583780**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Scallop IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Schistosoma Antibody (IgG)

Order Name:	**SCHIST IGG**
Test Number:	**5566775**
Revision Date:	**03/05/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Schistosoma Antibody (IgG)	FMI

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	One day a week
Expected TAT	3-8 Days
CPT Code(s)	86682
Lab Section	Reference Lab

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Scleroderma Antibody, (Scl-70), Topoisomerase I Ab

Order Name:	SCL 70 AB
Test Number:	5564050
Revision Date:	09/03/2010
LOINC Code:	27416-7

TEST NAME	METHODOLOGY
Scleroderma Antibody, (Scl-70), Topoisomerase I Ab	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon
Expected TAT	7 Days
Clinical Use	Present in 20-40% of patients with diffuse scleroderma and 20% of patients with limited scleroderma.
CPT Code(s)	86235

Seafood Panel

Order Name:	A SEAFOD P
Test Number:	5616525
Revision Date:	03/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Clam IgE	ImmunoCAP
Codfish IgE	ImmunoCAP
Shrimp Allergy IgE	ImmunoCAP
Tuna IgE	ImmunoCAP
Salmon IgE	ImmunoCAP
Crab Meat Allergy IgE	ImmunoCAP
Lobster Food Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.7 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x7

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Secretin (Gastrin)

Order Name:	**GASTRIN**
Test Number:	**3601300**
Revision Date:	**11/19/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Secretin (Gastrin)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**CRITICAL FROZEN.** Separate specimens must be submitted when multiple tests are ordered. **Overnight fasting is required, preferably 12 hours or more.** **Reject Criteria** : Hemolysis, Lipemia, Thawed Serum, Received room temperature, Received refrigerated, Plasma. Specimen Stability: Room temperature: Unacceptable, Refrigerated: Unacceptable, Frozen: 28 Days.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-4 Days
CPT Code(s)	82941
Lab Section	Reference Lab

Selenium, Serum/Plasma

Order Name:	**SELENIUM**
Test Number:	**3610600**
Revision Date:	**08/12/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Selenium, Serum/Plasma	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Room Temperature**
Alternate 1	**2 mL (0.5)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Room Temperature**
Instructions	Patient should refrain from taking vitamins or mineral supplements at least three days prior to specimen collection. Collect specimen in royal-blue top tube clot tube or royal blue EDTA tube. Process Specimen ASAP. Centrifuge and pour off serum or plasma into a Trace Element-Free Transport Tube - Do not allow serum or plasma to remain on cells.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr, Sat
Expected TAT	3-5 Days
CPT Code(s)	84255
Lab Section	Reference Lab

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Sensory Neuropathy panel 1

Order Name:	SENS NEUR1
Test Number:	5562825
Revision Date:	06/12/2007
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Hu Antibody - Neuronal Nuclear Antibody	Enzyme Immunoassay
Myelin Associated Glycoprotein IgM (MAG IgM) Antibody	Enzyme Immunoassay
Myelin Associated Glycoprotein IgM (MAG-SGPG) Antibody	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Assay Dependant
Expected TAT	3-8 Days
CPT Code(s)	See components
Lab Section	Reference Lab

Sensory Neuropathy panel 2

Order Name:	SENS NEUR2
Test Number:	5563825
Revision Date:	06/12/2007
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Hu Antibody - Neuronal Nuclear Antibody	Enzyme Immunoassay
Ri Antibody - Neuronal Nuclear Antibody	Enzyme Immunoassay
Purkinje Cell (Yo) Antibody Screen with Reflex to Titer	Indirect Fluorescent Antibody
Myelin Associated Glycoprotein IgM (MAG IgM) Antibody	Enzyme Immunoassay
Myelin Associated Glycoprotein IgM (MAG-SGPG) Antibody	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**6 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	See Components
Expected TAT	3-8 Days
CPT Code(s)	See Components
Lab Section	Reference Lab

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Serotonin 5-HIAA, 24-Hour or Random Urine (5-Hydroxyindoleacetic Acid)

Order Name:	**SEROTON U**
Test Number:	**3808450**
Revision Date:	**03/23/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
5-HIAA Urine - per 24h	Quantitative HPLC/Tandem Mass Spectrometry	2162-6
5-HIAA Urine - ratio to Creatinine	Quantitative HPLC/Tandem Mass Spectrometry	44288-9
Creatinine, Urine - per 24h	Spectrophotometry	2162-6
Creatinine, Urine	Spectrophotometry	20624-3
5-HIAA Urine Interpretation		44909-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1 mL)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Alternate 1	**4 mL (1 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**

Instructions

Collect: 24-hour or random urine. Refrigerate 24-hour specimens during collection.
Record total volume and collection time interval on transport tube and test request form.
Refrigeration is the most important aspect of specimen preservation. Preservation can be helped by adding 25mL 6N HCL.
Mark collection duration and total volume on transport tube and test request form.
Stability: Ambient= Unacceptable; Refrigerated= 1 week; Frozen= 2 weeks.

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, tomatoes, walnuts) and medications that may affect metabolism of serotonin must be avoided at least 72 hours before and during collection of urine for HIAA.

GENERAL INFORMATION

Testing Schedule	Sun, Tue-Sat
Expected TAT	2-3 Days
CPT Code(s)	83497
Lab Section	Reference Lab

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Serotonin Release Assay (SRA), Unfractionated Heparin (UFH), (HIT)

Order Name:	**SEROTON RA**
Test Number:	**5578775**
Revision Date:	**03/14/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
UFH SRA Result	INTERP	
SRA UFH Low Dose 0.1 IU/ML	Radiobinding Assay	50728-5
SRA UFH Low Dose 0.5 IU/ML	Radiobinding Assay	
SRA UFH High Dose 100 IU/ML	Radiobinding Assay	50727-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.4 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	**Preferred Speciimen:** Allow serum to clot then centrifuge and freeze 1 mL serum in a plastic aliquot tube ASAP. Specimen Stability: Room temperature: 24hrs, Refrigerated: 48hrs, Frozen: 6mo.			

GENERAL INFORMATION

Testing Schedule	Five Days a week, reports 2-3 days following.
Expected TAT	3-4 Days
Clinical Use	Useful in the evaluation of Heparin Induced Thrombocytopenia (HIT).
CPT Code(s)	86022
Lab Section	Reference Lab

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Serotonin, Blood

Order Name:	**SEROTON B**
Test Number:	**3602470**
Revision Date:	**04/09/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Serotonin, Blood	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1)**	**Whole Blood**	**See Instructions**	**Frozen**
Instructions	**Collect specimen using Serotonin Blood kit.** Draw blood into the EDTA Vaccutainer tube from the kit. After drawing the blood, mix well and immediately transfer the whole blood into the enclosed **"Red Capped"** aliquot tube which contains 35 mg of Ascorbic Acid. Mix well and freeze immediately. **Ship frozen.** Patient should avoid avocado, banana, tomato, plum, walnut, pineapple, and eggplant. Patient should also avoid tobacco, tea and coffee three days prior to specimen collection.			

GENERAL INFORMATION

Testing Schedule	Mon, Tue, Thr.
Expected TAT	3-6 Days
CPT Code(s)	84260
Lab Section	Reference Lab

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Serous Fluid, Routine Exam

Order Name:	SRS COUNT
Test Number:	0800700
Revision Date:	08/26/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Appearance of Fluid	Visual	9335-1
Color Fluid	Visual	6824-7
Fluid Type For Serous Fluid		47938-6
Specific Gravity Fluid		2964-5
WBC Fluid	Microscopy	26466-3
RBC Fluid	Microscopy	26455-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1 mL)**	**Body Fluid**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	**Note fluid type on Tube and Request.** Good for all Body Fluids except for CSF, Semen and Synovial.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	89051

Sesame Seed IgE

Order Name:	SESAME SD
Test Number:	5556450
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Sesame Seed IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Setomelanoma Rostrata (M8) IgE

Order Name: **SET ROSTR**
Test Number: **5622425**
Revision Date: **02/11/2013**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Setomelanoma Rostrata (M8) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
Notes	aka: Helminthosporium Halodes/Setomelanomma IgE
CPT Code(s)	86003

Sex Hormone Binding Globulin

Order Name: **SHBG**
Test Number: **3602657**
Revision Date: **01/22/2014**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Sex Hormone Binding Globulin	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Preferred to separate serum from cells ASAP or within 2 hours of collection.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-2 days
CPT Code(s)	84270

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Sheep Sorrell IgE

Order Name:	**SHEEP SORL**
Test Number:	**5609075**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Sheep Sorrell IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Shiga Toxin types 1 and 2

Order Name:	**SHIGA TX**
Test Number:	**3504650**
Revision Date:	**12/07/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Shiga Toxin type 1	ImmunoCard	51940-5
Shiga Toxin type 2	ImmunoCard	51939-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Stool, Random**	**ETM or Cary Blair container**	**Refrigerated**
Alternate 1	**See Instructions**	**Stool, Random**	**Parapak (C and S)**	**Refrigerated**
Instructions	Stool should be placed in modified Cary-Blair Para-Pak Culture Media within 2 hours of collection and kept refrigerated. (PARA-PAK C and S available from lab stores.)			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
Clinical Use	This test is a immunochromatographic rapid test for the qualitative detection of Shiga toxins 1 and 2 (also called Verotoxins) produced by *E. coli* in cultures derived from clinical stool specimens. This test used in conjunction with the patient's clinical symptoms and other laboratory tests to aid in the diagnosis of diseases caused by enterohemorrhagic *E. coli* (EHEC) infections.
Notes	Refer to the Mircrobiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers.
CPT Code(s)	87015, 87899, 87899-59

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Shrimp Allergy IgE

Order Name:	**SHRIMP**
Test Number:	**5604700**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Shrimp Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Shrimp Allergy IgG

Order Name:	**SHRIMP IGG**
Test Number:	**5500431**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Shrimp Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

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Sickle Cell Solubility Test

Order Name:	SICKL SCRN
Test Number:	0105700
Revision Date:	08/26/2014
LOINC Code:	6864-3

TEST NAME	METHODOLOGY
Sickle Cell Solubility Test	Solubility

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	For best results: Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 48hrs.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Used to confirm Hemoglobin S when an "S" band is found on hemoglobin electropheresis.
CPT Code(s)	85660

Sirolimus (Rapamycin)

Order Name:	SIROLIMUS
Test Number:	3658510
Revision Date:	12/29/2005
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Sirolimus (Rapamycin)	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (2)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Ship and store refrigerated. Shipping at ambient temperature (< 25 C) is acceptable. Optimal time to draw specimen: 1/2 to 1 hour before next oral dose at steady state.			

GENERAL INFORMATION

Testing Schedule	Mon - Sun
Expected TAT	3-4 Days
Notes	*{ Note: 2006 CPT Updated.}*
CPT Code(s)	80195
Lab Section	Reference Lab

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Sjogrens SSA

Order Name: **SJOGRN A**
Test Number: **5508870**
Revision Date: **09/03/2010**
LOINC Code: **17792-3**

TEST NAME	METHODOLOGY
Sjogrens SSA	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	7 Days
CPT Code(s)	86235

Sjogrens SSA/SSB Antibodies (Anti-Ro / Anti-LA)

Order Name: **SJOGRENS**
Test Number: **5508860**
Revision Date: **02/05/2009**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Sjogrens SSA	Enzyme Immunoassay	17792-3
Sjogrens SSB	Enzyme Immunoassay	17791-5
Nonhistone Acid Ag Interpretation		

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon
Expected TAT	7 Days
Clinical Use	SSA (Anti-Ro) and SSB (Anti-LA) antibodies are reported to be in the majority of patients with Sjogren's Syndrome (SS) and a majority of patients with SS secondary to RA or SLE.
CPT Code(s)	86235X2

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Sjogrens SSB

Order Name:	SJOGRN B
Test Number:	5508880
Revision Date:	09/03/2010
LOINC Code:	17791-5

TEST NAME	METHODOLOGY
Sjogrens SSB	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	7 Days
CPT Code(s)	86235

Smith Antibody (Sm Antibody, Anti-Smith)

Order Name:	ANTI SMITH
Test Number:	5510450
Revision Date:	09/03/2010
LOINC Code:	11090-8

TEST NAME	METHODOLOGY
Smith Antibody (Sm Antibody, Anti-Smith)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon
Expected TAT	7 Days
Clinical Use	Diagnostic for SLE (99% specificity) but only found in 20-30% of patients with SLE and most particularly Afro-Americans.
CPT Code(s)	86235

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Smooth Brome IgE

Order Name:	**BROME SM**
Test Number:	**5519850**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Smooth Brome IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Smooth Muscle Antibody Screen - Reflex to Titer

Order Name:	**SM MUSC AB**
Test Number:	**5565350**
Revision Date:	**08/17/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Smooth Muscle Antibody Screen - Reflex to Titer	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.0 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Smooth muscle antibody is in high titers (>/= 1:160) in approximately 97% of patients with autoimmune chronic active hepatitis.
CPT Code(s)	Screen 86255, If positive it will reflex to titer 86256

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Snail / Escargot IgE

Order Name:	SNAIL IGE
Test Number:	5594283
Revision Date:	08/08/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Snail / Escargot IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Sodium

Order Name:	SODIUM
Test Number:	2005000
Revision Date:	03/05/2012
LOINC Code:	2951-2

TEST NAME	METHODOLOGY
Sodium	Ion-Selective Electrode

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 72hrs.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in monitoring metabolic processes, pituitary function, adrenal function, hydration, proper body pH and regulation of appropriate heart and muscle functions.
CPT Code(s)	84295

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Sodium Urine Random

Order Name:	**SODIUM R U**
Test Number:	**3001550**
Revision Date:	**06/11/2003**
LOINC Code:	**2955-3**

TEST NAME	METHODOLOGY
Sodium Urine Random	Ion-Selective Electrode

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine collection. No preservative. Keep refrigerated. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in monitoring metabolic processes, pituitary function, adrenal function, hydration, proper body pH and regulation of appropriate heart and muscle functions.
CPT Code(s)	84300

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Sodium Urine Timed

Order Name:	**SODIUM TMU**
Test Number:	**3003075**
Revision Date:	**06/11/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine Urine Timed Estimated		
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Sodium 24 Hour Urine		2956-1
Sodium Urine mm/L	Ion-Selective Electrode	21525-1
Sodium Urine Timed Estimated		
Total Urine Volume		3167-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Used to evaluate electrolyte balance, acute renal failure, acute oliguria and differential diagnosis of hyponatremia.
CPT Code(s)	84300; 81050

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Sodium, Feces

Order Name:	**SODIUM FEC**
Test Number:	**3503100**
Revision Date:	**10/12/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Sodium, Feces	Ion-Selective Electrode

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5g (1g)**	**Fecal/Stool**	**Sterile Orange Screwtop Container**	**Frozen**
Instructions	Random or 24 hour collection of feces. Send entire collection sample in a plastic leak-proof container with screw cap. Submit a well mixed timed stool collection. Record total collection time (Random, 24, 48, or 72 hours). Keep refrigerated during collection. Do not submit specimen in metal paint cans, as processing poses a safety hazard. Specimens received in paint cans will be rejected. Stability: Ambient= 1 hour; Refrigerated= 2 weeks; Frozen= 6 months. **Unacceptable Specimens: Formed or viscous stool.**			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	5 Days
CPT Code(s)	84302
Lab Section	Reference Lab

Soluble Liver Antigen (SLA) IgG Antibody, ELISA

Order Name:	**SOLUB LIV**
Test Number:	**5579200**
Revision Date:	**02/02/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Soluble Liver Antigen (SLA) IgG Antibody, ELISA	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Batched once a week
Expected TAT	1-7 Days
CPT Code(s)	86376
Lab Section	Reference Lab

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Soluble Transferrin Receptor

