

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: **04/25/2016**
 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 SST (Red/Gray or Tiger Top) | Frozen |
| Alternate 1 | 1 mL (0.3) | Plasma | EDTA (Lavender Top) | Frozen |
| Alternate 2 | 1 mL (0.3) | Plasma | Sodium Heparin (Green Top / No-Gel) | Frozen |
| Instructions | <p>Serum collected in Red No Gel and Serum Separator tubes are acceptable.</p> <p>The preferred specimen is Frozen Serum or Plasma. Specimen should be separated from cells ASAP!</p> <p>Unacceptable Conditions: Grossly hemolyzed specimens.</p> <p>Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months.</p> | | | |
| 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 | | | |

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 | | | |



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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 (mL) | 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 |



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 | <p>Please list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-3236.</p> <p>Please collect:</p> <p>Twelve 2.7mL Sodium Citrate 3.2% (Blue Top) tubes and One 10mL Clot tube (Tiger Top) and One 4mL EDTA (Lavender Top)</p> <p>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.</p> <p>Whole blood must be transported to lab immediately.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Individual Test Dependent | | | |
| Expected TAT | 5-10 Days | | | |
| Clinical Use | <p>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.</p> <p>Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban® See More Information.</p> | | | |
| 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 |



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 | | | |



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 |

Acetylcholine Receptor Modulating Antibody

Order Name: **ACETY MOD**
Test Number: **5516500**
Revision Date: **05/01/2015**
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-Fri | | | |
| Expected TAT | 2-7 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) | 83516 | | | |
| Lab Section | Reference Lab | | | |

Acid Fast Bacilli (AFB) Culture and Smear

Order Name: **C AFB**
Test Number: **6000100**
Revision Date: **11/10/2015**
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 | 5mL (3mL) | Sputum, Tissue or 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. Copan eSwab is an acceptable specimen (although not preferred) for Non-Respiratory specimens. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 8 Weeks | | | |
| Clinical Use | Determines Mycobacteria sp. infections | | | |
| CPT Code(s) | 87116, 87015, 87206 | | | |



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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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Acid Phosphate Total

Order Name: **ACID PHS T**
 Test Number: **2000280**
 Revision Date: **09/15/2016**
 LOINC Code: **12173-1**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|------------------------|----------------------------------|-----------------------|
| Acid Phosphate Total | | Quantitative Enzymatic | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1.5mL (0.5mL) | Serum | Clot Activator (Red Top, No-Gel) | Frozen |
| Instructions | Allow specimen to clot completely. Transfer 1.5mL of serum into an aliquot tube and freeze. Specimen must be submitted frozen. Specimen Stability: frozen 1 month Rejection Criteria: Plasma, hemolyzed specimens, specimens submitted room temperature or refrigerated. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | This test is used in the evaluation of prostate cancer, Padgett's disease, hyperthyroidism, and Gaucher's disease. | | | |
| Notes | Reference Lab: ARUP ARUP Test Code: 0020544 Click Here to view information on ARUP's website. | | | |
| CPT Code(s) | 84060 | | | |
| Lab Section | Reference Lab | | | |

ACTH (Adrenocorticotrophic Hormone) Stimulation

Order Name: **ACTH STIM**
Test Number: **2002151**
Revision Date: **11/12/2015**
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) | 80400, 82533, 80500 |

ACTH (Adrenocorticotrophic Hormone), Plasma

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

| TEST NAME | METHODOLOGY. |
|---|--------------------------|
| ACTH (Adrenocorticotrophic 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 |

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. Unacceptable Conditions: Urine or plasma. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic 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 | 2-3 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 | | | |



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 (mL) | 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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>Whole blood must be transported to lab immediately.</p> <p>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.</p> <p>Do not pool aliquots together!</p> <p>Specimen Stability: Un-Frozen specimens are only good for 4 hours. If the patient is on Heparin, Un-Frozen specimens are only good 2hrs.</p> | | | |
| 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: **13590-5**

| 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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |
| 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: **05/11/2015**
 LOINC Code: **35704-6**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|--------------------------------|-----------------------------------|-----------------------|
| Adenosine Deaminase | | Quantitative Spectrophotometry | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.3) | Pleural Fluid | Sterile Screwtop Container | Frozen |
| Instructions | Collect Pleural Fluid specimens in leak-proof container. Centrifuge specimen at room temperature. Transfer 0.3mL(0.1mL) fluid to a Sterile Standard Transport Tube and Freeze. Specimen must remain frozen until received in lab. Indicate source on requisition. Unacceptable Conditions: Serum, CSF, Whole blood. Bronchoalveolar lavage (BAL) specimens. Turbid specimens. Stability: Ambient: 2 hours; Refrigerated: 1 week; Frozen: 1 month | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun, Tue, Thu | | | |
| Expected TAT | 2-5 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. | | | |
| 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: **04/07/2015**
 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 | Mini-Flocked Swab in Universal Transport Media (UTM) | Refrigerated |
| Alternate 1 | 3mL (1mL) | Nasal Wash | Sterile Screwtop Container | Refrigerated |
| Alternate 2 | 3mL (1mL) | Bronchial lavage/wash | Sterile Screwtop Container | Refrigerated |
| Instructions | <p>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.</p> <p>Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated.</p> <p>NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Wed, Fri | | | |
| Expected TAT | 1-3 Days | | | |
| Clinical Use | Qualitative detection of Adenovirus by PCR (Polymerase Chain Reaction). | | | |
| Notes | <p>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.</p> | | | |
| 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 | | | |

Aerobic Wound Culture and Stain

Order Name: **C WOUN RTS**
Test Number: **6000153**
Revision Date: **04/24/2015**
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 | | Swab | Copan eSwab - White (Regular size) | Room Temperature |
| Alternate 1 | | Swab | Copan eSwab - Green (Mini-tip) | Room Temperature |
| Alternate 2 | 1mL | Tissue or Fluid | Anaerobic Gel Swab (Blue Cap) | Room Temperature |
| Instructions | Regular size applicator Copan eSwab - White Send fluids or tissues in sterile container. | | | |
| 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 | | | |

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 | | | |

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 | <p>Hemolyzed specimens are not acceptable. Allow specimen to clot completely at room temperature. Serum is the only acceptable specimen type for this assay.</p> <p>Unacceptable Conditions: Specimen types other than serum. Hemolyzed specimens.</p> <p>Stability After separation from cells: Ambient 8 hours; Refrigerated 5 days; Frozen 6 months.</p> | | | |
| 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 | <p>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.</p> | | | |
| 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: **07/18/2016**
 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 SST (Red/Gray or Tiger Top) | Frozen |
| Alternate 1 | 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 | Cinical 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 | | | |

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

Order Name: **ALK P ISOS**
 Test Number: **5004110**
 Revision Date: **05/16/2016**
 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 | <p>Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Specimens collected in EDTA, sodium fluoride, sodium citrate, or potassium oxalate. Grossly hemolyzed or lipemic specimens. Stability: After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 months.</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | SUN-SAT |
| Expected TAT | 2-4 Days |
| 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: **05/18/2015**
 LOINC Code: **17838-4**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------------------|---|---|--|-----------------------|
| Alkaline Phosphatase, Bone Specific | | Quantitative Chemiluminescent Immunoassay | | |
| 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) | Frozen |
| Alternate 1 | 0.5 mL (0.3) | Plasma | Lithium Heparin PST (Light Green Top) | Frozen |
| Alternate 2 | 0.5 mL (0.3) | Plasma | Sodium Heparin (Green Top / No-Gel) | Frozen |
| Instructions | Unacceptable Conditions: Urine. Grossly hemolyzed specimens. Stability: After separation from cells: Ambient: 2 hours; Refrigerated: 48 hours; Frozen: 2 months. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-3 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 | | | |



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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 fumigatus 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 hypersensitivity 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 fumigatus 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 hypersensitivity 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 |



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 | | | |



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Alpha 2-Antiplasmin

Order Name: **ALPH-2-ANT**
 Test Number: **1504300**
 Revision Date: **09/15/2016**
 LOINC Code: **5965-9**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|---------------------------------------|-----------------------|
| Alpha 2-Antiplasmin | | Chromogenic | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1.0mL (0.6mL) | Plasma | Sodium Citrate 3.2% (Blue Top) | Frozen |
| Instructions | <p>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.</p> <p>The specimen must be double spun then aliquot 1.0 mL plasma aliquot into individual plastic aliquot tubes and freeze.</p> <p>Specimen Stability: Room temperature 8 hours, refrigerated 24 hours, frozen 14 days.</p> <p>Rejection Criteria: Hemolysis, received at room temperature, received refrigerated.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Wednesday and Saturday | | | |
| Expected TAT | 1-5 Days | | | |
| Clinical Use | Alpha 2-Antiplasmin inhibits the action of plasmin. Inherited deficiency may lead to bruising and bleeding. | | | |
| Notes | <p>Reference Lab: Quest</p> <p>Quest Test Code: 4953N</p> <p>Click Here to view information on the Quest website.</p> | | | |
| CPT Code(s) | 85410 | | | |
| 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 | | | |

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 | | | |



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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, Genotype - Reflex Phenotype

Order Name: **ALPH 1 GEN**
 Test Number: **3811200**
 Revision Date: **08/30/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|------------------------------------|-----------------------------|------------|
| Alpha-1-Antitrypsin | Immunoturbidimetry | 1825-9 |
| Alpha-1-Antitrypsin S Allele | PCR/Fluorescence Monitoring | 1829-1 |
| Alpha-1-Antitrypsin Z Allele | PCR/Fluorescence Monitoring | 1831-7 |
| Alpha-1-Antitrypsin Interpretation | | 1830-9 |
| Alpha-1-Antitrypsin Phenotype | Isoelectric Focusing | 49244-7 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|--|----------------------------|--|-----------------------|
| Preferred | See Instructions | EDTA Whole Blood and Serum | EDTA (lavender top) and Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | <p>Collect BOTH Serum separator tube AND lavender (EDTA) Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transport: 1.0 mL (0.5mL) Serum AND 3 mL(0.5mL) Whole blood Refrigerated.</p> | | | |

GENERAL INFORMATION

| | |
|------------------|--|
| Testing Schedule | Varies |
| Expected TAT | 2-10 Days |
| Notes | Alpha-1-antitrypsin serum protein concentration determination and A1A genotyping are performed on all specimens. If two deficiency alleles (ZZ, SZ, or SS) are detected, then no further testing will be added. If the protein concentration is less than 90 mg/dL and only one or no deficiency allele is detected by A1A genotyping, then phenotyping will be added. Additional charges apply. |
| CPT Code(s) | 82103, 81332; If reflexed, add 82104 |
| Lab Section | Reference Lab |

Alpha-Fetoprotein (AFP) Amniotic Fluid analysis & reflex

Order Name: **AFP AM FL**
 Test Number: **3811175**
 Revision Date: **07/13/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---|--------------------------|------------|
| Alpha-Fetoprotein (AFP), Amniotic Fluid | Chemiluminescence Assays | 1832-5 |
| Alpha-Fetoprotein (AFP), Multiple of Median | Calculation | 29595-6 |
| Alpha Fetoprotein Interpretation | | 41273-4 |
| Fetal Hemoglobin, Amniotic Fluid (Possible Reflex Test) | Radial Immunodiffusion | |
| Acetylcholinesterase, Amniotic Fluid (Possible Reflex Test) | Electrophoresis | |

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: <ul style="list-style-type: none"> Gestational Age (Based On LMP) Gestational Age (Ultrasound) Date of Last Menstrual Period 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 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 | <p>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.</p> <p>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.</p> |
| CPT Code(s) | 82106 |
| Lab Section | Reference Lab |

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 | | | |

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 | | | |

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 | | | |

American Beech Tree IgE

Order Name: **BEECH TR**
Test Number: **5518275**
Revision Date: **09/23/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------|---|---------------|--|-----------------------|
| American Beech Tree IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | American Beech Tree: <i>Fagus grandifolia</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 66710S Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

American Cockroach IgE

Order Name: **COCKRO AM**
Test Number: **5616885**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|------------------------|---|---------------|--|-----------------------|
| American Cockroach IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | American Cockroach: <i>Periplaneta americana</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 90710S Click Here to view information on the Viracor website. | | | |
| 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 | | | |

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 | | | |



Amiodarone

Order Name: **AMIODARON**
 Test Number: **3653300**
 Revision Date: **08/17/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-----------------------|--|------------|
| Amiodarone | Quant Liquid Chromatography-Tandem Mass Spectrometry | 3330-8 |
| N-Desethyl-Amiodarone | Quant Liquid Chromatography-Tandem Mass Spectrometry | 6774-4 |

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
 Timing of specimen collection: Pre-dose (trough) draw - at steady state concentration.
 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: 1 month; Refrigerated: 6 weeks; Frozen: 6 weeks.

GENERAL INFORMATION

| | |
|------------------|--|
| Testing Schedule | Mon-Fri |
| Expected TAT | 2-5 Days |
| Clinical Use | Amiodarone is an antiarrhythmic 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). |
| CPT Code(s) | 80299 |
| Lab Section | Reference Lab |

Amitriptyline

Order Name: **AMITRIPTL**
 Test Number: **4302455**
 Revision Date: **05/18/2015**
 LOINC Code: **Not Specified**

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

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|---------------|----------------------------------|-----------------------|
| Specimen | Specimen Volume (mL) | 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 | Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration. Separate serum or plasma from cells within 2 hours of collection. Transfer serum or plasma to a Standard Transport Tube. Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution). Stability: After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 6 months. | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Mon, Wed, Fri |
| Expected TAT | 2-6 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: **07/22/2016**
 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, 88369 |
| 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: **07/22/2016**
 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, 88369 | | | |
| Lab Section | Reference Lab | | | |



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AML, Inversion 16 by FISH

Order Name: **AML INV 16**
 Test Number: **9116175**
 Revision Date: **07/22/2016**
 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 CBFβ/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, 88369 | | | |
| 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: **07/22/2016**
 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, 88369 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | CNP3 | | |
| 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 | | | |



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 | 25311-2 |
| 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: **04/24/2015**
 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 | | Swab | Copan eSwab - White (Regular size) | Room Temperature |
| Alternate 1 | | Swab | Copan eSwab - Green (Mini-tip) | Room Temperature |
| Alternate 2 | 2mL (1) | Tissue or Fluid | Sterile Screwtop Container | Room Temperature |
| Instructions | Regular size applicator Copan eSwab - White Avoid skin surfaces, mouth, oral, anal, and vaginal areas which have normal anaerobic flora. Clean surface of lesions with alcohol. | | | |
| 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 | | | |

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 | | | |

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 (min) | 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 | | | |

Angiotensin Converting Enzyme (ACE)

Order Name: **ANGIOTEN**
Test Number: **3600160**
Revision Date: **10/18/2016**
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 (0.5) | 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: 6 months Unacceptable Conditions: EDTA or heparin plasma, CSF or Hemolyzed specimens. | | | |
| 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 Allergy Mix IgE

Order Name: **AX ANIMAL**
Test Number: **5538925**
Revision Date: **09/23/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|------------------------|---|---------------|--|-----------------------|
| Animal Allergy Mix IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | Allergen mix includes: Dog, Cat, Cow, and Horse | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 11110E Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| 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 | | | |



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 | <p>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)</p> | | | |
| 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 | | | |

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. | | 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 | 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 | | | |

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: **TITR PAR**
Test Number: **5666675**
Revision Date: **04/12/2016**
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 | | | |

Anti-Streptolysin O Titer (ASO)

Order Name: **ASO**
Test Number: **5509550**
Revision Date: **10/23/2015**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|---------------------------------|---|---------------|--|-----------------------|
| Anti-Streptolysin O Titer (ASO) | | Turbidometric | | |
| 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 | <p>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.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together! Do not thaw.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue, Thr | | | |
| Expected TAT | 3-5 Days | | | |
| CPT Code(s) | 85301 | | | |

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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |
| 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 autoantibody. | | | |
| CPT Code(s) | 86077; 86870 | | | |



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 Identification 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 | <p>Collect Both Serum and Plasma</p> <p>ADH: 6mL (2.5) EDTA Plasma, Frozen. Separate plasma from cells ASAP or within 2 hours of collection.</p> <p>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.</p> | | | |

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 | | | |



Antiphospholipid Antibody Panel

Order Name: **PHOS PN AB**
 Test Number: **5575075**
 Revision Date: **09/19/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|--|---|-------------------------|---------------------------------|-----------------------|
| Antiphospholipid Antibody Panel | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | See Instructions | See Instructions | See Special Instructions | Frozen |
| Instructions | <p>Please Collect the following tubes: Five (2.7mL) 3.2% Sodium Citrate (Blue Top) tubes. 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 aliquot 1.5mL from each tube into individual plastic aliquot tubes and freeze.</p> <p>Specimen Stability: Plasma: frozen 1 month, refrigerated 4 hours. Serum: frozen 1 month, refrigerated 7 days, room temperature 8 hours.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday, Day Shift | | | |
| Expected TAT | Testing Dependant | | | |
| Clinical Use | <p>Helpful in Screening for antiphospholipid syndrome (APS). Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban®</p> | | | |
| Notes | <p>Initial Testing: PT, PTT, DRVVT, PTT-LA, Cardiolipin G/M, Beta 2 Glycoprotein.</p> <p>Possible Reflex Testing: Hepzyme, Thrombin Time, Hexagonal Phase Phospholipid, Inhibitor Screen.</p> <p>A pathology report will be provided if abnormal results are obtained during the initial testing.</p> | | | |



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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 | | | |



Apolipoprotein E (APOE) Genotyping, Cardiovascular Risk

Order Name: **APO E MUT**
 Test Number: **2015053**
 Revision Date: **05/26/2016**
 LOINC Code: **21619-2**

| TEST NAME | METHODOLOGY. |
|---|---------------------------|
| Apolipoprotein E (APOE) Genotyping, Cardiovascular Risk | Polymerase Chain Reaction |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|---|---------------|----------------------------------|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 3 mL (1 mL) | Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Alternate 1 | 3 mL (1 mL) | Whole Blood | ACD Solution A or B (Yellow Top) | Refrigerated |
| Instructions | Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable. | | | |

| GENERAL INFORMATION | |
|---------------------|---|
| Testing Schedule | Mon, Thu |
| Expected TAT | 3-8 Days |
| Clinical Use | Hyperlipoproteinemia III (HPL III) is characterized by increased cholesterol and triglyceride levels, presence of B-VLDL, xanthomas, and premature vascular disease including coronary heart disease (CHD) and peripheral artery disease. |
| Notes | Methodology Polymerase Chain Reaction/Fluorescence Monitoring |
| CPT Code(s) | 81401 |
| 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 |



Apple Tree IgE

Order Name: **TREE APPL**
 Test Number: **2935500**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|--|-----------------------|
| Apple Tree IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 1-2 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 50210S Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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Arsenic, Fractionated Urine (Random or 24hr)

Order Name: **ARSENIC UR**
 Test Number: **3709000**
 Revision Date: **06/08/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---------------------|--|------------|
| Arsenic, Inorganic | Quantitative HPLC/Tandem Mass Spectrometry | 12481-8 |
| Arsenic, Methylated | Quantitative HPLC/Tandem Mass Spectrometry | 53779-5 |
| Arsenic, Organic | Quantitative HPLC/Tandem Mass Spectrometry | 53778-7 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|-------------|-----------------------|----------------|---|-----------------------|
| Preferred | 8 mL (2 mL) | Urine, 24-hour | 24 Hour Urine Acid Washed Container | Refrigerated |
| Alternate 1 | 8 mL (2 mL) | Urine, Random | Acid Washed, Trace Element Free Container | Refrigerated |

Instructions

Collect: 24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. Studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Transfer an 8mL(2mL) aliquot of urine from a well-mixed collection to Trace Element-Free Transport Tubes.

Unacceptable Conditions: Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies). Acid preserved urine.

Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Mon, Fri |
| Expected TAT | 2-6 Days |
| CPT Code(s) | 82175, 82570 |
| Lab Section | Reference Lab |



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 | | | |

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 | | | |

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: **05/18/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|---------------------------|---|--------------------------------------|---|-----------------------|
| Aspergillus Antigen Index | | Semi-Quantitative Enzyme Immunoassay | | 35383-9 |
| Aspergillus Antigen | | Semi-Quantitative Enzyme Immunoassay | | 44099-0 |
| 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 | <p>Separate serum from cells within 2 hours of collection. Transfer 2 mL serum to a sterile Standard Transport Tube.</p> <p>Unacceptable Conditions: Plasma. Serum separator tube. Hemolyzed specimens.</p> <p>Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 week.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| CPT Code(s) | 87305 | | | |
| Lab Section | Reference Lab | | | |



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 |

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 | | | |

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 | <p>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".</p> | | | |
| 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 | | | |

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: **07/22/2016**
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) | 88368, 88369x4 | | | |
| Lab Section | Reference Lab | | | |

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 |

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 criteria: 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 |

Bamboo Shoot IgE

Order Name: **BAMBOO SHT**
 Test Number: **5537200**
 Revision Date: **09/23/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|---|-------------------------|
| Bamboo Shoot IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | Bamboo Shoot: <i>Phyllostachys pubescens</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 36210S Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

Banana IgG

Order Name: **BANANA IGG**
Test Number: **5500563**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Banana IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 50320 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 |



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 | | | |



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: **07/22/2016**
 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, 88369 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

Beef IgG

Order Name: **BEEF IGG**
 Test Number: **3666600**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Beef IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Beef: Bos species | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 50520 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | | |

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 | | | |



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Beta-2, Transferrin

Order Name: **BETA-2 TRA**
 Test Number: **3656675**
 Revision Date: **12/30/2015**
 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) | 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 separated 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 |

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 | | | |



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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Bicarbonate (HCO₃) Urine

Order Name: **BICARB R U**
 Test Number: **2002075**
 Revision Date: **09/20/2016**
 LOINC Code: **1964-6**

| TEST NAME | | METHODOLOGY. | | |
|---------------------------------------|--|----------------------|--------------------------------|-----------------------|
| Bicarbonate (HCO ₃) Urine | | Enzymatic | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 4.0mL (0.3mL) | Urine, Random | Sterile Urine container | Frozen |
| Instructions | Submit urine in a sealed container. Specimen should be frozen after collection. Specimen Stability: frozen 1 month, refrigerated unacceptable, room temperature unacceptable. Specimen unstable if thawed and refrozen. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sunday - Saturday | | | |
| Expected TAT | 1 Day | | | |
| Notes | Reference Lab: ARUP ARUP Test Code: 0020245 Click Here to view information on the ARUP website. | | | |
| CPT Code(s) | 82374 | | | |
| 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. Storage/Transport Temperature: Refrigerated. Store specimen refrigerated or frozen. 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 |

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 | | | |

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 | | | |

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 | | | |



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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 | <p>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.</p> | | | |

| 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: **08/01/2016**
 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 | <p>Un-processed Whole Blood specimens are unacceptable.</p> <p>This test is for EDTA Plasma Specimens only</p> <p>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. Specimen cannot be shared with other testing for risk of DNA contamination.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| 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: **06/29/2016**
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 | <p>This test is for Urine specimens only.</p> <p>Best if urine is kept refrigerated until Frozen. Preferred to be frozen within two hours of collection.</p> <p>Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 Days.</p> <p>Unacceptable Specimens: CSF, EDTA and Heparin Plasma specimens.</p> <p>Specimen cannot be shared with other testing for risk of DNA contamination.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| 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 | | | |

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 | | | |

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 | | | |

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 | | | |



Regional Medical Laboratory
 4142 South Mingo Road
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Blackjack Oak Tree IgE

Order Name: **BLACKJACK**
 Test Number: **5537425**
 Revision Date: **09/23/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------------|--|---------------|---|-------------------------|
| Blackjack Oak Tree IgE | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | Blackjack Oak: <i>Quercus marilandica</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 163810E Click Here to view information on the Viracor website. | | | |
| 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 | | | |

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 recommended 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 | | | |

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 | | | |

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 | | | |



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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 Antibodies, IgA and IgG by ELISA with Reflex to Immunoblot

Order Name: **BOR PR AB**
 Test Number: **5521005**
 Revision Date: **08/30/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY | LOINC CODE |
|-----------------------------------|-----------------------------------|------------|
| Bordetella pertussis Antibody IgA | Enzyme-Linked Immunosorbent Assay | 42328-5 |
| Bordetella pertussis Antibody IgG | Enzyme-Linked Immunosorbent Assay | 42330-1 |

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

Parallel testing is preferred, and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."

Separate serum from cells ASAP or within 2 hours of collection.

Unacceptable Conditions: Contaminated, heat-inactivated, or severely lipemic specimens.

Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

GENERAL INFORMATION

| | |
|------------------|---|
| Testing Schedule | Tue, Fri |
| Expected TAT | 2-6 Days |
| Notes | If Bordetella pertussis Antibody, IgA by ELISA is 1.2 U/mL or greater, then Bordetella pertussis IgA Immunoblot testing will be added; if Bordetella pertussis Antibody, IgG by ELISA is 1.0 U/mL or greater, then Bordetella pertussis IgG Immunoblot testing will be added. Additional charges apply. |
| CPT Code(s) | 86615x2; if reflexed, add 86615 for each Immunoblot |
| Lab Section | Reference Lab |



Bordetella pertussis Antibody, IgA by Immunoblot

Order Name: **BOR P IGA**
 Test Number: **5521045**
 Revision Date: **08/30/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--|------------------------|------------|
| B. pertussis, IgA Immunoblot FHA | Qualitative Immunoblot | 43880-4 |
| B. pertussis, IgA Immunoblot PT | Qualitative Immunoblot | 23830-3 |
| B. pertussis Ab, IgA Immunoblot Interpretation | | 29672-3 |

| 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 | Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Contaminated or heat-inactivated specimens. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year | | | |

| GENERAL INFORMATION | |
|---------------------|---|
| Testing Schedule | 2-6 Days |
| Expected TAT | Tue, Fri |
| Clinical Use | This assay tests for the presence of pertussis toxin (PT) and filamentous hemagglutinin antibody (FHA). |
| CPT Code(s) | 86615 |
| Lab Section | Reference Lab |



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Bordetella pertussis Antibody, IgG by Immunoblot

Order Name: **BOR P IGG**
 Test Number: **5521020**
 Revision Date: **08/30/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--|------------------------|------------|
| B. pertussis, IgG Immunoblot FHA | Qualitative Immunoblot | 29674-9 |
| B. pertussis, IgG Immunoblot PT | Qualitative Immunoblot | 69367-1 |
| B. pertussis, IgG Immunoblot PT100 | Qualitative Immunoblot | 20992-4 |
| B. pertussis Ab, IgG Immunoblot Interpretation | | 29674-9 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|---|---------------|--|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.15 mL) | Serum | EDTA (lavender top) and Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Heat-inactivated specimens. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year | | | |

| GENERAL INFORMATION | |
|---------------------|---|
| Testing Schedule | Tue, Fri, Sun |
| Expected TAT | 2-5 Days |
| Clinical Use | This assay tests for the presence of pertussis toxin (PT), pertussis toxin PT 100 (PT-100), and filamentous hemagglutinin antibody (FHA). |
| CPT Code(s) | 86615 |
| Lab Section | Reference Lab |



Bordetella pertussis/parapertussis DNA, Qualitative Real-Time PCR

Order Name: **BOR P PCR**
 Test Number: **5568100**
 Revision Date: **08/19/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|------------------------------|---------------------------|------------|
| Bordetella pertussis DNA | Polymerase Chain Reaction | 23826-1 |
| 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 and place swab 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-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 |

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 | <p>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.</p> | | | |
| CPT Code(s) | 81210 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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Breast Cancer Cell Search

Order Name: **CELLBREAST**
 Test Number: **2071000**
 Revision Date: **09/19/2016**
 LOINC Code: **67568-6**

| TEST NAME | | METHODOLOGY. | | |
|---------------------------|---|--------------------|-------------------------|-------------------------|
| Breast Cancer Cell Search | | Veridex CellSearch | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 20mL (10mL) | Whole Blood | See Instructions | Room Temperature |
| Instructions | <p>Use CellSave tubes only. Collect 2 CellSave 10mL tubes (minimum one 10mL tube). CellSave tubes can be obtained from RML Materials Management.</p> <p>Collection Instructions: Fill the tube until blood flow stops, immediately mix by inversion. Tube inversion prevents clotting of the sample.</p> <p>Specimen Stability: room temperature 4 days, refrigerated unacceptable, frozen unacceptable.</p> <p>Rejection Criteria: clotted specimen, frozen or refrigerated samples.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Saturday | | | |
| Expected TAT | 4-6 Days | | | |
| Clinical Use | <p>Detection of circulating tumor cells in peripheral blood from patients with metastatic breast cancer.</p> <p>Doxorubicin therapy has been shown to interfere with results; specimen should be collected several days after last dose</p> | | | |
| Notes | <p>Reference Lab: Quest</p> <p>Quest Test Code: 16011</p> <p>Click Here to view information on the Quest website.</p> | | | |
| CPT Code(s) | 86152, 86153 | | | |
| 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 | | | |

Bromide (Serum/Plasma)

Order Name: **BROMIDE**
 Test Number: **4001050**
 Revision Date: **01/02/2016**
 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) | 82452 | | | |
| Lab Section | Reference Lab | | | |



Brucella Antibody (Total) by Agglutination

Order Name: **BRUCE AB T**
 Test Number: **5554933**
 Revision Date: **07/27/2015**
 LOINC Code: **19053-8**

| TEST NAME | | METHODOLOGY. | | |
|--|---|---------------------------------|--|-----------------------|
| Brucella Antibody (Total) by Agglutination | | Semi-Quantitative Agglutination | | |
| 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 | <p>Separate serum from cells ASAP or within 2 hours of collection. Transfer 1mL(0.2mL) serum to a Standard Transport Tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as acute or convalescent.</p> <p>Unacceptable Conditions: Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.</p> <p>Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 6 months(avoid repeated freeze/thaw cycles).</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 3-5 Days | | | |
| CPT Code(s) | 86622 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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: **07/22/2016**
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, 88369x2 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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C-Reactive Protein (CRP) Quant

Order Name: **CRP**
Test Number: **2008425**
Revision Date: **05/26/2015**
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 |
| 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 | 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: **06/03/2015**
 LOINC Code: **30522-7**

| TEST NAME | METHODOLOGY. |
|--|--------------------|
| C-Reactive Protein (CRP) High-Sensitive (Cardio CRP) | Immunoturbidimetry |

| 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 |
| Alternate 1 | 1 mL (0.5) | Plasma | Lithium Heparin PST (Light Green 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-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

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 | <p>CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Non-frozen specimens. Stability: After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun, Wed, Fri | | | |
| Expected TAT | 2-5 Days | | | |
| CPT Code(s) | 86161 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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C1q Complement Component

Order Name: **C1Q QN**
 Test Number: **5000360**
 Revision Date: **04/06/2015**
 LOINC Code: **4478-4**

| TEST NAME | | METHODOLOGY. | | |
|--------------------------|--|------------------------|----------------------------|-----------------------|
| C1q Complement Component | | Radial Immunodiffusion | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1mL (0.1) | Plasma | EDTA (Lavender Top) | Frozen |
| Instructions | <p>Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to a Standard Transport Tube and freeze immediately. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.</p> <p>Unacceptable Conditions: Grossly hemolyzed, hyperlipemic, or room temperature specimens. Serum or non-EDTA plasma.</p> <p>Stability: Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: 1 month.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tues, Fri | | | |
| Expected TAT | 6-11 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| CPT Code(s) | 86160 | | | |
| Lab Section | Reference Lab | | | |

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 | | | | |
| <p>Allow to clot, then centrifuge and separate serum from cells ASAP. Make TWO 2mL(1mL) Serum Aliquots - Keep Refrigerated!</p> <p>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.</p> | | | | |
| 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 epithelial 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 | | | |

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 | | | |

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 | | | |

CA 27.29

Order Name: **CA27.29**
Test Number: **2024375**
Revision Date: **07/09/2015**
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 within 2 hours of collection. Serum stability: Room temperature 8 hours, refrigerated 48 hours, frozen 3 month. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| 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 | | | |
| Lab Section | Reference Lab | | | |

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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Cabbage IgG

Order Name: **CABBAGE G**
Test Number: **5500573**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Cabbage IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 55820 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



Cadmium, Blood

Order Name: **CADMIUM B**
 Test Number: **3650850**
 Revision Date: **06/01/2015**
 LOINC Code: **5609-3**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---|--|---------------------------|
| Cadmium, Blood | | Quantitative Inductively Coupled Plasma-Mass Spectrometry | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 7mL (0.5) | Whole Blood | EDTA (Royal Blue Top/Trace Element Free) | Room Temp. / Refrigerated |
| Instructions | <p>DO NOT ALIQUOT SPECIMEN, keep in original container, do not share with other tests.</p> <p>Stability: If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.</p> <p>UNACCEPTABLE: Heparin anticoagulant or frozen specimens.</p> <p>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.</p> <p>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).</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Sat | | | |
| 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: **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 (min) | 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. Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Tissue or urine. EDTA plasma. Grossly hemolyzed or lipemic specimens. 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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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 |



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 |

Calprotectin, Fecal

Order Name: **CALPRO FEC**
Test Number: **3501045**
Revision Date: **04/20/2015**
LOINC Code: **38445-3**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------------------------|-----------------------------------|-----------------------|
| Calprotectin, Fecal | | Quantitative Enzyme Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5g (1g) | Stool, Raw | Sterile Screwtop Container | Frozen |
| Instructions | 5g (1g) Stool unpreserved collected in a 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-Sat | | | |
| Expected TAT | 2-4 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 | | | |

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 | Wednesdays, 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 | | | |



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: **CANTALOUPE**
 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 | | | |

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 dependent) | | | |
| 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 & Total

