



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

## Actin (F-Actin) Smooth Muscle Antibody

Order Name: **ACTIN AB**  
Test Number: **5700200**  
Revision Date: **04/06/2015**  
LOINC Code: **44706-0**

| TEST NAME                              |  |               | METHODOLOGY   |                       |
|--|--|---------------|---|-----------------------|
| Actin (F-Actin) Smooth Muscle Antibody |  |               | Semi-Quantitative Enzyme-Linked Immunosorbent Assay |                       |
| SPECIMEN REQUIREMENTS                  |  |               |   |                       |
| Specimen                               | Specimen Volume (min)  | Specimen Type | Specimen Container                                  | Transport Environment |
| Preferred                              | 0.5 mL (0.3)   | Serum         | Clot Activator SST (Red/Gray or Tiger Top)          | Refrigerated          |
| Instructions                           | Separate serum from cells ASAP or within 2 hours of collection.<br>Unacceptable Conditions: Urine or plasma. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic specimens.<br>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                           | 2-3 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 biliary 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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## Alkaline Phosphatase Isoenzymes

Order Name: **ALK P ISOS**  
Test Number: **5004110**  
Revision Date: **04/06/2015**  
LOINC Code: **Not Specified**

| TEST NAME             |  | METHODOLOGY                              | LOINC CODE                                 |                       |
|-----------------------|--|--|--|-----------------------|
| Alkaline Phosphatase  |  | Quantitative Heat Inactivation/Enzymatic | 6768-6                                     |                       |
| Bone Isoenzyme        |  | Quantitative Heat Inactivation/Enzymatic | 1777-2                                     |                       |
| Liver Isoenzyme       |  | Quantitative Heat Inactivation/Enzymatic | 1779-8                                     |                       |
| Other Fractionation   |  | Quantitative Heat Inactivation/Enzymatic | 16182-8                                    |                       |
| 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                |
| Instructions          | Allow serum specimen to clot completely at room temperature.<br>Separate serum or plasma from cells ASAP or within 2 hours of collection.<br>Unacceptable Conditions: Specimens collected in EDTA, sodium fluoride, sodium citrate, or potassium oxalate. Grossly hemolyzed or lipemic specimens.<br>Stability: After separation from cells: Ambient: 1 hour; Refrigerated: 1 week (total activity will increase 2 percent per day);<br>Frozen: 1 year |  |  |                       |
| GENERAL INFORMATION   |  |  |  |                       |
| Testing Schedule      | SUN-SAT  |  |  |                       |
| Expected TAT          | 2-4 Days   |  |  |                       |
| Lab Section           | Reference Lab  |  |  |                       |



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## Androstenedione

Order Name: **ANDROSTEN**  
Test Number: **3801250**  
Revision Date: **04/06/2015**  
LOINC Code: **1854-9**

| TEST NAME             |   |               | METHODOLOGY                                |                       |
|-----------------------|---|---------------|--|-----------------------|
| Androstenedione       |   |               | Quantitative HPLC/Tandem Mass Spectrometry |                       |
| SPECIMEN REQUIREMENTS |   |               |  |                       |
| Specimen              | Specimen Volume (mL)  | Specimen Type | Specimen Container                         | Transport Environment |
| Preferred             | 1mL (0.3)   | Serum         | Clot Activator SST (Red/Gray or Tiger Top) | Frozen                |
| Alternate 1           | 1mL (0.3)   | Plasma        | EDTA (Lavender Top)                        | Frozen                |
| Alternate 2           | 1mL (0.3)   | Plasma        | Lithium Heparin (Dark Green Top / No-Gel)  | Frozen                |
| Instructions          | Specimen should be collected between 6-10 a.m.  |               |  |                       |
|                       | Transfer 1mL(0.3mL) serum from SST Clot tube or plasma from a sodium or lithium heparin PST to a Standard Transport Tube. Also acceptable: EDTA plasma. |               |  |                       |
|                       | 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  |               |  |                       |
| 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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## Bile Acids, Fractionated and Total