Order Name:	**SOLUBL TRN**
Test Number:	**3604710**
Revision Date:	**03/03/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Soluble Transferrin Receptor	Immunoturbidimetry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.3)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 2	**1 mL (0.3)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Serum should be separated immediately from clot. Unacceptable: Severely hemolyzed, icteric, lipemic specimens. Aavoid repeated freeze-thaw cycles. Stability: After separation from cells: Ambient= 4 hours, Refrigerated= 1 week, Frozen= 1 month.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
Clinical Use	Elevated sTfR values are found in anemia of chronic disease (ACD), iron deficiency anemia (IDA), polycythemia, hemolytic anemia, thalassemia, hereditary spherocytosis, sickle cell and megaloblastic anemia, myelodysplastic syndrome and vitamin B12 deficiency. Elevated sTfR concentrations occur during pregnancy when there is a deficiency of functional iron.
CPT Code(s)	84238
Lab Section	Reference Lab

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Southwest Allergy Panel

Order Name:	**A SW G PNL**
Test Number:	**5622225**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Cat Dander IgE	ImmunoCAP
Dog Dander IgE	ImmunoCAP
Cladosporium herbarum/Hormodendrum IgE	ImmunoCAP
Alternaria Tenuis IgE	ImmunoCAP
Dust Mite (D. Farinae D2) IgE	ImmunoCAP
Kentucky Blue Grass IgE	ImmunoCAP
Mountain Juniper/cedar (T6) IgE	ImmunoCAP
Johnson Grass IgE	ImmunoCAP
Elm Tree American IgE	ImmunoCAP
Bermuda Grass IgE	ImmunoCAP
Marshelder Rough IgE	ImmunoCAP
Walnut Tree IgE	ImmunoCAP
Oak Tree White IgE	ImmunoCAP
Ragweed Common (Short Ragweed) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1.4 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x14

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Soybean IgE

Order Name:	SOYBEAN
Test Number:	5604775
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Soybean IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Spelt (Triticum spelta) IgE

Order Name:	SPELT
Test Number:	5507920
Revision Date:	06/24/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Spelt (Triticum spelta) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Spinach IgE

Order Name:	**SPINACH**
Test Number:	**5506400**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Spinach IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Spinal muscular atrophy (SMA)

Order Name:	**SPINAL MA**
Test Number:	**5593965**
Revision Date:	**01/01/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Spinal muscular atrophy (SMA)	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (3mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-2 Weeks
Clinical Use	Spinal muscular atrophy (SMA) is a relatively common recessive autosomal disease affecting 1 in 6000 births. Four clinical types of the disease, types I - IV, are defined by decreasing severity of symptoms.
Notes	SMA analysis can be included in a the Hypotonia Panel with myotonic dystrophy (DM) and Prader-Willi Syndrome (PWS) to expedite diagnosis.
CPT Code(s)	81400 (2013 code)
Lab Section	Reference Lab

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Squash IgE

Order Name:	**SQUASH**
Test Number:	**5555725**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Squash IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Squid (Loligo Spp) Allergy IgG

Order Name:	**SQUID IGG**
Test Number:	**5500509**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Squid (Loligo Spp) Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

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Squid IgE

Order Name:	**SQUID IGE**
Test Number:	**5594291**
Revision Date:	**08/08/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Squid IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Squid, Pacific IgE

Order Name:	**SQUID PACF**
Test Number:	**5594297**
Revision Date:	**08/08/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Squid, Pacific IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon- Fri
Expected TAT	2-4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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St. Louis Encephalitis Virus IgG, IgM

Order Name:	**ST LOUIS A**
Test Number:	**5507175**
Revision Date:	**09/11/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
St. Louis Encephalitis Virus IgG	Indirect Fluorescent Antibody
St. Louis Encephalitis Virus IgM	Indirect Fluorescent Antibody
St. Louis Encephalitis Virus Interpretation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Room temperature: Room temperature: 7 Days, Refrigerated: 14 Days, Frozen: 30 Days. Pediatric minimum volume: 0.08mL Serum.			

GENERAL INFORMATION

Testing Schedule	Tues - Sat
Expected TAT	2-5 Days
Clinical Use	IgG titers Greater than or Equal to 1:16 are suggestive of exposure while the presence of IgM indicates recent infection. Human infections are seasonal, from mid- to late-summer, occurring throughout the southern, southwestern, and west central states. Strong crossreactivity may be seen with other Group B arboviruses (Flavivirus) including Dengue, Japanese Encephalitis, Rio Bravo, Powassan, and Yellow Fever.
CPT Code(s)	86653x2
Lab Section	Reference Lab

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Statin Group

Order Name:	**STATIN GRP**
Test Number:	**2939100**
Revision Date:	**06/17/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Aspartate Transaminase (AST)	Enzymatic	1920-8
Cholesterol, Total Serum	Enzymatic	2093-3
Creatine Phosphokinase	IFCC;UV/NADH	2157-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting 12 hours. Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
CPT Code(s)	84450; 82550; 82465

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Statin Plus Group

Order Name: **STATIN PLS**
Test Number: **2939150**
Revision Date: **06/17/2003**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Aspartate Transaminase (AST)	Enzymatic	1920-8
Calculated LDL Test	Calculation	13457-7
Cholesterol, Total Serum	Enzymatic	2093-3
Cholesterol-HDL	Enzymatic	
Creatine Phosphokinase	IFCC;UV/NADH	2157-6
Triglycerides	Glycerol Phosphate Oxidase	2571-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
CPT Code(s)	84450; 82550; 82465; 84478; 83718

Stemphylium Herbarum/botryosum IgE

Order Name: **STEMPHYLLI**
Test Number: **5621625**
Revision Date: **02/11/2013**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Stemphylium Herbarum/botryosum IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Stemphylium Herbarum/botryosum IgG

Order Name:	**STEMPHYL G**
Test Number:	**5500449**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Stemphylium Herbarum/botryosum IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.
CPT Code(s)	86001
Lab Section	Reference Lab

Stone Risk Analysis

Order Name:	**STONE RISK**
Test Number:	**9003000**
Revision Date:	**05/19/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Stone Risk Analysis	Atomic Absorbtion, HPLC

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SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**60mL (30 Each)**	**Urine, 24-hour**	**Stone Risk Urine Container**	**See Instructions**

Instructions

Must use a Quest 24hr urine container specific for Stone Formation. Available from main lab processing.

If you do not have the special processing aliquot tubes to process the specimen offsite,
then please send the entire collection jug to the RML Main Lab for processing within 2 to 4 hours of the end of the collection.

- Do not remove sponge from the orange collection container.
- Do not remove wool from white container.
- Do not collect the first urination at the beginning of 24-hour collection.
- During collection process store large orange container in a cool location.
- Upon completion of 24-hour collection, return the large orange collection container for processing.
  The jug needs to be processed within 2 to 4 hours of completion of 24-hour collection.
- Complete the Urologic Stone Risk Diagnostic Patient Information Form.

If Processing Specimen Offsite from RML Main Lab:
The two white aliquot vials must be filled within 2 to 4 hours of completion of 24-hour collection.
First tighten the cap on the large collection container and mix contents in the container vigorously for one minute.
(A good mix will assure accurate test results.)
Then fill and cap each vial one at a time with 50-60mL urine from collection jug. Cap both vials tightly, write patients name on each vial and place in zip-lock bags provided (do not remove absorbent sheets).

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	7-10 Days (Graph to follow a week later)
Clinical Use	Risk assesment in Kidney Stone development by the following analysis:

METABOLIC

- CALCIUM
- OXALATE
- URIC ACID
- CITRATE
- pH
- TOTAL VOL

ENVIRONMENTAL

- SODIUM
- SULFITE
- PHOSPHORUS
- MAGNESIUM

SUPERSATURATION

- CALCIUM OXALATE
- BRUSHITE
- SODIUM URATES
- STRUVITE
- URIC ACID SATURATE
- AMMONIUM
- POTASIUM
- CRATININE

INTERPRETATION

- PATIENT CONDITION
- SUPERSATURATION INDEX
- SUSPECTED PROBLEM
- COMMENTS:

CPT Code(s)	82140, 82340, 82507, 82570, 83735, 83945, 83986, 84105, 84133, 84300, 84392, 84560
Lab Section	Reference Lab

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Stool Culture for Bacterial Pathogens

Order Name:	**C STOOL RT**
Test Number:	**6002450**
Revision Date:	**09/09/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Stool Culture for Bacterial Pathogens	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL**	**Stool, Random**	**ETM or Cary Blair container**	**Refrigerated**
Instructions	Collect fresh stool in ETM (red cap) or Cary Blair container - Add enough stool to fill container to indicator line within 2 hours of collection and keep refrigerated.			

GENERAL INFORMATION

Testing Schedule	Sunday - Saturday
Expected TAT	1-3 Days
Clinical Use	Detection of Bacterial Pathogens in Stool including Shiga Toxin.
Notes	Refer to the Mircrobiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers.
CPT Code(s)	87045; 87046, 87015, 87899X2

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Stool for Polysegmented Neutrophils

Order Name:	**STOOL POLY**
Test Number:	**3501625**
Revision Date:	**10/13/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Eosinophil stool	Microscopy	30382-6
Stool for polys	Microscopy	30461-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5mL (3mL)**	**Fecal/Stool**	**Sterile Orange Screwtop Container**	**See Instructions**
Alternate 1	**5mL (3mL)**	**Fecal/Stool**	**Formalin and PVA container**	**See Instructions**
Instructions	Raw Stool specimens collected in **Sterile Orange top container should be Kept Refrigerated** and tested with in 24-hours of collection For Stool Specimens collected in **Formalin and PVA container can be Kept at Room Temperature,** Add enough stool to fill container to indicator line, within 1 hour of collection.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Reveals presence of white blood cells in stool
Notes	Refer to the Mircrobiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers.
CPT Code(s)	87205

Strawberry IgE

Order Name:	**STRAWBERRY**
Test Number:	**5608325**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Strawberry IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Streptococcus pneumoniae Antigen (Urine/CSF)

Order Name:	**STREP P AG**
Test Number:	**5700150**
Revision Date:	**08/18/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Streptococcus pneumoniae Antigen (Urine/CSF)	Latex agglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.6mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Alternate 1	**2mL (0.6mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	1-2 Days
CPT Code(s)	87899
Lab Section	Reference Lab

Streptozyme Antibody Screen Reflex to Titer

Order Name:	**STREPTOZYM**
Test Number:	**5519625**
Revision Date:	**08/24/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Streptozyme Antibody Screen	Hemagglutination
Streptozyme Antobody Titer	Hemagglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.1)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Separate serum or plasma from cells ASAP. Stability after separation from cells: Ambient= 2 days, Refrigerated= 2 weeks, Frozen= 1 year (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	2-4 Days
Notes	Streptococcus pyogenes, Group A Antibody with Reflex to Titer.
CPT Code(s)	86403 (if reflexed add 86406)
Lab Section	Reference Lab

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Striated Muscle Antibody

Order Name:	**STRIAT AB**
Test Number:	**3805400**
Revision Date:	**03/31/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Striated Muscle Antibody Screen	Immunofluorescent Assay
Striated Muscle Antibody Titer	Immunofluorescent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 (0.2 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 (0.2 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Sat
Expected TAT	2-4 Days
Clinical Use	Striated Muscle Antibody is more commonly detected in patients over age 60 years with myasthenia gravis than in younger patients. There is a strong correlation between the presence of Striated Muscle Antibody and thymoma in patients with myasthenia gravis.
CPT Code(s)	86255
Lab Section	Reference Lab

Sulfonamides (Sulfas)

Order Name:	**SULFONAMI**
Test Number:	**4004760**
Revision Date:	**07/13/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Sulfonamides (Sulfas)	Spectrophotometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Room Temperature**
Alternate 1	**1mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Draw peak specimen two hours post dose. Please indicate on the specimen which sulfa drug is being administered.			

GENERAL INFORMATION

Testing Schedule	Tue, Fri
Expected TAT	2-5 Days
CPT Code(s)	80299
Lab Section	Reference Lab

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Sunflower Seed IgE

Order Name:	**SUNFLOW SD**
Test Number:	**5508130**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Sunflower Seed IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Sweet Potato IgE

Order Name:	**SWEET POTA**
Test Number:	**5611675**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Sweet Potato IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Sweetgum IgE

Order Name:	**SWEETGUM**
Test Number:	**5518840**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Sweetgum IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Swiss Cheese IgE

Order Name:	**CHEES SWIS**
Test Number:	**3700000**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Swiss Cheese IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Swordfish IgE

Order Name:	SWORDFISH
Test Number:	5515310
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Swordfish IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Sycamore Tree IgE

Order Name:	SYCAMRE IC
Test Number:	5613300
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Sycamore Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Synovial Fluid Routine Exam

Order Name:	**SYN COUNT**
Test Number:	**0814000**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Appearance	Visual	29605-3
Color	Visual	14664-7
Crystals, Synovial Fluid	Microscopy	38458-6
RBC Count	Microscopy	26458-0
Viscosity	Visual	14950-0
WBC Count	Microscopy	26469-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1 mL)**	**Synovial Fluid**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Alternate 1	**3 mL (1 mL)**	**Synovial Fluid**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Room Temperature**
Instructions	This test is for Synovial/Joint Fluids. **Invert tube several times to mix well and deliver to laboratory immediately.** Collect 3mL(1mL) of fluid in a Sodium Heparin (Green Top/ No-Gel) tube or a Lithium Heparin (Dark Green Top / No-Gel). ***If a No-Gel tube is not available - collect in a Lithium Heparin (Light Green Top) - Mark Specimen DO NOT SPIN..!***			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Notes	Result includes a manual differential.
CPT Code(s)	89051

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Synthetic Cannabinoids Panel (Urine)

Order Name:	**SYN CANNAB**
Test Number:	**4032025**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
JWH 018 N (4 Hydroxypentyl) Metabolite	Liquid Chromatography/Tandem Mass Spectrometry
JWH 018 N (5 Hydroxypentyl) Metabolite	Liquid Chromatography/Tandem Mass Spectrometry
JWH 073 N (3 Hydroxybutyl) Metabolite	Liquid Chromatography/Tandem Mass Spectrometry
JWH 073 N (4 Hydroxybutyl) Metabolite	Liquid Chromatography/Tandem Mass Spectrometry
AM 2201 N (4 Hydroxypentyl) Metabolite	Liquid Chromatography/Tandem Mass Spectrometry
JWH 019 N (5 Hydroxyhexyl) Metabolite	Liquid Chromatography/Tandem Mass Spectrometry
JWH 250 N (4 Hydroxypentyl) Metabolite	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Specimen Stability: Room temperature 7 days, Refrigerated 7 days, Frozen 7 days.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Synthetic Cannabinoids refer to a wide variety of herbal mixtures that produce experiences similar to marijuana (cannabis) that are marketed as legal alternatives to that drug. Sold under names, including "K2," "fake weed," "Yucatan Fire," "Skunk," "Moon Rocks," and "Spice," they are labeled "not for human consumption". Synthetic Cannabinoids are psychoactive designer drugs made with dried, shredded plant materials and chemical additives that induce psychoactive effects.
CPT Code(s)	80351
Lab Section	Reference Lab

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Syphilis Antibody Screen

Order Name:	**SYP AB**
Test Number:	**5500607**
Revision Date:	**10/13/2014**
LOINC Code:	**24110-9**

TEST NAME	METHODOLOGY
Syphilis Antibody Screen	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (0.6 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Room Temperature: 8 hrs, Refrigerated 3 days, Frozen: 30 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Sat
Expected TAT	1-2 Days
Clinical Use	This screening assay tests for the presence of IgM and IgG antibody specific to Treponema pallidum.
Notes	All screening chemiluminescent immunoassay reactive patients will have an Non-Treponemal Antibody (RPR) performed to distinguish recent/active from past infection. The screen reactive specimen will reflex to an Non-Treponemal Antibody (RPR) and titer, if necessary, at additional charge(s).
CPT Code(s)	86780