Order Name: **CARBA FR T**
 Test Number: **2070300**
 Revision Date: **11/16/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY | LOINC CODE |
|----------------------------|--|------------|
| Free Carbamazepine | Quantitative Enzyme Multiplied Immunoassay Technique | 3433-0 |
| Percent Free Carbamazepine | Quantitative Enzyme Multiplied Immunoassay Technique | 32852-6 |
| Total Carbamazepine | Quantitative Enzyme Multiplied Immunoassay Technique | 3432-2 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|---------------|---|-----------------------|
| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2 mL (1 mL) | Serum | No Additive Clot (Red Top, No-Gel, Plastic) | Refrigerated |
| Alternate 1 | 2 mL (1 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | Collect: Serum Pre-dose (Trough) Draw - At a Steady State Concentration in Plain Red. Unacceptable Conditions: Whole Blood, Citrated Plasma. Tubes that contain liquid anticoagulant or Serum separator tube (SST). Stability: Ambient: 5 days; Refrigerated: 5 days; Frozen: 3 months | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Mon, Wed, Fri |
| Expected TAT | 2-6 Days |
| CPT Code(s) | 80156; 80157 |
| Lab Section | Reference Lab |

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. <i>(If collecting with Venous or Arterial Blood Gases, please follow those specimen requirements.)</i> | | | |
| 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 | | | |

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 | | | |

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 | | | |



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 | | | |

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 | <p>Protect From Light!</p> <p>Separate from cells as soon as possible after clotting (within 1 hour of collection).</p> <p>Send serum in an amber tube or wrap tube in aluminum foil to protect from light.</p> <p>Unacceptable Conditions: Not protected from light, hemolyzed or icteric.</p> <p>Specimen Stability: Room temperature= n/a, Refrigerated= 4 hours, Frozen= 1 month.</p> | | | |
| 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 | | | |

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 | | | |

Casein IgG

Order Name: **CASEIN IGG**
 Test Number: **3666500**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Casein IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 58020 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | | |

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 | | | |

Catecholamines, Fractionated, 24-Hour or Random Urine

Order Name: **CAT FRAC U**
Test Number: **3808550**
Revision Date: **08/17/2015**
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 (mL) | Specimen Type | Specimen Container | Transport Environment |
|--------------|--|----------------|-------------------------|-----------------------|
| Preferred | 4 mL (2.5) | Urine, 24-hour | 24 hour Urine Container | Refrigerated |
| Alternate 1 | 4 mL (2.5) | Urine, Random | Sterile Urine container | Refrigerated |
| Instructions | <p>Transfer a 4 mL aliquot from a well-mixed 24-hour or random collection to a standard transport tube.</p> <p>Mark collection duration and total volume on transport tube and test request form.</p> <p>Adequate refrigeration is the most important aspect of specimen preservation. Preservation can be enhanced by adjusting the pH to 2-4 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.</p> <p>Stability: Ambient= N/A; Refrigerated= 1 month; Frozen= 6 months.</p> <p>Dietary Instructions: Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible.</p> | | | |

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, 82570 |
| 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 (mL) | 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 |

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: **08/04/2016**
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 | Remove aseptically and cut a 4cm segment from tip and place in sterile container; transport rapidly to prevent drying out. 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 | | | |



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: **10/14/2016**
 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 (mL) | Specimen Type | Specimen Container | Transport Environment |
|--------------|--|---------------|---------------------|-----------------------|
| Preferred | 5 mL (2.5 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 received in the lab section by Friday afternoon or collect sample on Monday. Specimen stability: 48hrs Room Temperature. | | | |

GENERAL INFORMATION

| | |
|------------------|--------------|
| Testing Schedule | Mon-Fri |
| Expected TAT | 1-4 Days |
| CPT Code(s) | 86355, 86356 |

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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Celery IgG

Order Name: **CELERY IGG**
Test Number: **5500583**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Celery IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 40920 Click Here to view on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



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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 | Turbidometric | 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 | Turbidometric | 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: **10/22/2015**
 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 | | Turbidometric | | 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 | Serologic testing for Celiac Disease (CD) in children less than 3 years of age should be interpreted knowing that the IgA anti-tissue Transglutaminase (IgA anti-tTG) is approximately 90% sensitive in children of this age. In older children and adults, the sensitivity increases to 96%. In children less than 3 years of age, IgG anti-tTG is not reliable. IgA deficiency is 10-15 times more common in patients with CD, occurring in an estimated 2-3% of the patients with CD. IgA and IgG anti-deaminated gliadin peptide (DGP) are also useful markers in CD. | | | |
| 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 | | | |



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 | <p>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.</p> <p>Collect the Following Four Specimens:</p> <p>T/B Lymphocytes - by Flow</p> <p>[#1] 7mL Whole Blood - Sodium Heparin (Green top) Room Temperature</p> <p>[#2] 5mL Whole Blood EDTA (Lavender Top) Room Temperature</p> <p>Complete Blood Count</p> <p>[#3] 5mL(1mL) Whole Blood EDTA (Lavender Top) Room Temperature</p> <p>Lymphocyte Stimulation by Mitogens</p> <p>Patient Sample</p> <p>[#4] 10mL(5mL) Whole Blood - Sodium Heparin (Green top) - Room Temperature</p> | | | |

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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Centromere B Antibody

Order Name: **REF CENTRM**
 Test Number: **5508597**
 Revision Date: **04/15/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Centromere B Antibody | | 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 |
| Alternate 1 | 1 mL (0.5 mL) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated |
| Instructions | Specimen Stability: Room temperature: 4 days, Refrigerated: 7 days, Frozen: 30 days. | | | |
| Reference Range | < 1.0 AI Negative | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | 6 days a week | | | |
| Expected TAT | 3-5 Days | | | |
| Clinical Use | Centromere B Antibody is diagnostic for the form of scleroderma known as CREST (calcinosis, Raynaud's phenomenon, esophageal immotility, sclerodactyly, and telangiectasia). | | | |
| CPT Code(s) | 86038 | | | |
| 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 |

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 | | | |

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 | | | |

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 | | | |

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: **07/22/2016**
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, 88369x2 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | | |



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Chicken Meat IgG

Order Name: **CHICKN IGG**
Test Number: **3666475**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Chicken Meat IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Chicken: <i>Gallus species</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 50620 Click Here to view information in the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



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Chikungunya Antibodies, IgG and IgM

Order Name: **CHIKUNG AB**
 Test Number: **3609555**
 Revision Date: **08/17/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---------------------------|---|------------|
| Chikungunya Antibody, IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 56130-8 |
| Chikungunya Antibody, IgG | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 56128-2 |

| 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>Separate serum from cells ASAP or within 2 hours of collection.</p> <p>Transfer 1mL(0.15mL) serum to a Standard Transport Tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute or convalescent."</p> <p>Unacceptable Conditions: Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.</p> <p>Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Wed |
| Expected TAT | 2-9 Days |
| CPT Code(s) | 86790x2 |
| Lab Section | Reference Lab |

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 | | | |

Chinese Elm IgE

Order Name: **CHINES ELM**
Test Number: **5506480**
Revision Date: **09/22/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|--|-----------------------|
| Chinese Elm IgE | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | Chinese Elm: <i>Ulmus pumila</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 64210S Click Here to view information on the Viracor website. | | | |
| 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 pneumoniae IgG | | |
| Chlamydia pneumoniae 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 |

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 | <p>Please Indicate Source on the Specimen!</p> <p>Specimen: Nasopharyngeal aspirate, bronchoalveolar lavage (BAL), or throat swab refrigerated in UTM culture media immediately.</p> <p>Stability: Ambient: 1 hour; Refrigerated: 2 days; Frozen: Unacceptable.</p> <p>Unacceptable Conditions: Samples not in UTM or Viral culture media. Dry swabs, wood swabs, and calcium alginate swabs.</p> | | | |
| 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: **04/29/2015**
 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 | Urogenital Swab | BD ProbeTec Qx Pink(F) or Blue(M) | Refrigerated |
| Alternate 1 | 8mL (4mL) | Urine, Random | Sterile Urine container | Refrigerated |
| Instructions | BD ProbeTec Qx Collection Kit - Female (Pink-colored swab)/Male (Blue-colored swab). Insert swab into Qx Swab Diluent tube, break swab shaft at score mark, tightly recap tube. Keep Refrigerated. If urine is used, collect 8mL(4mL) fresh urine specimen in a Sterile Urine Container and refrigerate within 30 minutes. Keep Refrigerated. Moderately bloody or grossly mucoid specimens may cause inhibition in this assay that may necessitate recollection. | | | |

| GENERAL INFORMATION | |
|---------------------|--|
| Testing Schedule | Mon - Fri |
| Expected TAT | 3 Days |
| Clinical Use | Amplified Probe technique helps diagnose Chlamydia trachomatis infections. |
| 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 |

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 |



Chlamydia trachomatis Culture

Order Name: **C CHLAM TR**
 Test Number: **6000575**
 Revision Date: **12/14/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. |
|-------------------------------|--------------|
| Chlamydia trachomatis Culture | Culture |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|-------------|-----------------------|------------------|---------------------------------|-----------------------|
| Preferred | 3mL (1mL) | See Instructions | Universal Transport Media (UTM) | See Instructions |
| Alternate 1 | 3mL (1mL) | See Instructions | Viral Transport Media (VTM) | See Instructions |

Instructions

Please Indicate Source on the Specimen!

Specimen: 3mL(1mL) endocervical swab, urethral swab, conjunctival swab, throat swab, nasal/nasopharyngeal swab, rectal mucosa swab (without feces), fresh (unfixed) tissue or pelvic washing in VCM medium (green-cap) tube or equivalent (UTM).

Collection Instructions: To maintain optimum viability, place swab or fluid into VCM (equal volumes of fluid and VCM) or equivalent and transport the specimen to the laboratory as soon as possible.

Best recovery is obtained when the specimens are refrigerated at 2-8°C or kept on wet ice following collection and while in transit.

If there will be a long delay before processing, specimens in VCM or equivalent should be frozen at -70°C or colder and transported on dry ice.

Storage or transport at -20°C is not acceptable.

Raw (unpreserved) samples should only be refrigerated and not frozen.

Specimen Stability VCM medium (green-cap) tube or equivalent:
 Room temperature Unacceptable, Refrigerated 48 hours, Frozen -20°C Unacceptable, Frozen -70°C 30 days.

Reject Criteria: VTM that do not support Chlamydia; Wooden shaft; Calcium alginate swabs; Dry swabs; Transwabs; Swabs in bacterial gel-based transport media; DNA probe transport; Tissues in formalin or other fixatives; Transports for antigen detection by EIA.

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 |

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 | | | |



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 |

Chocolate/Cacao IgG

Order Name: **CHOCO IGG**
Test Number: **3666450**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|----------------------------|--|---------------|---|-------------------------|
| Chocolate/Cacao IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Chocolate/Cacao: <i>Theobroma cacao</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 50720 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

Cholesterol Panel (Non-Fasting)

Order Name: **CHOL NF PN**
Test Number: **2019103**
Revision Date: **09/20/2015**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE | | |
|---------------------------------|-----------------------|---------------|--|-----------------------|
| HDL Cholesterol | Enzymatic | 2085-9 | | |
| Cholesterol, Total Serum | Enzymatic | 2093-3 | | |
| 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 mL) | Plasma | Lithium Heparin PST (Light Green Top) | Refrigerated |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 1-2 Days | | | |
| CPT Code(s) | 82465, 83718 | | | |



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 | | | |

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: **12/08/2015**
 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 | <p>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.</p> <p>Preferred Volume: 5mL (1mL) EDTA Whole Blood and 4mL (0.5mL) EDTA Plasma.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon - Fri | | | |
| Expected TAT | 3-4 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| CPT Code(s) | 82480, 82482 | | | |
| 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 | | | |

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 | <p>Collect Serum in a Royal Blue no additive clot tube.</p> <p>Centrifuge, do not allow serum to remain on cells. Transfer 2mL(0.5mL) Serum to an Trace Element-Free Aliquot Tube.</p> <p>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.</p> | | | |
| 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: **CHROMOG A**
Test Number: **3803557**
Revision Date: **07/27/2015**
LOINC Code: **9811-1**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------------------------|--|------------------------|
| Chromogranin A | | Quantitative 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 or Frozen |
| Instructions | Allow serum specimen to clot completely at room temperature. Unacceptable Conditions: Plasma. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 6 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Wed, Fri | | | |
| Expected TAT | 2-7 Days | | | |
| 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), Multiple 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: <ul style="list-style-type: none"> • 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 |

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 | | | |

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, Urine (24hr or Random)

Order Name: **CITRIC U**
 Test Number: **3808600**
 Revision Date: **07/13/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-------------------------------------|--------------------------------|------------|
| Citric Acid, Urine - per volume | Quantitative Enzymatic | 21203-5 |
| Citric Acid, Urine - per 24hr | Calculation | 6687-8 |
| Creatinine, Urine - per volume | Quantitative Spectrophotometry | 20624-3 |
| Creatinine, Urine - per 24hr | Calculation | 2162-6 |
| Citric Acid/Creatinine Ratio, Urine | Calculation | 13722-4 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|----------------|-------------------------|-----------------------|
| Preferred | 4mL (0.5) | Urine, 24-hour | 24 hour Urine Container | Refrigerated |
| Alternate 1 | 4mL (0.5) | Urine, Random | Sterile Urine container | Refrigerated |
| Instructions | Collect: 24-hour urine. Refrigerate during collection. Also acceptable: Random urine. Specimen Preparation: Adjust pH to less than or equal to 2 by adding 6M HCl. Transfer a 4mL(0.5) aliquot of urine to a Standard Transport Tube. Record total volume, collection time interval, and pH on transport tube and test request form. Also acceptable: Specimens previously preserved with boric acid. Stability: Ambient: 8 hours; Refrigerated: 1 week; Frozen: Indefinitely | | | |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 2-3 Days |
| CPT Code(s) | 82507; 82570 |
| Lab Section | Reference Lab |

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 | | | |

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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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 Analyzer

Order Name: **C Diff An**
 Test Number: **17262993**
 Revision Date: **08/29/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|--------------------------------|---|--------------------|-----------------------------------|-----------------------|
| Clostridium difficile Analyzer | | Enzyme Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1mL or 1g | Stool, Random | Sterile Orange Screwtop Container | Refrigerated |
| Alternate 1 | 1mL or 1g | Stool, Random | ETM or Cary Blair container | Refrigerated |
| Instructions | <p>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 Room Temperature). If testing cannot begin within 5 days then Freeze -20°C. Note: Formed or Hard Specimens will be Rejected.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | <p>The first step in the C Diff Analyzer is a rapid membrane enzyme immunoassay for the simultaneous detection of <i>Clostridium difficile</i> glutamate dehydrogenase antigen and toxins A and B. The assay detects <i>C. difficile</i> antigen, glutamate dehydrogenase as a screen for the presence of <i>C. difficile</i> and confirms the presence of toxigenic <i>C. difficile</i> by detecting toxins A and B in fecal specimens from persons suspected of having <i>C. difficile</i> disease.</p> | | | |
| Notes | <p>Positive results are indicative of active infection while negative results effectively exclude infection. Results considered indeterminate with the combination antigen and toxin test will automatically reflex to the molecular assay to detect the presence of <i>C. difficile</i> DNA.</p> | | | |
| CPT Code(s) | 87324, 87449 if reflexed 87493 | | | |



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Clostridium difficile DNA Detection

Order Name: **C DIFF DNA**
 Test Number: **6001200**
 Revision Date: **09/15/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------------------|---|---------------|-----------------------------------|-----------------------|
| Clostridium difficile DNA Detection | | LAMP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (mL) | 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 | <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | It is recommended to start with the order Clostridium difficile Analyzer [Test code: 17262993] and it will reflex to this Clostridium difficile DNA assay only when needed. See Memo. | | | |
| Notes | C. difficile detection by Isothermal DNA amplification probe. | | | |
| CPT Code(s) | 87493 | | | |



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Clostridium difficile Toxins (A/B)

Order Name: **C DIFF TOX**
 Test Number: **3501065**
 Revision Date: **08/18/2014**
 LOINC Code: **34468-9**

| TEST NAME | METHODOLOGY. |
|------------------------------------|-----------------------|
| Clostridium difficile 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 | <p>This C Diff Toxin assay should be use ONLY after a Positive C Diff Molecular assay has been performed within the last month.</p> <p>See C DIFF MOL [6001200]</p> <p>1gram (0.5gram) unpreserved stool in a sterile container. Stability: Room Temperature: N/A; Refrigerated: N/A; Frozen: 30 Days.</p> | | | |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 1-2 Days |
| CPT Code(s) | 87324 |
| Lab Section | Reference Lab |



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Clove IgE

Order Name: **CLOVE**
 Test Number: **5529725**
 Revision Date: **09/23/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|--|-----------------------|
| Clove IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | Clove: <i>Syzygium aromaticum</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 41110E Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |



Clozapine (Clozaril)

Order Name: **CLOZAPINE**
 Test Number: **4006865**
 Revision Date: **10/03/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---------------------------------|--|------------|
| Clozapine Quantitative | Quant Liquid Chromatography-Tandem Mass Spectrometry | 6896-5 |
| Norclozapine Quantitative | Quant Liquid Chromatography-Tandem Mass Spectrometry | 10992-6 |
| Clozapine-N-Oxide | Quant Liquid Chromatography-Tandem Mass Spectrometry | |
| Total Clozapine and Metabolites | Calculation | |

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 | <p>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: 5 weeks; Refrigerated: 2 months; Frozen: 2 months .</p> | | | |

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 | | | |

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 | | | |

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 | | | |

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 | | | |

Codfish/Scrod IgG

Order Name: **CODFISHIGG**
 Test Number: **3666575**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Codfish/Scrod IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Codfish/Scrod: <i>Gadus morhua</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 50920 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

Coffee IgG

Order Name: **COFFEE IGG**
 Test Number: **5500589**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Coffee IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 51020 Click Here to view information in the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



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

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 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 | | | |



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Colon Cancer Cell Search

Order Name: **CELLCOLON**
 Test Number: **2071100**
 Revision Date: **09/19/2016**
 LOINC Code: **68124-7**

| TEST NAME | | METHODOLOGY. | | |
|--------------------------|---|--------------------|-------------------------|-------------------------|
| Colon Cancer Cell Search | | Veridex CellSearch | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 20mL (10mL) | Whole Blood | See Instructions | Room Temperature |
| Instructions | <p>Use CellSave tubes only. Collect 2 CellSave 10mL tubes (minimum one 10mL tube). CellSave tubes can be obtained from RML Materials Management.</p> <p>Collection Instructions: Fill the tube until blood flow stops, immediately mix by inversion. Tube inversion prevents clotting of the sample.</p> <p>Specimen Stability: room temperature 4 days, refrigerated unacceptable, frozen unacceptable.</p> <p>Rejection Criteria: clotted specimen, frozen or refrigerated samples.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Saturday | | | |
| Expected TAT | 4-6 Days | | | |
| Clinical Use | Detection of circulating tumor cells in periperial blood from patients with colorectal cancer. | | | |
| Notes | <p>Reference Lab: Quest</p> <p>Quest Test Code: 16811</p> <p>Click Here to view information on the Quest website.</p> | | | |
| CPT Code(s) | 86152, 86153 | | | |
| Lab Section | Reference Lab | | | |



Common Food Allergy Panel

Order Name: **AO FOOD C**
 Test Number: **2929648**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. |
|-------------------------------|--------------|
| Egg White IgE | ImmunoCAP |
| Peanut IgE | ImmunoCAP |
| Soybean IgE | ImmunoCAP |
| Milk (Cow's) Food Allergy IgE | ImmunoCAP |
| Cashew Nut Food IgE | ImmunoCAP |
| Shrimp Allergy IgE | ImmunoCAP |
| Walnut Food Allergy IgE | ImmunoCAP |
| Codfish IgE | ImmunoCAP |
| Wheat IgE | ImmunoCAP |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|-----------------------|---------------|--|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.9mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |

| GENERAL INFORMATION | |
|---------------------|-----------------|
| Testing Schedule | Monday - Friday |
| Expected TAT | 2-4 Days |
| CPT Code(s) | 86003 |

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 |



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 | Turbidometric | 4485-9 |
| Complement C4, Serum | Turbidometric | 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: **10/23/2015**
 LOINC Code: **4485-9**

| TEST NAME | METHODOLOGY. |
|----------------------|---------------|
| Complement C3, Serum | Turbidometric |

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 |

Complement C3a

Order Name: **C3A**
Test Number: **5590350**
Revision Date: **08/05/2016**
LOINC Code: **4488-3**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|--------------------|----------------------------|-----------------------|
| Complement C3a | | Enzyme Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2x 1mL | Plasma | EDTA (Lavender Top) | Frozen |
| Instructions | Collect EDTA (lavender-top) tubes, centrifuge and process into TWO 1mL(0.5) frozen plasma aliquots. DO NOT THAW Specimen Stability: Room temperature Unacceptable, Refrigerated Unacceptable, Frozen 21 days. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tuesday | | | |
| Expected TAT | available: 3 days from set up at performing lab | | | |
| Clinical Use | C3a desArg is a cleavage product of C3 complement component activation. Elevated levels of C3a have been reported in patients with acute lyme disease, acute pancreatitis, systemic lupus erythematosus, and adult respiratory distress syndrome | | | |
| CPT Code(s) | 83520 | | | |
| Lab Section | Reference Lab | | | |

Complement C4, Serum

Order Name: **C4**
Test Number: **5000350**
Revision Date: **10/23/2015**
LOINC Code: **4498-2**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-----------------------|
| Complement C4, Serum | | Turbidometric | | |
| 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 | | | |



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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 | | | |



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 (mL) | 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 |



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 (mL) | 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 |



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 | <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 1 Day | | | |
| Clinical Use | <p>The white blood cell count is useful in the diagnosis and management of infection, inflammatory disorders, hematopoietic malignancies, evaluation of myelopoietic disorders, drug effects, and response to various cytotoxic agents. The differential count is performed to acquire further information concerning the above states and enables one to arrive at values for the absolute value of discrete WBC population. Absolute values for individual cell populations are obtained from a combination of the WBC count and the % of each cell type from the differential.</p> | | | |
| CPT Code(s) | 85027, 85007 | | | |



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 | <p>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).</p> <p>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.</p> <p>Unacceptable Conditions: Separator tubes and specimens that are not separated from the red cells or clot within 6 hours.</p> <p>Stability: If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.</p> | | | |
| 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 | | | |

Copper Urine (Random or 24hr)

Order Name: **COPPER U**
 Test Number: **3629600**
 Revision Date: **05/04/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--------------------------------|---|------------|
| Copper, Urine - per volume | Quantitative Inductively Coupled Plasma-Mass Spectrometry | 30920-3 |
| Copper, Urine - per 24hr | Calculation | 5633-3 |
| Creatinine, Urine - per volume | Spectrophotometry | 20624-3 |
| Creatinine, Urine - per 24hr | Calculation | 2162-6 |
| Copper, Urine - ratio to CRT | Calculation | 29942-0 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|----------------|--------------------------------------|-----------------------|
| Preferred | 8 mL (1 mL) | Urine, Random | Trace Element-Free Sterile container | Refrigerated |
| Alternate 1 | 8 mL (1 mL) | Urine, 24-hour | Trace Element-Free 24hr container | Refrigerated |
| Instructions | <p>24-hour or random urine collection. Specimen must be collected in a plastic container. Refrigeration of urine alone, during and after collection, preserves specimens adequately, if tested within 14 days of collection.</p> <p>Transfer an 8mL (1mL) aliquot from a well-mixed collection to a Trace Element-Free Transport Tube. Record total volume and collection time interval on transport tube and on test request form.</p> <p>Unacceptable Conditions: Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies). Acid preserved urine.</p> <p>Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year</p> | | | |

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). High concentrations of iodine may interfere with elemental testing. Abstinence from iodine-containing medications or contrast agents for at least 1 month prior to collecting specimens for elemental testing is recommended. |
| CPT Code(s) | 82525, 82570 |
| 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 | | | |

Corn/Maize IgG

Order Name: **CORN IGG**
 Test Number: **3666425**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Corn/Maize IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Corn/Maize: <i>Zea mays</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 51120 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



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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 | | | |



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 24hr | 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 24hr | Spectrophotometry | 2162-6 |
| Creatinine, Urine | Spectrophotometry | 20624-3 |
| Cortisol, Urine Interpretation | | 48767-8 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|---|----------------|-------------------------|-----------------------|
| Specimen | Specimen Volume (mL) | 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 | <p>Do Not Use Acid for Preservative!</p> <p>Adequate refrigeration is the most important aspect of specimen preservation.</p> <p>Mark collection duration and total volume on transport tube and test request form.</p> <p>Stability: Ambient= Unacceptable; Refrigerated= 2 weeks; Frozen= 6 months.</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 2-5 Days |
| CPT Code(s) | 82530, 82570 |
| Lab Section | Reference Lab |



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Cortisol Free, Serum

Order Name: **CORT FR S**
 Test Number: **4503500**
 Revision Date: **01/12/2016**
 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 and transfer 1 mL serum or plasma to a plastic transport tube and freeze. Indicate time of draw on test request form and specimen tube. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months. Unacceptable Conditions: Grossly hemolyzed, icteric, lipemic or heparinized specimens. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun, Tue, Thu, Fri | | | |
| Expected TAT | 2-6 Days | | | |
| CPT Code(s) | 82530 | | | |
| Lab Section | Reference Lab | | | |



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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 | | | |

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 | <p>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.</p> <p>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.</p> <p>Storage/Transport Temperature: Refrigerated.</p> <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Wed, Fri | | | |
| Expected TAT | 2-5 Days | | | |
| Notes | <p>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.</p> | | | |
| CPT Code(s) | 82533 | | | |
| Lab Section | Reference Lab | | | |



Cortisone and Cortisol, Urine Free

Order Name: **CORTISON U**
 Test Number: **4504020**
 Revision Date: **08/30/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY | LOINC CODE |
|---|--|------------|
| Creatinine, Urine - per 24hr | Spectrophotometry | 2162-6 |
| Cortisol, Urine Free - per 24hr | Quantitative HPLC/Tandem Mass Spectrometry | 2147-7 |
| Cortisol, Urine Free - per volume | Quantitative HPLC/Tandem Mass Spectrometry | 34909-2 |
| Creatinine, Urine | Spectrophotometry | 20624-3 |
| Cortisol, Urine Free - ratio to Creatinine | Calculation | 32009-3 |
| Cortisone, Urine Free - per 24h | Calculation | 14044-2 |
| Cortisol, Urine Free - per volume | Quantitative HPLC/Tandem Mass Spectrometry | 34909-2 |
| Cortisol/Cortisone Ratio | Calculation | 49029-2 |
| Cortisone, Urine Free - ratio to Creatinine | Calculation | 30511-0 |
| Cortisol/Cortisone, Urine Interpretation | | 48767-8 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (mL) | 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 specimen during collection. Record total volume and collection time interval on transport tube and test request form. Unacceptable Conditions: Room temperature specimens. Acidified specimens or specimens with preservatives. Stability: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month. | | | |

GENERAL INFORMATION

| | |
|------------------|---|
| Testing Schedule | Sun-Sat |
| Expected TAT | 2-5 Days |
| Clinical Use | The optimal specimen for this testing is a 24-hour urine collection. Mass per day calculations are not reported for the following specimen types: a random collection, a collection with duration of less than 20 hours, a collection with duration of greater than 28 hours, or a collection with total volume less than 400 mL. Ratios to creatinine may be useful for these evaluations. |
| CPT Code(s) | 82530, 83789, 82570 |
| 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 | | | |

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 | | | |

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: **09/23/2015**
 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 (0.5 mL) | 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: **05/18/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|------------------------|---------------------|------------|
| Coxsackie A2 Antibody | Complement Fixation | 9753-5 |
| Coxsackie A4 Antibody | Complement Fixation | 9754-3 |
| Coxsackie A7 Antibody | Complement Fixation | 9755-0 |
| Coxsackie A9 Antibody | Complement Fixation | 9757-6 |
| Coxsackie A10 Antibody | Complement Fixation | 9750-1 |
| Coxsackie A16 Antibody | Complement Fixation | 6688-6 |

| 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 |
| Alternate 1 | 2 mL (1) | Serum | No Additive Clot (Red Top, No-Gel, Plastic) | Refrigerated |
| Instructions | Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Varies |
| Expected TAT | 4-9 Days |
| CPT Code(s) | 86658x6 |
| Lab Section | Reference Lab |



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Coxsackie B Virus Antibodies - CSF

Order Name: **COX B CS**
Test Number: **5575250**
Revision Date: **09/23/2015**
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 (0.5 mL) | 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: **05/18/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-----------------------------------|--|------------|
| Coxsackie B Virus Antibody Type 1 | Semi-Quantitative Serum Neutralization | 5103-7 |
| Coxsackie B Virus Antibody Type 2 | Semi-Quantitative Serum Neutralization | 5105-2 |
| Coxsackie B Virus Antibody Type 3 | Semi-Quantitative Serum Neutralization | 5107-8 |
| Coxsackie B Virus Antibody Type 4 | Semi-Quantitative Serum Neutralization | 5109-4 |
| Coxsackie B Virus Antibody Type 5 | Semi-Quantitative Serum Neutralization | 5111-0 |
| Coxsackie B Virus Antibody Type 6 | Semi-Quantitative Serum Neutralization | 5113-6 |

| 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) | Serum | No Additive Clot (Red Top, No-Gel, Plastic) | Refrigerated |
| Instructions | <p>Separate serum from cells within 2 hours of collection. Transfer 1mL(0.3mL) Serum a Standard Transport Tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens. Mark specimens plainly as "acute" or "convalescent".</p> <p>Unacceptable Conditions: Contaminated, hemolyzed, or severely lipemic specimens.</p> <p>Stability: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Mon- Fri |
| Expected TAT | 7-10 Days |
| 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 | | | |

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 | | | |

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 | | | |



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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 | | | |



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 | <p>Allow specimen to clot, then separate and freeze serum aliquot ASAP!</p> <p>Unacceptable Conditions: Specimens preserved in citrate, EDTA, fluoride, heparin, or iodoacetate. Room temperature specimens.</p> <p>Stability After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles).</p> | | | |

| 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 |

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 | | | |

Creatine, Urine

Order Name: **CREATINE U**
Test Number: **2051853**
Revision Date: **07/13/2015**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE | | |
|---------------------------|--|---|-------------------------|-----------------------|
| Creatine, Urine | Liquid Chromatography/Tandem Mass Spectrometry | 34275-8 | | |
| Creatine, Urine - mg/24hr | Liquid Chromatography/Tandem Mass Spectrometry | 2150-1 | | |
| Creatinine, Urine | Liquid Chromatography/Tandem Mass Spectrometry | 14683-7 | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2 mL (0.5 mL) | Urine, Random | Sterile Urine container | Frozen |
| Alternate 1 | see instructions | Urine, 24-hour | 24 hour Urine Container | Frozen |
| Instructions | | Transfer 2mL(0.5) well mixed urine to a Sterile Urine Transport Tube and freeze immediately. Unacceptable Conditions: Specimens exposed to more than one freeze/thaw cycle. Stability: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | 3-10 Days | | | |
| Expected TAT | Mon | | | |
| CPT Code(s) | 82540, 82570 | | | |
| Lab Section | Reference Lab | | | |



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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 | <p>Collect both: 24 hour Urine Container -and- Clot Activator SST (Red/Gray or Tiger Top) -or- Lithium Heparin PST (Light Green Top)</p> <p>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.</p> <p>Specimen stability: Ambient 24 hours. Refrigerated 7 days.</p> | | | |

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 |

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 (mL) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.5) | Urine, 24-hour | 24 hour Urine Container | Refrigerated |
| Instructions | 24 hour urine collection with 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 | <p>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.</p> <p>Stability: After separation from cells: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable</p> <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 4-5 days | | | |
| CPT Code(s) | 82585 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | | |
| 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 | | | |
| CPT Code(s) | 87899 | | | |



Crystals, Synovial Fluid

Order Name: **CRYSTL SYN**
 Test Number: **0801850**
 Revision Date: **09/29/2016**
 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. Stability is 24hrs Room temperature and 24hrs Refrigerated. | | | |
| 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 | | | |

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 | | | |



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 | | | |



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 | | | |

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 | | | |



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 | | | |



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 | | | |

Cystatin C

Order Name: **CYSTATIN C**
 Test Number: **3623775**
 Revision Date: **10/23/2015**
 LOINC Code: **33863-2**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-----------------------|
| Cystatin C | | Turbidometric | | |
| 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 within 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 | | | |



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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 | | | |

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 | | | |



Regional Medical Laboratory
 4142 South Mingo Road
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Cytochrome P450 2C19, CYP2C19 - 9 Variants

Order Name: **CYP2C19 9V**
 Test Number: **5572451**
 Revision Date: **04/12/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-------------------|---------------------------|------------|
| CYP2C19 Specimen | | 31208-2 |
| CYP2C19 Genotype | Polymerase Chain Reaction | 57132-3 |
| CYP2C19 Phenotype | Polymerase Chain Reaction | 72879-0 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|---------------|---------------------|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 3 mL (1 mL) | Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Instructions | Unacceptable Conditions: Plasma or serum. Heparinized specimens. Stability: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 month | | | |

| GENERAL INFORMATION | |
|---------------------|---|
| Testing Schedule | Mon, Thu |
| Expected TAT | 6-11 Days from set up |
| Clinical Use | The cytochrome P450 (CYP) isozyme 2C19 is involved in the metabolism of many drugs such as clopidogrel, phenytoin, diazepam, R-warfarin, tamoxifen, some antidepressants, proton pump inhibitors, and antimalarials. Variants of CYP2C19 will influence pharmacokinetics of CYP2C19 substrates, and may predict non-standard dose requirements. |
| Notes | Polymerase Chain Reaction/Fluorescence Monitoring |
| CPT Code(s) | 81225 |
| 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, debrisoquine 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 | | | |

Cytomegalovirus (CMV) DNA, Quantitative

Order Name: **CMV QT PCR**
Test Number: **3800225**
Revision Date: **08/01/2016**
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) | Fluid | Sterile Screwtop Container | Refrigerated |
| Instructions | <p>Un-processed Whole Blood specimens are unacceptable.</p> <p>EDTA plasma, specimen should be centrifuged and plasma removed from cells within 2-4hrs of collection.</p> <p>Specimen cannot be shared with other testing for risk of DNA contamination.</p> <p>Alternate specimen types: Serum, Random urine, CSF or Amniotic fluid - Aliquot and keep refrigerated or frozen.</p> <p>Specimen Stability: Room temperature= 48 Hours; Refrigerated= 8 Days; Frozen= 1 Month.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 2-3 Days | | | |
| CPT Code(s) | 87497 | | | |

Cytomegalovirus Antibodies IgG and IgM

Order Name: **CMV G/M AB**
Test Number: **5502875**
Revision Date: **12/22/2015**
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 |
| Preferred | 1 mL (0.5) | Serum | Clot Activator SST (Red/Gray or Tiger Top) |
| | | | Refrigerated |
| GENERAL INFORMATION | | | |
| Testing Schedule | Tue, Thr | | |
| Expected TAT | 4-5 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 | | |

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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |
| 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 | | | |



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Dehydroepiandrosterone Unconjugated (DHEA)

Order Name: **DHEA UNC**
Test Number: **4001875**
Revision Date: **04/20/2015**
LOINC Code: **2193-1**

| TEST NAME | | METHODOLOGY. | | |
|--|---|--|---------------------------------------|-----------------------|
| Dehydroepiandrosterone Unconjugated (DHEA) | | Quantitative HPLC/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 |
| Alternate 1 | 1 mL (0.3 mL) | Plasma | EDTA (Lavender Top) | Refrigerated |
| Alternate 2 | 1 mL (0.3 mL) | Plasma | Lithium Heparin PST (Light Green Top) | Refrigerated |
| Instructions | Collect between 6-10 a.m. Separate serum or plasma 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 | | | |
| 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: **01/23/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Dengue Fever IgG | | Immunoassay | | |
| Dengue Fever IgM | | 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: Room temperature: 7 Days, Refrigerated: 14 Days, Frozen: 30 Days. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue - Sat | | | |
| 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. | | | |
| Notes | 01/11/2016 - The Interpretation component will no longer be reported by the performing laboratory. Only the IgG and IgM components will be reported. | | | |
| CPT Code(s) | 86790x2 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | | |



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Diazepam and Nordiazepam

Order Name: **DIAZEPAM**
 Test Number: **3611375**
 Revision Date: **10/03/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-------------|--|------------|
| Diazepam | Quant Liquid Chromatography-Tandem Mass Spectrometry | 3548-5 |
| Nordiazepam | Quant Liquid Chromatography-Tandem Mass Spectrometry | 3537-8 |

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 |
| Alternate 1 | 2 mL (1 mL) | Plasma | Sodium Heparin (Green Top / No-Gel) | Refrigerated |
| Alternate 2 | 2 mL (1 mL) | Plasma | EDTA (Lavender Top) | Refrigerated |
| Instructions | Patient Preparation: Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration. Plain Red Clot tube, Green (Sodium Heparin), Lavender EDTA. Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Gel separator tubes. Plasma or whole blood collected in light blue (sodium citrate). Hemolyzed specimens. Stability After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years (Avoid repeated freeze/thaw cycles). | | | |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Tue, Fri |
| Expected TAT | 2-6 Days |
| Lab Section | Reference Lab |



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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: **10/17/2016**
 LOINC Code: **1848-1**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|--|---|-----------------------|
| Dihydrotestosterone | | Quantitative HPLC/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 |
| Alternate 1 | 1mL (0.6mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | <p>Separate serum from cells ASAP or within 2 hours of collection.</p> <p>Reject Criteria : Moderate hemolysis, Gross hemolysis, Lipemia.</p> <p>Specimen Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 5 days; Frozen: 6 months.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue-Sun | | | |
| Expected TAT | 2-5 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 | | | |



Regional Medical Laboratory
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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 |



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Dilantin (Phenytoin) Free and Total

Order Name: **DILANT F T**
 Test Number: **3700400**
 Revision Date: **05/04/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-----------------------|--|------------|
| Dilantin Free | Quantitative Enzyme Multiplied Immunoassay Technique | 3969-3 |
| Dilantin Percent Free | Calculation | 10548-6 |
| Dilantin Total | Quantitative Enzyme Multiplied Immunoassay Technique | 3968-5 |

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
 Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.
Separate serum from cells within 2 hours of collection.
Unacceptable Conditions: Citrated plasma. Serum separator tubes (SST). Tubes that contain liquid anticoagulant.
 Stability: After separation from cells: Ambient: 4 days; Refrigerated: 4 days; Frozen: 1 month.