Order Name: **BILE A F/T**  
Test Number: **3650925**  
Revision Date: **04/06/2015**  
LOINC Code: **Not Specified**

| TEST NAME                          | METHODOLOGY                                | LOINC CODE |
|------------------------------------|--|------------|
| Bile Acids - Cholic Acid           | Quantitative HPLC/Tandem Mass Spectrometry | 30518-5    |
| Bile Acids - Deoxycholic Acid      | Quantitative HPLC/Tandem Mass Spectrometry | 30520-1    |
| Bile Acids - Chenodeoxycholic Acid | Quantitative HPLC/Tandem Mass Spectrometry | 30519-3    |
| Bile Acids - Ursodeoxycholic Acid  | Quantitative HPLC/Tandem Mass Spectrometry | 55159-8    |
| Total Bile Acids                   | Quantitative HPLC/Tandem Mass Spectrometry | 14628-2    |

| 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. Overnight fasting is preferred.<br>Storage/Transport Temperature: Refrigerated. Store specimen refrigerated or frozen.<br>Stability: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 3 months. |               |  |                       |

| GENERAL INFORMATION |               |
|---------------------|---------------|
| Testing Schedule    | Tue, Thu, Sat |
| Expected TAT        | 2-7 Days      |
| CPT Code(s)         | 83789         |
| Lab Section         | Reference Lab |



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## C1 Esterase Inhibitor, Functional

Order Name: **C1 ES FUN**  
Test Number: **5515700**  
Revision Date: **04/06/2015**  
LOINC Code: **10634-4**

| TEST NAME                         |   |               | METHODOLOGY   |                       |
|-----------------------------------|---|---------------|---|-----------------------|
| C1 Esterase Inhibitor, Functional |   |               | Semi-Quantitative Enzyme-Linked Immunosorbent Assay |                       |
| SPECIMEN REQUIREMENTS             |   |               |   |                       |
| Specimen                          | Specimen Volume (min)   | Specimen Type | Specimen Container                                  | Transport Environment |
| Preferred                         | 0.5 mL (0.1)  | Serum         | Clot Activator (Red Top, No-Gel)                    | Frozen                |
| Alternate 1                       | 0.5 mL (0.1)  | Serum         | Clot Activator SST (Red/Gray or Tiger Top)          | Frozen                |
| Alternate 2                       | 0.5 mL ( mL)  | Plasma        | EDTA (Lavender Top)                                 | Frozen                |
| Instructions                      | CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.<br>Freeze serum within 2 hours of time drawn. Do not use gel barrier tubes. Do not submit the sample in a glass tube. Do not thaw.<br>Stability After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks |               |   |                       |
| GENERAL INFORMATION               |   |               |   |                       |
| Testing Schedule                  | Sun, Wed, Fri   |               |   |                       |
| Expected TAT                      | 2-5 Days  |               |   |                       |
| CPT Code(s)                       | 86161   |               |   |                       |
| Lab Section                       | Reference Lab   |               |   |                       |



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## Calcitonin

Order Name: **CALCITONIN**  
Test Number: **3600550**  
Revision Date: **04/06/2015**  
LOINC Code: **1992-7**

| TEST NAME             |  |               | METHODOLOGY                                |                       |
|-----------------------|--|---------------|--|-----------------------|
| Calcitonin            |  |               | Quantitative Chemiluminescent Immunoassay  |                       |
| SPECIMEN REQUIREMENTS |  |               |  |                       |
| Specimen              | Specimen Volume (mL)   | Specimen Type | Specimen Container                         | Transport Environment |
| Preferred             | 2mL (1)  | Serum         | Clot Activator SST (Red/Gray or Tiger Top) | Frozen                |
| Alternate 1           | 2mL (1)  | Plasma        | Lithium Heparin PST (Light Green Top)      | Frozen                |
| Instructions          | Serum from SST or Red No-Gel or plasma from green Sodium or Lithium heparin tube acceptable.<br>Separate serum or plasma from cells ASAP or within 2 hours of collection.<br>Unacceptable Conditions: Tissue or urine. EDTA plasma. Grossly hemolyzed or lipemic specimens.<br>Stability After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 3 months |               |  |                       |
| GENERAL INFORMATION   |  |               |  |                       |
| Testing Schedule      | Sun-Sat  |               |  |                       |
| Expected TAT          | 2-3 Days   |               |  |                       |
| CPT Code(s)           | 82308  |               |  |                       |
| Lab Section           | Reference Lab  |               |  |                       |