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T Helper and Suppressor Cells (CD4/CD8)

Order Name:	**T HELP/SUP**
Test Number:	**5603200**
Revision Date:	**03/20/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
T Helper and Suppressor Lymphs	Flow cytometry	54218-3
T4 Lymphocytes	Flow cytometry	
T8 Lymphs	Flow cytometry	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4.5 mL (1mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	**Do NOT Centrifuge or Refrigerate. Deliver to laboratory ASAP.** **Do Not Collect this test on a Saturday!**			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 Days
Clinical Use	Immunophenotype of T lymphocytes.
CPT Code(s)	86359, 86360

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T Helper Cells (CD4 Cells)

Order Name:	**T HELPER**
Test Number:	**5603150**
Revision Date:	**03/07/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
T Helper Cells	Flow cytometry	8123-2
T4 Lymphocytes	Flow cytometry	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4.5 mL (1mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	**Do NOT Centrifuge or Refrigerate. Deliver to laboratory ASAP.** **Do Not Collect this test on a Saturday!**			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 Days
Clinical Use	Marker for level of immunocompetence
CPT Code(s)	86361

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T-Cell Receptor Gene Rearrangement, PCR/TTGE

Order Name:	**T CELL PCR**
Test Number:	**9604030**
Revision Date:	**03/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
T-Cell Receptor Gene Rearrangement, PCR/TTGE	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 1	**5 mL (1 mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 2	**5x5mm**	**Tissue**	**RPMI Solution**	**Ambient / Refrigerated**
Instructions	Send specimen ASAP, Keep at room temperature! (**DO NOT FREEZE**). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon
Expected TAT	7-9 Days
Clinical Use	This assay is useful for establishing clonality of T-cell receptor gene rearrangement for the diagnosis of T-cell lymphoid neoplasms and identification of minimal residual disease or early recurrence in patients with previous diagnosis of T-call neoplasm.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	81342, (G0452-26)
Lab Section	Reference Lab

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T3 (Triiodothyronine) Reverse

Order Name:	**REVERSE T3**
Test Number:	**2010900**
Revision Date:	**03/17/2015**
LOINC Code:	**3052-8**

TEST NAME	METHODOLOGY
T3 (Triiodothyronine) Reverse	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 1	**2 mL (1 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Instructions	Allow serum specimen to clot completely at room temperature. **Separate serum or plasma from cells ASAP or within two hours of collection.** **Unacceptable Conditions: Grossly hemolyzed specimens** Stability after separation from cells/gel: Room temperature 7days, Refrigerated 7days, Frozen 30days.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Clinical Use	Reverse T3 (rT3) has limited application. The assay may be useful in the diagnosis of nonthyroidal illness (NTI). Patients with NTI have low T3 concentrations and increased concentrations of rT3. RT3 may be useful in neonates to distinguish euthyroid sick syndrome from central hypothyroidism.
CPT Code(s)	84482
Lab Section	Reference Lab

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T4 Neonatal

Order Name:	**NEONAT T4**
Test Number:	**4501200**
Revision Date:	**11/10/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
T4 Neonatal	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful for detection and monitoring of thyroid disease, note that normal values are much higher for newborns than for adults.
CPT Code(s)	84437

T4, Free, Direct Dialysis

Order Name:	**T4 FREE DD**
Test Number:	**3653475**
Revision Date:	**11/30/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
T4, Free, Direct Dialysis	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Sun-Fri
Expected TAT	3 Days
CPT Code(s)	84439
Lab Section	Reference Lab

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Temazepam, Serum

Order Name:	**TEMAZEPAM**
Test Number:	**4001625**
Revision Date:	**01/13/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Temazepam, Serum	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	**Serum gel separator tubes are un-acceptable.** Stability: Room Temp= N/A, Refrigerated= 5 Days, Frozen=14 Days.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr, Sat
Expected TAT	2-4 Days
CPT Code(s)	80154
Lab Section	Reference Lab

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Testosterone Free, Females and Children

Order Name:	**TEST FR F**
Test Number:	**3610875**
Revision Date:	**05/19/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Testosterone Free, Females and Children	Calculation

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.8 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.8 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Preferred to separate serum from cells ASAP or within 2 hours of collection. Specimen Stability After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Notes	This test is suggested for women and children 13 years and under due to an improved sensitivity of testosterone by LC-MS/MS. Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay. Total Testosterone and SHBG are measured and free testosterone is estimated from these measurements.
CPT Code(s)	84402
Lab Section	Reference Lab

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Testosterone Total, Females and Children

Order Name:	**TESTO TO F**
Test Number:	**3610975**
Revision Date:	**01/05/2014**
LOINC Code:	**2986-8**

TEST NAME	METHODOLOGY
Testosterone Total, Females and Children	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.2mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Preferred to separate serum from cells ASAP or within 2 hours of collection. Stability after separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Notes	This test is suggested for women and children 13 years and under due to an improved sensitivity of testosterone by LC-MS/MS.
CPT Code(s)	84403
Lab Section	Reference Lab

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Testosterone Total, Free, SHBG, Biovailable, Females and Children

Order Name:	**TEST FTSBF**
Test Number:	**3700325**
Revision Date:	**05/19/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Testosterone Total, Females and Children	Liquid Chromatography/Tandem Mass Spectrometry	2986-8
Testosterone Free, Females and Children	Calculation	
Sex Hormone Binding Globulin	Quantitative Chemiluminescent Immunoassay	13967-5
Testosterone, Biovailable, Females and Children	Calculation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.8 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.8 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Preferfed to separate serum from cells ASAP or within 2 hours of collection. Specimen Stability After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Notes	This test is suggested for women and children 13 years and under due to an improved sensitivity of testosterone by LC-MS/MS. Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay. Total Testosterone and SHBG are measured and free testosterone is estimated from these measurements.
CPT Code(s)	84403, 84270
Lab Section	Reference Lab

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Testosterone Total, Free, SHBG, Biovailable, Males (Adult)

Order Name:	**TEST FTSBM**
Test Number:	**3602547**
Revision Date:	**12/15/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Testosterone, Total, Males (Adult)	Chemiluminescence Assays	2986-8
Testosterone Free (Males)	Calculation	
Sex Hormone Binding Globulin	Chemiluminescence Assays	
Testosterone Biovailable Male	Calculation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	**Not Recommended for Females and Children 13 years and under** Preferred to separate serum from cells ASAP or within 2 hours of collection. Stability After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 30 days.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-2 Days
Notes	**For Females and Children 13 years and under use the following test code:** **TEST FTSBF** [3700325] Testosterone Total, Free, SHBG, Biovailable, Females and Children
CPT Code(s)	84403, 84270

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Testosterone Total, Free, SHBG, Females and Children

Order Name:	**TEST FTS F**
Test Number:	**3610825**
Revision Date:	**01/05/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Testosterone Total, Females and Children	Liquid Chromatography/Tandem Mass Spectrometry	2986-8
Testosterone Free, Females and Children	Calculation	
Sex Hormone Binding Globulin	Quantitative Chemiluminescent Immunoassay	13967-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.6 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.6 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Preferred to separate serum from cells ASAP or within 2 hours of collection. Specimen Stability After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 6 months			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-5 Days
Notes	This test is suggested for women and children 13 years and under due to an improved sensitivity of testosterone by LC-MS/MS. Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry/Electrochemiluminescent Immunoassay. Total Testosterone and SHBG are measured and free testosterone is estimated from these measurements.
CPT Code(s)	84403, 84270
Lab Section	Reference Lab

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Testosterone Total, Free, SHBG, Males (Adult)

Order Name:	**TEST FTS M**
Test Number:	**3602545**
Revision Date:	**01/22/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Testosterone, Total, Males (Adult)	Chemiluminescence Assays	2986-8
Testosterone Free (Males)	Calculation	
Sex Hormone Binding Globulin	Chemiluminescence Assays	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	**Not Recommended for Females and Children 13 years and under** Preferred to separate serum from cells ASAP or within 2 hours of collection. Stability After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 30 days.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-2 days
Notes	**For Females and Children 13 years and under use the following test code:** **TEST FTS F** [3610825] Testosterone Total, Free, SHBG, Females and Children
CPT Code(s)	84403, 84270

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Testosterone, Total, Males (Adult)

Order Name:	**TESTOS TO**
Test Number:	**3602650**
Revision Date:	**01/22/2014**
LOINC Code:	**2986-8**

TEST NAME	METHODOLOGY
Testosterone, Total, Males (Adult)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	**Not Recommended for Females and Children 13 years and under** Preferred to separate serum from cells ASAP or within 2 hours of collection. Specimen Stability: Ambient 8 hours. Refrigerated 7 days, Frozen 3 months.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-2 days
Clinical Use	Useful for evaluation of males with erectile dysfunction, gynecomastia, osteoporosis, infertility, delayed or precocious puberty and monitoring replacement therapy. Evaluation of women with hirsutism, virilization and oligomenorrhea and infants with ambiguous genitalia and/or virilizing syndromes.
Notes	**For Females and Children 13 years and under use the following test code:** **TESTO TO F** [3610975] Testosterone Total, Females and Children
CPT Code(s)	84403

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Tetanus Antitoxoid Antibody IgG

Order Name:	**TETANUS A**
Test Number:	**3807000**
Revision Date:	**10/18/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Tetanus Antitoxoid Antibody IgG	Multi-Analyte Fluorescent Detection

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.15)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Separate serum from cells ASAP. "Pre" and "post" vaccination specimens should be submitted together for testing. "Post" specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of "pre" specimen. **Please clearly mark specimens "Pre-Vaccine" or "Post-Vaccine" so that specimens will be saved and tested simultaneously.** Unacceptable Specimens: Plasma and other body fluids. Severely lipemic, contaminated and 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- Fri
Expected TAT	2-4 Days
CPT Code(s)	86774
Lab Section	Reference Lab

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Theophylline

Order Name:	**THEOPHYLLI**
Test Number:	**4005050**
Revision Date:	**06/17/2003**
LOINC Code:	**4049-3**

TEST NAME	METHODOLOGY
Theophylline	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Peak: Draw 2-4 hours after oral dose. Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for optimizing drug dosage and assessing toxicity.
CPT Code(s)	80198

Thiocyanate, Serum/Plasma

Order Name:	**THIOCYNAT**
Test Number:	**4005300**
Revision Date:	**01/20/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Thiocyanate, Serum/Plasma	Colorimetric

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**3mL (1.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Centrifuge specimen within 1 hour of collection, separate immediately. Keep Refrigerated.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	6-8 Days
CPT Code(s)	84430
Lab Section	Reference Lab

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Thorazine (Chlorpromazine) Serum

Order Name:	**THORAZINE**
Test Number:	**2008650**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Thorazine (Chlorpromazine) Serum	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Instructions	Do not use gel barrier tubes. Draw sample 1/2 to 1 hour before next dose.			

GENERAL INFORMATION

Testing Schedule	Wed, Sat
Expected TAT	3-4 Days
CPT Code(s)	80342
Lab Section	Reference Lab

Throat Culture

Order Name:	**C THROAT RT**
Test Number:	**6002003**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Throat Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Copan eSwab - White (Regular size)**	**Room Temperature**
Instructions	**For Aerobic Cultures Only**. Swab the tonsil area thoroughly and behind the uvula. Other Acceptable Swabs: Double Tipped Aerobic Swab (Red), Aerobic Swab (White Cap), Anaerobic Gel Swab (Blue Cap).			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	2 Days
Clinical Use	Identifies oral pathogens that cause pharyngitis.
CPT Code(s)	87070

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Thyme IgE

Order Name:	**THYME**
Test Number:	**5594215**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Thyme IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Thyroglobulin and Thyroglobulin Antibody

Order Name:	**THYROGLOB**
Test Number:	**3608010**
Revision Date:	**06/17/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Thyroglobulin Level	Chemiluminescence Assays	3013-0
Thyroglobulin Antibodies	Immunoassay	8098-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (0.8mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated or Frozen**
Alternate 1	**2mL (0.8mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated or Frozen**
Instructions	Allow the blood to clot then centrifuge the sample and then separate the serum into a plastic aliquote tube. Specimen stablilty: Room temperature: 7 Days; Refrigerated: 7 Days; Frozen: 28 Days. Reject Criteria: Gross hemolysis, Grossly lipemic			

GENERAL INFORMATION

Testing Schedule	Tues - Sat
Expected TAT	3-4 Days
CPT Code(s)	86800; 84432
Lab Section	Reference Lab

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Thyroglobulin Autoantibody (TG Ab)

Order Name:	THYRO A A
Test Number:	3612480
Revision Date:	06/11/2003
LOINC Code:	8098-6

TEST NAME	METHODOLOGY
Thyroglobulin Autoantibody (TG Ab)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	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	Wed
Expected TAT	7 Days
Clinical Use	Present in sera of patients with thyroid disorders such as Hashimoto's disease (76%-100%), primary myxedema (72%), hyperthyroidism (33%), adenoma (28%) and pernicious anemia (27%).
CPT Code(s)	86800

Thyroid Analyzer

Order Name:	THYROID AN
Test Number:	4502350
Revision Date:	10/07/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Thyroid Stimulating Hormone (TSH)	Chemiluminescence Assays	3016-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2.5 mL (1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**2.5 mL (1 mL)**	**Plasma**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful clinically for evaluating thyroid patients. This analyzer follows an algorithm or cascade of tests based on the results of the TSH test.
Notes	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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Thyroid Antibody Panel

Order Name:	**THYRO AB**
Test Number:	**3612580**
Revision Date:	**08/16/2006**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Thyroglobulin Autoantibody (TG Ab)	Enzyme Immunoassay	8098-6
Thyroid Peroxidase Antibody (TPO Ab, Microsomal Ab)	Enzyme Immunoassay	8099-4

SPECIMEN REQUIREMENTS

Specimen	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	Tues
Expected TAT	7 Days
Clinical Use	Combined testing for autoantibodies to thyroglobulin and thyroid peroxidase to detect almost all goitrous thyroiditis (e.g. Hashimoto's), atrophic thyroiditis (e.g. myxedema) and 70-90% of Grave's Disease.
CPT Code(s)	86800, 86376

Thyroid Hormone Binding Ratio

Order Name:	**T3UPTAKE**
Test Number:	**4502700**
Revision Date:	**11/10/2003**
LOINC Code:	**3050-2**

TEST NAME	METHODOLOGY
Thyroid Hormone Binding Ratio	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful clinically for evaluation of thyroid function.
CPT Code(s)	84479

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Thyroid Peroxidase Antibody (TPO Ab, Microsomal Ab)

Order Name:	THYRO PERX
Test Number:	3612430
Revision Date:	08/19/2013
LOINC Code:	8099-4

TEST NAME	METHODOLOGY
Thyroid Peroxidase Antibody (TPO Ab, Microsomal Ab)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	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, Wed, Fri
Expected TAT	2-4 Days
Clinical Use	TPO antibody is present in 57-74% of patients with Grave's Disease, 99-100% of Hashimoto's and idiopathic myxedema, 19% with differentiated thyroid cancer and none reported in patients with subacute thyroiditis.
CPT Code(s)	86376

Thyroid Profile (with T4, T7)

Order Name:	T7 PROF
Test Number:	2911175
Revision Date:	07/16/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Thyroid Hormone Binding Ratio	Chemiluminescence Assays	3050-2
Thyroxine (T4)	Chemiluminescence Assays	3026-2
Thyroxine Index (T7), Free	Calculation	32215-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Serum only. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	1-2 Days
Expected TAT	Sun-Fri
CPT Code(s)	84479, 84436

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Thyroid Stimulating Hormone (TSH)

Order Name:	**TSH**
Test Number:	**4501925**
Revision Date:	**04/16/2009**
LOINC Code:	**3016-3**

TEST NAME	METHODOLOGY
Thyroid Stimulating Hormone (TSH)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**2 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful for thyroid function assessment, screening for a diagnosis of thyroid disease or pituitary dysfunction.
CPT Code(s)	84443

Thyroid Stimulating Hormone Receptor Antibody (TRAb)

Order Name:	**TSH REC AB**
Test Number:	**4502225**
Revision Date:	**05/09/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Thyroid Stimulating Hormone Receptor Antibody (TRAb)	Electrochemiluminescent Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Critical Frozen - Allow serum to clot and Freeze ASAP!** Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Plasma. Grossly hemolyzed or lipemic specimens. Stability: Ambient= 24 hours; Refrigerated= 3 days; Frozen= 1 month.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
Notes	Positive results are consistent with autoimmune thyroid disease.
CPT Code(s)	83520
Lab Section	Reference Lab

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Thyroid Stimulating Immunoglobulin (TSI)

Order Name:	THY ST IG
Test Number:	3603200
Revision Date:	03/02/2015
LOINC Code:	30166-3

TEST NAME	METHODOLOGY
Thyroid Stimulating Immunoglobulin (TSI)	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.7)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Allow Serum to clot 30min. then separate 1mL serum into plastic aliquot tube. Unacceptable Specimen: Plasma, hemolyzed, icteric, or lipemic specimens. Specimen Stability After separation from cells: Ambient 24 hours; Refrigerated 6 days; Frozen 3 months.			