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Tues-Sat |
| Expected TAT | 2-5 Days |
| CPT Code(s) | 80185, 80186 |
| Lab Section | Reference Lab |



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Dill IgG

Order Name: **DILL IGG**
Test Number: **5500663**
Revision Date: **09/21/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Dill IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 31220 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |

| 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) |



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

"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. **Separate serum from cells ASAP or within 2 hours of collection. Transfer 1mL(0.15) serum to a Standard Transport Tube.** Mark Specimens clearly as "Pre-Vaccine" or "Post-Vaccine".

Unacceptable Conditions: Plasma or other body fluids.

Specimen Stability After separation from the 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 |
| CPT Code(s) | 86317 |
| 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 | | | |



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 | <p>Coagulation- Two: 2.7mL Sodium Citrate 3.2% (Blue Top) Tubes. (Ambient whole blood or frozen aliquots.)</p> <p>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.</p> <p>Hematology- One: 4mL (1mL) EDTA (Lavender Top) Whole Blood (Room Temperature) Note: IPF level will not be reported on specimens < 24hrs old.</p> | | | |

GENERAL INFORMATION

| | |
|---------------------|---|
| Expected TAT | 1 Day |
| CPT Code(s) | 85055, 85045, 85049, 85379, 85384, 85610, 85730 |



Diuretics Screen, Urine

Order Name: **DIURET S U**
 Test Number: **3632070**
 Revision Date: **01/02/2016**
 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 (mL) | 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) | 80304 |
| Lab Section | Reference Lab |

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 | | | |

DNase-B Antibody

Order Name: **DNASE B AB**
 Test Number: **5500210**
 Revision Date: **05/18/2015**
 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 | Sun, Wed, Fri | | | |
| 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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Drechslera/Helminthosporium sativum IgE

Order Name: **DRECHSLERA**
Test Number: **5616785**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|---|---|---------------|--|-----------------------|
| Drechslera/Helminthosporium sativum IgE | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 2-3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 79510E Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |



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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 |
| Urine Drug Screen Interpretation | | 12286-1 |

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 |



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 |
| Urine Drug Screen Interpretation | | 12286-1 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (mL) | 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 | <p>Collect specimen in accordance with instructions on the Chain of Custody Kit.</p> <p>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.</p> | | | |
| 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- Benzoylcegonine, 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 |



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: **04/24/2015**
 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 | Copan eSwab - Green (Mini-tip) | Room Temperature |
| Alternate 2 | | Swab | PNP Swab (Green Cap) | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Used to identify bacterial pathogens of the ear. | | | |
| CPT Code(s) | 87070 | | | |

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 | | | |

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: **09/28/2016**
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 | Tue and Thr | | | |
| Expected TAT | 5-7 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 | | | |

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 White IgG

Order Name: **EGG WT IGG**
 Test Number: **3666400**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Egg White IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 51220 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

Egg Whole IgG

Order Name: **EGG WHOL G**
 Test Number: **5500687**
 Revision Date: **09/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Egg Whole IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 47820 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

Egg Yolk IgG

Order Name: **EGG YOLK G**
Test Number: **5500597**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------|--|---------------|---|-------------------------|
| Egg Yolk IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 51320 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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Ehrlichia chaffeensis Antibody, IgM, IgG

Order Name: **E CHAFF AB**
 Test Number: **5565250**
 Revision Date: **09/13/2016**
 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 |
| Preferred | 1 mL | Serum |
| | | Specimen Container |
| | | Clot Activator SST (Red/Gray or Tiger Top) |
| | | Transport Environment |
| | | Refrigerated |
| Instructions | Specimen Stability: Room temperature 7 days, Refrigerated 14 days, Frozen 30 days. | |
| 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 specimen. 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 |



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 | | | |

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-ScI-70) associated with various mixed connective tissue diseases. | | | |
| Notes | Test includes: Ant-Sm, Anti-RNP, Anti-SSA/Ro, Anti-SSB/La, Jo-1, Anti-ScI-70. | | | |
| CPT Code(s) | 86235 | | | |



Endomysial Antibody, IgA Titer

Order Name: **ENDOMY IGA**
 Test Number: **5000005**
 Revision Date: **09/03/2015**
 LOINC Code: **27038-9**

| TEST NAME | | METHODOLOGY. | | |
|--------------------------------|---|---|--|-----------------------|
| Endomysial Antibody, IgA Titer | | Semi-Quantitative Indirect Fluorescent Antibody | | |
| 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 | Separate serum from cells ASAP. Transfer 1mL(0.15mL) serum to a Standard Transport Tube. Unacceptable Conditions: Plasma. Severely lipemic, contaminated, or hemolyzed specimens. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid freeze/thaw cycles) | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 2-6 Days | | | |
| CPT Code(s) | 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 | | | |

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: **08/17/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|------------------------------|--|---------------------------|--|-----------------------|
| Enterovirus Detection by PCR | | Polymerase Chain Reaction | | 29591-5 |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.5 mL) | CSF (Cerebrospinal Fluid) | Sterile Screwtop Container | Frozen |
| Alternate 1 | 1 mL (0.5 mL) | Plasma | EDTA (Lavender Top) | Frozen |
| Alternate 2 | 1 mL (0.5 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Frozen |
| Instructions | <p>Collect: Plasma from Lavender (EDTA), Serum or CSF. Specimen source required.</p> <p>Separate serum or plasma from cells ASAP after collection. Transfer 1mL(0.5mL) Serum, Plasma, CSF to a sterile container or Nasopharyngeal swab and Freeze.</p> <p>Unacceptable Conditions: Heparinized specimens.</p> <p>Stability: Ambient: 8 hours; Refrigerated: 48 hours; Frozen: 3 months.</p> | | | |
| 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 | | | |

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 |

Eosinophil, Urine

Order Name: **EOS URINE**
 Test Number: **1001600**
 Revision Date: **10/15/2015**
 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. Keep specimen refrigerated, deliver to lab ASAP. Stability 24 Hours Refrigerated. | | | |

| 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 | | | |

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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4142 South Mingo Road
Tulsa, OK. 74146-3632

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 |

Epstein Barr Virus DNA, Quantitative Real-Time PCR

Order Name: **EBV PCR QN**
Test Number: **5580775**
Revision Date: **08/01/2016**
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) | Plasma | EDTA (Lavender Top) | Refrigerated |
| Alternate 1 | 1 mL (0.3) | CSF (Cerebrospinal Fluid) | Sterile Screwtop Container | Refrigerated |
| Instructions | <p>Un-processed Whole Blood specimens are unacceptable.</p> <p>EDTA plasma, specimen should be centrifuged and plasma removed from cells within 2-4hrs of collection.</p> <p>Specimen cannot be shared with other testing for risk of DNA contamination.</p> <p>Alternate specimen types: Serum, Random urine, CSF or Amniotic fluid - Aliquot and keep refrigerated or frozen.</p> <p>Specimen Stability: Room temperature= 48 Hours; Refrigerated= 8 Days; Frozen= 1 Month.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 2-3 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 | | | |

Erythrocyte Sedimentation Rate (ESR) (Sed Rate)

Order Name: **ESR**
 Test Number: **0107000**
 Revision Date: **05/18/2016**
 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. EDTA Microtainers (bullets) are not acceptable specimens. | | | |
| 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 | | | |

Erythropoietin (EPO)

Order Name: **ERYTHRO**
 Test Number: **2022575**
 Revision Date: **09/09/2016**
 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 or Frozen |
| Alternate 1 | 1 mL (0.5) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated or Frozen |
| Alternate 2 | 1 mL (0.5) | Plasma | Lithium Heparin PST (Light Green Top) | Refrigerated or Frozen |
| 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. Centrifuge and separate serum/plasma within 2 hours of collection. Freeze specimen if specimen is not going to be tested within 24 hours. Stability: Room temperature: 8 hours, Refrigerated: 24 hours, Frozen: 7 days. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Wed, 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: **07/23/2016**
 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 | 2.5mL (1.5) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated | | | | | | | | | | | | | | |
| Instructions | DO NOT USE GEL TUBES..! Specimen Stability: Room temperature: 48 hours, Refrigerated: 7 Days, 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) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Estradiol</th> <th style="width: 50%;">Estradiol, Free</th> </tr> </thead> <tbody> <tr> <td>Female:</td> <td>Female:</td> </tr> <tr> <td>Follicular Stage: 39-375 pg/mL</td> <td>Follicular Stage 0.43-5.03 pg/mL</td> </tr> <tr> <td>Mid-Cycle Stage: 94-762 pg/mL</td> <td>Mid-Cycle Stage 0.72-5.89 pg/mL</td> </tr> <tr> <td>Luteal Stage: 48-440 pg/mL</td> <td>Luteal Stage 0.40-5.55 pg/mL</td> </tr> <tr> <td>Postmenopausal: Less than or Equal 10 pg/mL</td> <td>Postmenopausal Less than or Equal to 0.38 pg/mL</td> </tr> <tr> <td>Adult Male: Less than or Equal 29 pg/mL</td> <td>Adult Male: Less than or Equal 0.45 pg/mL</td> </tr> </tbody> </table> | | | | 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 |
| 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 | | | | | | | | | | | | | | | | | |



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. | | | |
| | <p>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.</p> | | | |
| 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 | | | |



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 FLUID - No Longer Acceptable! 6-14-2010) | | | |
| CPT Code(s) | 82677 | | | |
| Lab Section | Reference Lab | | | |

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 (min) | 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. 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 | | | |

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 | | | |

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: **11/16/2015**
LOINC Code: **3616-0**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------|--|---------------------------------|---|-----------------------|
| Ethosuximide (Zarontin) | | Quantitative 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 |
| Alternate 1 | 1 mL (0.5) | Plasma | EDTA (Lavender Top) | Refrigerated |
| Instructions | Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration. Separate serum or plasma from cells ASAP or 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: 5 days; Refrigerated: 1 week; Frozen: 2 months. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue, Wed, Sat | | | |
| Expected TAT | 2-6 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 | | | |

Ethylene Glycol, Blood

Order Name: **ETHLN GLYC**
Test Number: **4302150**
Revision Date: **11/16/2015**
LOINC Code: **5646-5**

| TEST NAME | | METHODOLOGY. | | |
|------------------------|---|---------------|--|-----------------------|
| Ethylene Glycol, Blood | | Enzymatic | | |
| 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) | Plasma | EDTA (Lavender Top) | Refrigerated |
| Instructions | Patient Preparation: Timing of specimen collection: Dependent on time of exposure - test upon presentation to hospital. Separate serum or plasma from cells within 2 hours of collection. Transfer serum or plasma to a Standard Transport Tube. Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution). Stability: After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 month. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue, Wed, Sat | | | |
| Expected TAT | 2-5 Days | | | |
| CPT Code(s) | 82693 | | | |
| Lab Section | Reference Lab | | | |

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 plasminogen 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 | | | |

Eye Culture and Stain

Order Name: **C EYE RTS**
 Test Number: **6002006**
 Revision Date: **04/24/2015**
 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 | Copan eSwab - Green (Mini-tip) | Room Temperature |
| Alternate 2 | | 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 | | | |



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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |
| 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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4142 South Mingo Road
Tulsa, OK. 74146-3632

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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>Specimen should be collected at least 4 hours after subcutaneous injection.</p> <p>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!</p> | | | |
| 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 | | | |



Factor 10a (Xa) Inhibition, Unfractionated Heparin.

Order Name: **UNFRAC HEP**
 Test Number: **1507100**
 Revision Date: **03/14/2016**
 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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>Draw any time if the patient is on IV /Drip - Deliver to lab immediately!</p> <p>Whole blood must be transported to SJMC lab within 1 hour of collection. If testing cannot be started fresh specimen 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 within 2 hours of collection for transportation. Do not pool aliquots together!</p> | | | |
| 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 | | | |



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 (mL) | 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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |
| 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 | Prepared double spun plasma aliquots must be Frozen within 4 hours of collection! | | | |
| CPT Code(s) | 85270 | | | |



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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri (Schedule permitting) | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | This assay measures the clotting ability of Factor 12. This assay is used to aid in the diagnosis of coagulation deficiencies that are most often 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: **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>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. 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 | | | |

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 | <p>Please indicate anticoagulant therapy. Collect Two 2.7mL Sodium Citrate 3.2% (Blue Top) tubes and One 4mL EDTA (Lavender Top) tube.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> <p>Keep EDTA (Lavender Top) tube as ambient whole blood, do not centrifuge.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri (Schedule permitting) | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | This assay measures the clotting ability of 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 | | | |



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 | See Instructions | See Instructions | Sodium Citrate 3.2% (Blue Top) and EDTA (Lavender Top) | Ambient whole blood or frozen aliquots |
| Instructions | <p>Please indicate anticoagulant therapy. Collect Two 2.7mL Sodium Citrate 3.2% (Blue Top) tubes and One 4mL EDTA (Lavender Top) tube.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> <p>Keep EDTA (Lavender Top) tube as ambient whole blood, do not centrifuge.</p> | | | |
| 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 | <p>Collect Both EDTA and Sodium Citrate 3.2% blue top Specimens.</p> <p>Room temperature or Refrigerated is acceptable. Stability: Room Temp 8 Days, Frozen EDTA is Not Acceptable.</p> <p>Do Not Centrifuge EDTA Specimen. EDTA Specimen cannot be shared with other testing for risk of DNA contamination.</p> <p>(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.)</p> | | | |
| 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 | <p>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!</p> | | | |
| 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 | | | |



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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |
| 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, acquired deficiencies or factor 8, the response to factor 8 preparations, and the quality control of factor 8 preparations. | | | |
| CPT Code(s) | 85240 | | | |



Factor 8 (VIII) Inhibitor Assay

Order Name: **FAC 8 INHB**
 Test Number: **1502300**
 Revision Date: **07/11/2016**
 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 | <p>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!</p> | | | |
| 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. | | | |
| CPT Code(s) | 85335 | | | |



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 (mL) | 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 |

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 | <p>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!</p> | | | |
| 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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Fat, Fecal Quantitative 24-Hour Collection

Order Name: **FAT FEC 24**
 Test Number: **3500991**
 Revision Date: **09/20/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY | LOINC CODE |
|---------------------------------|--|----------------------------|
| Fecal Weight | | 30078-0 |
| Fat, Fecal Quantitative 24-Hour | Nuclear Magnetic Resonance (NMR) | 16142-2 |
| SPECIMEN REQUIREMENTS | | |
| Specimen | Specimen Volume (min) | Specimen Type |
| Preferred | See Instructions | Timed Stool 24hr |
| | | Timed Stool Collection Kit |
| | | Frozen |
| Instructions | <p>Fat, Fecal Quantitative 24-Hour Collection (Includes Homogenization)</p> <p>Submit entire 24-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers as needed for the full collection.</p> <p>The patient should be on a diet consisting of 50 to 150 g of fat per day for 3 days prior to the study. Non-absorbable fat substitutes, such as olestra, should be avoided prior to collection.</p> <p>Collect: 24-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192)</p> <p>Unacceptable Conditions: Random collections. Specimens containing barium or charcoal. Specimens in media or preservatives. Containers larger than 500 mL (500 g), such as paint cans, will be rejected and discarded.</p> <p>Stability: Ambient: 1 hour; Refrigerated: 4 days; Frozen: 2 weeks.</p> | |
| GENERAL INFORMATION | | |
| Testing Schedule | Sun-Sat | |
| Expected TAT | 3-4 Days | |
| CPT Code(s) | 82710 | |
| Lab Section | Reference Lab | |



Fat, Fecal Quantitative 48-Hour Collection

Order Name: **FAT FEC 48**
 Test Number: **3500992**
 Revision Date: **09/20/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---------------------------------|--|----------------------------|
| Fecal Weight | | 30078-0 |
| Fat, Fecal Quantitative 48-Hour | Nuclear Magnetic Resonance (NMR) | 16855-9 |
| SPECIMEN REQUIREMENTS | | |
| Specimen | Specimen Volume (min) | Specimen Type |
| Preferred | See Instructions | Timed Stool 48hr |
| | | Timed Stool Collection Kit |
| | | Frozen |
| Instructions | <p>Fat, Fecal Quantitative 48-Hour Collection (Includes Homogenization)</p> <p>Submit entire 48-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers as needed for the full collection.</p> <p>The patient should be on a diet consisting of 50 to 150 g of fat per day for 3 days prior to the study. Non-absorbable fat substitutes, such as olestra, should be avoided prior to collection.</p> <p>Collect: 48-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192)</p> <p>Unacceptable Conditions: Random collections. Specimens containing barium or charcoal. Specimens in media or preservatives. Containers larger than 500 mL (500 g), such as paint cans, will be rejected and discarded.</p> <p>Stability: Ambient: 1 hour; Refrigerated: 4 days; Frozen: 2 weeks.</p> | |
| GENERAL INFORMATION | | |
| Testing Schedule | Sun-Sat | |
| Expected TAT | 3-4 Days | |
| CPT Code(s) | 82710 | |
| Lab Section | Reference Lab | |



Fat, Fecal Quantitative 72-Hour Collection

Order Name: **FAT FEC 72**
 Test Number: **3500993**
 Revision Date: **09/20/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---------------------------------|----------------------------------|------------|
| Fecal Weight | | 30078-0 |
| Fat, Fecal Quantitative 72-Hour | Nuclear Magnetic Resonance (NMR) | 2271-5 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|--|------------------|--------------------------|-----------------------|
| Preferred | See instructions | Timed Stool 72hr | Stool specimen container | Frozen |
| Instructions | <p>Fat, Fecal Quantitative 72-Hour Collection (Includes Homogenization) Submit entire 72-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers as needed for the full collection.</p> <p>The patient should be on a diet consisting of 50 to 150 g of fat per day for 3 days prior to the study. Non-absorbable fat substitutes, such as olestra, should be avoided prior to collection.</p> <p>Collect: 72-hour stool. Refrigerate during collection. Provide patient a Timed Stool Collection Kit (ARUP supply #44192)</p> <p>Unacceptable Conditions: Random collections. Specimens containing barium or charcoal. Specimens in media or preservatives. Containers larger than 500 mL (500 g), such as paint cans, will be rejected and discarded.</p> <p>Stability: Ambient: 1 hour; Refrigerated: 4 days; Frozen: 2 weeks.</p> | | | |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 3-4 Days |
| CPT Code(s) | 82710 |
| Lab Section | Reference Lab |

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 |



Regional Medical Laboratory
 4142 South Mingo Road
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Fecal Fat Qualitative

Order Name: **FAT QL FEC**
 Test Number: **3501010**
 Revision Date: **07/11/2016**
 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 | 5 grams (1 gram) | Fecal/Stool | Sterile Orange Screwtop Container | Refrigerated |

Instructions
 Collect approximately 5 grams of semi-solid stool or approximately 5 mL of liquid stool and transfer to a properly labeled leak-proof container.
 (Minimum Volume 1 grams or 1 mL)
Transport specimen frozen.
 Specimen Stability: Room temperature: 1 hour, Refrigerated: 5 days, Frozen: 30 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 |

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 | | | |

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 | | | |

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 | | | |



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)

- 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.
- Carefully remove the swab from the vagina and immerse the swab tip in the tube of buffer provided with the specimen collection kit.
- 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.
- 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 |

Fetal Hemoglobin Quantitative by HPLC

Order Name: **HGB F HPLC**
Test Number: **5000855**
Revision Date: **10/16/2008**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|---------------------------------------|--|--|----------------------------|-------------------------|
| Fetal Hemoglobin Quantitative 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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |
| 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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Fibrometer (Liver Fibrosis, Chronic Viral Hepatitis)

Order Name: **FIBROMETER**
 Test Number: **9000135**
 Revision Date: **05/27/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--|----------------|------------|
| FibroMeter Patient Score | See Test Notes | |
| CirrhoMeter Patient Score | See Test Notes | |
| Fibrosis Metavir Classification | See Test Notes | |
| InflaMeter Patient Score | See Test Notes | |
| InflaMeter Metavir Classification | See Test Notes | |
| FibroMeter Interpretation | See Test Notes | |
| Alanine Aminotransferase, FibroMeter | See Test Notes | 1742-6 |
| Aspartate Aminotransferase, FibroMeter | See Test Notes | 1920-8 |
| Gamma Glutamyl Transferase, FibroMeter | See Test Notes | 2324-2 |
| Urea Nitrogen, Serum, FibroMeter | See Test Notes | 3094-0 |
| Alpha-2-Macroglobulin, FibroMeter | See Test Notes | 1835-8 |
| FibroMeter Platelet Count | See Test Notes | 777-3 |
| Fibrometer Prothrombin Index | See Test Notes | 5902-2 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|--|------------------|--------------------|-----------------------|
| Preferred | See Instructions | See Instructions | See Instructions | See Instructions |
| Instructions | <p>Collect: Lavender (EDTA) AND Serum SST Clot tube AND light blue Sodium Citrate tube.</p> <p>Specimen Preparation: Separate Serum and Citrated plasma from cells ASAP or within 2 hours of collection and Freeze.</p> <p>Transfer 3mL(1.2mL) Serum to a Standard Transport Tube and Freeze.</p> <p>Transfer 1mL(0.5mL) platelet-poor citrated Plasma to a Standard Transport Tube and Freeze - CRITICAL FROZEN.</p> <p>Send the EDTA whole blood at room temperature to Regional Medical Laboratory for Platelet count. This test requires an automated platelet count, which should be performed on the EDTA whole blood sample at the client site or at Regional Medical Laboratory.</p> <p>Unacceptable Conditions: Hemolyzed specimens. All required specimens not received. No platelet count received.</p> <p>Stability: Serum: Ambient: 8 hours; Refrigerated: Unacceptable; Frozen: 2 weeks. Plasma: Ambient: 24 hours; Refrigerated: Unacceptable; Frozen: 2 weeks.</p> | | | |

GENERAL INFORMATION

| | |
|------------------|---|
| Testing Schedule | Tue, Thu |
| Expected TAT | 2-6 Days |
| Notes | Methodology: Quantitative Nephelometry/Quantitative Enzymatic/Quantitative Spectrophotometry/Automated Cell Count/ Electromagnetic Mechanical Clot Detection. |
| CPT Code(s) | 81599 |
| Lab Section | Reference Lab |

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 | | | |

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 | | | |

Flow Cytometry on Body Fluid

Order Name: **FLOW FLUID**
 Test Number: **8090085**
 Revision Date: **03/27/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|------------------------------|--|-------------------|-----------------------------------|-----------------------|
| Flow Cytometry on Body Fluid | | Flow cytometry | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (3 mL) | Body Fluid | Sterile Screwtop Container | Refrigerated |
| Instructions | Aliquot CSF, Thoracentesis/Pleural fluid or Paracentesis/Ascites fluid in a sterile screwtop container. Keep Specimen Refrigerated. Indicate type of fluid on specimen tube and requisition. Please deliver to performing laboratory department (flow cytometry) ASAP. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon - Fri | | | |
| Expected TAT | 2 Days | | | |
| CPT Code(s) | test dependant | | | |

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 |
| Instructions | Please deliver to performing laboratory (flow cytometry) ASAP. | | | |
| 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: **10/14/2016**
 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 |
| Alternate 1 | 5mL (3mL) | Whole Blood | Lithium Heparin (Dark Green Top / No-Gel) | Room Temperature |
| Instructions | <p>Deliver to laboratory (flow cytometry) ASAP. DO NOT Centrifuge or Refrigerate. Collect Monday through Friday only! Specimen must be received in the lab section by Friday afternoon or collect sample on Monday. Specimen stability: 48hrs Room Temperature.</p> | | | |
| 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 Tissue Biopsy

Order Name: **FLOW TISS**
 Test Number: **8090065**
 Revision Date: **03/27/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|---------------------------------|--|----------------|--------------------------------------|-----------------------|
| Flow Cytometry on Tissue Biopsy | | Flow cytometry | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5x5mm | Tissue | Sterile Container with RPMI Solution | Refrigerated |
| Instructions | Place a minimum of a 5x5mm tissue sample in a sterile screwtop container with RPMI. Keep specimen Refrigerated. Indicate type of tissue on specimen and requisition. Please deliver to performing laboratory department (flow cytometry) ASAP. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon - Fri | | | |
| Expected TAT | 2 Days | | | |
| CPT Code(s) | Test Dependant | | | |

FLT3 Mutation by PCR

Order Name: **FLT3 MUTAT**
 Test Number: **9607835**
 Revision Date: **06/05/2015**
 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) | 81246 | | | |
| Lab Section | Reference Lab | | | |



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Fluorescent Treponemal Antibody-Absorption (FTA - ABS)

Order Name: **FTA**
 Test Number: **5500700**
 Revision Date: **06/15/2015**
 LOINC Code: **17726-1**

| TEST NAME | | METHODOLOGY. | | |
|--|--|---|--|-----------------------|
| Fluorescent Treponemal Antibody-Absorption (FTA - ABS) | | Semi-Quantitative Indirect Fluorescent Antibody | | |
| 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 | Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: CSF, plasma, or other body fluids. Contaminated, hemolyzed, or severely lipemic 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 | 2-3 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 syphilis and other treponematoses such as yaws, pinta and bejil. | | | |
| CPT Code(s) | 86780 | | | |
| Lab Section | Reference Lab | | | |



Fluoride Random Urine

Order Name: **FLUOR U**
 Test Number: **2928825**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|--------------------------|--|-------------------------|--------------------------------|-----------------------|
| Fluoride, Urine | | Ion-Selective Electrode | | 5650-7 |
| Creatinine, Random Urine | | Colorimetric | | 2161-8 |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 20.0mL (5.0mL) | Urine, Random | Sterile Urine container | Frozen |
| Instructions | Submit urine in a sealed container. frozen specimens are preferred. Specimen Stability: room temperature 72 hours, refrigerated 72 hours, frozen not established. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Testing Performed Once per Week | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Quest Quest Test Code: 37402X Click Here to view information on Quest website. | | | |
| CPT Code(s) | 82735 | | | |
| 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 | 1-2 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 are 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 hypothalamic disease. |
| CPT Code(s) | 83001 |
| Lab Section | Reference Lab |



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Follicular Lymphoma, IGH/BCL2, t(14;18) by FISH

Order Name: **FOLLIC FSH**
 Test Number: **9116975**
 Revision Date: **07/22/2016**
 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, 88369 |
| Lab Section | Reference Lab |



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Food Basic Panel

Order Name: **A FOOD B P**
 Test Number: **5606600**
 Revision Date: **04/09/2016**
 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 |

| 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 |
| Notes | 5583780 - Scallop IgE 5556450 - Sesame Seed IgE Were temporarily removed from this Group order 4/8/2016 to resolve and issue with performing location. If needed these will need to be ordered separately. |
| CPT Code(s) | 86003x10 |



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 myophosphorylase 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 (FMR1) with Reflex to Methylation Analysis

Order Name: **FRAGILE X**
 Test Number: **0117075**
 Revision Date: **08/30/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-------------------------------|-------------------------------|------------|
| Fragile X Allele 1 | PCR/Capillary Electrophoresis | 45321-7 |
| Fragile X Allele 2 | PCR/Capillary Electrophoresis | 45322-5 |
| Fragile X Interpretation | | 66746-9 |
| Fragile X Methylation Pattern | PCR/Capillary Electrophoresis | 41107-4 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|---|--------------------|----------------------------|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (1.5 mL) | Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Instructions | Storage/Transport Temperature: If transport time will exceed 48 hours send Refrigerated. Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable | | | |

| GENERAL INFORMATION | |
|---------------------|--|
| Testing Schedule | Sun-Sat |
| Expected TAT | 5-15 Days |
| Notes | If a CGG repeat of 55 or greater is detected by PCR and Capillary Electrophoresis; methylation analysis will be added. Additional charges apply. |
| CPT Code(s) | 81243; if reflexed add 81244 |
| Lab Section | Reference Lab |



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Fructosamine

Order Name: **FRUCTOSAME**
Test Number: **3610025**
Revision Date: **07/22/2016**
LOINC Code: **15069-8**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|--------------------------------|--|-----------------------|
| Fructosamine | | Quantitative Spectrophotometry | | |
| 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 |
| Alternate 1 | 0.5 mL (0.3) | Plasma | Lithium Heparin PST (Green/Gray Top) | Refrigerated |
| Alternate 2 | 0.5 mL (0.3) | Plasma | EDTA (Lavender Top) | Refrigerated |
| Instructions | Allow specimen to clot completely at room temperature before centrifuging. Transfer 0.5mL(0.3mL) serum or plasma to a Standard Transport Tube. Unacceptable Conditions: Hemolyzed specimens (may cause falsely elevated results). 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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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 |



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 |

Fungus Culture

Order Name: **C FUNGUS**
 Test Number: **6000300**
 Revision Date: **10/10/2015**
 LOINC Code: **580-1**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|--------------------------------|-----------------------------------|-------------------------|
| Fungus Culture | | Culture | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2mL (1) | Sputum, Tissue or Fluid | Sterile Screwtop Container | Room Temperature |
| Instructions | Collect sputum, tissues, or fluids in sterile container; lesions in culturette. Copan eSwab is as an "acceptable specimen" (Not preferred) for Fungus Culture. | | | |
| 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 | | | |