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## Diphtheria Antitoxoid Antibody

Order Name: **DIPHTHERIA**  
Test Number: **5515800**  
Revision Date: **04/06/2015**  
LOINC Code: **13227-4**

| TEST NAME                      |  |               | METHODOLOGY                                |                       |
|--------------------------------|--|---------------|--|-----------------------|
| Diphtheria Antitoxoid Antibody |  |               | Quantitative Multiplex Bead Assay          |                       |
| SPECIMEN REQUIREMENTS          |  |               |  |                       |
| Specimen                       | Specimen Volume (min)  | Specimen Type | Specimen Container                         | Transport Environment |
| Preferred                      | 1 mL (0.15 mL)   | Serum         | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated          |
| Instructions                   | <p>"Pre" and "post" vaccination specimens should be submitted together for testing. "Post" specimen should be drawn 30 days after immunization. Blood samples should be allowed to clot naturally. <b>Separate serum from cells ASAP or within 2 hours of collection. Transfer 1mL(0.15) serum to a Standard Transport Tube.</b> Mark Specimens clearly as "Pre-Vaccine" or "Post-Vaccine".</p> <p>Unacceptable Conditions: Plasma or other body fluids.</p> <p>Specimen Stability After separation from the cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)</p> |               |  |                       |
| GENERAL INFORMATION            |  |               |  |                       |
| Testing Schedule               | Sun-Sat  |               |  |                       |
| Expected TAT                   | 2-3 Days   |               |  |                       |
| CPT Code(s)                    | 86317  |               |  |                       |
| Lab Section                    | Reference Lab  |               |  |                       |



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## Estrogen

Order Name: **ESTROGEN**  
Test Number: **2024025**  
Revision Date: **04/06/2015**  
LOINC Code: **Not Specified**

| TEST NAME             |   |               | METHODOLOGY                                |                       |
|-----------------------|---|---------------|--|-----------------------|
| Estrogen              |   |               | Radioimmunoassay                           |                       |
| SPECIMEN REQUIREMENTS |   |               |  |                       |
| Specimen              | Specimen Volume (mL)  | Specimen Type | Specimen Container                         | Transport Environment |
| Preferred             | 2 mL (1)  | Serum         | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated          |
| Instructions          | Rejected specimens: gross hemolysis and gross lipemia.<br>Stability: Room Temperature 4 Days, Refrigerated 14 Days, Frozen 28 Days.   |               |  |                       |
| GENERAL INFORMATION   |   |               |  |                       |
| Testing Schedule      | Sun-Fri   |               |  |                       |
| Expected TAT          | 6-8 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   |               |  |                       |





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## Factor 13 (XIII) Functional Assay

Order Name: **FACTOR 13**  
Test Number: **1501425**  
Revision Date: **04/06/2015**  
LOINC Code: **27815-0**