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	3-6 Days
Clinical Use	Positive results (123 percent or greater) are consistent with Graves disease but do not always correlate with the presence and severity of hyperthyroidism. Antibodies to the Thyroid Stimulating Hormone Receptor (TSHR) may be stimulating, blocking, or neutral. Stimulating antibodies mimic the action of TSH and cause hyperthyroidism (Graves disease). This test determines the net effect of all TSHR antibody types present in the serum specimen.
CPT Code(s)	84445
Lab Section	Reference Lab

Thyroxine (T4)

Order Name:	T4
Test Number:	4502650
Revision Date:	11/10/2003
LOINC Code:	3026-2

TEST NAME	METHODOLOGY
Thyroxine (T4)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Serum only. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Useful for diagnosing thyroid or pituitary dysfunction.
CPT Code(s)	84436

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Thyroxine (T4), Free

Order Name:	**FREE T4**
Test Number:	**4502550**
Revision Date:	**05/20/2010**
LOINC Code:	**3024-7**

TEST NAME	METHODOLOGY
Thyroxine (T4), Free	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	The FT4 value combined with the TSH value, gives a more accurate picture of the thyroid status in patients with abnormal TBG levels such as those who are pregnant or those who are receiving treatment with estrogens, androgens, phenytoin or salicylates.
Notes	Serum only.
CPT Code(s)	84439

Thyroxine Binding Globulin (TBG)

Order Name:	**TBG**
Test Number:	**3602755**
Revision Date:	**05/01/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Thyroxine Binding Globulin (TBG)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**
Instructions	Specimen Stability: Room temperature 7 days, Refrigerated 7 days, Frozen 28 days.			

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	2-3 Days from set up
CPT Code(s)	84442
Lab Section	Reference Lab

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Tickborne Disease Panel

Order Name:	**TICK PANEL**
Test Number:	**5571750**
Revision Date:	**05/11/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ehrlichia chaffeensis Antibody, IgM, IgG	
Rocky Mountain Spotted Fever (RMSF) IgG, IgM	
Tularemia Antibody	Non-viable bacterial cell agglutination assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	Allow 15-30 minutes for specimen to clot. **Keep serum refrigerated until processed**. However due to the shortened stability for the Tularemia Antibody, it is preferred if a 1mL aliquot of serum is placed into a plastic pour off tube and frozen for this test. Please see Tularemia Antibody test for details. Tularemia Specimen Stability: Room temperature= Unacceptable; Refrigerated= 48 Hours; Frozen= 7 Days.			

GENERAL INFORMATION

Testing Schedule	Assay Dependant
Expected TAT	3-5 Days
Clinical Use	**E. chaffeensis** - A tick-borne disease common to the OK/ARK/MO/KS area. Peak titers will occur at 6 weeks after onset. Only 22% will be positive after 1 week, 68% after 2 weeks and 100% after 4 weeks. **Rocky Mountain Spotted Fever** - To assist in the diagnosis of RMSF. Patients may not seroconvert until 10 days after onset of illness. **Tularemia Antibody** - Diagnosis of exposure to Francisella tularensis.
CPT Code(s)	See Individual components

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Tickborne Disease Panel (with Lyme Antibody)

Order Name:	**TICK/LYME**
Test Number:	**5571775**
Revision Date:	**05/11/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Ehrlichia chaffeensis Antibody, IgM, IgG		
Rocky Mountain Spotted Fever (RMSF) IgG, IgM		
Tularemia Antibody	Non-viable bacterial cell agglutination assay	
Lyme Antibody (Polyvalent)	Enzyme Immunoassay	20449-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	Allow 15-30 minutes for specimen to clot. **Keep serum refrigerated until processed.** However due to the shortened stability for the Tularemia Antibody, it is preferred if a 1mL aliquot of serum is placed into a plastic pour off tube and frozen for this test. Please see Tularemia Antibody test for details. Tularemia Specimen Stability: Room temperature= Unacceptable; Refrigerated= 48 Hours; Frozen= 7 Days.			

GENERAL INFORMATION

Testing Schedule	Assay Dependant
Expected TAT	3-5 Days
Clinical Use	**E. chaffeensis** - A tick-borne disease common to the OK/ARK/MO/KS area. Peak titers will occur at 6 weeks after onset. Only 22% will be positive after 1 week, 68% after 2 weeks and 100% after 4 weeks. **Rocky Mountain Spotted Fever** - To assist in the diagnosis of RMSF. Patients may not seroconvert until 10 days after onset of illness. **Tularemia Antibody** - Diagnosis of exposure to Francisella tularensis. **Lyme Antibody** - All positives or borderline results are confirmed with western blot. Serology may not be positive until 2-4 weeks after onset of erythema migrans.
CPT Code(s)	See Individual Components

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Timothy Grass IgE

Order Name:	**TIMOTHY G**
Test Number:	**5611950**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Timothy Grass IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Tissue Transglutaminase IgA (IgA anti-tTG)

Order Name:	**TISTRANGL**
Test Number:	**5537525**
Revision Date:	**09/11/2014**
LOINC Code:	**31017-7**

TEST NAME	METHODOLOGY
Tissue Transglutaminase IgA (IgA anti-tTG)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours, Refrigerated more than 8 hours.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
Clinical Use	An important marker in the diagnosis of Celiac disease and monitoring diet compliance.
CPT Code(s)	83516

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Tissue Transglutaminase IgG (IgG anti-tTG)

Order Name:	TISTRN IGG
Test Number:	5536025
Revision Date:	01/07/2008
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Tissue Transglutaminase IgG (IgG anti-tTG)	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Tue-Sat
Expected TAT	3-5 Days
Clinical Use	Tissue Transglutaminase Antibody, IgG is useful in diagnosing gluten-sensitive enteropathies, such as celiac sprue, and an associated skin condition, dermatitis herpetiformis in patients who are IgA-deficient. The test also provides support for gluten-sensitive enteropathies beyond IgA the test.
CPT Code(s)	83516
Lab Section	Reference Lab

Tobramycin

Order Name:	TOBRAMYCIN
Test Number:	4005550
Revision Date:	06/17/2003
LOINC Code:	35670-9

TEST NAME	METHODOLOGY
Tobramycin	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for optimizing drug dosage and assessing toxicity.
CPT Code(s)	80200

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Tobramycin Peak

Order Name:	**TOBRA PEAK**
Test Number:	**4005600**
Revision Date:	**06/17/2003**
LOINC Code:	**4057-6**

TEST NAME	METHODOLOGY
Tobramycin Peak	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Peak: draw 30-60 minutes after 30 minutes infusion or 1 hour after IM dose.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for optimizing drug dosage and assessing toxicity.
CPT Code(s)	80200

Tobramycin Trough

Order Name:	**TOBRA TROU**
Test Number:	**4005650**
Revision Date:	**06/17/2003**
LOINC Code:	**4059-2**

TEST NAME	METHODOLOGY
Tobramycin Trough	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Trough: draw immediately before next dose.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for optimizing drug dosage and assessing toxicity.
CPT Code(s)	80200

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Tomato IgE

Order Name:	**TOMATO**
Test Number:	**5607925**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Tomato IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Topiramate

Order Name:	**TOPIRAMATE**
Test Number:	**4505125**
Revision Date:	**11/20/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Topiramate	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate 1	**1mL (0.5)**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Refrigerated**
Alternate 2	**1mL (0.5)**	**Plasma**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Refrigerated**
Instructions	**Preferred collection in Red No-Gel clot tube.** Heparin plasma is acceptable. **Separate serum or plasma from cells ASAP within 2 hours of draw. Avoid use of separator tubes and gels.** Draw peak 2-4 hours after dose or trough 0.5-1 hour before dose or at steady state. Specimen Stability (Serum or Plasma): Room temperature: 7 Days, Refrigerated: 14 Days, Frozen: 30 Days.			

GENERAL INFORMATION

Testing Schedule	Tue-Sat
Expected TAT	4-6 Days
Clinical Use	Topiramate is an anticonvulsant used as an adjunctive treatment of partial-onset epilepsy. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity
Notes	

DAILY DOSE (MG)	PEAK	TROUGH
100mg	6.5-9.2 mcg/mL	4.5-6.6 mcg/mL
200mg	12.0-16.0 mcg/mL	8.0-12.0 mcg/mL
400mg	20.0-30.0 mcg/mL	14.0-20.0 mcg/mL

CPT Code(s)	80201
Lab Section	Reference Lab

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Torch Panel

Order Name:	**TORCH**
Test Number:	**5592125**
Revision Date:	**04/21/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Rubella IgG and IgM Antibodies	Enzyme Immunoassay	
Toxoplasma IgM	Enzyme Immunoassay	5390-0
Toxoplasma IgG	Enzyme Immunoassay	5388-4
Cytomegalovirus IgM Antibody	Enzyme Immunoassay	5126-8
Cytomegalovirus IgG Antibody	Enzyme Immunoassay	5124-3
Herpes Simplex 1 and 2 IgM Antibody	Enzyme Immunoassay	41399-7
Herpes Simplex 1 IgG Antibody	Enzyme Immunoassay	5206-8
Herpes Simplex 2 IgG Antibody	Enzyme Immunoassay	5209-2

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL**	**Cord Blood Serum**	**Clot Activator SST (Gold Bullet)**	**Refrigerated**
Alternate 1	**2 mL**	**Serum**	**Clot Activator SST (Gold Bullet)**	**Refrigerated**
Alternate 2	**2 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Plasma not acceptable.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 - 5 Days
Clinical Use	To assist in the diagnosis of infections caused by TORCH organisms.
Notes	Cpt Codes: 86762x2, 86777; 86778, 86644, 86645, 86694, 86695, 86696
CPT Code(s)	Multiple codes, please see Test Notes.

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Total Iron Binding Capacity

Order Name:	%SAT/TIBC
Test Number:	4501400
Revision Date:	10/11/2012
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Total Iron Binding Capacity		2500-7
UIBC		2501-5
% Saturation TIBC		2502-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 4 days. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for diagnosis of iron deficiency and iron overload disorders such as hemochromatosis.
Notes	Iron test is required for calculation.
CPT Code(s)	83550

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Total Parenteral Nutrition PNL

Order Name:	**TPN**
Test Number:	**2013475**
Revision Date:	**06/17/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Albumin	BCG	1751-7
Calcium	Arsenazo	17861-6
Electrolytes Panel		
Glucose	Hexokinase	2345-7
Magnesium	Colorimetric	2601-3
Phosphorus	Phosphomolybdate Complex	2777-1
Protein Total	Biuret	2885-2
Urea Nitrogen, Blood (BUN)	Urease/GLDH	3094-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Notes	Tests bill at detail: 82947; 84520; 80051; 84155; 82040; 84100; 83735; 82310.
CPT Code(s)	Multiple

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Toxoplasma Antibodies

Order Name:	**TOXO AB**
Test Number:	**5505625**
Revision Date:	**06/10/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Toxoplasma IgG	Enzyme Immunoassay	5388-4
Toxoplasma IgM	Enzyme Immunoassay	5390-0

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	7 Days
Clinical Use	Assist in the diagnosis of Toxoplasmosis
CPT Code(s)	86777; 86778

Toxoplasma Antibodies on CSF

Order Name:	**CSF TOXO A**
Test Number:	**5590450**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Toxoplasma IgG, CSF	Indirect Fluorescent Antibody	31685-1
Toxoplasma IgM, CSF	Indirect Fluorescent Antibody	31181-1

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2 Days
Clinical Use	Assist in the diagnosis of Toxoplasmosis meningitis
CPT Code(s)	86777; 86778

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Toxoplasma gondii DNA, Qualitative Real-Time PCR

Order Name:	**TOXO PCR**
Test Number:	**5592225**
Revision Date:	**02/26/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Toxoplasma gondii DNA, Qualitative Real-Time PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3 mL)**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 1	**1 mL (0.3 mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Alternate 2	**1 mL (0.3 mL)**	**See Instructions**	**See Special Instructions**	**Refrigerated**

Instructions

Preferred Specimen: 1mL(0.3) amniotic fluid or CSF collected in a sterile screw cap container; Fresh (unfixed) tissue or fixed tissue or tissue in alcohol or tissue biopsy.
Alternative Specimen: Plasma collected in: EDTA (lavender-top), ACD A or ACD B (yellow-top) tube, Serum collected in SST (red-top) tube, Whole blood collected in: EDTA (lavender-top ACD A or ACD B (yellow-top) tube, Bone marrow or Buffy coat, Vitreous fluid collected in a sterile screw cap container, Amniotic fluid supernatant collected in a sterile screw cap container.

Collection Instructions: Collect using standard procedures. Store samples refrigerated following collection. **Ship refrigerated. Do not freeze whole blood.**

Specimen Stability:
Amniotic fluid, CSF, Tissue, Plasma, Serum, Vitreous fluid, or Amniotic fluid supernatant: Room Temperature: 6 days, Refrigerated: 7 days, Frozen: 30 days.
Whole blood, Bone marrow or Buffy Coat: Room temperature: 6 days, Refrigerated: 7 days, Frozen: Unacceptable.