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 | | | |

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 | | | |

Galactokinase, Blood

Order Name: **GALACTOKI**
Test Number: **2009350**
Revision Date: **09/16/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|--|----------------------------|-----------------------|
| Galactokinase, Blood | | Liquid Chromatography/Tandem Mass Spectrometry | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 4.0mL (2.0mL) | EDTA Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Instructions | Alternate Specimen Collection: Green top sodium heparin or lithium heparin, yellow top ACD. Specimen Stability: Refrigerated 10 days, room temperature 72 hours. Rejection Criteria: Gross hemolysis | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday | | | |
| Expected TAT | 15 Days | | | |
| Clinical Use | Diagnosis of galactokinase deficiency, the second most common cause of galactosemia | | | |
| Notes | Reference Lab: Mayo Mayo Test Code: GALK Click Here to view information on the Mayo website. | | | |
| Lab Section | Reference Lab | | | |



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Galactose 1 Phosphate

Order Name: **GAL1PHOS**
Test Number: **3703875**
Revision Date: **10/09/2015**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|--|-------------------------------------|-----------------------|
| Galactose 1 Phosphate | | Gas Chromatography/Mass Spectrometry (GC/MS) | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (2) | Whole Blood | Sodium Heparin (Green Top / No-Gel) | Refrigerated |
| Alternate 1 | 5 mL (2) | Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Instructions | Storage/Transport Temperature: Refrigerated. DO NOT FREEZE. Place tube on wet ice immediately after collection. Transport 5 mL whole blood. Unacceptable Conditions: Frozen or room temperature specimens. Stability: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: Unacceptable | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue | | | |
| Expected TAT | 3-10 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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Galectin-3

Order Name: **GALECTIN 3**
Test Number: **2015057**
Revision Date: **09/19/2016**
LOINC Code: **62419-7**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------------------------|--|-----------------------|
| Galectin-3 | | Quantitative Enzyme Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1.0mL (0.2mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Frozen |
| Instructions | Allow specimen to clot completely, separate from cells within 2 hours. Transfer 1.0mL of serum into an aliquot tube and freeze. Specimen Stability: frozen 4 months, refrigerated 2 weeks, room temperature 48 hours. Rejection criteria: gross hemolysis, plasma. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Wednesday | | | |
| Expected TAT | 1-8 Days | | | |
| Notes | Reference Lab: ARUP ARUP Test Code: 2007138 Click Here to view information on ARUP website. | | | |
| CPT Code(s) | 82777 | | | |
| 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 (Asialo-GM1, GM1, GM2, GD1a, GD1b, and GQ1b) Antibodies

Order Name: **GANLGI PN2**
Test Number: **5565951**
Revision Date: **09/20/2015**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--------------------------------|---|------------|
| Asialo-GM1 Antibodies, IgG/IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 44737-5 |
| GM1 Antibodies, IgG/IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 63244-8 |
| GM2 Antibodies, IgG/IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 63249-7 |
| GD1a Antibodies, IgG/IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 48656-3 |
| GD1b Antibodies, IgG/IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 26870-6 |
| GQ1b Antibodies, IgG/IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 31674-5 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|---------------|--|-----------------------|
| Preferred | 0.3 mL (0.1 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | <p>Separate serum from cells ASAP.</p> <p>Unacceptable Conditions: Room temperature specimens. Plasma, CSF, or other body fluids. Contaminated, heat-inactivated, hemolyzed, severely icteric, or lipemic specimens.</p> <p>Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 year</p> | | | |

GENERAL INFORMATION

| | |
|------------------|---|
| Testing Schedule | Mon, Wed, Fri |
| Expected TAT | 2-5 Days |
| Clinical Use | <p>Ganglioside antibodies are associated with diverse peripheral neuropathies. Elevated antibody levels to ganglioside-monosialic acid (GM1) and the neutral glycolipid, asialo-GM1 are associated with motor or sensorimotor neuropathies, particularly multifocal motor neuropathy. Anti-GM1 may occur as IgM (polyclonal or monoclonal) or IgG antibodies. These antibodies may also be found in patients with diverse connective tissue diseases as well as normal individuals. GD1a antibodies are associated with different variants of Guillain-Barre syndrome (GBS) particularly acute motor axonal neuropathy while GD1b antibodies are predominantly found in sensory ataxic neuropathy syndrome. Anti-GQ1b antibodies are seen in more than 80% of patients with Miller-Fisher syndrome and may be elevated in GBS patients with ophthalmoplegia. The role of isolated anti-GM2 antibodies is unknown. These tests by themselves are not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.</p> |
| CPT Code(s) | 83516x6 |
| Lab Section | Reference Lab |



Ganglioside (GM1) Antibodies, IgG and IgM

Order Name: **GM1 GANGLI**
 Test Number: **5565950**
 Revision Date: **09/20/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-------------------|---|------------|
| GM1 Antibody, IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 51703-7 |
| GM1 Antibody, IgG | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 51729-2 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|---|---------------|--|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 0.3 mL (0.1 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Room temperature specimens. Plasma, CSF, or other body fluids. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic specimens. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 year | | | |

| GENERAL INFORMATION | |
|---------------------|--|
| Testing Schedule | Mon, Wed, Fri |
| Expected TAT | 2-5 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) | 83516x2 |
| Lab Section | Reference Lab |



Ganglioside (GM1, GD1b, and GQ1b) Antibodies, IgG and IgM

Order Name: **GANLGI PN1**
 Test Number: **5565953**
 Revision Date: **09/20/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--------------------|---|------------|
| GM1 Antibody, IgG | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 51729-2 |
| GM1 Antibody, IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 51703-7 |
| GD1b Antibody, IgG | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 56541-6 |
| GD1b Antibody, IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 58977-0 |
| GQ1b Antibody, IgG | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 57660-3 |
| GQ1b Antibody, IgM | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | 56545-7 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|---|---------------|--|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 0.3 mL (0.1 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | <p>Separate serum from cells ASAP.</p> <p>Unacceptable Conditions: CSF, plasma, or other body fluids. Room temperature specimens. Contaminated, heat-inactivated, hemolyzed, severely icteric, or lipemic specimens.</p> <p>Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 year</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Fri |
| Expected TAT | 2-9 Days |
| CPT Code(s) | 83516x6 |
| Lab Section | Reference Lab |

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 | | | |



GC/Chlamydia Probe

Order Name: **GC/CHL PRB**
 Test Number: **5560330**
 Revision Date: **04/29/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|----------------------------|---|------------------------|--|-----------------------|
| Chlamydia Probe | | BD ProbeTec | | 35729-3 |
| Neisseria Gonorrhoea Probe | | BD ProbeTec | | 24111-7 |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | SWAB | Urogenital Swab | BD ProbeTec Qx Pink(F) or Blue(M) | Refrigerated |
| Alternate 1 | 8mL (4mL) | Urine, Random | Sterile Urine container | Refrigerated |
| Instructions | BD ProbeTec Qx Collection Kit - Female (Pink-colored swab)/Male (Blue-colored swab). Insert swab into Qx Swab Diluent tube, break swab shaft at score mark, tightly recap tube. Keep Refrigerated. If urine is used, collect 8mL(4mL) fresh urine specimen in a Sterile Urine Container and refrigerate within 30 minutes. Keep Refrigerated. Moderately bloody or grossly mucoid specimens may cause inhibition in this assay that may necessitate recollection. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon - Fri | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Amplified Probe technique helps diagnose Neisseria gonorrhoea and Chlamydia trachomatis infections. | | | |
| 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 | | | |



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 | <p>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.</p> <p>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.</p> <p>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.</p> | | | |
| 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 | | | |

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 | | | |

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 | | | |

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 | | | |

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: **07/27/2015**
 LOINC Code: **2338-2**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|-------------------------------|--|-----------------------|
| Glucagon | | Quantitative Radioimmunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1mL (0.5) | Plasma | Protease Inhibitor tube (PPACK) | Frozen |
| Instructions | <p>Collect in: Protease Inhibitor tube (PPACK) with a winged collection set must be used.</p> <p>NOT RECOMMENDED: Filling collection tubes directly through a needle/tube-holder assembly increases the risk of chemical reflux back into the vein of the patient.</p> <p>Mix Collection tube thoroughly - Spin, separate plasma into a plastic pour off tube & freeze within 1 hour of collection.</p> <p>Separate specimens must be submitted when multiple tests are ordered.</p> <p>Unacceptable: Specimens from other collection tubes or gross hemolysis Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 3 months.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tues | | | |
| Expected TAT | 4-12 Days | | | |
| Notes | To request tubes, you will need to enter "SCAT-875B-3/5-ARUP" or "ARUP PPACK" under the miscellaneous section of the online ordering tool or write on the fax supply request form and fax the supply order form to Materials Management at 918-744-3006 or 888-833-0528. | | | |
| CPT Code(s) | 82943 | | | |
| Lab Section | Reference Lab | | | |



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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 |

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 | | | |

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 be 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 | | | |

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 | | | |



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 | <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon - Fri | | | |
| Expected TAT | 1-2 days | | | |
| Clinical Use | <p>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.</p> | | | |
| Notes | <p>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.</p> | | | |
| 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 | | | |



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 |



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 intervals 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 |



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 |



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 gluco. Children: Adjusted amount of gluco 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 |



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 |



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 | | | |

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 | | | |



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 | | | |



Gonococcus Screen

Order Name: **C GC**
 Test Number: **6000350**
 Revision Date: **04/24/2015**
 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 | Copan eSwab - Green (Mini-tip) | 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 | | | |



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 | | | |



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 Allergy Panel

Order Name: **AO GRASS P**
 Test Number: **2929645**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|-----------------------|---------------|--|-----------------------|
| Bermuda Grass IgE | | ImmunoCAP | | |
| Meadow Fescue IgE | | ImmunoCAP | | |
| Smooth Brome IgE | | ImmunoCAP | | |
| Johnson Grass IgE | | ImmunoCAP | | |
| Bahia Grass IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 2-4 Days | | | |
| CPT Code(s) | 86003 | | | |

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 | | | |

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 | | | |

Green Pea IgG

Order Name: **PEA GRN G**
 Test Number: **5500747**
 Revision Date: **09/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Green Pea IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 54620 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

Group A Streptococcus Culture

Order Name: **C STREP A**
Test Number: **6000250**
Revision Date: **04/24/2015**
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 | Copan eSwab - Green (Mini-tip) | Room Temperature |
| Alternate 2 | | Swab | Double Tipped Aerobic Swab (Red) | |
| 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: **04/24/2015**
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 | Copan eSwab - Green (Mini-tip) | 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 | | | |

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 | | | |

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 | | | |

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 | | | |

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 | | | |

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 | | | |



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: **07/12/2016**
 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 are acceptable for this hCG Qualitative Pregnancy test. 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 | | | |

hCG Quantitative: Beta-subunit Human Chorionic Gonadotropin

Order Name: **HCG QUANT**
Test Number: **3601425**
Revision Date: **07/12/2016**
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 are acceptable for the hCG Quantitative Pregnancy test. 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: **07/12/2016**
LOINC Code: **53959-3**

| 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 | Original tube is preferred for specimen, however pour-off tubes are acceptable only for the hCG Tumor Marker test. 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 | | | |



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 | | | |



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

HE4, Ovarian Cancer Monitoring

Order Name: **HE4**
 Test Number: **2024067**
 Revision Date: **04/20/2015**
 LOINC Code: **55180-4**

| TEST NAME | METHODOLOGY. |
|--------------------------------|---------------------------------|
| HE4, Ovarian Cancer Monitoring | Quantitative Enzyme 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 specimen to clot completely at room temperature. Unacceptable Conditions: Hemolyzed or lipemic specimens. Stability: Ambient: 4 hours; Refrigerated: 72 hours; Frozen: 60 days | | | |

GENERAL INFORMATION

| | |
|------------------|--|
| Testing Schedule | Thr, Sun |
| Expected TAT | 2-9 Days |
| Clinical Use | HE4 is a biomarker for ovarian cancer. |
| CPT Code(s) | 86305 |
| Lab Section | Reference Lab |

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 Dependant | | | |
| 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 | | | |



Heavy Metals Panel, Urine (24hr or Random) with Reflex to Arsenic Fractions

Order Name: **METAL S U**
 Test Number: **3810575**
 Revision Date: **07/13/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--------------------------------------|---|------------|
| Lead, Urine - per volume | Quantitative Inductively Coupled Plasma-Mass Spectrometry | 20625-0 |
| Lead, Urine - per 24hr | Calculation | 5677-0 |
| Mercury, Urine - per volume | Quantitative Inductively Coupled Plasma-Mass Spectrometry | 21383-5 |
| Mercury, Urine - per 24hr | Calculation | 6693-6 |
| Arsenic Urine - per volume | Quantitative Inductively Coupled Plasma-Mass Spectrometry | 21074-0 |
| Arsenic Urine - per 24hr | Calculation | 5587-1 |
| Creatinine, Urine - per volume | Quantitative Spectrophotometry | 20624-3 |
| Creatinine, Urine - per 24hr | Calculation | 2162-6 |
| Lead, Urine - Ratio to Creatinine | Calculation | 29943-8 |
| Mercury, Urine - ratio to Creatinine | Calculation | 26688-2 |
| Arsenic, Urine - ratio to Creatinine | Calculation | 13824-8 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|-------------|-----------------------|----------------|---|-----------------------|
| Preferred | 8 mL (2 mL) | Urine, 24-hour | 24 Hour Urine Acid Washed Container | Refrigerated |
| Alternate 1 | 8 mL (2 mL) | Urine, Random | Acid Washed, Trace Element Free Container | Refrigerated |

Instructions

Patient Preparation: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician), and avoid shellfish and seafood for 48 to 72 hours. High concentrations of iodine may interfere with elemental testing. Abstinence from iodine-containing medications or contrast agents for at least 1 month prior to collecting specimens for elemental testing is recommended.

Collect: 24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. Studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.

Transfer an 8mL(2mL) aliquot of urine from a well-mixed collection to Trace Element-Free Transport Tubes.

Unacceptable Conditions: Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies). Acid preserved urine.

Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year.

GENERAL INFORMATION

| | |
|------------------|--|
| Testing Schedule | Mon-Sat |
| Expected TAT | 2-5 Days |
| Notes | If total arsenic concentration is between 35-2000 ug/L, then Arsenic, Fractionated [ARSENIC UR (3709000)], will be added to determine the proportion of organic, inorganic, and methylated forms. Additional charges apply. |
| CPT Code(s) | 82175; 83655; 83825; 82570 if reflexed, add 82175 |
| Lab Section | Reference Lab |

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 Antibody, IgG

Order Name: **H PYLORI G**
 Test Number: **5577750**
 Revision Date: **06/21/2016**
 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 | | | |

Helicobacter pylori Antigen Detection Stool

Order Name: **HPYLORI AG**
 Test Number: **3502325**
 Revision Date: **06/01/2015**
 LOINC Code: **17780-8**

| TEST NAME | | METHODOLOGY. | | |
|---|--|--------------------------------|--------------------------|-----------------------|
| Helicobacter pylori Antigen Detection Stool | | Qualitative Enzyme Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5g (1) | Stool, Random | Stool specimen container | Frozen |
| Instructions | <p>Patient Preparation: To avoid false negative results, no antibiotics, proton pump inhibitors, or a bismuth preparation should be administered to patient for 14 days prior to specimen collection.</p> <p>Transfer 5g(1g) stool to an unpreserved stool transport vial and freeze.</p> <p>Unacceptable Conditions: Gastric specimens, swabs or tissue. Specimens in media or preservatives.</p> <p>Stability: Ambient: 2 hours; Refrigerated: 72 hours; Frozen: 1 month.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2 Days | | | |
| 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 | | | |

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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HemePath Consult

Order Name: **PBS RML**
 Test Number: **2904600**
 Revision Date: **05/31/2016**
 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 |
| Peripheral 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 algorithmic reflex ordering of the appropriate chemistry tests. |
| CPT Code(s) | 85027, 85045, 85007, 80502, 85055 |



HemePath Consult Analyzer

Order Name: **ANEMIA AN**
 Test Number: **0110800**
 Revision Date: **05/31/2016**
 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. |

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 reconstitution, edematous states, and pregnancy. | | | |
| CPT Code(s) | 85018 | | | |

Hemoglobin A1C (Glycosylated) with Mean Glucose

Order Name: **A1c w Mn Gluc**
Test Number: **5002403**
Revision Date: **04/08/2016**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-------------------------------|--|---------------------|
| Hemoglobin A1C (Glycosylated) | High Performance Liquid Chromatography | 4548-4 |
| Mean Blood Glucose | Calculation | 27353-2 |
| SPECIMEN REQUIREMENTS | | |
| Specimen | Specimen Volume (min) | Specimen Type |
| Preferred | 1 mL (0.5 mL) | Whole Blood |
| Alternate 1 | | EDTA (Lavender Top) |
| 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: **5000750**
 Revision Date: **04/20/2016**
 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 | <p>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.</p> | | | |

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 (mL) | 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 reconstitution, 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 (mL) | 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 |



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 |

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 | | | |

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 | Absolute 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: **04/14/2015**
 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 | Wed |
| Expected TAT | 7-10 Days (depending upon time of receipt of specimen) |
| 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: **09/26/2016**
 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 | <p>Separate serum or plasma from cells ASAP or within 2 hours of collection.</p> <p>Unacceptable Conditions: Specimens containing particulate material or collected in citrate-based anticoagulant. Heat-inactivated, grossly hemolyzed or lipemic specimens.</p> <p>Stability After separation from cells: Ambient: Unacceptable; Refrigerated: 6 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles).</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Sun - Sat |
| Expected TAT | 2-3 Days |
| CPT Code(s) | 86707 |
| Lab Section | Reference Lab |



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Hepatitis Be Antigen

Order Name: **HEP BE AG**
 Test Number: **3602923**
 Revision Date: **09/26/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-------------------------------------|--------------------------------|------------|
| Hepatitis Be Antigen Interpretation | Qualitative Enzyme Immunoassay | 13954-3 |

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 | EDTA (Lavender Top) | Refrigerated |
| Instructions | <p>Separate serum or plasma from cells ASAP or within 2 hours of collection.</p> <p>Unacceptable Conditions: Heat-inactivated, grossly hemolyzed, or lipemic specimens. Specimens containing particulate material, or collected in citrate-based anticoagulant.</p> <p>Stability After separation from cells: Ambient: Unacceptable; Refrigerated: 6 days; Frozen: Indefinitely (avoid repeated freeze/thaw cycles).</p> | | | |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 2-3 Days |
| CPT Code(s) | 87350 |
| Lab Section | Reference Lab |

Hepatitis C Analyzer

Order Name: **HEP C AN**
 Test Number: **5590855**
 Revision Date: **09/26/2016**
 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 | <p>Two Specimens are Required for this Analyzer.</p> <p>Specimen 1 - for the Hepatitis C Antibody 4mL(2mL) Serum from Clot Activator SST (Red/Gray or Tiger Top) Keep Refrigerated.</p> <p>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!</p> | | | |
| 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 | | | |
| Notes | Assay Schedule: HCV Quantitative: Dayshift- Set up on Monday, Wednesday and Friday reported same day. | | | |
| CPT Code(s) | 86803 (possible 87522 for HCV Quatitative Viral Load by PCR) | | | |

Hepatitis C Analyzer plus Genotype

Order Name: **HEP C AN+G**
 Test Number: **5590857**
 Revision Date: **09/26/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|------------------------------------|---|--------------------------|----------------------------------|----------------------------------|
| Hepatitis C Analyzer plus Genotype | | 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 | <p>Two Specimens are Required for this Analyzer.</p> <p>Specimen 1 - for the Hepatitis C Antibody 4mL(2mL) Serum from Clot Activator SST (Red/Gray or Tiger Top) Keep Refrigerated.</p> <p>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!</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Fri | | | |
| Expected TAT | 1-2 Days (Assay Dependant) | | | |
| Clinical Use | Positive Hepatitis C Antibody will order the following test for viral load and genotype determination. Hepatitis C RNA Quantitative PCR with reflex to Genotyping [5594677] HCV Q+GENO | | | |
| Notes | Assay Schedule: HCV Quantitative: Dayshift- Set up on Monday, Wednesday and Friday reported same day. HCV Genotype: Dayshift- Set up on Thursday and reported on Friday. | | | |
| CPT Code(s) | 86803 (possible 87522 for HCV Quatitative Viral Load by PCR) (possible 87902 for HCV Genotyping) | | | |



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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 | | | |



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Hepatitis C Genotype

Order Name: **HCV GENO**
 Test Number: **5594650**
 Revision Date: **07/06/2015**
 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 | 5 mL (2.5 mL) | Plasma | EDTA (Lavender Top) | Frozen |
| Alternate 1 | 5 mL (2.5 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Frozen |
| Instructions | <p>Centrifuge specimen and separate plasma or serum from cells within 2 hours of collection. Then transfer 2.5mL plasma/serum into two sterile, plastic, aliquot tubes. Aliquots may be stored at Refrigerated (2-8°C) up to 72 hours or stored frozen up to 60 days.</p> <p>If shipping, specimens MUST BE FROZEN and shipped on dry ice.</p> <p>Stability: Room Temperature N/A, Refrigerated 72hrs, Frozen 60 Days.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Set up Fridays | | | |
| Expected TAT | 7-9 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: **07/06/2015**
 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 | 5 mL (2.5 mL) | Plasma | EDTA (Lavender Top) | Frozen |
| Alternate 1 | 5 mL (2.5 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Frozen |

Instructions
 Centrifuge specimen and separate plasma or serum from cells within 2 hours of collection. Then transfer 2.5mL plasma/serum into two sterile, plastic, aliquot tubes. Aliquots may be stored at Refrigerated (2-8°C) up to 72 hours or stored frozen up to 60 days.
 If shipping, specimens MUST BE FROZEN and shipped on dry ice.
 Stability: Room Temperature N/A, Refrigerated 72hrs, Frozen 60 Days.

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 |



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Hepatitis C Quantitative Viral Load, PCR

Order Name: **HCV QT PCR**
 Test Number: **5593950**
 Revision Date: **05/25/2016**
 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 (mL) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (2.5 mL) | Plasma | EDTA (Lavender Top) | Frozen |
| Alternate 1 | 5 mL (2.5 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Frozen |
| Instructions | <p>Centrifuge specimen and separate plasma or serum from cells within 2 hours of collection. Then transfer 2.5mL plasma/serum into two sterile, plastic, aliquot tubes. Aliquots may be stored at Refrigerated (2-8°C) up to 72 hours or stored frozen up to 60 days.</p> <p>If shipping, specimens MUST BE FROZEN and shipped on dry ice.</p> <p>Stability: Room Temperature N/A, Refrigerated 72hrs, Frozen 60 Days.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Wed, Fri | | | |
| Expected TAT | 5-7 Days | | | |
| Clinical Use | <p>To determine the viral load of HCV.</p> <p>The PCR linear range is 12 to 100,000,000 IU/mL (1.08 to 8.00 Log IU/mL).</p> | | | |
| 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: **09/26/2016**
 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 |
| Preferred | 5 mL (2.5 mL) | Plasma |
| Alternate 1 | 5 mL (2.5 mL) | Serum |
| | | Specimen Container |
| | | EDTA (Lavender Top) |
| | | Clot Activator SST (Red/Gray or Tiger Top) |
| | | Transport Environment |
| | | Frozen |
| | | Frozen |
| Instructions | <p>Centrifuge specimen and separate plasma or serum from cells within 2 hours of collection. Then transfer 2.5mL plasma/serum into two sterile, plastic, aliquot tubes. Aliquots may be stored at Refrigerated (2-8°C) up to 72 hours or stored frozen up to 60 days.</p> <p>If shipping, specimens MUST BE FROZEN and shipped on dry ice.</p> <p>Stability: Room Temperature N/A, Refrigerated 72hrs, Frozen 60 Days.</p> | |
| GENERAL INFORMATION | | |
| Testing Schedule | 1-2 Days (Assay Dependant) | |
| Expected TAT | 5-7 Days | |
| Clinical Use | <p>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.</p> <p>The linear range is 12 to 100,000,000 IU/mL (1.08 to 8.00 Log IU/mL).</p> | |
| Notes | <p>Assay Schedule: HCV Quantitative: Dayshift- Set up on Monday, Wednesday and Friday reported same day. HCV Genotype: Dayshift- Set up on Thursday and reported on Friday.</p> | |
| CPT Code(s) | 87522 (w/ possible 87902 for genotype) | |

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 | | | |

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 | | | |

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: **HEMOCHROMA**
Test Number: **5000010**
Revision Date: **06/29/2015**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--------------------------------------|---------------------------|------------|
| H63D Mutation | Polymerase Chain Reaction | 21696-0 |
| C282Y Mutation | Polymerase Chain Reaction | 21695-2 |
| S65C Mutation | Polymerase Chain Reaction | 38380-2 |
| Hemochromatosis (HFE) Interpretation | | 34519-9 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|--------------------|----------------------------|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 3 mL (1 mL) | Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Instructions | Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 3-8 Days |
| CPT Code(s) | 81256 |
| Lab Section | Reference Lab |



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Herpes Select 1 and 2 Antibody IgG

Order Name: **HERPESELEC**
 Test Number: **3630375**
 Revision Date: **03/24/2015**
 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 |
| Preferred | 2 mL (1) | Serum |
| | | Specimen Container |
| | | Clot Activator SST (Red/Gray or Tiger Top) |
| | | Transport Environment |
| | | Refrigerated |
| Instructions | Specimen stability: Ambient 8 hours, Refrigerated 7days. | |
| 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 | |



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 | | | |



Herpes Simplex Virus 1 and 2 (HSV), DNA, PCR

Order Name: **HSV PCR QL**
 Test Number: **5586635**
 Revision Date: **06/29/2016**
 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 |
| Alternate 3 | See Instructions | Swab | Viral Transport Media (VTM) | Refrigerated |

Instructions

Indicate Specimen Source on the Specimen Container.

Separate Serum/Plasma from Cells w/in 2hrs of Draw into plastic aliquot container, 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 | Mon-Fri |
| Expected TAT | 2-3 Days |
| CPT Code(s) | 87529X2 |



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 | <p>EDTA Whole Blood or Bone 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.</p> <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Sun | | | |
| Expected TAT | 2-4 Days | | | |
| CPT Code(s) | 87533 | | | |
| Lab Section | Reference Lab | | | |



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 | | | |

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: **05/18/2015**
LOINC Code: **34316-0**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|--|----------------------------|-----------------------|
| Histamine, Plasma | | Quantitative Enzyme-Linked Immunosorbent Assay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.5) | Plasma | EDTA (Lavender Top) | Frozen |
| Instructions | Collect in a pre-chilled tube and on ice. Centrifuge refrigerated and separate upper two-thirds of plasma within 20 minutes, Transfer 1mL(0.5mL) plasma to a Standard Transport Tube and freeze immediately. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Stability: After separation from cells: Ambient: 1 hour; Refrigerated: 6 hours; Frozen: 6 months. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue, Sat | | | |
| Expected TAT | 2-7 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 | | | |

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 | | | |



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 | | | |

HIV-1 Genotype by Sequencing

Order Name: **HIV GENOTY**
Test Number: **9102585**
Revision Date: **06/01/2015**
LOINC Code: **53798-5**

| TEST NAME | | METHODOLOGY. | | |
|------------------------------|---|---------------------------|----------------------------|-----------------------|
| HIV-1 Genotype by Sequencing | | Reverse Transcriptase PCR | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 4 mL (1.5) | Plasma | EDTA (Lavender Top) | Frozen |
| Instructions | Preferred specimen to be plasma from cells within 2 hours of collection (maximum 6 hours) and frozen. Unacceptable Conditions: Serum. Heparinized specimens. Stability: On Cells: Ambient: 6 hours; After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 4 months. Please submit most recent viral load and test date, if available. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 4-8 Days | | | |
| 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 | | | |

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 | | | |

HLA A Typing

Order Name: **HLA A**
Test Number: **9108065**
Revision Date: **08/30/2015**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|---------------------------------|---|---|----------------------------|-----------------------|
| HLA Class I, Locus A*, Allele 1 | | PCR/Sequence Specific Oligonucleotide Probe Hybridization | | |
| HLA Class I, Locus A*, Allele 2 | | PCR/Sequence Specific Oligonucleotide Probe Hybridization | | |
| HLA-A Genotype Interpretation | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (3 mL) | Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Instructions | Collect: Lavender (EDTA), pink (K2EDTA), or yellow (ACD Solution A or B). Unacceptable Conditions: Specimens collected in green (sodium or lithium heparin). Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 4-8 Days | | | |
| Clinical Use | For immunization/vaccination trials or to aid the clinical diagnosis of diseases strongly associated with the HLA-A loci. | | | |
| CPT Code(s) | 81380 | | | |
| Lab Section | Reference Lab | | | |



HLA A,B,C Typing

Order Name: **HLA ABC**
 Test Number: **9709202**
 Revision Date: **08/31/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. |
|------------------------------------|-----------------------------------|
| HLA Class I - Locus A*, Allele 1 | PCR/Massively Parallel Sequencing |
| HLA Class I - Locus A*, Allele 2 | PCR/Massively Parallel Sequencing |
| HLA Class I - Locus B*, Allele 1 | PCR/Massively Parallel Sequencing |
| HLA Class I - Locus B*, Allele 2 | PCR/Massively Parallel Sequencing |
| HLA Class I - Locus C*, Allele 1 | PCR/Massively Parallel Sequencing |
| HLA Class I - Locus C*, Allele 2 | PCR/Massively Parallel Sequencing |
| HLA-ABC Sequencing, Interpretation | |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|--------------------|----------------------------|-------------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 4 mL (1 mL) | Whole Blood | EDTA (Lavender Top) | Room Temperature |
| Instructions | Collect: Lavender (EDTA). Also acceptable: Yellow (ACD Solution A). Unacceptable Conditions: Yellow (ACD Solution B) specimens. Clotted, grossly hemolyzed, or heparinized specimens. Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable | | | |

| GENERAL INFORMATION | |
|-------------------------|------------------------|
| Testing Schedule | Varies |
| Expected TAT | 9-16 Days after set up |
| CPT Code(s) | 81379 |
| Lab Section | Reference Lab |



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HLA B27 Antigen

Order Name: **HLA B27**
 Test Number: **5580000**
 Revision Date: **10/14/2016**
 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 | <p>Deliver to laboratory (flow cytometry) ASAP. DO NOT Centrifuge or Refrigerate. Collect Monday through Friday only! Specimen must be received in the lab section by Friday afternoon or collect sample on Monday. Specimen stability: 48hrs Room Temperature.</p> | | | |
| 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 DR/DQ Typing

Order Name: **HLA DR/DQ**
 Test Number: **9709206**
 Revision Date: **08/31/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|---|---|-----------------------------------|---------------------|-----------------------|
| HLA Class II - Locus DQB1*, Allele 1 | | PCR/Massively Parallel Sequencing | | |
| HLA Class II - Locus DQB1*, Allele 2 | | PCR/Massively Parallel Sequencing | | |
| HLA Class II - Locus DRB1*, Allele 1 | | PCR/Massively Parallel Sequencing | | |
| HLA Class II - Locus DRB1*, Allele 2 | | PCR/Massively Parallel Sequencing | | |
| HLA Class II Sequencing, Interpretation | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 4 mL (1 mL) | Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Instructions | Collect: Lavender (EDTA). Also acceptable: Yellow (ACD Solution A). Unacceptable Conditions: Yellow (ACD Soution B) specimens. Clotted, grossly hemolyzed, or heparinized specimens. Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Varies | | | |
| Expected TAT | 9-16 days from set up | | | |
| CPT Code(s) | 81382x2 | | | |
| Lab Section | Reference Lab | | | |



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

HLA Typing for Celiac Disease (DQ2,DQ8) Genotyping

Order Name: **HLA CELIAC**
 Test Number: **9709005**
 Revision Date: **08/30/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. |
|---------------------------|-----------------------------|
| Celiac (HLA-DQA1*05) | PCR/Fluorescence Monitoring |
| Celiac (HLA-DQB1*02) | PCR/Fluorescence Monitoring |
| Celiac (HLA-DQ8) | PCR/Fluorescence Monitoring |
| Celiac HLA Interpretation | |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|---------------|----------------------------------|-----------------------|
| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 3 mL (1 mL) | Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Alternate 1 | 3 mL (1 mL) | Whole Blood | ACD Solution A or B (Yellow Top) | Refrigerated |
| Instructions | Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable | | | |

| GENERAL INFORMATION | |
|---------------------|--|
| Testing Schedule | Varies |
| Expected TAT | 11 Days |
| Clinical Use | Celiac disease is a systemic autoimmune disorder that may be associated with gastrointestinal symptoms including: diarrhea, weight loss, anorexia, lactose intolerance, and abdominal distention and discomfort. Non-gastrointestinal characteristics are highly variable and include: chronic fatigue, joint pain/inflammation, migraines, epilepsy, depression, attention deficit disorder, iron-deficiency anemia, vitamin deficiency, osteoporosis/osteopenia, short stature, delayed puberty, dental enamel defects, infertility, recurrent fetal loss, and dermatitis herpetiformis. |
| CPT Code(s) | 81383, 81376x2 |
| 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 |

Homovanillic Acid, 24-Hour Urine

Order Name: **HVA**
 Test Number: **3618150**
 Revision Date: **07/13/2016**
 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) | 82570, 83150 | | | |
| 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 | | | |



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 | | | |

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 | | | |



HPV (Human Papillomavirus), 16/18 Genotype

Order Name: **HPV 16/18**
 Test Number: **1516350**
 Revision Date: **09/29/2015**
 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.