| TEST NAME                         |   |               | METHODOLOGY                    |                       |
|-----------------------------------|---|---------------|--------------------------------|-----------------------|
| Factor 13 (XIII) Functional Assay |   |               | Chromogenic                    |                       |
| SPECIMEN REQUIREMENTS             |   |               |                                |                       |
| Specimen                          | Specimen Volume (min)   | Specimen Type | Specimen Container             | Transport Environment |
| Preferred                         | 2 mL (1 mL)   | Plasma        | Sodium Citrate 3.2% (Blue Top) | Frozen                |
| Instructions                      | <p><b>Please indicate anticoagulant therapy.</b> Collect properly filled Sodium Citrate 3.2% (Blue Top) tube. <b>Whole blood must reach RML for processing within 4 hours of collection.</b> If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. <b>Do not pool aliquots together!</b> Do not thaw. Separate frozen specimens must be submitted when multiple tests are ordered.</p> <p>Unacceptable Conditions: Serum. EDTA plasma or Hemolyzed specimens.</p> <p>Stability: Ambient: 4 hours; Refrigerated: Unacceptable; Frozen: at -20°C or below: 1 month; Frozen at -70°C or below: 3 months.</p> |               |                                |                       |
| GENERAL INFORMATION               |   |               |                                |                       |
| Testing Schedule                  | Tuesday   |               |                                |                       |
| Expected TAT                      | 2-9 Days  |               |                                |                       |
| CPT Code(s)                       | 85290   |               |                                |                       |
| Lab Section                       | Reference Lab   |               |                                |                       |



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## Fructosamine

Order Name: **FRUCTOSAME**  
Test Number: **3610025**  
Revision Date: **04/06/2015**  
LOINC Code: **15069-8**

| TEST NAME             |  |               | METHODOLOGY                                |                       |
|-----------------------|--|---------------|--|-----------------------|
| Fructosamine          |  |               | Quantitative Spectrophotometry             |                       |
| SPECIMEN REQUIREMENTS |  |               |  |                       |
| Specimen              | Specimen Volume (mL)   | Specimen Type | Specimen Container                         | Transport Environment |
| Preferred             | 0.5 mL (0.3)   | Serum         | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated          |
| Instructions          | Allow specimen to clot completely at room temperature before centrifuging.<br>Unacceptable Conditions: Hemolyzed specimens (may cause falsely elevated results).<br>Stability After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 2 months. |               |  |                       |
| GENERAL INFORMATION   |  |               |  |                       |
| Testing Schedule      | Sun-Sat  |               |  |                       |
| Expected TAT          | 2-3 Days   |               |  |                       |
| CPT Code(s)           | 82985  |               |  |                       |
| Lab Section           | Reference Lab  |               |  |                       |



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## Hepatitis Be Antibody

Order Name: **HEP BE AB**  
Test Number: **5502910**  
Revision Date: **04/06/2015**  
LOINC Code: **13953-5**

| TEST NAME             |  |               | METHODOLOGY                                |                       |
|-----------------------|--|---------------|--|-----------------------|
| Hepatitis Be Antibody |  |               | Qualitative 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          |
| Alternate 1           | 1mL (0.5mL)  | Plasma        | EDTA (Lavender Top)                        | Refrigerated          |
| Instructions          | Unacceptable Conditions: Specimens containing particulate material or collected in citrate-based anticoagulant. Heat-inactivated, grossly hemolyzed or lipemic specimens.<br>Stability After separation from cells: Ambient: Unacceptable; Refrigerated: 6 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles). |               |  |                       |
| GENERAL INFORMATION   |  |               |  |                       |
| Testing Schedule      | Sun - Sat  |               |  |                       |
| Expected TAT          | 2-3 Days   |               |  |                       |
| CPT Code(s)           | 86707  |               |  |                       |
| Lab Section           | Reference Lab  |               |  |                       |



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## Immune Complex Detection by C1q Binding