GENERAL INFORMATION

Testing Schedule	Mon-Sun
Expected TAT	2-4 Days
Clinical Use	Toxoplasma gondii, an obligate intracellular parasite, is an important opportunistic pathogen of immunosuppressed patients. In AIDS patients and transplant patients, this infection may result in a life-threatening encephalitis. T. gondii can also cause a fatal infection of the fetus if an infection is acquired during pregnancy. Fetal death or major abnormalities such as blindness and mental retardation may occur when infection is acquired during the first trimester. PCR methods may be useful in identifying T. gondii in CSF of immunosuppressed patients or in the amniotic fluid of mothers thought to be recently infected.
CPT Code(s)	87798
Lab Section	Reference Lab

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TPMT Activity

Order Name:	**TPMT ACT**
Test Number:	**3601957**
Revision Date:	**06/16/2014**
LOINC Code:	**21563-2**

TEST NAME	METHODOLOGY
TPMT Activity	Liquid Chromatography/Tandem Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**Two 4mL ((2mL))**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	Collect 2 Purple top tulbes with 4mL (2mL) each of whole blood. Keep both Refrigerated. Specimen Stability: Room Temperature 48 hours; Refrigerated 6 days; Frozen Unacceptable			

GENERAL INFORMATION

Testing Schedule	Mon-Thr
Expected TAT	6-10 Days
Clinical Use	Help prevent hepatotoxicity from thiopurine therapy. This test helps identify individuals at increased risk of hepatotoxicity from thiopurine dose escalation. Patients with a TMPT activity of 4-12 nmol 6-MMP/hr/mL RBC (heterozygote/low metabolizer) are at increased risk and may require a lower dose of thiopurine drug.
CPT Code(s)	83789
Lab Section	Reference Lab

Tragacanth Gum IgE

Order Name:	**TRAGACANTH**
Test Number:	**5594425**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Tragacanth Gum IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Transferrin

Order Name:	TRANFERIN
Test Number:	5001825
Revision Date:	12/11/2012
LOINC Code:	3034-6

TEST NAME	METHODOLOGY
Transferrin	Immunoturbidimetry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for the differential diagnosis of anemia and for monitoring its treatment.
CPT Code(s)	84466

Tree Panel

Order Name:	A TREE PNL
Test Number:	5616625
Revision Date:	03/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Ash White IgE	ImmunoCAP
Box Elder IgE	ImmunoCAP
Cottonwood IgE	ImmunoCAP
Oak Tree White IgE	ImmunoCAP
Mountain Juniper/cedar (T6) IgE	ImmunoCAP
Pecan Tree IgE	ImmunoCAP
Elm Tree American IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.7 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x7

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Treponema pallidum Ab, Particle Agglutination

Order Name:	TPPA
Test Number:	5501065
Revision Date:	01/17/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Treponema pallidum Ab, Particle Agglutination	Particle Agglutination

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability= Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: 30 Days			

GENERAL INFORMATION

Testing Schedule	Sets up 2 days a week.
Expected TAT	3-6 Days
Clinical Use	The TP-PA test is designed to be used as an aid in the confirmation of antibodies to the treponemal organisms that cause syphilis. Other diseases such as yaws or pinta give positive results.
CPT Code(s)	86780
Lab Section	Reference Lab

Treponema Pallidum Antibody, IFA

Order Name:	CSF FTA
Test Number:	3806350
Revision Date:	07/17/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Treponema Pallidum Antibody, IFA	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	**Specimen Stability= Room temperature: 7 days, Refrigerated: 14 days, Frozen: 30 Days.**			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-5 Days
Clinical Use	Although this assay may be used to detect treponemal antibody in CSF, the VDRL is the recommended method. For the diagnosis of neurosyphilis, all serum and CSF tests for syphilis should be evaluated in conjunction with clinical presentation.
CPT Code(s)	86780
Lab Section	Reference Lab

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Trichinella IgG Antibody

Order Name:	**TRICH IGG**
Test Number:	**5560285**
Revision Date:	**04/24/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Trichinella IgG Antibody	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**
Instructions	STABILITY: Room temperature: 5 Days; Refrigerated: 14 Days; Frozen: 30 Days			

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	Reports 1-2 days following set up
Clinical Use	The ELISA technique for the detection of trichinella IgG antibody offers significant improvements in sensitivity compared to the widely-used Bentonite Flocculation (BF) and Latex Agglutination (LA) tests. An excretory-secretory antigen is employed to reduce nonspecific reactivity; however, crossreactivity with other parasitic antigens (e. g., strongyloides, filaria, malaria) may occur. Such crossreactivity is usually associated with results in the equivocal range. The trichinella antibody ELISA must be considered a screening test for trichinella exposure. The diagnosis of trichinosis requires a compatible patient history and supporting pathologic findings.
CPT Code(s)	86784
Lab Section	Reference Lab

Trichomonas Antigen

Order Name:	**TRICH AG**
Test Number:	**2915460**
Revision Date:	**01/20/2011**
LOINC Code:	**31978-0**

TEST NAME	METHODOLOGY
Trichomonas Antigen	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Genital-Vaginal Swab**	**Refrigerated**
Alternate 1	**See Instructions**	**See Instructions**	**Wet prep saline**	**Refrigerated**
Instructions	Culture Swab with liquid Stuarts Media, or Saline from a Wet Prep tube. Keep Refrigerated (4-5'C) Stability: Room Temperature: 24hrs, Refrigerated: 36hrs, Frozen (-20'C): 36hrs. Samples contaminated with preparations containing iodine or by the immediate use of vaginal lubricants are not recommended.			

GENERAL INFORMATION

Testing Schedule	1-2 Days
Expected TAT	Sun-Sat
CPT Code(s)	87808

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Tricyclics Screen

Order Name:	TRICYCL SC
Test Number:	4301775
Revision Date:	01/19/2015
LOINC Code:	4073-3

TEST NAME	METHODOLOGY
Tricyclics Screen	Enzyme Immunoassay

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**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for detection of drugs frequently found in drug overdose or used with suicidal intent.
CPT Code(s)	80302

Triglyceride Serous Fluid

Order Name:	SRS TRIG
Test Number:	3502150
Revision Date:	06/16/2003
LOINC Code:	12228-3

TEST NAME	METHODOLOGY
Triglyceride Serous Fluid	Glycerol Phosphate Oxidase

SPECIMEN REQUIREMENTS

Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for evaluation of risk for cardiovascular disease and in evaluation of hyperlipidemia.
CPT Code(s)	84478

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Triglycerides

Order Name:	**TRIG**
Test Number:	**2005350**
Revision Date:	**06/16/2003**
LOINC Code:	**2571-8**

TEST NAME	METHODOLOGY
Triglycerides	Glycerol Phosphate Oxidase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting 12 hours.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for evaluation of risk for cardiovascular disease and in evaluation of hyperlipidemia.
CPT Code(s)	84478

Triglycerides Lipo-Electrophoresis

Order Name:	**TRIG REF L**
Test Number:	**5004700**
Revision Date:	**06/05/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Triglycerides Lipo-Electrophoresis	Enzymatic

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.4)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting for at least 12 hours is required.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3-4 Days
CPT Code(s)	84478
Lab Section	Reference Lab

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Triiodothyronine (T3), Free

Order Name:	**T3 FREE**
Test Number:	**3606325**
Revision Date:	**05/20/2010**
LOINC Code:	**3051-0**

TEST NAME	METHODOLOGY
Triiodothyronine (T3), Free	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful clinically as a second or third level test of thyroid function where T3 thyrotoxicosis is suspected.
CPT Code(s)	84481

Triiodothyronine (T3), Total

Order Name:	**T3 TOT**
Test Number:	**4502600**
Revision Date:	**03/11/2010**
LOINC Code:	**3053-6**

TEST NAME	METHODOLOGY
Triiodothyronine (T3), Total	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful clinically as a second level test in follow-up to low thyroid stimulating hormone values in the evaluation of patients suspected of having hyperthyroidism caused by excess triiodothyronine (T3).
CPT Code(s)	84480

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Troponin

Order Name:	**TROPONIN**
Test Number:	**2005925**
Revision Date:	**07/29/2014**
LOINC Code:	**10839-9**

TEST NAME	METHODOLOGY
Troponin	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Please keep specimen refrigerated. Specimen stability: Ambient 4 hours, Refrigerated 48 hours, Frozen 3 months.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for exclusion diagnosis of AMI and monitoring acute coronary syndromes and estimating prognosis.
CPT Code(s)	84484

Trout IgE

Order Name:	**TROUT**
Test Number:	**5552200**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Trout IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Trypsin (Trypsinogen)

Order Name:	**TRYPSIN**
Test Number:	**3658575**
Revision Date:	**05/04/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Trypsin (Trypsinogen)	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	**Refrigerated or Frozen Aliquot Preferred.** Hemolysis and Lipemia is unacceptable. Posted stability: Room temperature= 7 days, Refrigerated= 7 days, Frozen= 28 days.			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	3-5 Days
Clinical Use	Trypsin (or trypsinogen) is considered a specific indicator of pancreatic damage. Increased values over the determined normal range may indicate inflammatory pancreatic condition.
CPT Code(s)	83519
Lab Section	Reference Lab

Tryptase

Order Name:	**TRYPTASE**
Test Number:	**3658550**
Revision Date:	**03/02/2015**
LOINC Code:	**21582-2**

TEST NAME	METHODOLOGY
Tryptase	Quantitative Fluorescent Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Allow serum to clot completely at room temperature. **Separate serum from cells ASAP or within 2 hours of collection.** Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 72 hours; Frozen: 1 month			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-3 Days
CPT Code(s)	83520
Lab Section	Reference Lab

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TSH with HAMA Treatment

Order Name:	**TSH HAMA**
Test Number:	**4501937**
Revision Date:	**01/18/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ultrasensitive TSH	Immunoassay
Ultrasensitive TSH with HAMA treatment	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1.5mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Allow to Clot and Separate into Plastic Aliquot Tube. If Collected in a SST tube Process Serum into a plastic Aliqiuot tube for Submisstion to RML.			

GENERAL INFORMATION

Testing Schedule	Tue-Sat
Expected TAT	2-4 Days
Clinical Use	Precision in the estimation of TSH is crucial to the follow-up of subjects with thyroid disorders. The preincubation of samples to remove HAMA immunoglobulins provides a way to ensure that an otherwise unsuspected rise or drop in TSH concentration will not be interpreted as either a false positive or false negative.
CPT Code(s)	84443x2
Lab Section	Reference Lab

Tularemia Antibody

Order Name:	**TULAREM AB**
Test Number:	**5570900**
Revision Date:	**08/18/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Tularemia Antibody	Non-viable bacterial cell agglutination assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Ambient / Refrigerated**
Instructions	Specimen Stability: Room temperature 7 days, Refrigerated 14 days, Frozen 30 days.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	1-2 Days
Clinical Use	Diagnosis of exposure to Francisella tularensis.
CPT Code(s)	86668

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Tuna IgE

Order Name:	**TUNA**
Test Number:	**5608025**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Tuna IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Turkey Meat IgE

Order Name:	**TURKY MEAT**
Test Number:	**5607700**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Turkey Meat IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Typhus Fever (Rickettsia typhi IgM,IgG Antibody)

Order Name:	**TYPHUS FEV**
Test Number:	**3805300**
Revision Date:	**11/24/2009**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Typhus fever IgG	Indirect Fluorescent Antibody	56881-6
Typhus fever IgM	Indirect Fluorescent Antibody	33001-9

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.15)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: After separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)			

GENERAL INFORMATION

Testing Schedule	Tue, Fri
Expected TAT	3-6 Days
Clinical Use	These tests are for antibodies to *Rickettsia typhi*. Any antibody reactivity to Rickettsia typhi antigen should, however, also be considered group-reactive for the Typhus Fever group (*Rickettsia prowazekii*). Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change (fourfold difference in titer) on two appropriately timed specimens, where both tests are done in the same laboratory at the same time. While the presence of IgM antibodies suggests current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.
CPT Code(s)	86757X2
Lab Section	Reference Lab

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Tyrosine

Order Name:	**TYROSINE**
Test Number:	**3609450**
Revision Date:	**06/16/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Tyrosine	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Frozen**
Instructions	Separate plasma within 30 minutes of draw. Freeze immediately after separating from cells. Do not thaw. Patient age is required for correct reference range. Provide patient age (required for correct reference range), sex, a brief clinical history, tentative diagnosis, and the therapy over the last three days (drugs, X-ray, infant formula, diet).			

GENERAL INFORMATION

Testing Schedule	Mon, Wed - Fri, Sun
Expected TAT	6 Days
CPT Code(s)	84510
Lab Section	Reference Lab

Tyrosine Urine, Random

Order Name:	**TYROSINE U**
Test Number:	**1002000**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Tyrosine Urine, Random	Visual

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (1 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	**Early morning specimens preferred.** Room temperature is acceptable is tested immediately, otherwise Transport or Store the specimen Refrigerated.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
CPT Code(s)	84510

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Urea Nitrogen Clearance

Order Name:	**UREA CL UR**
Test Number:	**3006325**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine Serum	Kinetic Alkaline Picrate (Jaffe)	
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Total Urine Volume		3167-4
Urea Clearance		3098-1
Urea Serum		3091-6
Urea, Urine, 24 Hour		48999-7
Urea, Urine, mg/dL	Urease/GLDH	63481-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	24 hour urine collection. No preservative. Record number of hours and volume in ml on the specimen container. Include height and weight of patient. Draw serum or plasma for urea within the collection time. Blood specimens drawn within 2 hours before or after collection are acceptable. Refrigerate urine during collection. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-2 days
Clinical Use	Useful as an aid in evaluating renal function.
CPT Code(s)	84545

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Urea Nitrogen Serous Fluid

Order Name:	**SRS UREA N**
Test Number:	**2015800**
Revision Date:	**06/11/2003**
LOINC Code:	**3093-2**

TEST NAME	METHODOLOGY
Urea Nitrogen Serous Fluid	Urease/GLDH

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serous Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Venous blood is often drawn simultaneously. Note fluid type on requisition and container. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the diagnosis and treatment of certain renal diseases and metabolic disorders.
CPT Code(s)	84520

Urea Nitrogen Urine Random

Order Name:	**UUN R U**
Test Number:	**3000270**
Revision Date:	**06/11/2003**
LOINC Code:	**3095-7**

TEST NAME	METHODOLOGY
Urea Nitrogen Urine Random	Urease/GLDH

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Random urine collection. No preservative. Keep refrigerated. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful as an aid in evaluating renal function.
CPT Code(s)	84540

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Urea Nitrogen Urine Timed

Order Name:	**UUN TM U**
Test Number:	**3003275**
Revision Date:	**09/27/2007**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine Urine Timed Estimated		
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Total Urine Volume		3167-4
Urea Nitrogen Timed Estimated		
Urea, Urine, 24 Hour		48999-7
Urea, Urine, mg/dL	Urease/GLDH	63481-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful as an aid in diagnosing renal function.
CPT Code(s)	84540; 81050

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Urea Nitrogen, Blood (Arterial)

Order Name:	**ART BUN**
Test Number:	**2015650**
Revision Date:	**06/17/2003**
LOINC Code:	**12961-9**

TEST NAME	METHODOLOGY
Urea Nitrogen, Blood (Arterial)	Urease/GLDH

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the diagnosis and treatment of certain renal diseases and metabolic disorders.
CPT Code(s)	84520

Urea Nitrogen, Blood (BUN)

Order Name:	**BUN**
Test Number:	**2001100**
Revision Date:	**03/05/2012**
LOINC Code:	**3094-0**

TEST NAME	METHODOLOGY
Urea Nitrogen, Blood (BUN)	Urease/GLDH

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**Specimen Stability: Room temperature= 24hrs, Refrigerated= 7days.**			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the diagnosis and treatment of certain renal and metabolic disorders.
CPT Code(s)	84520

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Urea Nitrogen, Blood Post Dialysis

Order Name:	**BUN POST**
Test Number:	**2009750**
Revision Date:	**06/17/2003**
LOINC Code:	**11064-3**

TEST NAME	METHODOLOGY
Urea Nitrogen, Blood Post Dialysis	Urease/GLDH

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Post dialysis. Useful in the monitoring of dialysis.
CPT Code(s)	84520

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Ureaplasma urealyticum & Mycoplasma hominis Culture

Order Name:	**C UREAPLAS**
Test Number:	**6601690**
Revision Date:	**06/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Ureaplasma species	Culture
Mycoplasma hominis	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Below**	**See Instructions**	**See Instructions**	**Frozen**
Instructions	**Please Indicate Source on the Specimen!** **Collect:** Urine, urethral or cervical swab, semen, biopsy tissue, or body fluid, CSF, tracheal, or nasopharyngeal aspirate frozen in M4 transport media. **Transport:** Specimen in frozen in M4 transport media to RML. **Stability:** Ambient: 8 hours; Refrigerated: 48 hours in Mycoplasma/Ureaplasma transport media; Frozen: 1 month (-70°C) **Unacceptable Conditions:** M4 RT (room temp), swabs in culturettes, Nonpatient specimens, and dry swabs.			