The PAP SurePath specimen must be less than 14 days from collection for HPV testing to be added. If older than 14 days, a new specimen will have to be collected for HPV testing.

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 |



HPV (Human Papillomavirus), High Risk typing

Order Name: **HPVPAPHI**
 Test Number: **5522575**
 Revision Date: **09/29/2015**
 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 | <p>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.</p> <p>The PAP SurePath specimen must be less than 14 days from collection for HPV testing to be added. If older than 14 days, a new specimen will have to be collected for HPV testing.</p> | | | |
| 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 | | | |



HPV (Human Papillomavirus), High Risk w/ Reflex to HPV 16/18

Order Name: **HPV 16RFLX**
 Test Number: **1516355**
 Revision Date: **09/29/2015**
 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.

The PAP SurePath specimen must be less than 14 days from collection for HPV testing to be added. If older than 14 days, a new specimen will have to be collected for HPV testing.

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, severely 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 | | | |

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 | | | |

Hydromorphone, Serum

Order Name: **HYDROMORPH**
Test Number: **4006670**
Revision Date: **09/12/2016**
LOINC Code: **3683-0**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|--|---|-----------------------|
| Hydromorphone, Serum | | Gas Chromatography/Mass Spectrometry (GC/MS) | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (2 mL) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated |
| Instructions | Stability: Room Temperature 72 hours, Refrigerated 14 days, Frozen 30 days. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Sat | | | |
| Expected TAT | 4-5 days after set-up | | | |
| CPT Code(s) | 80361 | | | |
| Lab Section | Reference Lab | | | |



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Hymenoptera Panel

Order Name: **HYMENOP P**
 Test Number: **5557950**
 Revision Date: **09/27/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. |
|------------------------------|--------------|
| Honey Bee Count IGE | ImmunoCAP |
| Honey Bee Allergen | |
| Yellow Jacket Count IGE | ImmunoCAP |
| Yellow Jacket Allergen | |
| Bumble Bee Count IGE | ImmunoCAP |
| Bumble Bee Allergen | |
| Yellow Hornet Count IGE | ImmunoCAP |
| Yellow Hornet Allergen | |
| Paper Wasp Count IGE | ImmunoCAP |
| Paper Wasp Allergen | |
| White-Faced Hornet Count IGE | ImmunoCAP |
| White-Faced Hornet Allergen | |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|-----------------------|---------------|--|-----------------------|
| 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) | 86003x6 |
| Lab Section | Reference Lab |



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 Partial Thromboplastin Time (PTT). Further testing is generated based on the results of these tests. A pathology interpretation is included with all orders. For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes. |
|-------------|---|



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

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 | | | |



Regional Medical Laboratory
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Hypoglycemic Panel Qualitative (Sulfonylureas, Meglitinides)

Order Name: **HYPOGLYC P**
 Test Number: **4008600**
 Revision Date: **01/02/2016**
 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) | 80377 |
| Lab Section | Reference Lab |



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 | | | |

IGF Binding Protein-3 (IGFBP-3)

Order Name: **IGF-3**
Test Number: **3602480**
Revision Date: **04/20/2015**
LOINC Code: **2483-6**

| TEST NAME | | METHODOLOGY. | | |
|---------------------------------|---|---|--|-----------------------|
| IGF Binding Protein-3 (IGFBP-3) | | Quantitative Chemiluminescent Immunoassay | | |
| 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) | Frozen |
| Alternate 1 | 0.5 mL (0.3 mL) | Plasma | Sodium Heparin (Green Top, No-Gel) | Frozen |
| Instructions | Collect: Serum separator tube. Also acceptable: Green (sodium heparin). Unacceptable Conditions: Tissue or urine. Grossly hemolyzed or lipemic specimens. Stability: After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-3 Days | | | |
| CPT Code(s) | 82397 | | | |
| 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 | | | |

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 preferred. | | | |
| 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: **04/13/2015**
 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 (2mL) | Whole Blood | Sodium Heparin (Green Top / No-Gel) | Room Temperature |
| Instructions | <p>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.</p> <p>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</p> | | | |
| 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 | | | |

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. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Non-frozen specimens. 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 | | | |

Immunofixation Serum with Interpretation

Order Name: **S IMMUNO**
Test Number: **3960845**
Revision Date: **04/12/2016**
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) | | | |

Immunofixation Urine with Interpretation

Order Name: **U IMMUNO**
 Test Number: **4273557**
 Revision Date: **04/12/2016**
 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 (10mL) | Urine, Random | Sterile Urine container | Refrigerated |
| Alternate 1 | 20mL (10mL) | Urine, 24-hour | 24 hour Urine Container | Refrigerated |
| Instructions | Collect a Random or 24-hour urine. Refrigerate 24-hour specimens during collection and record total volume and collection time interval on transport tube and test request form. | | | |
| 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: **10/23/2015**
 LOINC Code: **26849-0**

| TEST NAME | | METHODOLOGY. | | |
|------------------------------------|--|---------------|-----------------------------------|-----------------------|
| Immunoglobulin A, Secretory (sIgA) | | Turbidometric | | |
| 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 | | | |



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: **10/23/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|----------------------------------|-----------------------|---------------|---|-----------------------|
| Immunoglobulin, IgG Quantitative | | Turbidometric | | 2465-3 |
| Immunoglobulin, IgA Quantitative | | Turbidometric | | 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 | | | |

Immunoglobulin IgG Subclasses

Order Name: **IGG SUBCL**
Test Number: **5580250**
Revision Date: **02/01/2016**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|----------------------------------|---------------|------------|
| Immunoglobulin IgG1 | Turbidometric | 2466-1 |
| Immunoglobulin IgG2 | Turbidometric | 2467-9 |
| Immunoglobulin IgG3 | Turbidometric | 2468-7 |
| Immunoglobulin IgG4 | Turbidometric | 2469-5 |
| Immunoglobulin, IgG Quantitative | Turbidometric | 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 | Mon-Fri |
| Expected TAT | 2-4 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 |

Immunoglobulin IgG4

Order Name: **IGG4**
 Test Number: **5580200**
 Revision Date: **10/23/2015**
 LOINC Code: **2469-5**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|-----------------------|---------------|--|-----------------------|
| Immunoglobulin IgG4 | | Turbidometric | | |
| 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: **10/23/2015**
 LOINC Code: **2458-8**

| TEST NAME | | METHODOLOGY. | | |
|----------------------------------|--|---------------|--|-----------------------|
| Immunoglobulin, IgA Quantitative | | Turbidometric | | |
| 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 | | | |



Immunoglobulin, IgG Quantitative

Order Name: **IGG**
 Test Number: **5001150**
 Revision Date: **10/23/2015**
 LOINC Code: **2465-3**

| TEST NAME | | METHODOLOGY. | | |
|----------------------------------|--|---------------|--|-----------------------|
| Immunoglobulin, IgG Quantitative | | Turbidometric | | |
| 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: **10/23/2015**
 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 | | | |

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 Cryptococcus 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: **09/04/2015**
 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 | Mini-Flocked Swab in Universal Transport Media (UTM) | 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 | <p>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.</p> <p>Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated.</p> <p>NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Wed, Fri | | | |
| Expected TAT | 1-3 Days | | | |
| CPT Code(s) | 87502 | | | |



Influenza A and B Screen

Order Name: **C A/B FLU**
 Test Number: **6003125**
 Revision Date: **04/24/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|--------------------------|---|--------------------------|--|-----------------------|
| Influenza A and B Screen | | | | |
| 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 | Copan eSwab - White (Regular size) | Refrigerated |
| Alternate 2 | See Instructions | Saline nasal wash | Sterile Screwtop Container | |
| Instructions | <p>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).</p> <p>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.</p> <p>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. <i>(the green cap minitip swab has liquid stuart's)</i></p> <p>Also acceptable is: Mini-tip size applicator Copan eSwab - Green</p> | | | |
| 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: **04/07/2015**
 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 | Mini-Flocked Swab in Universal Transport Media (UTM) | Refrigerated |
| Alternate 1 | 3mL (1mL) | Nasal Wash | Sterile Screwtop Container | Refrigerated |
| Alternate 2 | 3mL (1mL) | Bronchial lavage/wash | Sterile Screwtop Container | Refrigerated |
| Instructions | <p>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.</p> <p>Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated.</p> <p>NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.</p> | | | |
| 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 | | | |



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

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 | <p>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.]</p> | | | |
| 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 | | | |



Influenza B by PCR

Order Name: **FLU B PCR**
 Test Number: **5565580**
 Revision Date: **04/07/2015**
 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 | Mini-Flocked Swab in Universal Transport Media (UTM) | Refrigerated |
| Alternate 1 | 3mL (1mL) | Nasal Wash | Sterile Screwtop Container | Refrigerated |
| Alternate 2 | 3mL (1mL) | Bronchial lavage/wash | Sterile Screwtop Container | Refrigerated |
| Instructions | <p>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.</p> <p>Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated.</p> <p>NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.</p> | | | |
| 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 | | | |

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 | | | |



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Inhalant Allergy Panel

Order Name: **AO INHALAN**
 Test Number: **2929647**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. |
|---------------------------------|--------------|
| Alternaria Tenuis IgE | ImmunoCAP |
| Elm Tree American IgE | ImmunoCAP |
| Aspergillus fumigatus Mold IgE | ImmunoCAP |
| Bermuda Grass IgE | ImmunoCAP |
| Bahia Grass IgE | ImmunoCAP |
| Common Silver Birch IgE | ImmunoCAP |
| Box Elder IgE | ImmunoCAP |
| Cat Dander IgE | ImmunoCAP |
| Cottonwood IgE | ImmunoCAP |
| Dog Dander IgE | ImmunoCAP |
| Setomelanoma Rostrata (M8) IgE | ImmunoCAP |
| Horse Dander IgE | ImmunoCAP |
| Lambsquarter IgE | ImmunoCAP |
| Mountain Juniper/cedar (T6) IgE | ImmunoCAP |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|-----------------------|---------------|--|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (1.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |

| GENERAL INFORMATION | |
|---------------------|-----------------|
| Testing Schedule | Monday - Friday |
| Expected TAT | 2-4 Days |
| CPT Code(s) | 86003 |



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 | | | |

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 | | | |



Inhibitor Screen

Order Name: **INHIB SCRIN**
 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 | <p>Please indicate anticoagulant therapy.</p> <p>Collect 6-8 Sodium Citrate 3.2% (Blue Top) tubes.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |

| 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 | <p>If PT Mix is performed 85611X2</p> <p>If PTT Mix is performed 85732X2</p> <p>If PTT-LA Mix is performed 85732X2</p> <p>Testing includes a pathology interpretation.</p> |
| CPT Code(s) | See Test Notes |

Insect Allergy Panel

Order Name: **AO INSECT**
 Test Number: **2929945**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|---|-----------------------|---------------|--|-----------------------|
| Cockroach German IgE | | ImmunoCAP | | |
| Dust Mite (D. Farinae D2) IgE | | ImmunoCAP | | |
| Dermatophagoides pteronyssinus Mite IgE | | ImmunoCAP | | |
| American Cockroach IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 2-4 Days | | | |
| CPT Code(s) | 86003 | | | |

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 | | | |



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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 Free and Total

Order Name: **INSULIN FR**
 Test Number: **3601855**
 Revision Date: **05/04/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---------------|--|------------|
| Free Insulin | Quantitative Ultrafiltration/Quantitative Chemiluminescent Immunoassay | 6901-3 |
| Total Insulin | Quantitative Ultrafiltration/Quantitative Chemiluminescent Immunoassay | 20448-7 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|---------------|--|------------------------|
| Preferred | 2 mL (1.5) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated or Frozen |
| Alternate 1 | 2 mL (1.5) | Plasma | EDTA (Lavender Top) | Refrigerated or Frozen |
| Instructions | Specimens can be sent Refrigerated or Frozen. If sending Frozen, separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Heparinized specimens. Sodium fluoride/potassium oxalate plasma. Hemolyzed specimens. Stability After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 1 month. | | | |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Tue-Sat |
| Expected TAT | 2-5 Days |
| CPT Code(s) | 83525, 83527 |
| 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, 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 | | | |



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 ethnicities 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 | | | |

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 | | | |



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 | <p>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.</p> <p>Specimen Stability: Room temperature: 10 Days, Refrigerated: 10 Days, Frozen: Unacceptable.</p> | | | |
| 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 | | | |

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% throughout 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: **04/12/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|--|---|--------------------------|--|-----------------------|
| Ferritin | | Chemiluminescence Assays | | 2276-4 |
| Iron with Total Iron Binding Capacity (TIBC) | | | | |
| 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 | | | |



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Iron with Total Iron Binding Capacity (TIBC)

Order Name: **IRON/TIBC**
 Test Number: **4501000**
 Revision Date: **04/12/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-----------------------------|--------------|------------|
| Iron | TPTZ | 2498-4 |
| Total Iron Binding Capacity | | 2500-7 |
| % Saturation TIBC | | 2502-3 |
| UIBC | | 2501-5 |

| 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% throughout 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 | <p>Do Not use EDTA that has been sampled by an instrument or share with any other testing.</p> <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Dayshift- Friday | | | |
| Expected TAT | 5-6 Days | | | |
| Clinical Use | <p>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 constitutive 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.</p> | | | |
| CPT Code(s) | 81270 | | | |

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 | <p>This is for CSF specimens only</p> <p>Best if CSF is kept refrigerated until Frozen. Preferred to be frozen within two hours of collection.</p> <p>Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 Days.</p> <p>Unacceptable Specimens: Urine, EDTA Plasma, Heparin Plasma specimens.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-5 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| 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 | <p>This is for EDTA Plasma specimens only.</p> <p>Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 days.</p> <p>Unacceptable Specimens: Urine, CSF, Heparin Plasma specimens.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-5 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| CPT Code(s) | 87798 | | | |
| Lab Section | Reference Lab | | | |



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 | <p>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.</p> | | | |

| 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: **3805378**
 Revision Date: **04/12/2016**
 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 |



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 | | | |

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 | | | |

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 | | | |

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 | | | |

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 | | | |

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 Microdissection | | | |

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 | | | |

Lactate Dehydrogenase (LDH)

Order Name: **LDH**
Test Number: **2003860**
Revision Date: **08/19/2016**
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 |
| Alternate 1 | 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 | 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 encephalopathy. | | | |
| CPT Code(s) | 83605 | | | |



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Lactic Dehydrogenase Isoenzymes (LD Isoenzymes)

Order Name: **LDH ISOENZ**
 Test Number: **2019500**
 Revision Date: **06/15/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-----------------------------|--|------------|
| Lactate Dehydrogenase Total | Quantitative Enzymatic/Electrophoresis | 14804-9 |
| Lactate Dehydrogenase - 1 | Quantitative Enzymatic/Electrophoresis | 2536-1 |
| Lactate Dehydrogenase - 2 | Quantitative Enzymatic/Electrophoresis | 2539-5 |
| Lactate Dehydrogenase - 3 | Quantitative Enzymatic/Electrophoresis | 2542-9 |
| Lactate Dehydrogenase - 4 | Quantitative Enzymatic/Electrophoresis | 2545-2 |
| Lactate Dehydrogenase - 5 | Quantitative Enzymatic/Electrophoresis | 2548-6 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|---------------|--|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1mL (0.6mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Alternate 1 | 1mL (0.6mL) | Serum | Clot Activator (Red Top, No-Gel) | Room Temperature |
| Instructions | <p>Do not refrigerate or freeze. Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1mL(0.6mL) serum to an ARUP Standard Transport Tube.</p> <p>Unacceptable Conditions: Specimens collected with EDTA, potassium oxalate, or sodium fluoride anticoagulants. Frozen, refrigerated, or hemolyzed specimens.</p> <p>Stability: After separation of cells: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable.</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 2-3 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 | <p>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.</p> <p>Do not add fixative or preservative. Stool in Transport Media, Preservatives or Formalin is Not Acceptable. Stool from Breast Fed infants is Not Acceptable.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 1-3 Days | | | |
| Clinical Use | <p>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 <i>Shigella</i>, <i>Salmonella</i>, <i>Campylobacter</i> and <i>Clostridium difficile</i> are example of organisms that may cause an inflammatory response.</p> | | | |
| Notes | <p>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.</p> <p>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 <i>C. difficile</i>. A positive test indicates elevated levels of lactoferrin released from fecal leukocytes as a marker of intestinal inflammation.</p> | | | |
| CPT Code(s) | 83630 | | | |

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 and Mutton Meat Allergen IgE

Order Name: **LAMB**
Test Number: **2930327**
Revision Date: **09/19/2016**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. |
|-----------------------------------|--------------|
| Lamb and Mutton Meat Allergen IgE | ImmunoCAP |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|-----------|-----------------------|---------------|--|-----------------------|
| Preferred | 1.0mL (0.1mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |

GENERAL INFORMATION

| | |
|------------------|-----------------|
| Testing Schedule | Monday - Friday |
| Expected TAT | 2-4 Days |
| CPT Code(s) | 86003 |

Lambert-Eaton Myasthenic Syndrome (LEMS) Panel

Order Name: **LAMB EATON**
Test Number: **5503127**
Revision Date: **06/01/2015**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---|----------------------------------|------------|
| Striated Muscle Antibody | Immunofluorescent Assay | |
| Voltage-Gated Calcium Channel (VGCC) Antibody Assay | Quantitative Radioimmunoassay | 31024-3 |
| Acetylcholine Receptor Binding Antibody | Radioimmunoassay | |
| Acetylcholine Receptor Modulating Antibody | Semi-Quantitative Flow Cytometry | |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|---|---------------|---|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 4 mL (2 mL) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated |
| Instructions | Separate serum from cells ASAP or within 2 hours of collection. | | | |

| GENERAL INFORMATION | |
|---------------------|---|
| Testing Schedule | Assay Dependant |
| Expected TAT | Assay Dependant |
| Notes | See individual panel components for more information for those tests. |
| CPT Code(s) | 83519x3, 86255 |
| Lab Section | Reference Lab |

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 | | | |

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 | | | |

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 and Zinc Protoporphyrin (ZPP)

Order Name: **LEAD ZPP**
Test Number: **3800725**
Revision Date: **03/15/2016**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY | LOINC CODE |
|---------------------|--|------------|
| Lead Level | Inductively-Coupled Plasma/Mass Spectrometry | 5673-9 |
| Zinc Protoporphyrin | Hematofluorometry (H) | 33007-6 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|--|------------------|--|-----------------------|
| Preferred | 4.5 mL (3 mL) | EDTA Whole Blood | EDTA (Royal Blue Top/Trace Element Free) | Refrigerated |
| Instructions | Protect Specimen From Light! Clotted Blood specimens are not acceptable. Submit in container with a non-Heparin based anticoagulant. Tubes containing Heparin based anticoagulants are not acceptable. | | | |

GENERAL INFORMATION

| | |
|------------------|-----------------------------------|
| Testing Schedule | Mon, Wed, Fri |
| Expected TAT | 5-8 Days |
| Clinical Use | Exposure Monitoring/Investigation |
| CPT Code(s) | 84202, 83655 |
| Lab Section | Reference Lab |

Lead, Blood (Whole Blood)

Order Name: **LEAD**
Test Number: **3601650**
Revision Date: **07/16/2015**
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 (3.5mL) | 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 |
| Alternate 3 | 4mL (0.2mL) | Whole Blood | Lithium Heparin (Dark Green Top / No-Gel) | Ambient / Refrigerated |
| Instructions | <p>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. The method utilized by RML allows the use of Heparin no-gel (tubes and bullets) as an acceptable alternative if you anticipate a difficult draw and may not be able to fill an EDTA (tube or bullet). Heparin no-gel tubes will not interfere with lead testing. Notate on Specimen if Venous or Capillary Collection.</p> <p>Specimens must be received within 72 hours of collection.</p> <p>Specimen Stability: Room temperature 72 hours, Refrigerated 72 hours, Frozen Not Acceptable. Specimens can be transported either Refrigerated or Ambient temperature.</p> <p>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.</p> <p>The EDTA collected specimen volumes cannot be less than 50% of intended fill volume. Testing on specimens less than half filled and or clotted will not be performed, redraw will be required. Lead testing on Heparin collected specimens are not effected by variance of specimen volume.</p> <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | <p>The State will require that the patient have an EDTA whole blood specimen collected so that accurate numerical results are obtained.</p> <p>Note: The BD MicroGuard Pink-Top is no longer being provided for testing, use the standard Lavender Capillary Tube for capillary collections.</p> | | | |
| Notes | View Memo New Memo 6/16/2015 | | | |
| 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 |



Lead, Urine (Random or 24hr)

Order Name: **LEAD URINE**
 Test Number: **3800005**
 Revision Date: **07/13/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-----------------------------------|---|------------|
| Lead, Urine - per volume | Quantitative Inductively Coupled Plasma-Mass Spectrometry | 20625-0 |
| Lead, Urine - per 24hr | Calculation | 5677-0 |
| Creatinine, Urine - per volume | Quantitative Spectrophotometry | 20624-3 |
| Creatinine, Urine - per 24hr | Calculation | 2162-6 |
| Lead, Urine - Ratio to Creatinine | Calculation | 29943-8 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|----------------|---|-----------------------|
| Preferred | 8 mL (1 mL) | Urine, 24-hour | 24 Hour Urine Acid Washed Container | Refrigerated |
| Alternate 1 | 8 mL (1 mL) | Urine, Random | Acid Washed, Trace Element Free Container | Refrigerated |
| Instructions | <p>Collect: 24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. Studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.</p> <p>Transfer an 8mL(1mL) aliquot of urine from a well-mixed collection to Trace Element-Free Transport Tubes.</p> <p>Unacceptable Conditions: Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies). Acid preserved urine.</p> <p>Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year</p> | | | |

GENERAL INFORMATION

| | |
|-------------|---------------|
| CPT Code(s) | 83655, 82570 |
| Lab Section | Reference Lab |



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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 pneumophila. A Legionella titer must rise to equal to or greater than 1:128 to be considered significant. | | | |
| CPT Code(s) | 86713 | | | |

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: **07/14/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|----------------------|----------------------------|-----------------------|
| Legionella Screen | | Culture / DFA | | |
| 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 | 7 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 | | | |

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 | | | |

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 | | | |

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: **04/13/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|------------------------|--|--------------------|----------------------------------|-----------------------|
| Levetiracetam (Keppra) | | Enzyme 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 | Do not use Gel separation tubes. Separate plasma/serum from cells as soon as possible – prolonged presence of whole blood may cause hydrolysis of Levetiracetam. Stability: Room temperature 24 hours, Refrigerated 7 days, Frozen 4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon - Fri | | | |
| Expected TAT | 1-3 Days | | | |
| CPT Code(s) | 80177 | | | |



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 | | | |



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: **4275001**
 Revision Date: **04/12/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | | | LOINC CODE |
|--------------------------------------|---|---------------|---|-----------------------|
| Free Kappa Light Chains | Turbidometric | | | 36916-5 |
| Free Lambda Light Chains | Turbidometric | | | 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 | | | |



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 | | | |

Limulus Amebocyte Lysate (LAL) Assay, Quantitative

Order Name: **LIMULUS**
Test Number: **5441803**
Revision Date: **05/04/2015**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|--|--|-----------------------|-----------------------------------|-----------------------|
| Limulus Amebocyte Lysate (LAL) Assay, Quantitative | | Enzymatic | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 3mL (1mL) | Aqueous Fluids | Sterile Screwtop Container | Frozen |
| Instructions | Aqueous solution and Aqueous fluid Frozen ASAP! CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Room temperature unacceptable, Refrigerated unacceptable. Specimen Stability: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Wed | | | |
| Expected TAT | 3-8 Days | | | |
| CPT Code(s) | 87999 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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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 |



Lipid Group

Order Name: **LIPID GRP**
 Test Number: **2019100**
 Revision Date: **08/11/2015**
 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. (12hr no food, coffee, tea, juice, or milk prior to blood draw; plain, unflavored water is acceptable.) 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 |



LipoProfile by Nuclear Magnetic Resonance (NMR)

Order Name: **NMR LIPO**
 Test Number: **5520002**
 Revision Date: **10/12/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY | LOINC CODE |
|---------------------------------------|----------------------------------|------------|
| LDL-P (LDL Particle Number) | Nuclear Magnetic Resonance (NMR) | 54434-6 |
| Lipids - LDL Cholesterol (Calculated) | Calculation | 13457-7 |
| Lipids - HDL Cholesterol | Nuclear Magnetic Resonance (NMR) | 2085-9 |
| Lipids - Triglycerides | Nuclear Magnetic Resonance (NMR) | 2571-8 |
| Lipids - Cholesterol, Total | Nuclear Magnetic Resonance (NMR) | 2093-3 |
| HDL-P (Total) | | |
| Small LDL-P | Nuclear Magnetic Resonance (NMR) | 43728-5 |
| LDL Size | Nuclear Magnetic Resonance (NMR) | 47215-9 |
| Large VLDL-P | Nuclear Magnetic Resonance (NMR) | 43728-5 |
| Large HDL-P | Nuclear Magnetic Resonance (NMR) | 43729-3 |
| VLDL - Size | Nuclear Magnetic Resonance (NMR) | 62254-8 |
| HDL - Size | Nuclear Magnetic Resonance (NMR) | 62253-0 |
| LDL (Particle Size) | Nuclear Magnetic Resonance (NMR) | 17782-4 |
| Small LDL (Particle Number) | Nuclear Magnetic Resonance (NMR) | 43727-7 |
| Lipoprotein Insulin Resistance Score | | |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
|--------------|--|---------------|----------------------------------|-----------------------|
| Preferred | 2 mL (1 mL) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated |
| Instructions | Patient Preparation: 12-14 hour fast is preferred but not required. Gently invert tube to mix contents; allow to clot at room temperature for 30 minutes. Separate serum or plasma from cells within 8 hours. Transfer 2 mL serum or plasma to a Standard Transport Tube. CRITICAL REFRIGERATED Unacceptable Conditions: Separator tubes. Stability: Ambient: Unacceptable; Refrigerated: 6 days; Frozen: Unacceptable. | | | |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Varies |
| Expected TAT | 4-7 Days |
| CPT Code(s) | 83704, 80061 |
| Lab Section | Reference Lab |



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Lipoprotein (a)

Order Name: **LIPOPROT A**
 Test Number: **2020875**
 Revision Date: **06/18/2015**
 LOINC Code: **10835-7**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|----------------------------------|--|-----------------------|
| Lipoprotein (a) | | Quantitative Immunoturbidimetric | | |
| 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 | Serum separator tube or plasma separator tube. Also acceptable: Green (sodium or lithium heparin), lavender (EDTA). Allow serum to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Body Fluids. Stability: After separation from cells: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 3 months. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-3 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: <ul style="list-style-type: none"> • 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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Lipoprotein Fractionation

Order Name: **LIP FRAC**
Test Number: **2012950**
Revision Date: **09/19/2016**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---------------------------|---------------------|------------|
| Cholesterol | Ultracentrifugation | 2093-3 |
| Triglyceride | Ultracentrifugation | 2571-8 |
| Cholesterol in LDL | Ultracentrifugation | 2089-1 |
| Cholesterol in HDL | Ultracentrifugation | 2085-9 |
| VLDL Lipoprotein Pre-Beta | Ultracentrifugation | 2575-9 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|---------------|--|-----------------------|
| Preferred | 4.0mL (2.0mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Frozen |
| Instructions | Specimen Stability: frozen 14 days, refrigerated 7 days, room temperature 24 hours. | | | |

GENERAL INFORMATION

| | |
|------------------|--|
| Testing Schedule | Tuesday and Friday |
| Expected TAT | 2-4 Days |
| Notes | N-acetylcysteine administration can interfere with results Reference Lab: Quest Quest Test Code: 8417N Click Here to view information on the Quest website. |
| CPT Code(s) | 82465, 83701, 84478 |
| Lab Section | Reference Lab |

Listeria Antibody

Order Name: **LISTERIA**
Test Number: **5512250**
Revision Date: **09/23/2015**
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 | Tue-Sat | | | |
| Expected TAT | 2-5 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: **06/04/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | | LOINC CODE |
|--|---|---|---|-----------------------|------------|
| Liver-Kidney Microsome 1 Antibody, IgG | | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | | | 47318-1 |
| 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 | | | | |

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 | | | |

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 | | | |

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: **10/03/2016**
 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 | 2 mL (1) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated |
| Alternate 1 | 2 mL (1) | Plasma | EDTA (Lavender Top) | Refrigerated |
| Alternate 2 | 2 mL (1) | Plasma | Sodium Floride (Gray) | Refrigerated |
| Instructions | Do not use GEL Separated tubes. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue, Fri | | | |
| Expected TAT | 3-5 Days | | | |
| CPT Code(s) | 80346 (or G0480) | | | |
| Lab Section | Reference Lab | | | |

LSD Presumptive Screen

Order Name: **LSD QL UR**
 Test Number: **4310925**
 Revision Date: **04/22/2016**
 LOINC Code: **19528-9**

| TEST NAME | | METHODOLOGY. | | |
|------------------------|--|---------------|-------------------------|-----------------------|
| LSD Presumptive Screen | | Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 10 mL (1 mL) | Urine, Random | Sterile Urine container | Refrigerated |
| Instructions | Wrap tube in aluminum foil to protect from light Specimen Stability: Room temperature 72 hours, Refrigerated 14 days, Frozen 30 days. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Sat | | | |
| Expected TAT | 2-3 Days | | | |
| CPT Code(s) | 80302 | | | |
| Lab Section | Reference Lab | | | |



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

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 | | | |



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 | <p>Please list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-3236.</p> <p>Please collect:</p> <p>Twelve: 2.7mL Sodium Citrate Blue top tubes and One: 10mL Tiger top clot tube.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |

| GENERAL INFORMATION | |
|---------------------|--|
| Testing Schedule | Individual Test Dependant |
| Expected TAT | 5 Days |
| Clinical Use | <p>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).</p> <p>Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban® See More Information.</p> |
| CPT Code(s) | <p>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.</p> |



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 | <p>Please list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-3236.</p> <p>Please Collect Six to Eight (2.7mL) Sodium Citrate 3.2% (Blue Top) tubes.</p> <p>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.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |

| 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 |



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 performed 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 |
| Luteinizing 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 |

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: **09/02/2015**
 LOINC Code: **4991-6**

| TEST NAME | METHODOLOGY. |
|--|---------------------------|
| Lyme Disease (<i>Borrelia</i> spp) DNA Qualitative, Blood | Polymerase Chain Reaction |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|-------------|-----------------------|---------------------------|-----------------------------------|-----------------------|
| Preferred | 1 mL (0.5) | Plasma | EDTA (Lavender Top) | Frozen |
| Alternate 1 | 1 mL (0.5) | CSF (Cerebrospinal Fluid) | Sterile Screwtop Container | Frozen |
| Alternate 2 | See Instructions | Tissue | Sterile Orange Screwtop Container | Frozen |

Instructions

Collect: Lavender (EDTA) Plasma, CSF or Synovial fluid or Tissue, Serum from SST tube also acceptable. Separate serum or plasma from cells. Transfer 1mL(0.5mL) serum, plasma, CSF or synovial fluid to an aliquot tube. Tissue: Transfer to an aliquot tube and freeze immediately.

Unacceptable Conditions: Heparinized specimens.