Order Name: **C1Q BINDIN**  
Test Number: **5500520**  
Revision Date: **04/06/2015**  
LOINC Code: **27831-7**

| TEST NAME                               |   |               | METHODOLOGY   |                       |
|---|---|---------------|---|-----------------------|
| Immune Complex Detection by C1q Binding |   |               | Semi-Quantitative Enzyme-Linked Immunosorbent Assay |                       |
| 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                |
| Instructions                            | Let stand on clot for two hours. Transfer 1mL(0.3mL) serum to a Standard Transport Tube.<br><b>CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.</b><br>Unacceptable Conditions: Non-frozen specimens.<br>Stability After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks (avoid repeated freeze/thaw cycles) |               |   |                       |
| GENERAL INFORMATION                     |   |               |   |                       |
| Testing Schedule                        | Mon, Thu  |               |   |                       |
| Expected TAT                            | 2-9 Days  |               |   |                       |
| CPT Code(s)                             | 86332   |               |   |                       |
| Lab Section                             | Reference Lab   |               |   |                       |



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## Lyme Disease Abs (Borrelia burgdorferi IgG,IgM) Western Blot

Order Name: **LYME BLOT**  
Test Number: **5586925**  
Revision Date: **04/06/2015**  
LOINC Code: **Not Specified**

| TEST NAME                   |  |               | METHODOLOGY                                | LOINC CODE            |
|-----------------------------|--|---------------|--|-----------------------|
| B.Burgdorferi Antibody, IgG |  |               | Western Blot                               | 6320-6                |
| B.Burgdorferi Antibody, IgM |  |               | Western Blot                               | 6321-4                |
| 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) | Frozen                |
| Instructions                | Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection.<br>Unacceptable Conditions: CSF or plasma. Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.<br>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                | 2-3 Days   |               |  |                       |
| Lab Section                 | Reference Lab  |               |  |                       |



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## Myoglobin, Serum

Order Name: **MYOGLOBIN**  
Test Number: **2004240**  
Revision Date: **04/06/2015**  
LOINC Code: **2639-3**

| TEST NAME             |  |               | METHODOLOGY                                      |                        |
|-----------------------|--|---------------|--|------------------------|
| Myoglobin, Serum      |  |               | Quantitative Electrochemiluminescent Immunoassay |                        |
| SPECIMEN REQUIREMENTS |  |               |  |                        |
| Specimen              | Specimen Volume (mL)   | Specimen Type | Specimen Container                               | Transport Environment  |
| Preferred             | 1mL (0.2)  | Serum         | Clot Activator SST (Red/Gray or Tiger Top)       | Refrigerated or Frozen |
| Alternate 1           | 1mL (0.2)  | Plasma        | EDTA (Lavender Top)                              | Refrigerated or Frozen |
| Alternate 2           | 1mL (0.2)  | Plasma        | Lithium Heparin PST (Light Green Top)            | Refrigerated or Frozen |
| Instructions          | Collect Serum in SST or Plain red or serum separator tube. Also acceptable: Green (sodium or lithium heparin), or lavender (EDTA).<br>Unacceptable Conditions: Grossly hemolyzed specimens.<br>Stability: After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 3 months. |               |  |                        |
| GENERAL INFORMATION   |  |               |  |                        |
| Testing Schedule      | Sun-Sat  |               |  |                        |
| Expected TAT          | 2-3 Days   |               |  |                        |
| CPT Code(s)           | 83874  |               |  |                        |
| Lab Section           | Reference Lab  |               |  |                        |



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## Oxcarbazepine as Metabolite, Serum or Plasma

Order Name: **TRILEPTAL**  
Test Number: **3638130**  
Revision Date: **04/06/2015**  
LOINC Code: **31019-3**

| TEST NAME                                    |  |               | METHODOLOGY   |                        |
|--|--|---------------|---|------------------------|
| Oxcarbazepine as Metabolite, Serum or Plasma |  |               | Quantitative 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 or Frozen |
| Instructions                                 | Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.                             |               |   |                        |
|  | Please collect a Red Non-Gel clot tube.  |               |   |                        |
|  | Specimen stability: Ambient: 6 weeks; Refrigerated: 6 weeks; Frozen: 3 months (avoid repeated freeze/thaw cycles). |               |   |                        |
|  | Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).  |               |   |                        |
| GENERAL INFORMATION                          |  |               |   |                        |
| Testing Schedule                             | Sun-Sat  |               |   |                        |
| Expected TAT                                 | 2-3 Days   |               |   |                        |
| CPT Code(s)                                  | 80183  |               |   |                        |
| Lab Section                                  | Reference Lab  |               |   |                        |