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	7 Days
Clinical Use	This culture will recover both Mycoplasma hominis and Ureaplasma urealyticum, if present.
Notes	No environmental cultures performed. This testing is not suitable for determining mycoplasma contamination in any cell line or tissue culture.
CPT Code(s)	87109
Lab Section	Reference Lab

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Uric Acid

Order Name: **URIC ACID**
Test Number: **2005750**
Revision Date: **06/17/2003**
LOINC Code: **3084-1**

TEST NAME	METHODOLOGY
Uric Acid	Uricase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in the diagnosis of hyperuricemia, gout and tumor lysis syndromes.
CPT Code(s)	84550

Uric Acid Synovial Fluid

Order Name: **URIC SYN**
Test Number: **3500950**
Revision Date: **06/11/2003**
LOINC Code: **3085-8**

TEST NAME	METHODOLOGY
Uric Acid Synovial Fluid	Uricase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Synovial Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
CPT Code(s)	84560

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Uric Acid Urine Random

Order Name:	**URIC R U**
Test Number:	**3001770**
Revision Date:	**06/11/2003**
LOINC Code:	**3086-6**

TEST NAME	METHODOLOGY
Uric Acid Urine Random	Uricase

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Patient should be on normal diet, no alcohol consumption during collection. Random urine collection. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful in diagnosing and monitoring of therapy in gout.
CPT Code(s)	84560

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Uric Acid Urine Timed

Order Name:	**URIC TM U**
Test Number:	**3006175**
Revision Date:	**10/28/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Creatinine Urine Timed Estimated		
Creatinine, Urine, 24 Hour		2162-6
Creatinine, Urine, mg/dL	Kinetic Alkaline Picrate (Jaffe)	20624-3
Total Urine Volume		3167-4
Uric Acid 24 Hour Urine mg/24hr		3087-4
Uric Acid 24 Hour Urine mg/dL	Uricase	21587-1
Uric Acid Urine Timed Estimated		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Instructions	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for assessment and management of patients with kidney stones and gout.
CPT Code(s)	84560

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Urinalysis with Microscopic Exam

Order Name:	**UA W/MICR**
Test Number:	**1003050**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Appearance	Visual	5767-9
Bilirubin	Colorimetric	5770-3
Glucose	Colorimetric	25428-4
Hemoglobin	Colorimetric	718-7
Ketones	Colorimetric	2513-0
Leukocyte Esterase	Colorimetric	5799-2
Nitrites	Colorimetric	5802-4
pH Urine	Colorimetric	5803-2
Protein	Colorimetric	20454-5
Specific Gravity	Colorimetric	5811-5
RBC per high power field	Microscopy	13945-1
WBC per high power field	Microscopy	5821-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (4 mL)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	**Early morning specimen preferred**. Use clean catch instructions. **Refrigerate specimen after collection**. Instrumentation requires a minimum volume of 4mL for testing. Urinalysis Specimen Stability: 12hrs Refrigerated (12-24hr Reported with disclaimer).			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Urinalysis is performed as a routine health screen in the evaluation of patients with suspected renal dysfunction, urinary tract disease, urinary tract infection, diabetes, prenatal evaluation, and many other conditions.
CPT Code(s)	81003

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Urinalysis with Microscopic Exam if Indicated

Order Name:	**UA ROUTINE**
Test Number:	**1003000**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Bilirubin	Colorimetric	5770-3
Glucose	Colorimetric	25428-4
Hemoglobin	Colorimetric	718-7
Ketones	Colorimetric	2513-0
Leukocyte Esterase	Colorimetric	5799-2
Nitrites	Colorimetric	5802-4
pH Urine	Colorimetric	5803-2
Protein	Colorimetric	20454-5
Specific Gravity	Colorimetric	5811-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (4 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	**Early morning specimen preferred**. Use clean catch instructions. **Refrigerate specimen after collection**. Instrumentation requires a minimum volume of 4mL for testing. Urinalysis Specimen Stability: 12hrs Refrigerated (12-24hr Reported with disclaimer).			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Urinalysis is performed as a routine health screen, in the evaluation of patients with suspected renal dysfunction, urinary tract disease, urinary tract infection, diabetes, prenatal evaluation, and many other conditions.
Notes	If only routine urinalysis is performed, the cpt code 81003 will be used. If a microscopic exam is performed the cpt code 81001 will be used instead.
CPT Code(s)	See Test Notes.

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Urinalysis with Microscopic Exam and Possible Culture

Order Name:	**UA MIC CII**
Test Number:	**0804100**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Appearance	Visual	5767-9
Bilirubin	Colorimetric	5770-3
Glucose	Colorimetric	25428-4
Hemoglobin	Colorimetric	718-7
Ketones	Colorimetric	2513-0
Leukocyte Esterase	Colorimetric	5799-2
Nitrites	Colorimetric	5802-4
pH Urine	Colorimetric	5803-2
Protein	Colorimetric	20454-5
RBC per high power field	Microscopy	13945-1
Specific Gravity	Colorimetric	5811-5
WBC per high power field	Microscopy	5821-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (4)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	**Early morning specimen preferred**. Use clean catch instructions. **Refrigerate specimen after collection**. Instrumentation requires a minimum volume of 4mL for testing. Urinalysis Specimen Stability: 12hrs Refrigerated (12-24hr Reported with disclaimer).			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Urinalysis is performed as a routine health screen, in the evaluation of patients with suspected renal dysfunction, urinary tract disease, urinary tract infection, diabetes, prenatal evaluation, and many other conditions.
CPT Code(s)	If only routine urinalysis done CPT is 81003; if microscopic performed CPT is 81001.

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Urinalysis with Reflex Microscopic Exam and Reflex Culture

Order Name:	**UA W/CII**
Test Number:	**1002500**
Revision Date:	**08/26/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Bilirubin	Colorimetric	5770-3
Glucose	Colorimetric	25428-4
Hemoglobin	Colorimetric	718-7
Ketones	Colorimetric	2513-0
Leukocyte Esterase	Colorimetric	5799-2
Nitrites	Colorimetric	5802-4
pH Urine	Colorimetric	5803-2
Protein	Colorimetric	20454-5
Specific Gravity	Colorimetric	5811-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**10 mL (4 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	**Early morning specimen preferred**. Use clean catch instructions. **Refrigerate specimen after collection**. Instrumentation requires a minimum volume of 4mL for testing. Urinalysis Specimen Stability: 12hrs Refrigerated (12-24hr Reported with disclaimer).			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Urinalysis is performed as a routine health screen, in the evaluation of patients with suspected renal dysfunction, urinary tract disease, urinary tract infection, diabetes, prenatal evaluation, and many other conditions.
Notes	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)	If only routine urinalysis done CPT is 81003; if microscopic performed CPT is 81001. Culture billed separately.

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Urine Culture

Order Name:	**C URINE RT**
Test Number:	**6002002**
Revision Date:	**05/19/2003**
LOINC Code:	**630-4**

TEST NAME	METHODOLOGY
Urine Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	2 Days
Clinical Use	Identifies urinary tract pathogens
CPT Code(s)	87086

Urogenital Culture

Order Name:	**C UROG RTS**
Test Number:	**6002005**
Revision Date:	**12/23/2014**
LOINC Code:	**10352-3**

TEST NAME	METHODOLOGY
Urogenital Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred		**Swab**	**Copan eSwab - White (Regular size)**	**Room Temperature**
Alternate 1		**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	4 Days
Clinical Use	Identifies urogenital bacterial pathogens
CPT Code(s)	87070

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Vaginosis Profile from Swab (basic)

Order Name:	**VAG PROF**
Test Number:	**2915425**
Revision Date:	**07/21/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Ph of vaginal discharge		48037-6
Whiff test	Amine	46730-8
Gram stain		
Trichomonas Microscopic Examination	Microscopy	32766-8
Vaginal Yeast Examination	Microscopy	32765-0
Clue Cell Examination	Microscopy	32764-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Sterile Saline**	**Room Temperature**
Instructions	Obtain specimen from mucosal surface and place swab in saline tube. Samples contaminated with preparations containing iodine or by the immediate prior use of vaginal lubricants are not recommended.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Determines bacterial vaginosis or yeast vaginitis
CPT Code(s)	83986; 82120; 87210; 87205

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Vaginosis Profile from Swab (with Trichomonas Antigen)

Order Name:	**V PROF SWB**
Test Number:	**2915445**
Revision Date:	**09/17/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Whiff test	Amine	46730-8
Gram Stain	Microscopy	
Trichomonas Antigen	Enzyme Immunoassay	31978-0
Vaginal Yeast Examination	Microscopy	32765-0
Clue Cell Examination	Microscopy	32764-3

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**BBL Red top culturette in Amies media (double swab)**	**See Instructions**
Alternate 1	**See Instructions**	**Swab**	**BBL White top culturette swab (double swab)**	**See Instructions**
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.** Wet Prep collections are acceptable but not preferred.			

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

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Valproic Acid

Order Name:	**VALPROIC**
Test Number:	**4005800**
Revision Date:	**03/21/2012**
LOINC Code:	**4086-5**

TEST NAME	METHODOLOGY
Valproic Acid	Enzyme Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate 1	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Draw before dose. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for optimizing drug dosage and assessing toxicity.
Notes	Also known as Depakene
CPT Code(s)	80164

Valproic Acid, Free

Order Name:	**VALPR FREE**
Test Number:	**3656525**
Revision Date:	**01/09/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Valproic Acid, Free	Fluorescence Polarization Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Instructions	Do not use gel separation clot tubes.			

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	3-4 Days
Clinical Use	Valproic acid is used as an anticonvulsant to treat certain types of seizures, to prevent migrane headaches, and to treat various psychiatric illnesses such as bipolar disorder and aggression. Drugs that compete for protein-binding sites with Valproic Acid, can increase the concentration of Valproic Acid. Measurement of the free concentration is useful if toxicity is suspected.
CPT Code(s)	80165
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

Vancomycin Peak

Order Name:	**VANCO PEAK**
Test Number:	**4005900**
Revision Date:	**11/26/2013**
LOINC Code:	**4090-7**

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:	4092-3

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

Vancomyocin-Resistant Enterococcus Screen (VRE)

Order Name:	C VRE SCR
Test Number:	6002125
Revision Date:	12/23/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Vancomyocin-Resistant Enterococcus Screen (VRE)	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**Swab**	**Rectal swab**	**Copan eSwab - Green (Mini-tip)**	**Ambient / Refrigerated**
Alternate 1	**Swab**	**Rectal swab**	**Aerobic Swab (White Cap)**	**Ambient / Refrigerated**
Alternate 2	**Swab**	**Rectal swab**	**Anaerobic Gel Swab (Blue Cap)**	**Ambient / Refrigerated**
Instructions	1cc of stool in a sterile tight container is also acceptable. Specimen should be kept refrigerated until sent to lab.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	3 Days
Clinical Use	Confirms presence or absence of vancomycin resistant Enterococcus sp.
CPT Code(s)	87081

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Vanilla IgE

Order Name: **VANILLA**
Test Number: **5533625**
Revision Date: **02/11/2013**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
Vanilla IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

VAP Cholesterol Risk Assessment

Order Name: **VAP TEST**
Test Number: **2024855**
Revision Date: **11/03/2014**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY
VAP Cholesterol Risk Assessment	Atherotech

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Fasting specimen is preferred but not required. Transfer 4mL(1.5mL) serum to a Standard Transport Tube. **Keep Refrigerated.** **Frozen serum is also acceptable**, **However Frozen Specimen Must Not go through a Freeze/Thaw cycle.** Stability: Ambient Unacceptable; Refrigerated 1 week; Frozen 28 Days.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	5-7 Days
Lab Section	Reference Lab

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Varicella Zoster Antibody IgM

Order Name:	VAR M ZOS
Test Number:	5567500
Revision Date:	10/06/2014
LOINC Code:	21597-0

TEST NAME	METHODOLOGY
Varicella Zoster Antibody IgM	Indirect Fluorescent Antibody

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3 Days
CPT Code(s)	86787

Varicella Zoster IgG and IgM, CSF

Order Name:	CSF VZ G/M
Test Number:	3504500
Revision Date:	10/28/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY	LOINC CODE
Varacella Zoster CSF IgG	Indirect Fluorescent Antibody	42537-1
Varacella Zoster CSF IgM	Indirect Fluorescent Antibody	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	3 Days
Clinical Use	Viral Meningitis (Chicken Pox)
CPT Code(s)	86787X2

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Varicella zoster virus (VZV) Culture

Order Name:	**C ZOSTER**
Test Number:	**6000555**
Revision Date:	**09/12/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Varicella zoster virus (VZV) Culture	Shell Vial Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Viral Transport Media**	**Refrigerated**
Instructions	Non-Gel swab kept refrigerated or 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	Preliminary in 3 days, Final at 5 days
Clinical Use	Detects Varicella zoster virus (VZV) infections
CPT Code(s)	87254X2

Varicella Zoster Virus (VZV) DNA, Quant PCR

Order Name:	**VAR Z PCR**
Test Number:	**5565703**
Revision Date:	**01/21/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Varicella Zoster Virus (VZV) DNA, Quant PCR	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Instructions	**Whole blood** in either EDTA or Yellow ACD tube (Solution A or B) or **CSF, BAL or Bronchial wash, or Swab** in Multi Microbe Media (M4), V-C-M medium (green-cap) tube or equivalent (UTM). Specimen Stability (Whole blood): Room temperature: 48 Hours, Refrigerated: 7 Days, Frozen: Unacceptable. Specimen Stability (CSF or Bronchial lavage/wash or Swab): Room temperature: 48 Hours Refrigerated: 7 Days, Frozen: 30 Days.

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-4 Days
CPT Code(s)	87799
Lab Section	Reference Lab

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Varicella-Zoster Antibody IgG and IgM, Serum

Order Name:	**VAR ZOS AB**
Test Number:	**5565100**
Revision Date:	**10/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Varicella Zoster Antibody IgG	Enzyme Immunoassay	19162-7
Varicella Zoster Antibody IgM	Indirect Fluorescent Antibody	21597-0

SPECIMEN REQUIREMENTS

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

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	3 Days
Clinical Use	Assist in diagnosis of exposure to Varicella Zoster.
CPT Code(s)	86787X2

Vasoactive Intestinal Polypeptide (VIP)

Order Name:	**VAS PEPTI**
Test Number:	**3703800**
Revision Date:	**06/08/2011**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Vasoactive Intestinal Polypeptide (VIP)	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1.1)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
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
Lab Section	Reference Lab

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VDRL (Treponema pallidum) CSF Screen

Order Name:	**CSF VDRL**
Test Number:	**3703925**
Revision Date:	**03/23/2015**
LOINC Code:	**31146-4**

TEST NAME	METHODOLOGY	LOINC CODE
CSF VDRL Screen	Flocculation	5290-2
CSF VDRL Titer (if reflexed)	Flocculation	31146-4

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.2 mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Stability: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles). Unacceptable Conditions: Plasma, serum, or other body fluids.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
Clinical Use	When the specimen is free of blood and other contaminants, a positive VDRL result on CSF is consistent with neurosyphilis.
CPT Code(s)	86592; if reflexed, add 86593
Lab Section	Reference Lab

Velvet Grass IgE

Order Name:	**VELVET GR**
Test Number:	**5517725**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Velvet Grass IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Venison IgE

Order Name:	**VENISON**
Test Number:	**5650145**
Revision Date:	**03/07/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Venison IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	2 - 4 Days
Expected TAT	Mon-Fri
CPT Code(s)	86003
Lab Section	Reference Lab

Virus Culture

Order Name:	**C VIRUS**
Test Number:	**6000450**
Revision Date:	**06/12/2003**
LOINC Code:	**6584-7**

TEST NAME	METHODOLOGY
Virus Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Viral Transport Media (VTM)**	**Refrigerated**
Alternate 1	**See Instructions**	**Swab**	**Aerobic Swab (White Cap)**	**Refrigerated**
Alternate 2	**See Instructions**	**Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Send swab from suspected area. Suspected virus should be noted on order. No special preparation needed. All specimens for virus culture should be kept cold; culturette is preferred transport method; for fluids use sterile screwtop container.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	14 Days
Clinical Use	Detects viral infections
CPT Code(s)	87252

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Viscosity, Serum

Order Name:	**VISCOSITY**
Test Number:	**2005770**
Revision Date:	**09/13/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Viscosity, Serum	Cone-Plate Viscometer

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (0.6)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Unacceptable: Hemolyzed or clotted specimens. Stability after separation from cells: Ambient: 8 hours; Refrigerated: 4 days; Frozen: 1 month.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-5 Days
CPT Code(s)	85810
Lab Section	Reference Lab

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Vitamin A (Retinol), Serum or Plasma

Order Name:	**VIT A**
Test Number:	**3000427**
Revision Date:	**03/02/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Vitamin A - Retinol	High Performance Liquid Chromatography	2923-1
Vitamin A - Retinyl Palmitate	High Performance Liquid Chromatography	38496-6
Vitamin A Interpretation		48767-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. **Protect from light during collection, storage, and shipment**. **Separate serum or plasma within 1 hour of collection.** Unacceptable Conditions: Whole blood or body fluids other than serum or plasma. Stability After separation from cells: Ambient Unacceptable; Refrigerated 1 month; Frozen 1 year.			