Stability: **Tissue:** Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 year

All Others: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 1 year

GENERAL INFORMATION

| | |
|------------------|---|
| Testing Schedule | Mon, Wed, Fri |
| Expected TAT | 2-5 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 <i>Borrelia</i> genomic DNA from blood, fluids or tissue can support the diagnosis. |
| Notes | Reference Lab: ARUP ARUP Test Code: 55570 Click Here to view information on the ARUP website. |
| CPT Code(s) | 87476 |
| 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. Unacceptable Conditions: CSF or plasma. Contaminated, heat-inactivated, hemolyzed, or severely lipemic 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 | 2-3 Days |
| 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 | <p>Collect Monday-Wednesday only, No weekends or Holidays -- Before Collection Call RML Processing at 744-3131 x17398.</p> <p>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.</p> <p>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.</p> | | | |
| 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 | <p>Collect Monday-Wednesday only, No weekends or Holidays -- Before Collection Call RML Processing at 744-3131 x17398.</p> <p>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.</p> <p>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.</p> | | | |
| 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 | <p>Collect Monday-Wednesday only, No weekends or Holidays -- Before Collection Call RML Processing at 744-3131 x17398.</p> <p>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.</p> <p>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.</p> | | | |
| 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 | | | |

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 | <p>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.</p> <p>STABILITY: Room temperature: 24 Hours, Refrigerated: 15 Days, Frozen: 18 Days.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Thr | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| 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 | | | |

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 | | | |

Mackerel Jack/Scad IgG

Order Name: **MACKALJK G**
Test Number: **5500631**
Revision Date: **09/21/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------------|--|---------------|---|-------------------------|
| Mackerel Jack/Scad IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 39020 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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Magnesium, RBC

Order Name: **MAG RBC**
 Test Number: **3803525**
 Revision Date: **04/20/2015**
 LOINC Code: **2597-3**

| TEST NAME | METHODOLOGY. |
|----------------|---|
| Magnesium, RBC | Quantitative Inductively Coupled Plasma-Mass Spectrometry |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|-----------|-----------------------|---------------|--|-----------------------|
| Preferred | 2 mL (0.6 mL) | Whole Blood | EDTA (Royal Blue Top/Trace Element Free) | Room Temperature |

Instructions
Collect: Royal blue (EDTA).
 Centrifuge whole blood and separate RBCs from plasma within 2 hours of collection. Transfer 2 mL RBCs to a Trace Element-Free Transport Tube.
 Unacceptable Conditions: Frozen. Clotted or grossly hemolyzed specimens.
 Stability: After separation from plasma: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Unacceptable

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Mon, Wed-Sat |
| Expected TAT | 2-4 Days |
| CPT Code(s) | 83735 |
| Lab Section | Reference Lab |



Magnesium, Urine (Random or 24hr)

Order Name: **MAG URINE**
 Test Number: **2927020**
 Revision Date: **10/05/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--------------------------------|--------------------------------|------------|
| Creatinine, Urine - per volume | Quantitative Spectrophotometry | 2161-8 |
| Creatinine, Urine per Day | Calculation | 2162-6 |
| Magnesium, Urine - per volume | Quantitative Spectrophotometry | 32024-2 |
| Magnesium, Urine per day | Calculation | 24447-5 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|---|-----------------------|--------------------------------|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 4 mL (0.5 mL) | Urine, Random | Sterile Urine container | Refrigerated |
| Alternate 1 | 4 mL (0.5 mL) | Urine, 24-hour | 24 hour Urine Container | Refrigerated |
| Instructions | <p>24-hour urine. Refrigerate during collection.</p> <p>Adjust pH to 1 by adding 6M HCl (approximately 10 mL HCl/24-hour specimen based on normal adult output of 1000-2000 mL/24 hours. Pediatric specimens will require less than 10 mL to reach the correct pH). Record total volume and collection time interval on transport tube and test request form.</p> <p>Transfer 4 mL aliquot of urine from a well-mixed 24-hour collection to a Standard Transport Tube.</p> <p>Unacceptable Conditions: Specimens containing preservatives other than HCl. Specimen submitted in metal containers.</p> <p>Stability: Ambient: 1 week (if acidified); Refrigerated: 1 week; Frozen: 1 year.</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 2 Days |
| CPT Code(s) | 83735, 82570 |
| Lab Section | Reference Lab |

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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Malt IgG

Order Name: **MALT IGG**
Test Number: **3666375**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|------------------------------|--|---------------|---|-------------------------|
| Malt IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 51620 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

Mantle Cell Lymphoma, IGH/CCND1, t(11;14) by FISH

Order Name: **MANTLE FSH**
Test Number: **9116800**
Revision Date: **07/22/2016**
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, 88369 | | | |
| 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 | | | |



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 | | | |

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 | <p>The optimal gestational age for collection is 16-18 weeks.</p> <p>The below information is required for accurate result interpretation:</p> <ul style="list-style-type: none"> • Maternal date of birth: • Maternal weight: • Maternal race: • Maternal insulin-dependant diabetes status: • History of Neural Tube Defects: • History of Down 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 | <p>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.</p> <p>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.</p> | | | |
| Notes | <p>Risk assessment for Neural Tube Defect (NTD), Down Syndrome (DS), and Trisomy 18 by calculating the MoM of the following components:</p> <ul style="list-style-type: none"> • Serum Alpha-Fetoprotein (AFP) • Serum Human Chorionic Gonadotropin (hCG) • Serum Free Estriol (uE3) | | | |
| CPT Code(s) | 82677; 84702; 82105 | | | |
| Lab Section | Reference Lab | | | |



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 | <p>The optimal gestational age for collection is 16-18 weeks.</p> <p>The below information is required for accurate result interpretation:</p> <ul style="list-style-type: none"> • Maternal date of birth: • Maternal weight: • Maternal race: • Maternal insulin-dependant diabetes status: • History of Neural Tube Defects: • History of Down 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 | <p>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.</p> | | | |
| Notes | <p>Risk assessment for Neural Tube Defect (NTD), Down Syndrome (DS), and Trisomy 18 by calculating the MoM of the following components:</p> <ul style="list-style-type: none"> • 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 | | | |

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 | <p>The optimal gestational age for collection is 16-18 weeks.</p> <p>The below information is required for accurate result interpretation:</p> <ul style="list-style-type: none"> • Maternal date of birth: • Maternal weight: • Maternal race: • Maternal insulin-dependant diabetes status: • History of Neural Tube Defects: • History of Down 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 | <p>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.</p> | | | |
| Notes | <p>Risk assessment for Neural Tube Defect (NTD), Down Syndrome (DS), and Trisomy 18 by calculating the MoM of the following components:</p> <ul style="list-style-type: none"> • 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 | | | |



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 | <p>The optimal gestational age for collection is 9-13 weeks gestation.</p> <p>The below information is required for accurate result interpretation:</p> <p>Mothers Date of Birth Wiegght (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</p> <p>(*Note: Crown Rump Length, Nuchal Translucency, Sonographer Name & Certification number are required information in order to receive a MoM NT (Multiple of Median for the Nuchal Translucency). If not provided the screen will be reported without the MoM NT findings.)</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue-Fri | | | |
| Expected TAT | 3-4 Days | | | |
| Clinical Use | <p>To screen for Down Syndrome and Trisomy 18 during 9 to 13 weeks gestation.</p> <p>Tests for:</p> <ul style="list-style-type: none"> * 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 | <p>CHAIN OF CUSTODY TEST ! - Please contact RML Client Services to arrange for collection supplies and instruction before submission of specimen for testing.</p> <p>5g(1g) Meconium in an appropriate Chain of Custody packet, Refrigerated.</p> | | | |

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, Urine (24hr or Random)

Order Name: **MERCURY U**
 Test Number: **3800020**
 Revision Date: **07/13/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--------------------------------------|---|------------|
| Mercury, Urine - per volume | Quantitative Inductively Coupled Plasma-Mass Spectrometry | 21383-5 |
| Mercury, Urine - per 24hr | Calculation | 6693-6 |
| Creatinine, Urine - per volume | Quantitative Spectrophotometry | 20624-3 |
| Creatinine, Urine - per 24hr | Calculation | 2162-6 |
| Mercury, Urine - ratio to Creatinine | Calculation | 26688-2 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|----------------|---|-----------------------|
| Preferred | 8 mL (1 mL) | Urine, 24-hour | 24 Hour Urine Acid Washed Container | Refrigerated |
| Alternate 1 | 8 mL (1 mL) | Urine, Random | Acid Washed, Trace Element Free Container | Refrigerated |
| Instructions | <p>Collect: 24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. Studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection.</p> <p>Transfer an 8mL(1mL) aliquot of urine from a well-mixed collection to Trace Element-Free Transport Tubes.</p> <p>Unacceptable Conditions: Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies). Acid preserved urine.</p> <p>Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year</p> | | | |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Mon-Sat |
| Expected TAT | 2-5 Days |
| CPT Code(s) | 83825, 82570 |
| 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 | | | |

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 | | | |



Metanephrines, Fractionated 24-Hour or Random Urine

Order Name: **METANEPH U**
 Test Number: **3800350**
 Revision Date: **08/17/2015**
 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 (mL) | Specimen Type | Specimen Container | Transport Environment |
|--------------|--|----------------|-------------------------|-----------------------|
| Preferred | 4 mL (1.5) | Urine, 24-hour | 24 hour Urine Container | Refrigerated |
| Alternate 1 | 4 mL (1.5) | Urine, Random | Sterile Urine container | Refrigerated |
| Instructions | <p>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 2-4 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.</p> | | | |

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, 82570 |
| Lab Section | Reference Lab |



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 | Quant Liquid Chromatography-Tandem Mass Spectrometry | 25474-8 |
| Normetanephrine, Free | Quant 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 | <p>Process Plasma Specimen to Frozen Aliquot ASAP.</p> <p>The whole blood sample should be kept on wet ice until centrifuge (preferably at 4 degrees C).</p> <p>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.</p> <p>Stability After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month</p> <p>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.</p> | | | |

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: **04/07/2015**
 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 | Mini-Flocked Swab in Universal Transport Media (UTM) | 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 | <p>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.</p> <p>Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated.</p> <p>NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.</p> | | | |
| 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 | | | |



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 | | | |

Methadone, Serum

Order Name: **METHADO QN**
 Test Number: **3801000**
 Revision Date: **09/12/2016**
 LOINC Code: **3772-1**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|--|---|-----------------------|
| Methadone, Serum | | Gas Chromatography/Mass Spectrometry (GC/MS) | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (1.2 mL) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated |
| Instructions | Stability: Room Temperature 72 hours, Refrigerated 14 days, Frozen 1 year | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 3 days from set up | | | |
| CPT Code(s) | 80358 (HCPCS: G0480) | | | |
| Lab Section | Reference Lab | | | |



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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 | | | |

Methylmalonic Acid

Order Name: **METHYLMA S**
Test Number: **2051075**
Revision Date: **03/23/2015**
LOINC Code: **13964-2**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|--|--|-----------------------|
| Methylmalonic Acid | | Quant 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: **05/01/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|------------------------------------|----------------------------------|------------|
| Microalbuminuria Urine Random mg/L | Immunoturbidimetry | 14957-5 |
| MICROALBUMIN/CREAT RATIO URINE | Calculation | 14959-1 |
| Creatinine, Urine, mg/dL | Kinetic Alkaline Picrate (Jaffe) | 20624-3 |
| CREAT/100 CALC FOR MICRALBUMIN | Calculation | 2161-8 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|----------------------|--------------------------------|-----------------------|
| Specimen | Specimen Volume (mL) | 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 |



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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 |

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 | | | |



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Millet IgE

Order Name: **MILLET**
Test Number: **5506160**
Revision Date: **09/22/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|--|-----------------------|
| Millet IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | Common Millet: <i>Panicum milliaceum</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 56210S Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |



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Mint IgG

Order Name: **MINT IGG**
Test Number: **5500679**
Revision Date: **09/22/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Mint IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Mint: <i>Mentha piperita</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 32520 Click Here to view information on the Viracor website. | | | |
| 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 | | | |

Mitochondrial Antibody Screen - Reflex to Titer

Order Name: **TITR MITOC**
 Test Number: **5567825**
 Revision Date: **04/12/2016**
 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 | | | |



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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 Allergy Panel

Order Name: **AO MOLD PN**
 Test Number: **2929845**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. |
|---|--------------|
| Alternaria Tenuis IgE | ImmunoCAP |
| Epicoccum Purpurascens IgE | ImmunoCAP |
| Aspergillus fumigatus Mold IgE | ImmunoCAP |
| Cladosporium herbarum/Hormodendrum IgE | ImmunoCAP |
| Fusarium Proliferatum/moniliforme IgE | ImmunoCAP |
| Aureobasidium Pullulans IgE | ImmunoCAP |
| Penicillium Chrysogenum (M1) IgE | ImmunoCAP |
| Drechslera/Helminthosporium sativum IgE | |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|-----------------------|---------------|--|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (1.0mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |

| GENERAL INFORMATION | |
|---------------------|-----------------|
| Testing Schedule | Monday - Friday |
| Expected TAT | 2-4 Days |
| CPT Code(s) | 86003 |



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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 | <p>For the evaluation of Mononucleosis caused by the Epstein Barr Virus.</p> <p>If the monospot screen is negative, the following serology tests for Epstein Barr Virus will be implemented at an additional charge:</p> <p>EBV (Epstein Barr Virus), Viral Capsid Antibodies (EBV-VCA IgG & IgM Ab)</p> <p>EBV (Epstein Barr Virus), Early Antigen (EA) Antibody</p> <p>EBV (Epstein Barr Virus), Nuclear Antigen Antibody (EBNA)</p> | | | |
| 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) | | | |

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 | | | |

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 | | | |

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: **04/24/2015**
 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 | Copan eSwab - Green (Mini-tip) | 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 methicillin resistant Staph aureus | | | |
| Notes | Set up on Chromogenic Agar to facilitate identification. | | | |
| CPT Code(s) | 87081 | | | |



Regional Medical Laboratory
 4142 South Mingo Road
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MTHFR, DNA Mutation Analysis (C677T & A1298C) [methylenetetrahydrofolate reductase]

Order Name: **MTHFR**
 Test Number: **1515625**
 Revision Date: **05/17/2016**
 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). The C677T mutation is reported to reduce MTHFR activity, resulting in hyperhomocysteinemia. While homozygotes for the C677T MTHFR mutation are at increased risk for coronary artery disease and arterial and venous thrombosis, heterozygosity for this mutation, in and of itself, does not present an increased risk for thrombosis. An isolated A1298C MTHFR mutation (either homozygous or heterozygous) is not associated with higher plasma homocysteine or lower plasma folate levels, and the risk of thrombosis in the presence of this genetic variant is not established. Combined heterozygosity forC677T and A1298C MTHFR mutations also does not have a clear association with risk of vascular thrombosis. | | | |
| CPT Code(s) | 81291 | | | |

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 | | | |

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: **07/22/2016**
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) | 88368, 88369x7 | | | |
| Lab Section | Reference Lab | | | |



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 | Isoelectric 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 | <p>4 mL Serum and CSF. (Minimum volume: 2mL CSF, 1.5mL Serum)</p> <p>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.</p> | | | |

| 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 | <p>Panel components:</p> <p>Oligoclonal Bands (IgG), CSF IgG Synthesis Rate/Index, CSF Myelin Basic Protein, Serum</p> |
| CPT Code(s) | 82040; 82042; 82784x2; 83873; 83916 |
| Lab Section | Reference Lab |

Mumps IgM and IgG Antibodies

Order Name: **MUMPS AB**
 Test Number: **5564750**
 Revision Date: **02/12/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | | LOINC CODE |
|-----------------------|--|-------------------------------|--|-----------------------|------------|
| Mumps IgG | | Enzyme Immunoassay | | | 22417-0 |
| Mumps IgM | | Indirect Fluorescent Antibody | | | 22420-4 |
| 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, 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 | | | | |

Mung Bean IgE

Order Name: **MUNG BEAN**
 Test Number: **5508040**
 Revision Date: **09/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|---|-------------------------|
| Mung Bean IgE | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | Mung Bean: <i>Phaseolus aureus</i> (Bean Sprouts) | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 32210S Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | | |



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Myasthenia Gravis Panel 1

Order Name: **MYAS GRAV1**
 Test Number: **5551325**
 Revision Date: **06/01/2015**
 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 (1 mL) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated |
| Alternate 1 | 2 (1 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | Serum specimen can be collected in a Non-Gel clot tube or SST Clot tube. Combined Stability for both tests: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles) | | | |
| 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. | | | |
| Notes | See individual panel components for more information for those tests. | | | |
| 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 (mL) | 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 | Myasthenia Gravis is a neurological disorder characterized by a decrease in acetylcholine receptors. Patients exhibit skeletal muscle weakness and fatigability. Approximately 80% of patients with Myasthenia Gravis, excluding ocular involvement only, have detectable acetylcholine receptor antibody. |
| CPT Code(s) | 83519x2, 88182TC |
| Lab Section | Reference Lab |



Regional Medical Laboratory
 4142 South Mingo Road
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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 Department. |
| CPT Code(s) | N/A |

Mycobacterium Tuberculosis, Fluid by PCR

Order Name: **TB PCR FL**
Test Number: **6004110**
Revision Date: **10/05/2015**
LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|-----------------------------------|-----------------|------------|
| Mycobacterium Tuberculosis by PCR | Qualitative PCR | 13956-8 |
| MTB Rifampin by PCR | Qualitative PCR | 48176-2 |
| MTB Cmplx Interpretation | | 48767-8 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|---------------|----------------------------|-----------------------|
| Preferred | 10 mL (5 mL) | Body Fluid | Sterile Screwtop Container | Refrigerated |
| Instructions | Collect: Respiratory specimen, CSF or body fluid. Transport 5-10mL respiratory specimen, CSF or body fluid in a sterile container. (Absolute minimum volume 1mL) Label as unprocessed. Unacceptable Conditions: Blood, paraffin blocks, stool, swabs, tissue, and urine. Stability: Ambient: 3 days; Refrigerated: 1 week; Frozen: 1 month. | | | |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 3-4 Days |
| CPT Code(s) | 87556, 87798 |
| Lab Section | Reference Lab |

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: **01/08/2016**
 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 | <p>Please Indicate Source on the Specimen!</p> <p>Preferred Specimen: Throat swab collected in V-C-M medium (green-cap) tube or equivalent (UTM) container</p> <p>Alternate Specimens: Lung tissue, pleural fluid, pericardial fluid collected in V-C-M medium (green-cap) tube or equivalent (UTM) container, Nasopharyngeal aspirate or swab, bronchial lavage/wash collected in a V-C-M medium (green-cap) tube or equivalent (UTM) container.</p> <p>For fluid specimens minimum volume 1 mL.</p> <p>Stability: Ambient: N/A; Refrigerated: 48 hours; Frozen: (-20°C N/A) (-70°C 1 month)</p> <p>Unacceptable Conditions: Sputum, Genital specimens. Dry swabs, wood swabs, and calcium alginate swabs. M4 RT (room temp) is unacceptable transport media.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 26-30 days | | | |
| Clinical Use | Detects Mycoplasma pneumoniae in respiratory specimens. | | | |
| CPT Code(s) | 87109 | | | |
| Lab Section | Reference Lab | | | |

Myelin Associated Glycoprotein IgM (MAG IgM) Antibody

Order Name: **MAG IGM**
Test Number: **5523200**
Revision Date: **09/20/2015**
LOINC Code: **17314-6**

| TEST NAME | | METHODOLOGY. | | |
|---|--|---|--|-----------------------|
| Myelin Associated Glycoprotein IgM (MAG IgM) Antibody | | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | | |
| 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 | Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Urine. Contaminated, heat inactivated, hemolyzed, severely lipemic specimens. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue, Thu, Sat | | | |
| Expected TAT | 2-5 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) | 83516 | | | |
| Lab Section | Reference Lab | | | |

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: **07/22/2016**
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) | 88368, 88369x5 | | | |
| Lab Section | Reference Lab | | | |

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 polyangiitis) | | | |
| CPT Code(s) | 83520 | | | |



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Myoglobin Urine

Order Name: **MYOGLOBN U**
 Test Number: **3001050**
 Revision Date: **11/05/2015**
 LOINC Code: **2641-9**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|--|--------------------------------|-----------------------|
| Myoglobin Urine | | Quantitative Electrochemiluminescent Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1mL (0.5) | Urine, Random | Sterile Urine container | Frozen |
| Alternate 1 | 1mL (0.5) | Urine, 24-hour | 24 hour Urine Container | Frozen |
| Instructions | <p>Collect: Random or 24-hour urine. Refrigerate during collection.</p> <p>Mix well and adjust pH to 8-9 by adding 10% Na₂CO₃ (Myoglobin is unstable in urine, unless the pH is 8.0-9.0) immediately after collection.</p> <p>Transfer 1mL (0.5 mL) aliquot from a random or 24-hour collection to a Myoglobin Transport Tube (available via RML Supply).</p> <p>Stability: pH 8-9: Ambient: 1 hour; Refrigerated: 72 hours; Frozen: 1 month.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-3 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 | | | |

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 (min) | 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). Unacceptable Conditions: Grossly hemolyzed specimens. 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 | | | |

Myositis Antibody Panel (Comprehensive)

Order Name: **MYOSI PR 2**
 Test Number: **5513235**
 Revision Date: **09/20/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--|---|------------|
| PL-7 (threonyl-tRNA synthetase) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 33772-5 |
| PL-12 (alanyl-tRNA synthetase) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 33771-7 |
| Mi-2 (nuclear helicase protein) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 18485-3 |
| EJ (glycyl - tRNA synthetase) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 45149-2 |
| OJ (isoleucyl-tRNA synthetase) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 45152-6 |
| SRP (Signal Recognition Particle) Ab | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 33921-8 |
| Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 14235-6 |
| P155/140 (TIF1-gamma) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | n/a |
| Ku Autoantibodies | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 18484-6 |
| U2 sn (small nuclear) RNP Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 68549-5 |
| PM/Sci Complex Antibodies | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 31563-0 |
| SSA 60 (Ro) (ENA) Antibody, IgG | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 53019-6 |
| SSA 52 (Ro) (ENA) Antibody, IgG | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 31625-7 |
| Ribonucleic Protein (U1) (ENA) Ab, IgG | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 38369-5 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|---------------|--|-----------------------|
| Preferred | 1 mL (0.25 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated specimens. Stability: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year. | | | |

GENERAL INFORMATION

| | |
|------------------|-------------------|
| Testing Schedule | Mon |
| Expected TAT | 6-13 Days |
| CPT Code(s) | 83516x10, 86235x4 |
| Lab Section | Reference Lab |



Myositis Antibody Panel (Specific)

Order Name: **MYOSI PR 1**
 Test Number: **5513233**
 Revision Date: **09/20/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--|---|------------|
| PL-7 (threonyl-tRNA synthetase) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 33772-5 |
| PL-12 (alanyl-tRNA synthetase) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 33771-7 |
| Mi-2 (nuclear helicase protein) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 18485-3 |
| EJ (glycyl - tRNA synthetase) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 45149-2 |
| OJ (isoleucyl-tRNA synthetase) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 45152-6 |
| SRP (Signal Recognition Particle) Ab | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 33921-8 |
| Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | 14235-6 |
| P155/140 (TIF1-gamma) Antibody | Qualitative Immunoprecipitation/Semi-Quant Multiplex Bead Assay | n/a |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|---------------|--|-----------------------|
| Preferred | 1 mL (0.25 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated specimens. Stability: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year. | | | |

GENERAL INFORMATION

| | |
|------------------|----------------|
| Testing Schedule | Mon |
| Expected TAT | 6-13 Days |
| CPT Code(s) | 83516x7, 86235 |
| Lab Section | Reference Lab |



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: **01/02/2016**
 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) | 82452 | | | |
| Lab Section | Reference Lab | | | |



Narcolepsy - HLA Typing

Order Name: **HLA NARCO**
 Test Number: **9108985**
 Revision Date: **06/24/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|--|--|---------------------------|----------------------------|-----------------------|
| Narcolepsy - HLA Typing Interpretation | | Polymerase Chain Reaction | | 43291-4 |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 3 mL (1 mL) | Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Instructions | Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Varies | | | |
| Expected TAT | 11-13 days | | | |
| CPT Code(s) | 81383 | | | |
| Lab Section | Reference Lab | | | |

Nasal Culture

Order Name: **C NASAL RT**
 Test Number: **6002011**
 Revision Date: **04/24/2015**
 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 | Copan eSwab - Green (Mini-tip) | 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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Navy/White Bean IgG

Order Name: **BEAN WH G**
Test Number: **5500639**
Revision Date: **09/21/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Navy/White Bean IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 44220 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



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Nectarine IgE

Order Name: **NECTARINE**
 Test Number: **5508170**
 Revision Date: **09/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|---|-------------------------|
| Nectarine IgE | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | Nectarine: <i>Prunus species</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 47910E Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |



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Neisseria Gonorrhoea Probe

Order Name: **GC PROBE**
 Test Number: **5960180**
 Revision Date: **04/29/2015**
 LOINC Code: **24111-7**

| TEST NAME | | METHODOLOGY. | | |
|----------------------------|---|------------------------|--|-----------------------|
| Neisseria Gonorrhoea Probe | | BD ProbeTec | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | SWAB | Urogenital Swab | BD ProbeTec Qx Pink(F) or Blue(M) | Refrigerated |
| Alternate 1 | 8mL (4mL) | Urine, Random | Sterile Urine container | Refrigerated |
| Instructions | BD ProbeTec Qx Collection Kit - Female (Pink-colored swab)/Male (Blue-colored swab). Insert swab into Qx Swab Diluent tube, break swab shaft at score mark, tightly recap tube. Keep Refrigerated. If urine is used, collect 8mL(4mL) fresh urine specimen in a Sterile Urine Container and refrigerate within 30 minutes. Keep Refrigerated. Moderately bloody or grossly mucoid specimens may cause inhibition in this assay that may necessitate recollection. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon - Fri | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Amplified Probe technique helps diagnose Neisseria gonorrhoea infection. | | | |
| CPT Code(s) | 87591 | | | |



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 inoculation. 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 | | | |

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 | | | |

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 | | | |



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Neuronal Nuclear Antibodies (Hu, Ri, Yo) IgG by Immunoblot

Order Name: **NEURONL AB**
 Test Number: **5581127**
 Revision Date: **09/20/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|--|---|------------------------|--|-----------------------|
| Neuronal Nuclear Antibodies (Hu, Ri, Yo) IgG by Immunoblot | | Qualitative Immunoblot | | |
| 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 | Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Plasma. Contaminated, heat-inactivated, hemolyzed, or lipemic specimens. Stability: After separation from cells: Ambient: 24 hours; Refrigerated: 2 weeks; Frozen: 1 year | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Thur | | | |
| Expected TAT | 2-9 Days | | | |
| Clinical Use | Antineuronal antibodies serve as markers that aid in discriminating between a true paraneoplastic neurological disorder (PND) and other inflammatory disorders of the nervous system. Anti-Hu (antineuronal nuclear antibody, type I) is associated with small-cell lung cancer. Anti-Ri (antineuronal nuclear antibody, type II) is associated with neuroblastoma in children and with fallopian tube and breast cancer in adults. Anti-Yo (anti-Purkinje cell cytoplasmic antibody) is associated with ovarian and breast cancer. | | | |
| Notes | This test detects IgG antineuronal antibodies to Hu, Ri, and Yo antigens. Only the antibodies detected are reported in the result field. | | | |
| CPT Code(s) | 83516 | | | |
| Lab Section | Reference Lab | | | |



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Neutrophil Adhesion Panel

Order Name: **NEUTR ADHE**
 Test Number: **5605650**
 Revision Date: **10/14/2016**
 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) | Room Temperature |
| Alternate 1 | 3 mL | Whole Blood | Lithium Heparin (Dark Green Top / No-Gel) | Room Temperature |
| Instructions | <p>Deliver to laboratory (flow cytometry) ASAP! DO NOT Centrifuge or Refrigerate. <u>Collect Monday through Thursday only!</u> Specimen must be received in the lab section before 2pm and within 8hrs of collection. Specimen stability: 72hrs Room Temperature.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon - Fri | | | |
| 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: **10/14/2016**
 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 | 4mL | Whole Blood | EDTA (Lavender Top) | Room Temperature |
| Alternate 1 | 4mL | Whole Blood | Lithium Heparin (Dark Green Top / No-Gel) | Room Temperature |
| Instructions | <p>Deliver to laboratory (flow cytometry) ASAP! DO NOT Centrifuge or Refrigerate. <u>Collect Monday through Thursday only!</u> Specimen must be received in the lab section before 2pm and within 8hrs of collection. Specimen stability: 24hrs Room Temperature.</p> | | | |
| 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 | <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Varies | | | |
| Expected TAT | 6-12 Days | | | |
| CPT Code(s) | 84591 | | | |
| Lab Section | Reference Lab | | | |

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 | <p>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</p> | | | |
| 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 | <p>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.</p> | | | |
| 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 Metabolites - Confirmation/Quantitation, Urine

Order Name: **NICOTINE U**
 Test Number: **4312335**
 Revision Date: **02/26/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--|--|------------|
| Nicotine Quantitative, Urine | Quantitative HPLC/Tandem Mass Spectrometry | 3854-7 |
| Cotinine Quantitative, metabolite, Urine | Quantitative HPLC/Tandem Mass Spectrometry | 10366-3 |
| 3-OH-Cotinine, Urine | Quantitative HPLC/Tandem Mass Spectrometry | 33916-8 |
| Nornicotine, Urine | Quantitative HPLC/Tandem Mass Spectrometry | 33917-6 |
| Anabasine, Urine | Quantitative HPLC/Tandem Mass Spectrometry | 33915-0 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|-----------|-----------------------|---------------|-------------------------|-----------------------|
| Preferred | 4 mL (1 mL) | Urine, Random | Sterile Urine container | Room Temperature |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 2-5 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 (mL) | 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 |

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 | | | |

Nortriptyline (Aventyl)

Order Name: **NORTRIPTL**
Test Number: **4006150**
Revision Date: **05/18/2015**
LOINC Code: **3872-9**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------|--|--|---|-----------------------|
| Nortriptyline (Aventyl) | | Quant 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 | Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration. Separate serum or plasma from cells within 2 hours of collection. Transfer serum or plasma to a Standard Transport Tube. Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution). Stability: After separation from cells: Ambient: 5 days; Refrigerated: 2 weeks; Frozen: 6 months. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Wed, Fri | | | |
| Expected TAT | 2-6 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 | | | |

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 | | | |

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: **08/04/2015**
 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 | <p>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.</p> <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| Notes | <p>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.</p> | | | |
| 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 | Guaic Colormetric Reaction (GUIAC) | 14563-1 |
| Occult blood #2 | Guaic 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 |

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 | Guaiaic Colormetric Reaction (GUIAC) | 14563-1 |
| Occult blood #2 | Guaiaic Colormetric Reaction (GUIAC) | 14564-9 |
| Occult blood #3 | Guaiaic 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 | <p>Specimens cards should be collected on consecutive bowel movements.</p> <p>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.</p> <p>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.</p> <p>The patient's full name and date/time of collection should be noted on the cards.</p> | | | |

GENERAL INFORMATION

| | |
|------------------|------------------------|
| Testing Schedule | Daily |
| Expected TAT | 1 Day |
| Clinical Use | Colon cancer screening |
| CPT Code(s) | 82270 |

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 | Guaiaic 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 | | | |

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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 4142 South Mingo Road
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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 | | Isoelectric Focusing | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL ea. | CSF and Serum | | Refrigerated |
| Instructions | <p>1mL of CSF and Serum.</p> <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon - Sat | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| CPT Code(s) | 83916 | | | |
| Lab Section | Reference Lab | | | |



Omega 3 and 6 Fatty Acids, Plasma

Order Name: **OMEGA 3/6**
 Test Number: **2005877**
 Revision Date: **01/02/2016**
 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 | Mon-Sat |
| Expected TAT | 3-4 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) | 82542 |
| Lab Section | Reference Lab |

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 | | | |

Onion IgG

Order Name: **ONION IGG**
 Test Number: **5500741**
 Revision Date: **09/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Onion IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 54520 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| 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 |



Opiates, Serum or Plasma, Quantitative

Order Name: **OPIATE S/P**
 Test Number: **4312130**
 Revision Date: **10/05/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|------------------------------|--|------------|
| Hydrocodone, S/P, Quant | Quantitative HPLC/Tandem Mass Spectrometry | 3680-6 |
| Hydromorphone, S/P, Quant | Quantitative HPLC/Tandem Mass Spectrometry | 3683-0 |
| Codeine, S/P, Quant | Quantitative HPLC/Tandem Mass Spectrometry | 3506-3 |
| Morphine, S/P, Quant | Quantitative HPLC/Tandem Mass Spectrometry | 3827-3 |
| 6-acetylmorphine, S/P, Quant | Quantitative HPLC/Tandem Mass Spectrometry | 12788-6 |
| Oxycodone, S/P, Quant | Quantitative HPLC/Tandem Mass Spectrometry | 3893-5 |
| Oxymorphone, S/P, Quant | Quantitative HPLC/Tandem Mass Spectrometry | 60467-8 |

| 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) | Refrigerated |
| Alternate 1 | 1 mL (0.5 mL) | Plasma | Sodium fluoride (gray top) | Refrigerated |
| Alternate 2 | 1 mL (0.5 mL) | Plasma | Sodium Heparin (Green Top / No-Gel) | Refrigerated |
| Instructions | Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to a Standard Transport Tube. Unacceptable Conditions: Separator tubes. Plasma or whole blood collected in lt. blue (sodium citrate). 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 | Mon, Wed, Fri |
| Expected TAT | 2-5 Days |
| CPT Code(s) | 80364; (Alt code: G6056) |
| Lab Section | Reference Lab |

Orange Citrus IgG

Order Name: **ORANGE IGG**
 Test Number: **3666325**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Orange Citrus IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Orange Citrus: <i>Citrus sinensis</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 51920 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | | |

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 | | | |

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: **09/14/2015**
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 | 5 mL (0.5) | Stool, Random | Stool specimen container | Refrigerated |
| Instructions | Specimen must be in liquid form. Do not add saline or water to liquefy sample. Transfer 5 mL liquid stool to an unpreserved stool transport vial and freeze. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Stability: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 3-4 days | | | |
| Clinical Use | Useful for diagnosis of factitious diarrhea (where patient adds water to stool to simulate diarrhea). | | | |
| Notes | A stool osmo is used in conjunction with a serum osmo to calculate an osmotic gap. | | | |
| CPT Code(s) | 84999 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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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. <i>24 hour urine specimen are acceptable but will be reported with comment that reference ranges to not apply.</i> | | | |
| 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 | <p>Avoid hemolysis. Avoid lipemia. Overnight fasting is preferred. Do Not collect if patient has received BIOTIN (Vitamin B7) within 8hrs!</p> <p>Allow blood to clot at room temperature then centrifuge immediately to separate the serum from the cells. Freeze as soon as possible!</p> <p>Specimen Stability: Room temperature: n/a; Refrigerated: 24 Hours; Frozen: 21days.</p> | | | |
| 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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Osteomark, N-Telopeptide, Cross-Linked, Urine (NTX)

Order Name: **OSTEOMARK**
 Test Number: **3802210**
 Revision Date: **06/15/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--------------------------------|---|------------|
| Osetomark (NTx) Urine | Quantitative Chemiluminescent Immunoassay | 14115-0 |
| Creatinine, Urine - per volume | Chemiluminescence Assays | 2161-8 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|----------------|-------------------------|-----------------------|
| Preferred | 1 mL (0.5 mL) | Urine, Random | Sterile Urine container | Frozen |
| Alternate 1 | 1 mL (0.5 mL) | Urine, 24-hour | 24 hour Urine Container | Frozen |
| Instructions | Collect: Random Second-morning void or 24-hour urine. Refrigerate during collection. Collect without preservative. Transfer a 1mL(0.5mL) aliquot of urine from a well-mixed, second-morning void or 24-hour collection to a Standard Transport Tube. Unacceptable Conditions: Specimens contaminated with blood or extensive hemolysis. Stability: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 2 years. Storage/Transport Temperature: Frozen. | | | |

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Tue-Sat |
| Expected TAT | 2-5 Days |
| CPT Code(s) | 82523, 82570 |
| 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 | | | |