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## Prolactin, Serum Ultrasensitive

Order Name: **ULTRA PROL**  
Test Number: **3608600**  
Revision Date: **04/06/2015**  
LOINC Code: **20568-2**

| TEST NAME                       |  | METHODOLOGY                               |  |                       |
|---------------------------------|--|---|--|-----------------------|
| Prolactin, Serum Ultrasensitive |  | Quantitative Chemiluminescent 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) | Frozen                |
| Instructions                    | Recommended for Children 12 years and under.<br><br>Specimen Preparation: Allow specimen to clot completely at room temperature. Transfer 1mL(0.5mL) serum or plasma to a Standard Transport Tube. Unacceptable Conditions: EDTA plasma.<br>Stability: After separation from cells: Ambient: 8 hours; Refrigerated: 48 hours; Frozen: 3 months |   |  |                       |
| GENERAL INFORMATION             |  |   |  |                       |
| Testing Schedule                | Sun-Sat  |   |  |                       |
| Expected TAT                    | 2-3 Days   |   |  |                       |
| Clinical Use                    |  |   |  |                       |
| CPT Code(s)                     | 84146  |   |  |                       |
| Lab Section                     | Reference Lab  |   |  |                       |





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## Protein C Antigen

Order Name: **PROT C AG**  
Test Number: **1503250**  
Revision Date: **04/06/2015**  
LOINC Code: **27820-0**

| TEST NAME             |  |                    | METHODOLOGY                    |  |
|-----------------------|--|--------------------|--------------------------------|--|
| Protein C Antigen     |  |                    | Enzyme Immunoassay             |  |
| SPECIMEN REQUIREMENTS |  |                    |                                |  |
| Specimen              | Specimen Volume (min)  | Specimen Type      | Specimen Container             | Transport Environment                  |
| Preferred             | 2mL (1)  | Whole Blood        | Sodium Citrate 3.2% (Blue Top) | Ambient whole blood or frozen aliquots |
| Alternate 1           | 2mL (1)  | Double Spun Plasma | Sterile, Capped Plastic Tube   | Ambient whole blood or frozen aliquots |
| Instructions          | <p><b>Please indicate anticoagulant therapy.</b> 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. <b>Do not pool aliquots together!</b> Do not thaw. Hemolyzed specimens are not acceptable.</p> <p>Unacceptable Conditions: Serum. EDTA plasma or hemolyzed specimens.</p> |                    |                                |  |
| GENERAL INFORMATION   |  |                    |                                |  |
| Testing Schedule      | Sun-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 S Antigen, Free

Order Name: **PROT S FRE**  
Test Number: **1507050**  
Revision Date: **04/06/2015**  
LOINC Code: **27821-8**

| TEST NAME               |   |                    | METHODOLOGY                              |  |
|-------------------------|---|--------------------|--|--|
| Protein S Antigen, Free |   |                    | Microlatex Particle-Mediated Immunoassay |  |
| SPECIMEN REQUIREMENTS   |   |                    |  |  |
| Specimen                | Specimen Volume (min)   | Specimen Type      | Specimen Container                       | Transport Environment                  |
| Preferred               | 1.5mL (1)   | Whole Blood        | Sodium Citrate 3.2% (Blue Top)           | Ambient whole blood or frozen aliquots |
| Alternate 1             | 1.5mL (1)   | Double Spun Plasma | Sodium Citrate 3.2% (Blue Top)           | Ambient whole blood or frozen aliquots |
| Instructions            | <p><b>Please indicate anticoagulant therapy.</b> Collect properly filled Sodium Citrate 3.2% (Blue Top) tube. <b>Whole blood must reach RML for processing within 4 hours of collection.</b> If sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. <b>Do not pool aliquots together!</b> Do not thaw. Hemolyzed specimens are not acceptable.</p> <p>Stability: Ambient: 4 hours; Refrigerated: Unacceptable; Frozen at -20°C: 3 months, at -70°C: 6 months</p> |                    |  |  |
| GENERAL INFORMATION     |   |                    |  |  |
| Testing Schedule        | Mon-Sat   |                    |  |  |
| Expected TAT            | 2-3 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: **04/06/2015**  
LOINC Code: **27823-4**