GENERAL INFORMATION

Testing Schedule	Sun - Sat
Expected TAT	2-5 Days
CPT Code(s)	84590
Lab Section	Reference Lab

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Vitamin B 12

Order Name: **VIT B 12**
Test Number: **4500900**
Revision Date: **11/17/2014**
LOINC Code: **2132-9**

TEST NAME	METHODOLOGY
Vitamin B 12	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Non hemolyzed serum. Specimen stability: Ambient 8 hours, Refrigerated 72 hours, Frozen 3 months. It would be preferred that specimen be frozen if not going to be tested within 48 hours of collection.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
Clinical Use	Useful in the investigation of macrocytic anemia and work-up of deficiencies seen in megaloblastic anemias. Also used for diagnosis and investigation of some neurological disorders.
CPT Code(s)	82607

Vitamin B 12 / Folic Acid

Order Name: **B12 FOLAT**
Test Number: **4500850**
Revision Date: **12/01/2014**
LOINC Code: **Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Folic Acid (Folate)	Chemiluminescence Assays	2284-8
Vitamin B 12	Chemiluminescence Assays	2132-9

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Instructions	Non hemolyzed serum. Specimen stability: Ambient 8 hours. Refrigerated 72 hours.			

GENERAL INFORMATION

Testing Schedule	Sun - Fri
Expected TAT	1-3 days
CPT Code(s)	82607; 82746

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Vitamin B 12 Binding Capacity, Unsaturated (Transcobalamin)

Order Name:	**BNDCP B12**
Test Number:	**3603670**
Revision Date:	**06/18/2003**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Vitamin B 12 Binding Capacity, Unsaturated (Transcobalamin)	Radiobinding Assay

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**

GENERAL INFORMATION

Testing Schedule	Wed, Fri
Expected TAT	3-4 Days
CPT Code(s)	82608
Lab Section	Reference Lab

Vitamin B1, (Thiamine) Whole Blood

Order Name:	**THIAMINE**
Test Number:	**3603380**
Revision Date:	**03/02/2015**
LOINC Code:	**2998-3**

TEST NAME	METHODOLOGY
Vitamin B1, (Thiamine) Whole Blood	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3mL (1mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Frozen**
Instructions	**CRITICAL FROZEN.** Separate specimens must be submitted when multiple tests are ordered. Collect and freeze 3mL(0.6mL) EDTA Whole Blood. Transfer whole blood to a plastic shipping vial to prevent breakage. **Freeze immediately.** **Protect from light within one hour of collection and during storage and shipment.** Unacceptable Specimens: Any specimen other than whole blood. Glass tubes. Clotted or non-frozen specimens. Stability (Whole blood): Ambient Unacceptable; Refrigerated 4 hours; Frozen:6 months.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	3-5 Days
CPT Code(s)	84425
Lab Section	Reference Lab

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Vitamin B2 (Riboflavin)

Order Name:	**VITAMIN B2**
Test Number:	**3603665**
Revision Date:	**03/02/2015**
LOINC Code:	**49038-3**

TEST NAME	METHODOLOGY
Vitamin B2 (Riboflavin)	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Green/Gray Top)**	**Frozen**
Alternate 1	**1 mL (0.5)**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Frozen**
Instructions	**CRITICAL FROZEN.** Separate specimens must be submitted when multiple tests are requested. **Wrap tube in aluminum foil to protect from light!** Unacceptable Conditions: Serum, whole blood, or body fluids. EDTA preserved tubes. Non-frozen, hemolyzed, or lipemic specimens. Stability: Ambient Unacceptable; Refrigerated Unacceptable; Frozen 1 month.			

GENERAL INFORMATION

Testing Schedule	Mon, Wed, Fri
Expected TAT	2-7 Days
CPT Code(s)	84252
Lab Section	Reference Lab

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Vitamin B6

Order Name:	**VIT B6**
Test Number:	**3603660**
Revision Date:	**11/19/2010**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Vitamin B6	High Performance Liquid Chromatography

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)**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Frozen**
Alternate 2	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**

Instructions

Note: EDTA Plasma is No Longer Acceptable specimen type. (Specimens collected in EDTA yield a higher concentration of the biologically active form of vitamin B6, therefore EDTA is not acceptable.)

Collect the specimen after an overnight fast. Collect in a **Light Protected** Sodium or Lithium **Heparin plasma separator tube**. Serum (plain red) is also acceptable. Please separate Plasma from cells and **Freeze 1mL(0.5) of plasma in light protected plastic aliquot tube ASAP**. Make sure that patient information is both above and below light protection.

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. **Protect from light during collection, storage, and shipment.**
Unacceptable Specimens: EDTA Plasma, Non-frozen specimens, Not Light Protected, Improperly Labels Specimens.
Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 4 hours; Frozen: 2 months.

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	2-4 Days
Clinical Use	Vitamin B6 is a cofactor in many metabolic pathways including heme synthesis. Vitamin B6 deficiency may be observed in patients with metabolic disorders, secondary to therapeutic drug use, or alcoholism. Deficiency affects the function of the immune system.
CPT Code(s)	84207
Lab Section	Reference Lab

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Vitamin C

Order Name:	**VITAMIN C**
Test Number:	**3603700**
Revision Date:	**03/02/2015**
LOINC Code:	**1903-4**

TEST NAME	METHODOLOGY
Vitamin C	Capillary Electrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.3)**	**Plasma**	**Lithium Heparin PST (Green/Gray Top)**	**Frozen**
Alternate 1	**0.5 mL (0.3)**	**Plasma**	**Sodium Heparin (Green Top / No-Gel)**	**Frozen**
Instructions	Overnight fasting is preferred. Patient should refrain from taking vitamin supplements 24 hours prior to collection. Centrifuge, transfer plasma and freeze within 1 hour of collection. **CRITICAL FROZEN AND LIGHT PROTECTED**. Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: EDTA plasma, whole blood, or body fluids. Remarks: Thawing and refreezing of the specimen and exposure to light will result in decreased Vitamin C concentration. Stability After separation from cells: Ambient Unacceptable; Refrigerated Unacceptable; Frozen 1 year.			

GENERAL INFORMATION

Testing Schedule	Sun, Tue-Thr, Sat
Expected TAT	2-8 Days
CPT Code(s)	82180
Lab Section	Reference Lab

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Vitamin D, 1,25-Dihydroxy (Vit D 1-25-DOH)

Order Name:	**VIT D1-25**
Test Number:	**3603730**
Revision Date:	**03/02/2015**
LOINC Code:	**1649-3**

TEST NAME	METHODOLOGY
Vitamin D, 1,25-Dihydroxy (Vit D 1-25-DOH)	Quantitative Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2mL (1mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated or Frozen**
Alternate 1	**2mL (1mL)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated or Frozen**
Instructions	Allow serum separator or plain red tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transport Refrigerated or Frozen in plastic aliquot tube. **Lavender (EDTA) Plasma Specimens are now also acceptable.** Stability After separation from cells: Ambient: 72 hours; Refrigerated 1 week; Frozen 6 months.			

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	3-5 Days
Clinical Use	Vitamin D originating from dietary and endogenous sources is converted to 25-hydroxyvitamin D in the liver, and subsequently to 1-25 Dihydroxy vitamin D in the kidney. Deficiencies of 1-25 Dihydroxy vitamin D, the most active form, cause hypocalcemia, osteomalacia, and related disorders. Measurement is useful in: differentiating primary hyperparathyroidism from hypercalcemia of cancer; distinguishing between vitamin D dependent and vitamin D resistant rickets; monitoring vitamin D status of patients with chronic renal disease; and, assessing compliance to therapy.
Notes	This test is used to measure the bio-active form of Vitamin D. This test is also used in the differential diagnosis of hypocalcemia and to monitor patients with renal osteodystrophy or chronic renal failure.
CPT Code(s)	82652
Lab Section	Reference Lab

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Vitamin D, 25-Hydroxy Total (Vit D 25-OH)

Order Name:	**VIT D TOTL**
Test Number:	**2023925**
Revision Date:	**07/12/2012**
LOINC Code:	**49543-2**

TEST NAME	METHODOLOGY
Vitamin D, 25-Hydroxy Total (Vit D 25-OH)	Chemiluminescence Assays

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	**EDTA Plasma is not an acceptable specimen type.** Refrigerated specimens are acceptable within the refrigerated stability range of 1 week. **Specimen Stability: Room temperature= 24 hours, Refrigerated= 7 days, Frozen= 6 months.** *(Note: If ordering both Vitamin D 25-OH and Vitamin D 1-25DOH then separate serum into two individual aliquots and freeze. See collection instructions for Vitamin D 1-25 Dihydroxy.)			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-3 Days
Clinical Use	Measurement of serum 25-OH vitamin D concentrations provide a good index of circulating vitamin D activity in patients not suffering from renal disease. Lower than normal 25-OH vitamin D levels can result from a dietary deficiency, poor absorption of the vitamin or impaired metabolism of the sterol in the liver. A 25-OH vitamin D deficiency can lead to bone diseases such as rickets and osteomalacia. Above normal levels can lead to hypercalcemia.
Notes	This assay reports the sum total of 25-OH Vitamin D3 and 25-OH Vitamin D2.
CPT Code(s)	82306

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Vitamin E (Tocopherol)

Order Name:	**VITAMIN E**
Test Number:	**3604800**
Revision Date:	**03/02/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Vitamin E (Alpha-Tocopherol)	High Performance Liquid Chromatography	1823-4
Vitamin E (Beta-Gamma-Tocopherol)	High Performance Liquid Chromatography	11038-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate 1	**1 mL (0.2 mL)**	**Plasma**	**Lithium Heparin PST (Green/Gray Top)**	**Refrigerated**
Instructions	Draw specimen following an overnight (12-hour) fast. Patient should not consume alcohol for one day prior to blood draw. **Protect from light during collection, storage, and shipment.** Avoid hemolysis. Unacceptable Conditions: Whole blood or body fluids other than serum or plasma. Specimen Stability After separation from cells: Ambient Unacceptable; Refrigerated 1 month; Frozen at -20°C: 1 year.			

GENERAL INFORMATION

Testing Schedule	Sun - Sat
Expected TAT	1-3 Days
CPT Code(s)	84446
Lab Section	Reference Lab

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Vitamin K

Order Name:	**VITAMIN K**
Test Number:	**3603630**
Revision Date:	**08/18/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Vitamin K	High Performance Liquid Chromatography

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (1.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate 1	**3 mL (1.2)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
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 - Fri
Expected TAT	3-6 Days
CPT Code(s)	84597
Lab Section	Reference Lab

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VMA (Vanillylmandelic Acid), 24-Hour or Random Urine

Order Name:	**VMA**
Test Number:	**3609850**
Revision Date:	**03/23/2015**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Vanillylmandelic Acid - per 24h	Quantitative HPLC/Tandem Mass Spectrometry	3122-9
Vanillylmandelic Acid - ratio to Creatinine	Quantitative HPLC/Tandem Mass Spectrometry	30571-4
Creatinine, Urine - per 24h	Spectrophotometry	2162-6
Creatinine, Urine	Spectrophotometry	20624-3
Vanillylmandelic Acid Interpretation		50948-9

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**4 mL (1 mL)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Alternate 1	**4 mL (1 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Instructions	Collect: 24-hour or random urine. Refrigerate 24-hour specimens during collection. **Record total volume and collection time interval on transport tube and test request form.** Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to a standard transport tube. Stability: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 weeks. Refrigeration is the preferred method of preservation. Preservation can be helped by adding 25mL 6N HCL.			

GENERAL INFORMATION

Testing Schedule	Sun, Tue-Sat
Expected TAT	2-4 Days
Clinical Use	Urinary vanillylmandelic acid (VMA) is the end product of catecholamine metabolism and reflects catecholamine production by chromaffin cells of the adrenal medulla or by the sympathetic nervous system. Pheochromocytomas are rare tumors of the chromaffin cells located in or near the adrenal glands. These tumors are diagnosed on the basis of elevated levels of urinary metanephrines, urinary VMA, and plasma and/or urine catecholamines. Measurement of homovanillic acid (HVA) has little value in identifying patients with pheochromocytoma, but differentiates neuroblastoma. Neuroblastomas are malignant tumors of children, occurring usually before two years of age; both VMA and HVA levels help in diagnosing these tumors. Gangliomas are rare, benign, well-differentiated tumors in young adults and are associated with excess production of catecholamines and metabolites.
CPT Code(s)	84585, 82570
Lab Section	Reference Lab

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Voltage-Gated Calcium Channel (VGCC) Antibody Assay

Order Name:	CALCHANIGG
Test Number:	5502375
Revision Date:	03/31/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Voltage-Gated Calcium Channel (VGCC) Antibody Assay	Radioimmunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Stability: Frozen - 2 Months, Refrigerated - 14 Days, Room Temperature - 7 Days			

GENERAL INFORMATION

Testing Schedule	Tues
Expected TAT	7 Days
Clinical Use	Voltage-gated calcium channel (VGCC) autoantibodies are characteristic of Lambert-Eaton Myasthenic Syndrome (LEMS) with or without small-cell lung cancer. VGCC autoantibodies are also found, albeit less frequently and generally in low amounts, in paraneoplastic disease associated with lung, ovarian or breast carcinomas; in carcinomas (without LEMS or other paraneoplastic syndrome) and occasionally in neurological diseases such as amyotrophic lateral sclerosis (frequency of ~23%). This assay detects P-type VGCC autoantibodies using omega-conotoxin M toxin (omega-conotoxin MVIIC).
CPT Code(s)	83519
Lab Section	Reference Lab

Von Willebrand Antigen, Multimeric Analysis

Order Name:	VON W MULT
Test Number:	1502250
Revision Date:	08/26/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Von Willebrand Antigen, Multimeric Analysis	Electrophoresis

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.2)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Instructions	If not sending whole blood, centrifuge and freeze in 2mL aliquots. Send an aliquot for each test of VonWillibrand panel that is ordered.			