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 |

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, Serum or Plasma

Order Name: **OXALATE PL**
 Test Number: **3654275**
 Revision Date: **04/02/2016**
 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 | 2 mL (0.7 mL) | Plasma | EDTA (Lavender Top) | Frozen |
| Alternate 1 | 2 mL (0.7 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 | 2-8 Days | | | |
| CPT Code(s) | 83945 | | | |
| Lab Section | Reference Lab | | | |



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Oxalate, Urine (24hr or Random)

Order Name: **OXALATE U**
 Test Number: **3808300**
 Revision Date: **08/30/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--------------------------------|--------------------------------|------------|
| Oxalate, Urine - per volume | Quantitative Spectrophotometry | 27222-9 |
| Oxalate, Urine - per 24hr | Calculation | 2701-1 |
| Creatinine, Urine - per volume | Quantitative Spectrophotometry | 20624-3 |
| Creatinine, Urine - per 24hr | Calculation | 2162-6 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|---|----------------|-------------------------|-----------------------|
| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 4mL (1.5) | Urine, 24-hour | 24 hour Urine Container | Frozen |
| Alternate 1 | 4mL (1.5) | Urine, Random | Sterile Urine container | Frozen |
| Instructions | <p>Patient Preparation: Patient should avoid ingestion of vitamin C prior to collection.</p> <p>Refrigerate during collection. Thoroughly mix entire collection (24-hour or random) in one container. Transfer 4mL(1.5mL) aliquot from the well-mixed Random or 24-hour urine collection to a Standard Urine Transport Tube and Freeze immediately after aliquoting. Do not exceed 4 mL in tubes.</p> <p>Record total volume and collection time interval on transport tube and test request form. This information is required for test interpretation.</p> <p>CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.</p> <p>Stability: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month.</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Mon - Fri |
| Expected TAT | 2-5 Days |
| CPT Code(s) | 83945; 82570 |
| Lab Section | Reference Lab |



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Oxcarbazepine as Metabolite, Serum or Plasma

Order Name: **TRILEPTAL**
Test Number: **3638130**
Revision Date: **04/28/2015**
LOINC Code: **31019-3**

| TEST NAME | | METHODOLOGY. | | |
|--|---|--|---|-------------------------------|
| Oxcarbazepine as Metabolite, Serum or Plasma | | Quant 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. Separate serum or plasma from cells within 2 hours of collection. 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 | | | |

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 | | | |

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 | <p>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.</p> <p>Must Collect in a Special Z-tube (G.I. Preservative tube). <i>Contact RML Client Services to make arrangement for supply of these tubes.</i></p> <p>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.</p> <p>Unacceptable Conditions: Thawed specimens. Specimens not collected in GI preservative tube. Stability Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 months</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Varies | | | |
| Expected TAT | 5-22 days | | | |
| CPT Code(s) | 83519 | | | |
| Lab Section | Reference Lab | | | |

Pancreatic Elastase, Fecal

Order Name: **STOOL ELAS**
Test Number: **3502350**
Revision Date: **04/20/2015**
LOINC Code: **25907-7**

| TEST NAME | | METHODOLOGY. | | |
|----------------------------|---|-----------------------------------|-----------------------------------|-----------------------|
| Pancreatic Elastase, Fecal | | Enzyme-Linked Immunosorbent Assay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5g (1g) | Stool, Random | Sterile Screwtop Container | Frozen |
| Instructions | Interruption of enzyme substitution therapy recommended in order to avoid the possibility of cross-reaction with porcine enzymes. Transfer 5 g stool to an unpreserved stool transport vial. Unacceptable Conditions: Stool in media or preservative. Swabs. Stability: Ambient: 5 days; Refrigerated: 1 week; Frozen: 1 year. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun, Tue-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) | 83520 | | | |
| 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 | | | |

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: **04/07/2015**
 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 | Mini-Flocked Swab in Universal Transport Media (UTM) | Refrigerated |
| Alternate 1 | 3mL (1mL) | Nasal Wash | Sterile Screwtop Container | Refrigerated |
| Alternate 2 | 3mL (1mL) | Bronchial lavage/wash | Sterile Screwtop Container | Refrigerated |
| Instructions | <p>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.</p> <p>Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated.</p> | | | |

| 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) |

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 | <p>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.</p> <p>Patients must not have had barium for 10 days prior to collection for this test.</p> <p>Not for patients hospitalized more than 5 days.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Thur | | | |
| Expected TAT | 1-3 Days | | | |
| Notes | It is recommended to submit separate specimens that are collected over 3 consecutive days for best results. | | | |
| CPT Code(s) | 87177, 87209 | | | |

Parasite Identification - Intestinal

Order Name: **C PARA ID**
 Test Number: **6001015**
 Revision Date: **05/18/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|--------------------------------------|---|-------------------------|-------------------------|-------------------------|
| Parasite Identification - Intestinal | | Microscopy | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | See Instructions | See Instructions | See Instructions | Room Temperature |
| Instructions | <p>Collect parasitic worm (suspect neotode, cestode, or trematode) in Sterile Leakproof Container, Transfer to 70% Alcohol or 10% Formalin Container ASAP!</p> <p>Not acceptable is frozen or desiccated specimen)</p> <p>Parasite Complete Exam Stool (C PARASPEC tc:6060250) should be ordered on stool to check for ova and parasite.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon - Fri | | | |
| Expected TAT | 1-2 Days | | | |
| CPT Code(s) | 87169 | | | |



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Parasite Screen - Stool (Giardia, Cryptosporidium)

Order Name: **C PARA SC**
 Test Number: **6060300**
 Revision Date: **07/18/2016**
 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. Formalin can be added to fresh (undiluted), refrigerated specimens up to 72 hours old; formalin can be added to room temperature fresh (undiluted) specimens up to 8 hours old. Testing should be performed with in 1 month. | | | |
| 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 Microbiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers. Please make sure your order and result code is 6060300 and not the old 6060200. | | | |
| CPT Code(s) | 87328, 87329 | | | |

Parasite Smear with Interpretation

Order Name: **PARASIT BL**
Test Number: **3946059**
Revision Date: **09/16/2016**
LOINC Code: **17784-0**

| TEST NAME | METHODOLOGY. | LOINC CODE | | |
|------------------------------------|--|-------------------------|---------------------------------------|-----------------------|
| Parasite Smear with Interpretation | Microscopy | 17784-0 | | |
| Clinical Pathology Report | | | | |
| 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. Please provide area of travel to aid in the interpretation and identification. | | | |
| 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 | | | |

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 (mL) | 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 | <p>For Best Stability - Collect Monday through Thursday! Send specimen to RML main laboratory ASAP on the same day of collection to maintain optimal stability! <i>(Specimens received at RML Main Laboratory after Noon on Friday will not reach the performing lab within stability.)</i></p> <p>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.</p> | | | |
| 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 | | | |



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 | <p>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)</p> | | | |

| 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 | <p>Please indicate source on specimen.</p> <p>Plasma or Serum - Centrifuge specimen within 3 hours of collection, separate and freeze immediately.</p> <p>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.</p> <p>Fresh tissue, snap frozen, acceptable on dry ice.</p> <p>Stability: Ambient= 8 hours (excludes tissue), Refrigerated= 3 days (excludes tissue), Frozen= 6 months.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Wed, Fri | | | |
| Expected TAT | 2-5 Days | | | |
| CPT Code(s) | 87798 | | | |
| Lab Section | Reference Lab | | | |



PCA3 - Prostate Cancer Biomarker

Order Name: **PCA3 URINE**
 Test Number: **9107025**
 Revision Date: **02/16/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|----------------------|--|------------|
| PCA3 by TMA - Result | Qualitative Transcription-Mediated Amplification | 69362-2 |
| PCA3 by TMA - Score | Qualitative Transcription-Mediated Amplification | 69361-4 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|-----------|-----------------------|-------------------|---|-----------------------|
| Preferred | 30 mL (20 mL) | Urine, First Void | ProgenSA PCA3 Urine Specimen Transport Tube | Frozen |

Instructions
 Patient Preparation: Collection must follow Digital Rectal Exam (DRE).
 20-30 mL first catch urine following DRE in preservative-free urine collection cup.
 Invert urine container 5 times to mix, then transfer 2.5 mL urine to each ProgenSA PCA3 Urine Specimen Transport Tube (ARUP Supply #45682). Available online through RML Supply. Liquid level must be between black lines on transport tubes. Cap transport tubes and invert 5 times to mix.
 Urine in original collection cup. Specimens in APTIMA Urine Specimen Transport Tube (ARUP Supply #28908). Stability:
 Ambient: 5 days; Refrigerated: 5 days; Frozen: 3 months

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Thursday only |
| Expected TAT | 4-9 Days |
| CPT Code(s) | 81313 |
| Lab Section | Reference Lab |

Peach Fruit IgE

Order Name: **PEACH FRUIT**
 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 |



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 | | | |

Peanut IgG

Order Name: **PEANUT IGG**
 Test Number: **3666300**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Peanut IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Peanut: <i>Arachis hypogaea</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 52020 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



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 | | | |

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 | | | |

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 | | | |



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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 |



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 |

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 | | | |



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 | | | |

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 | | | |



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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 | | | |

Perch IgE

Order Name: **PERCH**
Test Number: **5536275**
Revision Date: **09/23/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|---|-------------------------|
| Perch IgE | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 2-3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 45310S Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 alkalization (to detect phenolphthalein). | | | |
| Notes | Expanded Methodology: Dry Chemistry/pH Indicator Sticks | | | |
| CPT Code(s) | 83986 | | | |

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 | | | |



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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: **10/03/2016**
LOINC Code: **14875-9**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|--|---------------------------------------|-----------------------|
| Phenylalanine | | High Performance Liquid Chromatography | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 0.5 mL (0.25 mL) | Plasma | Sodium Heparin (Green Top / No-Gel) | Frozen |
| Alternate 1 | 0.5 mL (0.25 mL) | Plasma | Lithium Heparin PST (Light Green Top) | 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-Fri | | | |
| Expected TAT | 2-6 Days | | | |
| CPT Code(s) | 82131 | | | |
| 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 (mL) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 10 mL | Urine, 24-hour | 24 hour Urine Container | Refrigerated |
| Instructions | <p>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.</p> <p>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.</p> | | | |
| 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 | | | |

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 | | | |



Regional Medical Laboratory
 4142 South Mingo Road
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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 |

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 30 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 | | | |

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 |

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 | | | |

Pineapple IgG

Order Name: **PINEAPPL G**
 Test Number: **5500757**
 Revision Date: **09/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Pineapple IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 52220 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| 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 | | | |

Pinon Nut (Pine Nut) Allergy IgG

Order Name: **PINION 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 | | | |

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 | | | |

Pistachio Nut Allergy IgG

Order Name: **PISTACHIO 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 | | | |



Regional Medical Laboratory
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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 plasma 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: **02/01/2016**
LOINC Code: **22758-7**

| 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 | Tue | | | |
| Expected TAT | 7-12 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. 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. | | | |
| Notes | Reference Lab: Quest Test Code: 59766P Click Here to view test info on the Quest website. | | | |
| 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: **06/15/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|---|---|---------------------------|---------------------|-----------------------|
| Plasminogen Activator Inhibitor-1, PAI-1 Genotyping | | Polymerase Chain Reaction | | 60577-4 |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (1 mL) | EDTA Whole Blood | EDTA (Lavender Top) | Room Temperature |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Thu | | | |
| Expected TAT | 8-11 Days | | | |
| Clinical Use | <p>The 4G allele within in the promoter region of the PAI-1 (SERPINE1) gene is associated with higher plasma PAI-1 activity when compared with the 5G allele. Heterozygosity or homozygosity for the 4G allele confers a risk for venous thromboembolism (VTE), especially in individuals with other thrombophilic risk factors, as well as a risk for myocardial infarction.</p> <p>Variant Tested: The PAI-1 promoter 4G/5G polymorphism located in the promoter region of the SERPINE1 gene. NM_000602.3(SERPINE1) c.-817dupG (from start of translation).</p> | | | |
| Notes | Methodology: Polymerase Chain Reaction/Fluorescence Monitoring. | | | |
| CPT Code(s) | 81400 | | | |
| Lab Section | Reference Lab | | | |



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Plasminogen Functional

Order Name: **PLASMINOGE**
 Test Number: **1504250**
 Revision Date: **09/13/2016**
 LOINC Code: **5970-9**

| TEST NAME | | METHODOLOGY. | | |
|------------------------|--|-------------------|---------------------------------------|-----------------------|
| Plasminogen Functional | | Spectrophotometry | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2mL (1mL) | Plasma | Sodium Citrate 3.2% (Blue Top) | Frozen |
| Instructions | <p>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.</p> <p>The specimen must be double spun then aliquot 2.0 mL plasma into individual aliquot tubes and freeze.</p> <p>Specimen Stability: Frozen 30 days.</p> <p>Rejection Criteria: Hemolysis, received at room temperature, received refrigerated.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tuesday | | | |
| Expected TAT | 3 days | | | |
| Clinical Use | The precursor of plasmin is plasminogen, plasmin lyses fibrin clots. Activity is increased in pregnancy and as an acute phase reactant. Rare hereditary deficiency of plasminogen predisposes to venous thrombosis. Low activity is associated with DIC, liver disease, and increased risk of thrombosis. | | | |
| Notes | <p>Reference Lab: Quest</p> <p>Quest Test Code: 59709P</p> <p>Click Here to view test info on the Quest Website.</p> | | | |
| CPT Code(s) | 85420 | | | |
| Lab Section | Reference Lab | | | |



Platelet Aggregation Profile

Order Name: **PLT AGG**
 Test Number: **3798203**
 Revision Date: **04/12/2016**
 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 |



Platelet Aggregation Profile Expanded

Order Name: **PLT AGG EX**
 Test Number: **3798178**
 Revision Date: **04/12/2016**
 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 |

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 | <p>Due to specimen integrity and stability reasons, it is highly suggested this should be collected at the RML Main Laboratory - Monday through Thursday..!</p> <p>Testing must begin within 24hrs.</p> <p>Please make this a Separate Specimen, Do not share this specimen with other testing.</p> <p>Keep specimen as Whole Blood and On-ICE..! Do Not Centrifuge!</p> <p>Transport specimen directly to Lab Section ASAP On-ICE but Do Not Freeze!</p> <p>(Note: Special processing of the sample will be performed within the performing laboratory section. Hemolyzed, Icteric and Lipemic specimens will yield false results and will not be tested.)</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Thr | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| CPT Code(s) | 86022 | | | |



Regional Medical Laboratory
 4142 South Mingo Road
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Platelet Count with Mean Platelet Volume

Order Name: **Plt Cnt w MPV**
 Test Number: **1104403**
 Revision Date: **04/12/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|----------------------------|--|----------------|---------------------------------------|-----------------------|
| Platelet Count (PLT) | | Flow cytometry | | 777-3 |
| Mean Platelet Volume (MPV) | | Flow cytometry | | 32623-1 |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.5 mL) | Whole Blood | EDTA (Lavender) Microtainer/Bullet | Refrigerated |
| Alternate 1 | 5 mL (1 mL) | Whole Blood | EDTA (Lavender Top) | 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 | | | |



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 |
| Preferred | 5.4 mL | Whole Blood |
| | | Specimen Container |
| | | Sodium Citrate 3.2% (Blue Top) |
| | | Transport Environment |
| | | Room Temperature |
| Instructions | <p>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.</p> <p>Specimen must be tested within 4 hours of collection. Do not refrigerate!</p> <p>Collect Two 2.7mL Sodium Citrate 3.2% (Blue Top) tubes - DO NOT Spin, Filter or Freeze specimens!</p> <p>Patient should have PLT >150,000 and HCT >35% for accuracy.</p> <p>Please write on request if patient is receiving aspirin.</p> | |
| 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 | |



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 |



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 |



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 | <p>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.).</p> <p>A pre-and post-vaccination sample comparison is required in order to assess the humoral immune response to vaccination with <i>Streptococcus pneumoniae</i> 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.</p> <p>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.</p> <p>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.</p> | | | |
| 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 <i>Streptococcus pneumoniae</i> based on a single specimen. | | | |
| CPT Code(s) | 86317x23 | | | |
| Lab Section | Reference Lab | | | |



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: **09/28/2015**
 LOINC Code: **6521-9**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------------------|---|---------------------------|----------------------------|-----------------------|
| Pneumocystis jirovecii, Qual RT-PCR | | Polymerase Chain Reaction | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2mL (0.5mL) | Bronchial lavage/wash | Sterile Screwtop Container | Frozen |
| Alternate 1 | 2mL (0.5mL) | Sputum | Sterile Screwtop Container | Frozen |
| Instructions | <p>Collect: Respiratory specimen: Bronchoalveolar lavage (BAL), bronchial wash, or sputum. Transfer 2mL(0.5) respiratory specimen to a sterile container and freeze. Specimen source required. Bronchoalveolar lavage (BAL), bronchial wash or induced sputum are the preferred specimen types. Expecterated sputum is acceptable but not preferred. Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 1 month.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Wed, Fri | | | |
| 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 |

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 Thistle 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 |

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 | | | |

Pork Meat IgG

Order Name: **PORK IGG**
Test Number: **3666550**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Pork Meat IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Pork: <i>Sus species</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 52320 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



Porphobilinogen (PBG), Urine (Random or 24hr)

Order Name: **PBG UR QT**
 Test Number: **3812500**
 Revision Date: **06/15/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--|---|------------|
| Porphobilinogen (PBG), Urine -per volume | HPLC/Ion Exchange Chromatography/Quantitative Spectrophotometry | 2811-8 |
| Porphobilinogen (PBG), Urine -per 24h | HPLC/Ion Exchange Chromatography/Quantitative Spectrophotometry | 14882-5 |
| Creatinine, Urine - per 24h | Quantitative Spectrophotometry | 2162-6 |
| Creatinine, Urine - per volume | Quantitative Spectrophotometry | 20624-3 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
|-------------|-----------------------|-----------------------|--------------------------------|-----------------------|
| Preferred | 8mL (3.5mL) | Urine, Random | Sterile Urine container | Frozen |
| Alternate 1 | 8mL (3.5mL) | Urine, 24-hour | 24 hour Urine Container | Frozen |

Instructions
 Collect: 24-hour or Random urine. Refrigerate 24-hour specimens during collection.
Protect from light. Transfer 8mL(3.5mL) aliquot to a Amber Transport Tube. Record total volume and collection time interval on transport tube and test request form.
 Storage/Transport Temperature: Frozen.
 Unacceptable Conditions: Body fluids other than urine.
 Stability: Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month.

GENERAL INFORMATION

| | |
|------------------|---------------|
| Testing Schedule | Mon-Fri |
| Expected TAT | 3-5 Days |
| CPT Code(s) | 84110, 82570 |
| Lab Section | Reference Lab |



Porphyrins & Porphobilinogen (PBG), Urine (Random or 24hr)

Order Name: **PORPH URQT**
 Test Number: **3812200**
 Revision Date: **06/15/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--|---|------------|
| Creatinine, Urine - per volume | Quantitative Spectrophotometry | 20624-3 |
| Creatinine, Urine - per 24h | Quantitative Spectrophotometry | 2162-6 |
| Porphobilinogen (PBG), Urine -per volume | HPLC/Ion Exchange Chromatography/Quantitative Spectrophotometry | 2811-8 |
| Porphobilinogen (PBG), Urine -per 24h | HPLC/Ion Exchange Chromatography/Quantitative Spectrophotometry | 14882-5 |
| Coproporphyrin I - ratio to CRT | HPLC/Ion Exchange Chromatography/Quantitative Spectrophotometry | 45313-4 |
| Coproporphyrin III - ratio to CRT | HPLC/Ion Exchange Chromatography/Quantitative Spectrophotometry | 45315-9 |
| Uroporphyrin - ratio to CRT | HPLC/Ion Exchange Chromatography/Quantitative Spectrophotometry | 32043-2 |
| Heptacarboxylate - ratio to CRT | HPLC/Ion Exchange Chromatography/Quantitative Spectrophotometry | 38175-6 |
| Porphyrin Urine Interpretation | | 49292-6 |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|----------------|-------------------------|-----------------------|
| Preferred | 8 mL (4 mL) | Urine, Random | Sterile Urine container | Frozen |
| Alternate 1 | 8 mL (4 mL) | Urine, 24-hour | 24 hour Urine Container | Frozen |
| Instructions | Collect: 24-hour or Random urine. Refrigerate 24-hour specimens during collection. Protect from light. Transfer 8mL(4mL) aliquot to a Amber Transport Tube. Record total volume and collection time interval on transport tube and test request form. Storage/Transport Temperature: Frozen. Unacceptable Conditions: Body fluids other than urine. Stability: Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month. | | | |

GENERAL INFORMATION

| | |
|------------------|---------------------|
| Testing Schedule | Mon-Fri |
| Expected TAT | 3-5 Days |
| CPT Code(s) | 84120; 84110, 82570 |
| 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 |
| Preferred | 2 mL (1) | Serum |
| | | Specimen Container |
| | | Clot Activator (Red Top, No-Gel) |
| | | Transport Environment |
| | | Frozen |
| Instructions | <p>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.</p> <p>Transport in amber tubes may not be sufficient protection to prevent destruction of porphyrins.</p> | |
| GENERAL INFORMATION | | |
| Testing Schedule | Sun, Tue, Thu | |
| Expected TAT | 2-5 Days | |
| Clinical Use | <p>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.</p> | |
| Notes | <p>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.</p> | |
| CPT Code(s) | 84311 | |
| Lab Section | Reference Lab | |



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 |
| Potassium 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 |

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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Potato White IgG

Order Name: **POTATO IGG**
Test Number: **3666275**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Potato White IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | White Potato: <i>Solanum tuberosum</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 52420 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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: **PREGNEOLO**
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 | | | |



Prenatal 8 Profile

Order Name: **PRENATAL 8**
 Test Number: **2953400**
 Revision Date: **09/27/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---|--------------------------|------------|
| Complete Blood Count (CBC) with Automated Differential | | |
| Syphilis Antibody Screen | Chemiluminescence Assays | 24110-9 |
| 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; 86780; 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: <ul style="list-style-type: none"> • 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: **04/20/2015**
 LOINC Code: **3978-4**

| TEST NAME | | METHODOLOGY. | | |
|----------------------------|--|---------------|-------------------------------------|-----------------------|
| Primidone (Mysoline) Level | | Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1mL (0.8 mL) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated |
| Alternate 1 | 1mL (0.8 mL) | Plasma | Sodium Heparin (Green Top / No-Gel) | Refrigerated |
| Instructions | <p>Collect just prior to next dose.</p> <p>Collect: Plain red. Also acceptable: Green (sodium heparin).</p> <p>Allow serum to clot completely at room temperature. Separate serum from cells within 2 hours of collection.</p> <p>Unacceptable Conditions: Separator tubes.</p> <p>Stability: After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 month.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-3 Days | | | |
| CPT Code(s) | 80188 | | | |
| Lab Section | Reference Lab | | | |



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Pro-BNP N-Terminal

Order Name: **PROBNP N-T**
Test Number: **2015177**
Revision Date: **10/03/2016**
LOINC Code: **33762-6**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|-------------------------------------|----------------------------|-----------------------|
| Pro-BNP N-Terminal | | Electrochemiluminescent Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1.0 mL (0.3 mL) | Plasma | EDTA (Lavender Top) | Frozen |
| Instructions | Alternative Specimens: Plasma: EDTA Royal Blue, Potassium EDTA, Sodium heparin, Lithium heparin or Serum. Separate plasma as soon after collection as possible. Keep refrigerated (cold packs) after separation. Specimen Stability: Room Temperature 72 hours, Refrigerated 5 days, Frozen 1 year. Rejection Criteria: gross hemolysis. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3-6 Days | | | |
| Notes | Reference Lab: Quest Quest Test Code: 11188 Click Here to view information on the Quest website. | | | |
| CPT Code(s) | 83880 | | | |
| Lab Section | Reference Lab | | | |

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 | <p>Do not use gel barrier tubes!</p> <p>Serum from Red No-Gel clot tube is preferred specimen. Plasma from EDTA or Sodium Heparin No-Gel tubes are acceptable.</p> <p>Specimen Stability (Serum or Plasma): Room temperature: 4 Days, Refrigerated: 7 Days, Frozen: Not Established</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Sun | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| CPT Code(s) | 80192 | | | |
| Lab Section | Reference Lab | | | |



Procalcitonin

Order Name: **PROCALCITN**
 Test Number: **5700157**
 Revision Date: **04/20/2015**
 LOINC Code: **33959-8**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|-------------------------|--|-----------------------|
| Procalcitonin | | Immunofluorescent Assay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (mL) | 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 | <p>The same specimen type (serum, plasma) should be used throughout the patient's clinical course.</p> <p>Collect: Plasma separator tube or serum separator tube.</p> <p>Allow serum to sit for 15-20 minutes for proper clot formation and to ensure the absence of fibrin in the serum which can interfere with this assay. Separate serum or plasma from cells within 2 hours of collection.</p> <p>Unacceptable Conditions: Specimens collected in citrate anticoagulant.</p> <p>Stability: After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 1 month.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| 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 | <p>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.</p> <p>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.</p> | | | |
| 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: **05/04/2015**
 LOINC Code: **2839-9**

| TEST NAME | | METHODOLOGY. | | |
|------------------------------------|--|--|-------------------------------------|-----------------------|
| Progesterone, Serum Ultrasensitive | | Quantitative HPLC/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 |
| Alternate 1 | 1 mL (0.3 mL) | Plasma | EDTA (Lavender Top) | Refrigerated |
| Alternate 2 | 1 mL (0.3 mL) | Plasma | Sodium Heparin (Green Top / No-Gel) | Refrigerated |
| Instructions | <p>Recommended for children 12 years and under.</p> <p>Unacceptable Conditions: Grossly hemolyzed specimens. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-5 Days | | | |
| Clinical Use | This test (1) establishes the presence of a functioning corpus luteum 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 | | | |



Prograf (FK506) Tacrolimus

Order Name: **PROGRAF**
 Test Number: **4503275**
 Revision Date: **07/15/2016**
 LOINC Code: **11253-2**

| TEST NAME | | METHODOLOGY. | | |
|----------------------------|---|----------------------------------|----------------------------|-----------------------|
| Prograf (FK506) Tacrolimus | | 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. Whole Blood 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 | | | |



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 | <p>Recommended for Children 12 years and under.</p> <p>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.</p> <p>Stability: After separation from cells: Ambient: 8 hours; Refrigerated: 48 hours; Frozen: 3 months</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | | | | |
| CPT Code(s) | 84146 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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Prostaglandins D2 Urine

Order Name: **PROSTAD2 U**
Test Number: **3805100**
Revision Date: **07/18/2016**
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, Random | Sterile Urine container | Frozen |
| Alternate 1 | 10 mL (5) | Urine, 24-hour | 24 hour Urine Container | Frozen |
| Instructions | Collect 24hr or Random urine without preservative. If collecting timed urine, record 24-hour urine volume on test request form and urine aliquot vial. Aspirin, Indomethacin, and some other medications strongly suppress the production and release of Prostaglandins. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Varies as needed | | | |
| Expected TAT | 6-8 Business Days | | | |
| CPT Code(s) | 84150 | | | |
| Lab Section | Reference Lab | | | |



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Prostate Cancer Cell Search

Order Name: **CELLPROSTA**
 Test Number: **2071050**
 Revision Date: **09/19/2016**
 LOINC Code: **68123-9**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------------|---|--------------------|-------------------------|-------------------------|
| Prostate Cancer Cell Search | | Veridex CellSearch | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 20mL (10mL) | Whole Blood | See Instructions | Room Temperature |
| Instructions | <p>Use CellSave tubes only. Collect 2 CellSave 10mL tubes (minimum one 10mL tube). CellSave tubes can be obtained from RML Materials Management.</p> <p>Collection Instructions: Fill the tube until blood flow stops, immediately mix by inversion. Tube inversion prevents clotting of the sample.</p> <p>Specimen Stability: room temperature 4 days, refrigerated unacceptable, frozen unacceptable.</p> <p>Rejection Criteria: clotted specimen, frozen or refrigerated samples.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Saturday | | | |
| Expected TAT | 4-6 Days | | | |
| Clinical Use | Detection of circulating tumor cells in peripheral blood from patients with prostate cancer. | | | |
| Notes | <p>Reference Lab: Quest</p> <p>Quest Test Code: 16812</p> <p>Click Here to view information on the Quest website.</p> | | | |
| CPT Code(s) | 86152, 86153 | | | |
| Lab Section | Reference Lab | | | |

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 | <p>Draw before rectal examination or biopsy procedure.</p> <p>Allow specimen to clot then remove 1mL serum and freeze in plastic aliquot tube ASAP.</p> <p>Specimen Stability: Room temperature 24 hours, Refrigerated 24 hours, Frozen 28 days.</p> <p>Reject Criteria: Gross hemolysis, Unfrozen specimens received over 24hrs after collection.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Wednesday AM only, reports 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 Body Fluid (Synovial/Serous)

Order Name: **SRS PROT**
 Test Number: **3500450**
 Revision Date: **09/12/2016**
 LOINC Code: **2881-1**

| TEST NAME | | METHODOLOGY. | | |
|--------------------------------------|---|---------------|---|-----------------------|
| Protein Body Fluid (Synovial/Serous) | | Biuret | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.5) | Body Fluid | Sterile Screwtop Container | Refrigerated |
| Alternate 1 | 1 mL (0.5) | Body Fluid | Lithium Heparin (Dark Green Top / No-Gel) | Refrigerated |
| Instructions | Place body 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 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>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.</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 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 | <p>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!</p> | | | |
| 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 | | | |

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. | | | |

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. |

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 84165-26) Initial testing only. | | | |

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: **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>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.</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 |



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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 | <p>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.</p> <p>Unacceptable Conditions: Serum. EDTA plasma or hemolyzed specimens.</p> | | | |
| 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 | | | |



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 | <p>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!</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tues, Thurs | | | |
| Expected TAT | 2-4 Days | | | |
| Clinical Use | <p>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, inflammatory syndromes and oral anticoagulant therapy.</p> | | | |
| CPT Code(s) | 85306 | | | |

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 cytoplasmic pattern (C-ANCA) and associated with ANCA-associated vasculitides (e.g. Wegener's granulomatosis). |
| CPT Code(s) | 83520 |



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 | <p>Please indicate anticoagulant therapy.</p> <p>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.</p> <p>Whole blood stability for PT only is 24 hours at Room temperature.</p> <p>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.</p> <p>Do not pool aliquots together!</p> | | | |
| 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 | | | |



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 | <p>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.</p> <p>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.</p> <p>If submitting aliquot tubes, please mark each aliquot tube correctly with EDTA Plasma or Serum.</p> <p>Serum for calcium can be used from serum collected with other general chemistry tests. Heparin Plasma is also acceptable for calcium.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 1-3 days | | | |
| Clinical Use | Useful in the differential diagnosis of hypercalcemia and parathyroid disorders. | | | |
| Notes | <p>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.</p> | | | |
| CPT Code(s) | 83970 | | | |

PTH-Related Protein (PTH-RP)

Order Name: **PTH R PROT**
Test Number: **5559700**
Revision Date: **07/27/2015**
LOINC Code: **15087-0**

| TEST NAME | | METHODOLOGY. | | |
|------------------------------|--|--|--|-----------------------|
| PTH-Related Protein (PTH-RP) | | Quantitative HPLC/Tandem Mass Spectrometry | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1.5mL (0.7) | Plasma | Protease Inhibitor tube (PPACK) | Frozen |
| Instructions | <p>Collect in: Protease Inhibitor tube (PPACK) with a winged collection set must be used.</p> <p>NOT RECOMMENDED: Filling collection tubes directly through a needle/tube-holder assembly increases the risk of chemical reflux back into the vein of the patient.</p> <p>Mix Collection tube thoroughly - Spin, separate plasma into a plastic pour off tube & freeze within 1 hour of collection.</p> <p>Separate specimens must be submitted when multiple tests are ordered.</p> <p>Unacceptable: Specimens from other collection tubes or gross hemolysis</p> <p>Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun, Wed, Fri | | | |
| Expected TAT | 3-7 Days | | | |
| Notes | To request tubes, you will need to enter "SCAT-875B-3/5-ARUP" or "ARUP PPACK" under the miscellaneous section of the online ordering tool or write on the fax supply request form and fax the supply order form to Materials Management at 918-744-3006 or 888-833-0528. | | | |
| CPT Code(s) | 82542 | | | |
| 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 | | | |



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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Pyruvate Kinase

Order Name: **PYRU KINS**
 Test Number: **2003820**
 Revision Date: **09/16/2016**
 LOINC Code: **32552-2**

| TEST NAME | METHODOLOGY. |
|-----------------|----------------------------|
| Pyruvate Kinase | Kinetic Spectrophotometric |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|------------------|-------------------------------------|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 4.0mL (1.0mL) | EDTA Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Alternate 1 | 4.0mL (1.0mL) | Whole Blood | ACD Solution B (Yellow Top - Glass) | Refrigerated |
| Instructions | Do not transfer specimen to other containers. Submit original tube. Specimen Stability: Refrigerated 20 days, frozen unacceptable, room temperature unacceptable. | | | |

| GENERAL INFORMATION | |
|---------------------|---|
| Testing Schedule | Monday-Friday |
| Expected TAT | 2-4 Days |
| Notes | Reference Lab: Quest Quest Test Code: 29124P Click Here to view information on the Quest website. |
| CPT Code(s) | 84220 |
| Lab Section | Reference Lab |



Q Fever Antibody IgG, Phase I and II with Reflex to Titer

Order Name: **Q FEVR 1/2**
 Test Number: **5558886**
 Revision Date: **09/29/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY | LOINC CODE |
|-----------------------|---|------------|
| Q-Fever Phase I, IgG | Semi-Quantitative Indirect Fluorescent Antibody | 48720-7 |
| Q-Fever Phase II, IgG | Semi-Quantitative Indirect Fluorescent Antibody | 48719-9 |