| TEST NAME                |  |                    | METHODOLOGY                              |  |
|--------------------------|--|--------------------|--|--|
| Protein S Antigen, Total |  |                    | Microlatex Particle-Mediated Immunoassay |  |
| SPECIMEN REQUIREMENTS    |  |                    |  |  |
| Specimen                 | Specimen Volume (min)  | Specimen Type      | Specimen Container                       | Transport Environment                  |
| Preferred                | 1.5mL (1)  | Whole Blood        | Sodium Citrate 3.2% (Blue Top)           | Ambient whole blood or frozen aliquots |
| Alternate 1              | 1.5mL (1)  | 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.<br>Unacceptable Conditions: Serum. EDTA plasma or hemolyzed specimens. |                    |  |  |
| GENERAL INFORMATION      |  |                    |  |  |
| Testing Schedule         | Sun-Sat  |                    |  |  |
| Expected TAT             | 2-3 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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## Secretin (Gastrin)

Order Name: **GASTRIN**  
Test Number: **3601300**  
Revision Date: **04/06/2015**  
LOINC Code: **2333-3**

| TEST NAME             |   |               | METHODOLOGY                                |                       |
|-----------------------|---|---------------|--|-----------------------|
| Secretin (Gastrin)    |   |               | Quantitative Chemiluminescent Immunoassay  |                       |
| SPECIMEN REQUIREMENTS |   |               |  |                       |
| Specimen              | Specimen Volume (mL)  | Specimen Type | Specimen Container                         | Transport Environment |
| Preferred             | 1 mL (0.5)  | Serum         | Clot Activator SST (Red/Gray or Tiger Top) | Frozen                |
| Instructions          | Patient fast for 12 hours prior to collection is recommended.<br>Unacceptable Conditions: Plasma, Tissue or Urine. Grossly hemolyzed or lipemic specimens.<br>Stability After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 1 month. |               |  |                       |
| GENERAL INFORMATION   |   |               |  |                       |
| Testing Schedule      | Sun-Sat   |               |  |                       |
| Expected TAT          | 2-3 Days  |               |  |                       |
| CPT Code(s)           | 82941   |               |  |                       |
| Lab Section           | Reference Lab   |               |  |                       |



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## Thyroglobulin and Thyroglobulin Antibody

Order Name: **THYROGLOB**  
Test Number: **3608010**  
Revision Date: **04/03/2015**  
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.<br>Specimen stability: Room temperature: 7 Days; Refrigerated: 7 Days; Frozen: 28 Days.<br>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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## Tissue Transglutaminase IgG (IgG anti-tTG)

Order Name: **TISTRN IGG**  
Test Number: **5536025**  
Revision Date: **04/06/2015**  
LOINC Code: **56537-4**

| TEST NAME                                  |  |               | METHODOLOGY   |                       |
|--|--|---------------|---|-----------------------|
| Tissue Transglutaminase IgG (IgG anti-tTG) |  |               | Semi-Quantitative Enzyme-Linked Immunosorbent Assay |                       |
| SPECIMEN REQUIREMENTS                      |  |               |   |                       |
| Specimen                                   | Specimen Volume (mL)   | Specimen Type | Specimen Container                                  | Transport Environment |
| Preferred                                  | 1 mL (0.5)   | Serum         | Clot Activator SST (Red/Gray or Tiger Top)          | Refrigerated          |
| Instructions                               | Collect Serum in SST or Red No-Gel Clot tube.<br>Remove serum from cells ASAP or within 2 hours of collection.<br>Unacceptable Conditions: Plasma. Hemolyzed or severely lipemic specimens.<br>Stability After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year.          |               |   |                       |
| GENERAL INFORMATION                        |  |               |   |                       |
| Testing Schedule                           | Sun-Sat  |               |   |                       |
| Expected TAT                               | 2-3 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  |               |   |                       |