GENERAL INFORMATION

Testing Schedule	Tues, Thur
Expected TAT	3-4 Days
CPT Code(s)	85247
Lab Section	Reference Lab

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Von Willebrand Factor Antigen

Order Name:	VON WIL AG
Test Number:	5502200
Revision Date:	07/18/2014
LOINC Code:	27816-8

TEST NAME	METHODOLOGY
Von Willebrand Factor Antigen	Immunoturbidimetry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Instructions	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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5 ml plasma aliquot from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!** Do not thaw. Hemolyzed specimens are not acceptable. **Overnight fasting is preferred.**			

GENERAL INFORMATION

Testing Schedule	Tues - Fri
Expected TAT	3-4 Days
CPT Code(s)	85246
Lab Section	Reference Lab

Von Willebrand Factor Cleaving Protease (ADAMTS-13) Activity, with Reflex

Order Name:	VON W PRT
Test Number:	1509250
Revision Date:	01/17/2011
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Von Willebrand Factor Cleaving Protease (ADAMTS-13) Activity, with Reflex	Immunoassay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.5)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Instructions	1mL(0.5) Plasma, Sodium Citrate (light blue-top) Frozen			

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	5-7 Days
Clinical Use	For the diagnosis of thrombotic thrombocytopenic purpura (TTP).
Notes	This test will Reflex to **von Willebrand Factor Protease Inhibitor**, for an additional cost, when activity levels are less than or equal to 40 Percent.
CPT Code(s)	85397 (if Reflex 85335)
Lab Section	Reference Lab

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Von Willebrand Panel

Order Name:	**VONWIL PNL**
Test Number:	**3658900**
Revision Date:	**12/05/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
Factor 8 (VIII) Assay	Clot Detection	3209-4
Ristocetin Cofactor	PLATELET AGGREGATION	
Von Willebrand Antigen, Multimeric Analysis	Electrophoresis	
Von Willebrand Factor Antigen	Immunoturbidimetry	27816-8

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Instructions	Use Double spin procedure to provide **Eight 1.5mL (0.5) frozen aliquots plasma** from 3.2% Sodium Citrate tubes. **Do Not pool aliquots.** (Minimum collection is Five 1.5mL (0.5) aliquots)			

GENERAL INFORMATION

Testing Schedule	Assay Dependant
Expected TAT	4-5 Days
CPT Code(s)	85245, 85247, 85246, 85240
Lab Section	Reference Lab

Walnut Food Allergy IgE

Order Name:	**WALNUT**
Test Number:	**5604400**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Walnut Food Allergy IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Walnut Food Allergy IgG

Order Name:	**WALNUT F G**
Test Number:	**5500483**
Revision Date:	**07/21/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Walnut Food Allergy IgG	Enzyme immunoassay (FEIA)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test. The reference range listed on the report is the lower limit of quantitation for the assay.
CPT Code(s)	86001
Lab Section	Reference Lab

Walnut Tree IgE

Order Name:	**WALNUT TRE**
Test Number:	**5604475**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Walnut Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Water Chestnut (Eleocharis tuberosa) IgE

Order Name:	**WATERCHSNT**
Test Number:	**5537350**
Revision Date:	**06/24/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Water Chestnut (Eleocharis tuberosa) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Watermelon IgE

Order Name:	**WATERMELN**
Test Number:	**5522400**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Watermelon IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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WBC Differential Count, Manual

Order Name:	DF
Test Number:	0101510
Revision Date:	08/26/2014
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Smudge Cells	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate 1	**2 Slides (1 Slide)**	**Peripheral Blood Smears**	**Glass Slides with Holder**	**Room Temperature**
Alternate 2	**1 mL (0.5 mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Instructions	Room Temp if tested immediately - Store/transport specimen Refrigerated			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	The white blood cell count is useful in the diagnosis and management of infection, inflammatory disorders, hematopoietic maligancies, evaluation of myelopoietic disorders, drug effects, and response to various cytotoxic agents. The differential count is performed to acquirefurther information concerning the above states and enables one to arrive at values for the bsolute value of discreet WBC population. Absolute values for individual cell populations are obtained froma combination of the WBC count and the % of each cell type from the differential.
Notes	Microscopic examination includes enumeration of white blood cell populations and cellular morphology.
CPT Code(s)	85007

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Weeds Panel

Order Name:	**A WEED PNL**
Test Number:	**5616600**
Revision Date:	**03/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
English Plantain IgE	ImmunoCAP
Ragweed Common (Short Ragweed) IgE	ImmunoCAP
Lambsquarter IgE	ImmunoCAP
Cocklebur IgE	ImmunoCAP
Russian Thissle IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003x5

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West Nile Virus Antibodies (IgG, IgM), CSF

Order Name:	**WEST N CSF**
Test Number:	**3609925**
Revision Date:	**02/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
West Nile Virus Antibodies (IgG, IgM), CSF	Enzyme-Linked Immunosorbent Assay

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.3 mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Instructions	Stability (collection to initiation of testing): Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)			

GENERAL INFORMATION

Testing Schedule	Tue, Fri
Expected TAT	2-8 Days
Clinical Use	This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgG and IgM in CSF specimens in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered. The detection of antibodies to West Nile virus in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.
CPT Code(s)	86789; 86788
Lab Section	Reference Lab

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West Nile Virus Antibodies (IgG, IgM), Serum

Order Name:	**WEST NILE**
Test Number:	**3609525**
Revision Date:	**09/03/2008**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY	LOINC CODE
West Nile Antibodies IgG	Enzyme Immunoassay	38997-3
West Nile Antibodies IgM	Enzyme Immunoassay	38166-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Instructions	Specimen is good refrigerated for 48 hours. If testing will be delayed longer than 48 hours, specimen should be centrifuged, serum separated and frozen.			

GENERAL INFORMATION

Testing Schedule	Tue, Thr
Expected TAT	2-5 Days
Clinical Use	West Nile Virus is a flavivirus recently associated with an outbreak of encephalitis in the Eastern United States. West Nile Virus IgM is usually detectable by the time symptoms appear, but IgG may not be detectable until day 4 or day 5 of illness. Antibodies induced by West Nile Virus infection show extensive crossreactivity with other flaviviruses, including Dengue Fever Virus and St. Louis Encephalitis Virus.
CPT Code(s)	86788, 86789

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Western Equine Encephalitis Virus IgG, IgM

Order Name:	**WEST EQUIN**
Test Number:	**5512275**
Revision Date:	**09/11/2012**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Western Equine Encephalitis Virus IgG	Indirect Fluorescent Antibody
Western Equine Encephalitis Virus IgM	Indirect Fluorescent Antibody
Western Equine Encephalitis Virus Interpretation	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Instructions	Specimen Stability: Room temperature: 7 Days, Refrigerated: 14 Days, Frozen: 30 Days			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
Clinical Use	This highly sensitive test usually detects IgG and/or IgM antibody in acute specimens. Human infections are seasonal, from mid-summer to late summer, occuring throughout the western U.S. Minimal crossreactivity with other Group A arboviruses (i.e., Eastern Equine Encephalitis virus) is observed.
CPT Code(s)	86654x2
Lab Section	Reference Lab

Western Ragweed IgE

Order Name:	**RAGWEED W**
Test Number:	**2930500**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Western Ragweed IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Wet Prep for Yeast and Trichomonas

Order Name:	C WET PR
Test Number:	6000650
Revision Date:	06/18/2003
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Wet Prep for Yeast and Trichomonas	Microscopy

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**See Instructions**	**Wet prep saline**	**Room Temperature**
Alternate 1	**See Instructions**	**See Instructions**	**Aerobic Swab (White Cap)**	**Room Temperature**
Instructions	Swab in sterile saline; For Trichomonas and Yeast			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Determines yeast vaginitis and/or trichomoniasis
CPT Code(s)	87210

Wheat IgE

Order Name:	WHEAT
Test Number:	5604550
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Wheat IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

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Wheat IgG Allergy

Order Name:	**WHEAT IGG**
Test Number:	**3666175**
Revision Date:	**02/11/2013**
LOINC Code:	**35537-0**

TEST NAME	METHODOLOGY
Wheat IgG Allergy	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86001
Lab Section	Reference Lab

Whey IgE

Order Name:	**WHEY**
Test Number:	**5583400**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Whey IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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White Bean IgE

Order Name:	**WHITE BEAN**
Test Number:	**5582750**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
White Bean IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

White Pepper IgE

Order Name:	**PEPPER WHI**
Test Number:	**5566680**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
White Pepper IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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White Pine Tree IgE

Order Name:	**WHITE PIN**
Test Number:	**5515450**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
White Pine Tree IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Whiteface Hornet IgE

Order Name:	**HORNET WF**
Test Number:	**5514150**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Whiteface Hornet IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Whiteface Hornet IgG

Order Name:	**WF HORN G**
Test Number:	**3617650**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Whiteface Hornet IgG	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86001
Lab Section	Reference Lab

Whitefish IgE

Order Name:	**WHITEFISH**
Test Number:	**5536625**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Whitefish IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Wild Rice (Zizania aquatica) IgE

Order Name:	**WILD RICE**
Test Number:	**5508080**
Revision Date:	**06/24/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Wild Rice (Zizania aquatica) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1 mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Wingscale IgE

Order Name:	**WINGSCALE**
Test Number:	**5518075**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Wingscale IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Wormwood (Sagebrush) IgE

Order Name:	**WORMWOOD**
Test Number:	**5621150**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Wormwood (Sagebrush) IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Y Chromosome Microdeletion DNA Analysis

Order Name:	**CHROMO Y**
Test Number:	**0113455**
Revision Date:	**01/01/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Y Chromosome Microdeletion DNA Analysis	Polymerase Chain Reaction

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Keep EDTA Whole Blood at Room temperature, **Do Not Freeze!**			

GENERAL INFORMATION

Testing Schedule	Wed
Expected TAT	7-14 Days
Clinical Use	Approximately 10%-20% of male infertility is caused by deletions in one or more regions on the long arm of the Y chromosome (Yq11). Deletions of the Y chromosome have been observed rarely in fertile men.
CPT Code(s)	81403 (2013 code)
Lab Section	Reference Lab

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Yeast Bakers IgE

Order Name:	**BAKER YST**
Test Number:	**5621775**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Yeast Bakers IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003

Yeast Bakers IgG

Order Name:	**YEAST IGG**
Test Number:	**3666150**
Revision Date:	**02/11/2013**
LOINC Code:	**35538-8**

TEST NAME	METHODOLOGY
Yeast Bakers IgG	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86001
Lab Section	Reference Lab

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Yeast Brewers IgE

Order Name:	YEAST BR
Test Number:	5517050
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Yeast Brewers IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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Yeast Culture

Order Name:	**C YEAST**
Test Number:	**6002525**
Revision Date:	**12/23/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Yeast Culture	Culture

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**See Instructions**	**Swab**	**Copan eSwab - Green (Mini-tip)**	**See Instructions**
Alternate 1	**See Instructions**	**Stool, Random**	**Sterile Screwtop Container**	**See Instructions**
Alternate 2	**See Instructions**	**Urine, Random**	**Sterile Urine container**	**See Instructions**

Instructions

Specimen Source needs to be indicated.
Acceptable Sources include genital, fecal, urine and oral cavity specimens (mouth, gums, throat, esophagus, tongue, teeth, etc.)
Sources of foley catheter tips, in viral transport, parasite parapaks are Not Acceptable.

Any color BBL swabs in bacterial transport media, ETM or Raw stool, Urine in or Monovettes are acceptable.
Specimen Stability: 24hrs Room Temperature or 36hrs Refrigerated (Do Not Freeze).

GENERAL INFORMATION

Testing Schedule	Sun-Sat
Expected TAT	8 Days
Notes	This test was developed as an alternative to the traditional fungal culture (C FUNGUS) which has turn around time approaching 4 weeks. Specimens are plated on chromogenic agar for ease of early identification and final reports are issued within 8 days. Susceptibilities will not be routine performed but would be available upon request.
CPT Code(s)	87106

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Yellow Hornet IgE

Order Name:	**HORNET YE**
Test Number:	**5514200**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Yellow Hornet IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Yellow Hornet IgG

Order Name:	**YE HORN G**
Test Number:	**3617950**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Yellow Hornet IgG	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86001
Lab Section	Reference Lab

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Yellow Jacket IgE

Order Name:	YE JACKET
Test Number:	5514550
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Yellow Jacket IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Yellow Jacket IgG

Order Name:	YE JACK G
Test Number:	3617750
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Yellow Jacket IgG	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86001
Lab Section	Reference Lab

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Yellowdock IgE

Order Name:	YELLOWDOC
Test Number:	2930700
Revision Date:	02/11/2013
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Yellowdock IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

Zinc Protoporphyrin (ZPP), Blood

Order Name:	ZPP REF
Test Number:	3603835
Revision Date:	03/11/2010
LOINC Code:	Not Specified

TEST NAME	METHODOLOGY
Zinc Protoporphyrin (ZPP), Blood	Hematofluorometry (H)

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL**	**EDTA Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Refrigerated**
Alternate 1	**2 mL**	**EDTA Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Instructions	**Wrap tube in foil to protect specimen from light!** Failure to submit a light protected sample will result in cancellation. Specimen Stability= Room temperature: 5Days, Refrigerated: 30Days, Frozen: Unacceptable.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	Exposure Monitoring
CPT Code(s)	84202
Lab Section	Reference Lab

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Zinc, 24-Hour Urine

Order Name:	**ZINC U**
Test Number:	**3603850**
Revision Date:	**02/23/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Zinc, 24-Hour Urine	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3 mL)**	**Urine, 24-hour**	**24 Hour Urine Acid Washed Container**	**Refrigerated**

Instructions

7mL(3mL) aliquot of a well-mixed urine collected in an acid-washed or metal-free container.

Collect without preservative and transport in a plastic, acid-washed or metal-free container. Record total volume on specimen container and on test requisition. To avoid contamination, do not measure 24-hour volume.
Specimen Stability: Room temperature: 5 days, Refrigerated: 14 days, Frozen: 30 days.
Reject Criteria: Hemolysis, Fecal contamination.

GENERAL INFORMATION

Testing Schedule	Sun, Wed, Fri
Expected TAT	5-8 Days
Clinical Use	Zinc is an essential element involved in a myriad of enzyme systems including wound healing, immune function, and fetal development. Zinc measurements are used to detect and monitor industrial, dietary, and accidental exposure to zinc. Also, zinc measurements may be used to evaluate health and monitor response to treatment.
CPT Code(s)	84630
Lab Section	Reference Lab

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Zinc, Serum or Plasma

Order Name:	**ZINC**
Test Number:	**3603800**
Revision Date:	**06/24/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Zinc, Serum or Plasma	Inductively-Coupled Plasma/Mass Spectrometry

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Ambient / Refrigerated**
Alternate 1	**2 mL (0.5)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Ambient / Refrigerated**
Instructions	**Diet, medication, and nutritional supplements may introduce interfering substances. Upon the advice of their physician, patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and nonessential over-the-counter medications for one week prior to sample draw.** Allow 20-30min for Serum to clot. **Centrifuge specimen and pour off serum or plasma into an Trace Element-Free Transport Tube ASAP (Preferably within 2 hours of collection.)** Specimens can be transported either Refrigerated or Ambient Temperature. Please Indicate Specimen type on Transport Tube. Unacceptable Specimens: Separator tubes or gels. Hemolyzed specimens. Stability: If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.			

GENERAL INFORMATION

Testing Schedule	Mon-Sat
Expected TAT	2-3 Days
CPT Code(s)	84630
Lab Section	Reference Lab

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Zonisamide (Zonegran, Excegran)

Order Name:	**ZONEGRAN**
Test Number:	**3653425**
Revision Date:	**01/09/2014**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Zonisamide (Zonegran, Excegran)	Quantitative Enzyme Multiplied Immunoassay Technique

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (0.5 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Alternate 1	**3 mL (0.5 mL)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**
Instructions	Separate serum or plasma from cells within 2 hours of collection. Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution). Stability After separation from cells: Ambient: 6 weeks; Refrigerated: 6 weeks; Frozen: 6 weeks.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2-5 Days
CPT Code(s)	80203
Lab Section	Reference Lab

Zucchini IgE

Order Name:	**ZUCCHINI**
Test Number:	**5556625**
Revision Date:	**02/11/2013**
LOINC Code:	**Not Specified**

TEST NAME	METHODOLOGY
Zucchini IgE	ImmunoCAP

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	2 - 4 Days
CPT Code(s)	86003
Lab Section	Reference Lab

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