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## Topiramate

Order Name: **TOPIRAMATE**  
Test Number: **4505125**  
Revision Date: **04/06/2015**  
LOINC Code: **17713-9**

| TEST NAME             |  | METHODOLOGY                     |   |                       |
|-----------------------|--|---------------------------------|---|-----------------------|
| Topiramate            |  | Quantitative Enzyme Immunoassay |   |                       |
| SPECIMEN REQUIREMENTS |  |                                 |   |                       |
| Specimen              | Specimen Volume (mL)   | Specimen Type                   | Specimen Container                        | Transport Environment |
| Preferred             | 1mL (0.3)  | Serum                           | Clot Activator (Red Top, No-Gel)          | Refrigerated          |
| Alternate 1           | 1mL (0.3)  | Plasma                          | Sodium Heparin (Green Top / No-Gel)       | Refrigerated          |
| Alternate 2           | 1mL (0.3)  | Plasma                          | Lithium Heparin (Dark Green Top / No-Gel) | Refrigerated          |
| Instructions          | Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.<br><b>Separate serum or plasma from cells ASAP or within 2 hours of collection.</b><br>Unacceptable Conditions: Serum or plasma separator tubes. Grossly hemolyzed specimens.<br>Stability: After separation from cells: Ambient: 6 days; Refrigerated: 1 week; Frozen: 4 weeks |                                 |   |                       |
| GENERAL INFORMATION   |  |                                 |   |                       |
| Testing Schedule      | Sun-Sat  |                                 |   |                       |
| Expected TAT          | 2-3 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   |                                 |   |                       |
| CPT Code(s)           | 80201  |                                 |   |                       |
| Lab Section           | Reference Lab  |                                 |   |                       |



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## Troponin T

Order Name: **TROPONIN T**  
Test Number: **2006450**  
Revision Date: **04/06/2015**  
LOINC Code: **6598-7**

| TEST NAME             |   |               | METHODOLOGY                                      |                       |
|-----------------------|---|---------------|--|-----------------------|
| Troponin T            |   |               | Quantitative Electrochemiluminescent Immunoassay |                       |
| SPECIMEN REQUIREMENTS |   |               |  |                       |
| Specimen              | Specimen Volume (mL)  | Specimen Type | Specimen Container                               | Transport Environment |
| Preferred             | 1 mL (0.5 mL)   | Serum         | Clot Activator SST (Red/Gray or Tiger Top)       | Frozen                |
| Alternate 1           | 1 mL (0.5 mL)   | Plasma        | EDTA (Lavender Top)                              | Frozen                |
| Alternate 2           | 1 mL (0.5 mL)   | Plasma        | Lithium Heparin PST (Light Green Top)            | Frozen                |
| Instructions          | Separate serum or plasma from cells. Transfer 0.5 mL serum or plasma to a Standard Transport Tube ASAP.<br>Separate specimens must be submitted when multiple tests are ordered.<br>Unacceptable Conditions: Specimens collected in potassium oxalate or sodium fluoride. Grossly hemolyzed specimens.<br>Stability After separation from cells: Ambient: 4 hours; Refrigerated: 24 hours; Frozen: 1 year |               |  |                       |
| GENERAL INFORMATION   |   |               |  |                       |
| Testing Schedule      | Mon, Wed, Fri   |               |  |                       |
| Expected TAT          | 2-5 Days  |               |  |                       |
| CPT Code(s)           | 84484   |               |  |                       |
| Lab Section           | Reference Lab   |               |  |                       |





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