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 | Separate serum from cells ASAP or within 2 hours of collection. Transfer 1mL(Min: 0.1 mL) serum to Standard Transport Tube. Unacceptable Conditions: Contaminated, hemolyzed, or severely lipemic specimens. Stability After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" and "convalescent." | | | |

GENERAL INFORMATION

| | |
|-------------------------|--|
| Testing Schedule | Mon, Wed, Fri |
| Expected TAT | 2-7 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. |
| Notes | If Screens are positive the appropriate titer test will be added on and billed separately. [5558883] Q-Fever Ab, Phase I IgG Titer [5558884] Q-Fever Ab, Phase II IgG Titer |
| CPT Code(s) | 86638x2, if reflexed add 86638 per titer. |
| 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 | <p>ATTENTION..!</p> <p>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.</p> <p>Collection tubes and instructions can be provided to a client, Contact RML Client Services for this option.</p> | | | |
| 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 | | | |

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 | | | |

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 | | | |



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 | | | |



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 | | | |

Rapid Strep A screen (Strep Throat)

Order Name: **C RAP A SC**
Test Number: **6001700**
Revision Date: **04/24/2015**
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 - White (Regular size) | Room Temperature |
| Alternate 1 | | Swab | Copan eSwab - Green (Mini-tip) | 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 | | | |

Raspberry IgE

Order Name: **RASBERRY**
Test Number: **5506370**
Revision Date: **02/11/2013**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|-----------------------|---------------|--|-----------------------|
| Raspberry 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 | <p>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.</p> <p>ALTERNATE: 1mL Frozen (EDTA) Whole Blood (Pediatric 0.2mL) in a plastic, screw-capped vial.</p> <p>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.</p> <p>Light Protection: Folate is light sensitive. It is recommended to minimize exposure to light during sample handling and storage.</p> | | | |
| 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 megaloblastic 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 |

Red Alder Tree IgE

Order Name: **ALDR T TR**
 Test Number: **5518225**
 Revision Date: **09/23/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|---|-------------------------|
| Red Alder Tree IgE | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | Red Alder: <i>Alnus rubra</i> (Tag Alder) | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 65110S Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

Red Oak Tree IgE

Order Name: **TREE OAK R**
 Test Number: **2935600**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Red Oak Tree IgE | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 2-3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 163010E Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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 |



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 | <p>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 falsely high renin activity results.</p> <p>Separate plasma from cells and freeze immediately.</p> <p>Unacceptable Specimens: Serum. Specimens collected in heparin, citrate, or oxalate. Refrigerated specimens.</p> <p>Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month.</p> <p>Preferable Upright Specimen:</p> <ol style="list-style-type: none"> Specimen should be obtained before noon. The patient should be upright (seated or standing) for at least two hours. Normal sodium diet (100-200 mEq/day) for at least three days. Take no medications known to affect renin-aldosterone system. <p>For Supine Specimens:</p> <ol style="list-style-type: none"> Specimen should be obtained between 8 a.m. and 10 a.m. after at least two hours in supine position. Normal sodium diet (100-200 mEq/day) for at least three days. Take no medications known to affect renin-aldosterone system. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 2-4 Days | | | |
| Clinical Use | <p>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.</p> <p>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.</p> | | | |
| 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. | | |
|---------------------------------------|---|-----------------------|--|-----------------------|
| 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 | <p>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).</p> <p>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.</p> <p>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. <i>(the green cap minitip swab has liquid stuart's)</i></p> | | | |
| 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 | | | |



Respiratory Syncytial Virus Detection

Order Name: **C RSV SC**
 Test Number: **6001850**
 Revision Date: **04/24/2015**
 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 | | Swab | Flocked Flexible Mini-Tip Nasopharyngeal Swab | Refrigerated |
| Alternate 1 | | Swab | Copan eSwab - White (Regular size) | Refrigerated |
| Alternate 2 | 3 mL (1) | Nasal or Bronchial lavage wash | Sterile Screwtop Container | Refrigerated |
| Instructions | <p>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).</p> <p>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.</p> <p>Also acceptable is: Mini-tip size applicator Copan eSwab - Green</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 1 Day | | | |
| Clinical Use | Detects presence of Respiratory Syncytial 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: **02/12/2016**
 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 | <p>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).</p> <p>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.</p> <p>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. <i>(the green cap minitip swab has liquid stuart's)</i></p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 1 Day | | | |
| Clinical Use | Detects presence of Respiratory Syncytial virus; viral culture is performed if screen is negative. | | | |
| CPT Code(s) | 87807 | | | |



Respiratory Virus Panel by PCR

Order Name: **VRESP PCR**
 Test Number: **5568555**
 Revision Date: **12/05/2015**
 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 | Mini-Flocked Swab in Universal Transport Media (UTM) | Refrigerated |
| Alternate 1 | 3mL (1mL) | Nasal Wash | Sterile Screwtop Container | Refrigerated |
| Alternate 2 | 3mL (1mL) | Bronchial lavage/wash | Sterile Screwtop Container | Refrigerated |
| Instructions | <p>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.</p> <p>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.</p> <p>NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---|
| Testing Schedule | Dayshift Mon-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) | 87632 |



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RET 10q11.2 Probe, by FISH

Order Name: **RET FISH**
 Test Number: **9100805**
 Revision Date: **07/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|----------------------------|--|------------------------------------|-----------------------|-----------------------|
| RET 10q11.2 Probe, by FISH | | Fluorescence in Situ Hybridization | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | See Below | Tissue | Paraffin Block | Refrigerated |
| 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 | Varies | | | |
| Expected TAT | 3-5 Days | | | |
| Clinical Use | This test is for targeted treatment of Non-Small Cell Lung Carcinoma (NSCLC) | | | |
| CPT Code(s) | 88368, 88369 | | | |
| Lab Section | Reference Lab | | | |

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 | | | | |

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 | | | | |



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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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Rheumatoid Profile

Order Name: **RHEUM PROF**
 Test Number: **2900150**
 Revision Date: **07/10/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|--|-------------------------------|------------|
| Comprehensive Metabolic Panel | | |
| Erythrocyte Sedimentation Rate (ESR) (Sed Rate) | Westergren | 4537-7 |
| Anti-Streptolysin O Titer (ASO) | Turbidometric | |
| Anti-Nuclear Antibody (ANA) Screen | Indirect Fluorescent Antibody | 8061-4 |
| RA Factor (Rheumatoid Factor) | Nephelometry | |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|---|-----------------------------------|---|-------------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | See Instructions | EDTA Whole Blood and Serum | EDTA (lavender top) and Clot Activator SST (Red/Gray or Tiger Top) | See Instructions |
| Instructions | Collect Both Serum and EDTA Whole Blood. 4mL(2mL) Serum Refrigerated 4mL(1.5mL) EDTA Whole Blood at Room Temperature EDTA specimen for ESR must be tested within the first 24 hours of collection. | | | |

| GENERAL INFORMATION | |
|---------------------|-----------------------------------|
| Testing Schedule | Assay Dependant |
| Expected TAT | 1-3 Days |
| CPT Code(s) | 80053, 85652, 86060, 86038, 86431 |

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 |

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 | | | |



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 | | | |

RNP (Ribonuclear Protein) Antibody (Anti-RNP)

Order Name: **ANTI RNP**
Test Number: **5572100**
Revision Date: **05/20/2016**
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 | Tue, Thur | | | |
| Expected TAT | 3-4 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 | | | |



Rocky Mountain Spotted Fever (RMSF) IgG, IgM

Order Name: **RMSF IFA**
 Test Number: **5553875**
 Revision Date: **09/13/2016**
 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 |
| Instructions Specimen Stability: Room temperature 7 days, Refrigerated 14 days, Frozen 30 days. | | | | |
| 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 | | | |

ROS1 Break-Apart Probe by FISH

Order Name: **ROS1 FISH**
 Test Number: **9100815**
 Revision Date: **07/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|--------------------------------|--|------------------------------------|-----------------------|-------------------------|
| ROS1 Break-Apart 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) | 88368, 88369 | | | |
| 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 | | | |



Rotavirus Screen

Order Name: **C ROTA SC**
 Test Number: **6100250**
 Revision Date: **02/02/2016**
 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 Refrigerated for Random Collection (Gray) | |
| Instructions | Specimen is good for 72 hours 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: **04/07/2015**
 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 | Mini-Flocked Swab in Universal Transport Media (UTM) | Refrigerated |
| Alternate 1 | 3mL (1mL) | Nasal Wash | Sterile Screwtop Container | Refrigerated |
| Alternate 2 | 3mL (1mL) | Bronchial lavage/wash | Sterile Screwtop Container | Refrigerated |
| Instructions | <p>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.</p> <p>Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screwtop tube Refrigerated.</p> <p>NOTE: DO NOT USE Caclium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.</p> | | | |
| 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 | | | |

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 | | | |



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 | | | |

Russian Thistle IgE

Order Name: **RUSN THISL**
 Test Number: **5607100**
 Revision Date: **02/11/2013**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|-----------------------|---------------|--|-----------------------|
| Russian Thistle 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 | | | |

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 Saccharomyces 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 | | | |

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 Saccharomyces 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 | | | |



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 | | | |



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 | | | |

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 | | | |

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 | | | |

Scleroderma Antibody, (Sci-70), Topoisomerase I Ab

Order Name: **SCL 70 AB**
Test Number: **5564053**
Revision Date: **05/20/2016**
LOINC Code: **27416-7**

| TEST NAME | | METHODOLOGY. | | |
|--|--|--------------------|--|-----------------------|
| Scleroderma Antibody, (Sci-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 | Tue, Thur | | | |
| Expected TAT | 3-4 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 | | | |

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 (min) | 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. Unacceptable Conditions: Plasma, Tissue or Urine. Grossly hemolyzed or lipemic specimens. 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 | | | |

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 | | | |



Serotonin 5-HIAA, 24-Hour or Random Urine (5-Hydroxyindoleacetic Acid)

Order Name: **SEROTON U**
 Test Number: **3808450**
 Revision Date: **11/19/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|------------------------------------|--|------------|
| 5-HIAA Urine - per 24h | Quantitative HPLC/Tandem Mass Spectrometry | 1695-6 |
| 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 (mL) | 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 (boric acid not acceptable). 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, 82570 |
| 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: **07/13/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|---|-------------------------------------|------------|
| UFH SRA Heparin (Porcine) | Qualitative Serotonin Release Assay | 50734-3 |
| SRA UFH Low Dose 0.1 IU/ML | Qualitative Serotonin Release Assay | 50728-5 |
| SRA UFH High Dose 100 IU/ML | Qualitative Serotonin Release Assay | 50727-7 |
| SRA, Unfractionated Heparin, Interpretation | | 66488-8 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|---------------|---|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (1 mL) | Serum | Clot Activator (Red Top, No-Gel) | Frozen |
| Instructions | Stability: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinite | | | |

| GENERAL INFORMATION | |
|---------------------|---|
| Testing Schedule | Mon-Fri |
| Expected TAT | 4-8 Days |
| Clinical Use | Useful in the evaluation of Heparin Induced Thrombocytopenia (HIT). |
| CPT Code(s) | 86022 |
| Lab Section | Reference Lab |

Serotonin, Blood

Order Name: **SEROTON B**
 Test Number: **3602470**
 Revision Date: **02/09/2016**
 LOINC Code: **2939-7**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|--|--------------------------------------|-----------------------|
| Serotonin, Blood | | High Performance Liquid Chromatography | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 3 mL (1mL) | Whole Blood | EDTA + ARUP Serotonin Transport Tube | Frozen |
| Instructions | <p>Patient Preparation: Abstain from medications for 72 hours prior to collection (see notes section below). Specimen Preparation: Collect properly filled Lavender (EDTA) tube and Place on ice. Transfer 3mL(1mL) whole blood to an ARUP Serotonin Transport Tube containing ascorbic acid Mix well. Specimen must be preserved and frozen within 2 hours of collection.</p> <p>Unacceptable Conditions: Non-frozen specimens. Specimens other than whole blood.</p> <p>Stability After transfer to Serotonin Transport Tube: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month.</p> <p><i>To request tubes you will need to type "ARUP Serotonin Blood Transport Tube" under the miscellaneous section on the online ordering tool or write on the fax supply request form and fax the supply order form to Materials Management at (918) 744-3006 or (888) 833-0528. Please indicate quantity needed.</i></p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun, Tue-Fri | | | |
| Expected TAT | 2-6 Days | | | |
| Notes | Medications that may affect serotonin concentrations include lithium, MAO inhibitors, methyldopa, morphine, and reserpine. In general, foods that contain serotonin do not interfere significantly. Slight increases may be seen in acute intestinal obstruction, acute MI, cystic fibrosis, dumping syndromes, and nontropical sprue. Metastasizing abdominal carcinoid tumors often show serotonin concentrations greater than 400 ng/mL. | | | |
| CPT Code(s) | 84260 | | | |
| Lab Section | Reference Lab | | | |



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 |

Sesame Seed IgG

Order Name: **SESAME S G**
 Test Number: **5500763**
 Revision Date: **09/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|------------------------|--|---------------|---|-------------------------|
| Sesame Seed IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 57920 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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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 | | | |

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 |
| Preferred | See Instructions | Stool, Random |
| Alternate 1 | See Instructions | Stool, Random |
| Specimen Container | ETM or Cary Blair container | |
| Transport Environment | 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 <i>E. coli</i> 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 <i>E. coli</i> (EHEC) infections. | |
| Notes | Refer to the Microbiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers. | |
| CPT Code(s) | 87015, 87899, 87899-59 | |

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) |
| Preferred | 1 mL (0.1) |
| Specimen Type | Serum |
| Specimen Container | Clot Activator SST (Red/Gray or Tiger Top) |
| Transport Environment | 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 | | | |

Sickle Cell Solubility Test

Order Name: **SICKL SCRN**
 Test Number: **0105700**
 Revision Date: **06/20/2016**
 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 2 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 1 Day | | | |
| Clinical Use | Used to confirm Hemoglobin S when an "S" band is found on hemoglobin electrophoresis. | | | |
| CPT Code(s) | 85660 | | | |



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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 | | | |

Sjogrens SSA

Order Name: **SJGRN A**
 Test Number: **5508870**
 Revision Date: **05/20/2016**
 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 | Tue, Thur | | | |
| Expected TAT | 3-4 Days | | | |
| CPT Code(s) | 86235 | | | |



Sjogrens SSA/SSB Antibodies (Anti-Ro / Anti-LA)

Order Name: **SJOGRENS**
 Test Number: **5508860**
 Revision Date: **05/20/2016**
 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 | Tue, Thur | | | |
| Expected TAT | 3-4 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 | | | |

Sjogrens SSB

Order Name: **SJOGRN B**
 Test Number: **5508880**
 Revision Date: **05/20/2016**
 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 | Tue, Thur | | | |
| Expected TAT | 3-4 Days | | | |
| CPT Code(s) | 86235 | | | |

Smith Antibody (Sm Antibody, Anti-Smith)

Order Name: **ANTI SMITH**
Test Number: **5510450**
Revision Date: **05/20/2016**
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 | Tue, Thur | | | |
| Expected TAT | 3-4 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 | | | |

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 DE**
Test Number: **5572400**
Revision Date: **04/12/2016**
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 (\geq 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 | | | |

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 | | | |

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 |

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. Avoid 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 |

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 | | | |

Soybean IgG

Order Name: **SOYBN IGG**
Test Number: **3666225**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Soybean IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 52820 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | | |

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 | | | |

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 | | | |

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 | | | |



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 |

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 | | |

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 | <p>Must use a Quest 24hr urine container specific for Stone Formation. Available from main lab processing.</p> <p>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.</p> <ul style="list-style-type: none"> 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. <p>The jug needs to be processed within 2 to 4 hours of completion of 24-hour collection.</p> <ul style="list-style-type: none"> Complete the Urologic Stone Risk Diagnostic Patient Information Form. <p>If Processing Specimen Offsite from RML Main Lab:</p> <p>The two white aliquot vials must be filled within 2 to 4 hours of completion of 24-hour collection.</p> <p>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.)</p> <p>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).</p> | | | |

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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> METABOLIC <ul style="list-style-type: none"> CALCIUM OXALATE URIC ACID CITRATE pH TOTAL VOL ENVIRONMENTAL <ul style="list-style-type: none"> SODIUM SULFITE PHOSPHORUS MAGNESIUM </td> <td style="width: 50%; vertical-align: top;"> SUPERSATURATION <ul style="list-style-type: none"> CALCIUM OXALATE BRUSHITE SODIUM URATES STRUVITE URIC ACID SATURATE AMMONIUM POTASIUM CRATININE INTERPRETATION <ul style="list-style-type: none"> PATIENT CONDITION SUPERSATURATION INDEX SUSPECTED PROBLEM COMMENTS: </td> </tr> </tbody> </table> | METABOLIC <ul style="list-style-type: none"> CALCIUM OXALATE URIC ACID CITRATE pH TOTAL VOL ENVIRONMENTAL <ul style="list-style-type: none"> SODIUM SULFITE PHOSPHORUS MAGNESIUM | SUPERSATURATION <ul style="list-style-type: none"> CALCIUM OXALATE BRUSHITE SODIUM URATES STRUVITE URIC ACID SATURATE AMMONIUM POTASIUM CRATININE INTERPRETATION <ul style="list-style-type: none"> PATIENT CONDITION SUPERSATURATION INDEX SUSPECTED PROBLEM COMMENTS: |
| METABOLIC <ul style="list-style-type: none"> CALCIUM OXALATE URIC ACID CITRATE pH TOTAL VOL ENVIRONMENTAL <ul style="list-style-type: none"> SODIUM SULFITE PHOSPHORUS MAGNESIUM | SUPERSATURATION <ul style="list-style-type: none"> CALCIUM OXALATE BRUSHITE SODIUM URATES STRUVITE URIC ACID SATURATE AMMONIUM POTASIUM CRATININE INTERPRETATION <ul style="list-style-type: none"> 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: **6001075**
 Revision Date: **04/26/2016**
 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. Refer to the Microbiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sunday - Saturday | | | |
| Expected TAT | 1-3 Days | | | |
| Clinical Use | Detection of Bacterial Pathogens in Stool including Shiga Toxin. | | | |
| Notes | 4/26/16 Please update the order code from 6002450 to 6001075 | | | |
| CPT Code(s) | 87045; 87046, 87015, 87899X2 | | | |

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 Microbiology 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 | | | |

Strawberry IgG

Order Name: **STRAWBRY G**
Test Number: **5500739**
Revision Date: **09/22/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Strawberry IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 52920 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |



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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 Antibody 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 | | | |



Striated Muscle Antibody

Order Name: **STRIAT AB**
 Test Number: **3805400**
 Revision Date: **06/01/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY | LOINC CODE |
|---------------------------------|---|------------|
| Striated Muscle Antibody Screen | Semi-Quantitative Indirect Fluorescent Antibody | 49692-7 |
| Striated Muscle Antibody Titer | Semi-Quantitative Indirect Fluorescent Antibody | 29998-2 |

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 |

Instructions

Separate serum from cells ASAP or within 2 hours of collection.

Unacceptable Conditions: Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

If being collected for Lambert-Eaton Syndrome Panel, Please collect Serum from Red No-Gel Clot Tube.

GENERAL INFORMATION

| | |
|------------------|-------------------------------|
| Testing Schedule | Mon-Fri |
| Expected TAT | 2-6 Days |
| CPT Code(s) | 86255; if reflexed, add 86256 |
| Lab Section | Reference Lab |

Sulfate-3-Glucuronyl Paragloboside (SGPG) Antibody, IgM

Order Name: **SGPG AB**
Test Number: **3660850**
Revision Date: **09/20/2015**
LOINC Code: **31666-1**

| TEST NAME | | METHODOLOGY. | | |
|---|---|---|--|-----------------------|
| Sulfate-3-Glucuronyl Paragloboside (SGPG) Antibody, IgM | | Semi-Quantitative Enzyme-Linked Immunosorbent Assay | | |
| 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 | Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Plasma or urine. Contaminated, heat-inactivated, hemolyzed, icteric, 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 | 2-9 Days | | | |
| Clinical Use | The majority of SGPG IgM positive sera will show reactivity against MAG. Patients that are SGPG IgM positive and MAG IgM negative may have multi-focal motor neuropathy with conduction block. | | | |
| CPT Code(s) | 83516 | | | |
| 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 | | | |



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 | | | |

Sweet Vernal Grass IgE

Order Name: **SW VERNAL**
Test Number: **5517675**
Revision Date: **09/22/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|------------------------|---|---------------|--|-----------------------|
| Sweet Vernal Grass IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | Sweet Vernal Grass: <i>Anthoxanthum odoratum</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 60910S Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | | |



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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). <i>If a No-Gel tube is not available - collect in a Lithium Heparin (Light Green Top) - Mark Specimen DO NOT SPIN..!</i> | | | |

| 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 Screen with Confirmation Urine

Order Name: **SYNTH
 CANNAB**
 Test Number: **20539017**
 Revision Date: **07/18/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|------------------------------------|--|------------|
| Synthetic Cannabinoids Qualitative | Liquid Chromatography/Tandem Mass Spectrometry | 67126-3 |
| Synthetic Cannabinoids Identified | Liquid Chromatography/Tandem Mass Spectrometry | 40464-0 |
| Service Comment | | 8251-1 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|---------------|-------------------------|------------------------|
| Specimen | Specimen Volume (mL) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (1 mL) | Urine, Random | Sterile Urine container | Refrigerated or Frozen |
| Instructions | Stability: Room Temperature 48 hours; Refrigerated 7 days; Frozen 30 days. | | | |

| GENERAL INFORMATION | |
|---------------------|---|
| Testing Schedule | Sun-Sat |
| Expected TAT | 3-4 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) | 80304 |
| Lab Section | Reference Lab |



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Syphilis Antibody Screen

Order Name: **SYP AB**
 Test Number: **5500607**
 Revision Date: **09/14/2016**
 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 7 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 a Non-Treponemal Antibody (RPR) performed to distinguish recent/active from past infection. The screen reactive specimen will reflex to a 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: **10/14/2016**
 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 | <p>Deliver to laboratory (flow cytometry) ASAP. DO NOT Centrifuge or Refrigerate. Collect Monday through Friday only! Specimen must be received in the lab section by Friday afternoon or collect sample on Monday. Specimen stability: 48hrs Room Temperature.</p> | | | |
| 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: **10/14/2016**
 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 | <p>Deliver to laboratory (flow cytometry) ASAP. DO NOT Centrifuge or Refrigerate. Collect Monday through Friday only! Specimen must be received in the lab section by Friday afternoon or collect sample on Monday. Specimen stability: 48hrs Room Temperature.</p> | | | |
| 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-cell 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 | | | |

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: **06/15/2015**
 LOINC Code: **6892-4**

| TEST NAME | | METHODOLOGY. | | |
|---------------------------|---|--|---|-----------------------|
| T4, Free, Direct Dialysis | | Quantitative Equilibrium Dialysis/HPLC-Tandem Mass Spec. | | |
| 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 |
| Instructions | Stability: After separation from cells: Ambient: 4 days; Refrigerated: 2 weeks; Frozen: 1 month | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun, Tue, Thu | | | |
| Expected TAT | 3-6 Days | | | |
| CPT Code(s) | 84439 | | | |
| Lab Section | Reference Lab | | | |

Tea IgG

Order Name: **TEA IGG**
Test Number: **5500845**
Revision Date: **09/22/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Tea IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 53020 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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: **06/19/2015**
 LOINC Code: **2991-8**

| 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 | | | |



Testosterone Total, Free, Males (Adult)

Order Name: **TEST FT M**
 Test Number: **3608125**
 Revision Date: **09/23/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|-----------------------------------|--|---|--|-----------------------|
| Testosterone Total, Males (Adult) | | Quantitative Chemiluminescent Immunoassay | | 2986-8 |
| Testosterone Free, Males (Adult) | | Calculation | | 2991-8 |
| 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) | Refrigerated |
| Alternate 1 | 1 mL (0.4 mL) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated |
| Instructions | <p>For use on Adult Males Only. Not Recommended for Females and Children under 18 years of age.</p> <p>Preferred for collection collected between 6-10 a.m. 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</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun, Wed-Sat | | | |
| Expected TAT | 2-6 Days | | | |
| Notes | <p>For Females and Children under 18 years use both of the following test codes:</p> <p>TESTO TO F [3610975] Testosterone Total, Females and Children and TEST FR F [3610875] Testosterone Free, Females and Children</p> | | | |
| Lab Section | Reference Lab | | | |



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Testosterone Total, Free, SHBG, Bioavailable, 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 | 2991-8 |
| Sex Hormone Binding Globulin | Quantitative Chemiluminescent Immunoassay | 13967-5 |
| Testosterone, Bioavailable, 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) | 84403, 84270 |
| Lab Section | Reference Lab |



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Testosterone Total, Free, SHBG, Bioavailable, 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 Bioavailable 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, Bioavailable, 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 | 2991-8 |
| 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 |



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 | <p>Not Recommended for Females and Children 13 years and under</p> <p>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.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 1-2 days | | | |
| Notes | <p>For Females and Children 13 years and under use the following test code: TEST FTS F [3610825] Testosterone Total, Free, SHBG, Females and Children</p> | | | |
| 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 | <p>Not Recommended for Females and Children 13 years and under</p> <p>Preferred to separate serum from cells ASAP or within 2 hours of collection. Specimen Stability: Ambient 8 hours. Refrigerated 7 days, Frozen 3 months.</p> | | | |
| 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 | <p>For Females and Children 13 years and under use the following test code: TESTO TO F [3610975] Testosterone Total, Females and Children</p> | | | |
| 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 | | | |

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 | | | |

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: **04/24/2015**
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 |
| Alternate 1 | See Instructions | Swab | Copan eSwab - Green (Mini-tip) | |
| 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 | | | |

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 Autoantibody (TG Ab)

Order Name: **THYRO A A**
 Test Number: **3612480**
 Revision Date: **03/07/2016**
 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) | Refrigerated |
| Instructions | Stability: Room temperature 8 hours, Refrigerated 7 days, Frozen 30 days. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 1-4 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 | | | |



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Thyroglobulin Level

Order Name: **THYROGL**
Test Number: **3608030**
Revision Date: **04/13/2015**
LOINC Code: **3013-0**

| TEST NAME | METHODOLOGY. |
|---------------------|--------------|
| Thyroglobulin Level | Immunoassay |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|---------------|--|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2 mL (0.8 mL) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated |
| Alternate 1 | 2 mL (0.8 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | Heparin specimens are acceptable for Thyroglobulin Level only, if also ordering Thyroglobulin Autoantibody please submit only serum specimens. Stability: 8 hours room temperature, 3 day refrigerated or 60 days frozen. | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | 2-3 Days |
| Expected TAT | Mon, Wed, Fri |
| CPT Code(s) | 84432 |



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Thyroglobulin, Fine Needle Aspirate

Order Name: **FNA THYROG**
 Test Number: **3608039**
 Revision Date: **06/01/2016**
 LOINC Code: **53922-1**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------------------|--|-----------------------------|-----------------------------------|-----------------------|
| Thyroglobulin, Fine Needle Aspirate | | Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.8 mL) | Saline node washings | Sterile Screwtop Container | Frozen |
| Instructions | <p>Collection Instructions</p> <p>A 25-gauge needle is inserted obliquely within the transducer plane of view and moved back and forth through the nodule to compensate for patient movement and needle deflection. There is no suction device; cells move into the needle via capillary action. Three to six separate passes are performed, each with a new needle. After collection of the cytology samples, each FNA needle is then washed with 0.1-0.5 mL of normal saline; the washes from all needles are pooled (final volume 1 mL) and immediately frozen.</p> <p>Specimen Stability: Room temperature: 7 days, Refrigerated: 7 days, Frozen: 28 days.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tue, Thr | | | |
| Expected TAT | 3-4 days after set-up | | | |
| Clinical Use | Clinically enlarged cervical lymph nodes with a history of thyroid cancer are usually assessed by fine-needle aspiration biopsy (FNAB) followed by a cytology. Thyroglobulin (Tg) is frequently elevated in malignant FNAB needle wash specimens and it's use may possibly augment or replace cytology. | | | |
| CPT Code(s) | 84432 | | | |
| Lab Section | Reference Lab | | | |



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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 (mL) | 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. |

Thyroid Antibody Panel

Order Name: **THYRO AB**
 Test Number: **3612580**
 Revision Date: **03/07/2016**
 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) | Refrigerated |
| Instructions | | Stability: Room temperature 8 hours, Refrigerated 7 days, Frozen 30 days. | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 1-4 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 | | | |



Thyroid Peroxidase Antibody (TPO Ab, Microsomal Ab)

Order Name: **THYRO PERX**
 Test Number: **3612430**
 Revision Date: **03/07/2016**
 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) | Refrigerated |
| Instructions | Stability: Room temperature 8 hours, Refrigerated 7 days, Frozen 30 days. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 1-4 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 | | | |

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 | <p>Critical Frozen - Allow serum to clot and Freeze ASAP! Separate specimens must be submitted when multiple tests are ordered.</p> <p>Unacceptable Conditions: Plasma. Grossly hemolyzed or lipemic specimens.</p> <p>Stability: Ambient= 24 hours; Refrigerated= 3 days; Frozen= 1 month.</p> | | | |
| 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 | | | |

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 | | | |

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: **04/20/2015**
LOINC Code: **3021-3**

| TEST NAME | | METHODOLOGY. | | |
|----------------------------------|---|---|--|-----------------------|
| Thyroxine Binding Globulin (TBG) | | Quantitative Chemiluminescent Immunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 0.5 mL (0.4 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Frozen |
| Instructions | Unacceptable Conditions: Plasma, tissue or urine. Grossly hemolyzed or lipemic specimens. Stability: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon, Wed, Fri | | | |
| Expected TAT | 2-5 Days | | | |
| CPT Code(s) | 84442 | | | |
| Lab Section | Reference Lab | | | |



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Tick-Borne Disease Panel by PCR, Blood

Order Name: **TICK PCR**
 Test Number: **3622103**
 Revision Date: **08/17/2015**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|----------------------------------|-----------------|------------|
| Anaplasma phagocytophilum by PCR | Qualitative PCR | 30039-2 |
| Ehrlichia chaffeensis by PCR | Qualitative PCR | 27994-3 |
| Ehrlichia ewingii/canis by PCR | Qualitative PCR | 48865-0 |
| Ehrlichia muris-like by PCR | Qualitative PCR | 48866-8 |
| Babesia species by PCR | Qualitative PCR | 42641-1 |
| Babesia microti by PCR | Qualitative PCR | 47396-7 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|-----------------------|---------------|---------------------|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.6 mL) | Whole Blood | EDTA (Lavender Top) | Refrigerated |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Sun-Sat |
| Expected TAT | 2-4 Days |
| CPT Code(s) | 87798x6 |
| Lab Section | Reference Lab |



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Tickborne Disease Panel

Order Name: **TICK PANEL**
 Test Number: **5571750**
 Revision Date: **09/13/2016**
 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 (1.5) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated or Frozen |
| Instructions | Specimen Stability: Room temperature 7 days, Refrigerated 14 days, Frozen 30 days. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Assay Dependant | | | |
| Expected TAT | 3-5 Days | | | |
| Clinical Use | <p>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.</p> <p>Rocky Mountain Spotted Fever - To assist in the diagnosis of RMSF. Patients may not seroconvert until 10 days after onset of illness.</p> <p>Tularemia Antibody - Diagnosis of exposure to Francisella tularensis.</p> | | | |
| 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: **07/13/2016**
 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) | Refrigerated or Frozen |
| Instructions | Allow 15-30 minutes for specimen to clot. Keep specimen Refrigerated or Frozen. Specimen Stability for panel: Room temperature= 24 Hours; Refrigerated= 7 Days; Frozen= 7 Days. | | | |

| GENERAL INFORMATION | |
|-------------------------|--|
| Testing Schedule | Assay Dependant |
| Expected TAT | 3-5 Days |
| Clinical Use | <p>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.</p> <p>Rocky Mountain Spotted Fever - To assist in the diagnosis of RMSF. Patients may not seroconvert until 10 days after onset of illness.</p> <p>Tularemia Antibody - Diagnosis of exposure to Francisella tularensis.</p> <p>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.</p> |
| CPT Code(s) | See Individual Components |

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: **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 (min) | 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.
 Remove serum from cells ASAP or within 2 hours of collection.
 Unacceptable Conditions: Plasma. Hemolyzed or severely lipemic specimens.
 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 |

Tobacco Leaf IgE

Order Name: **TOBACCO**
Test Number: **3651950**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|--|-----------------------|
| Tobacco Leaf IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 1-2 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 71410A Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| 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 | | | |

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 | | | |

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 | | | |

Tomato IgG

Order Name: **TOMATO IGG**
Test Number: **3666200**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|--|-----------------------|
| Tomato IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 3 Days | | | |
| Clinical Use | Tomato: <i>Lycopersicon lycopersicum</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 53120 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |

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 (min) | 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. Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Serum or plasma separator tubes. Grossly hemolyzed specimens. 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 | | | |



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 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 |



Toxoplasma Antibodies

Order Name: **TOXO AB**
 Test Number: **5505625**
 Revision Date: **12/22/2015**
 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 | Tue, Thr | | | |
| Expected TAT | 4-5 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 | | | |

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 |

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 | | | |



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Tree Allergy Panel

Order Name: **AO TREE PN**
 Test Number: **2929545**
 Revision Date: **09/20/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. |
|-------------------------|--------------|
| Ash White IgE | ImmunoCAP |
| Box Elder IgE | ImmunoCAP |
| Red Cedar(rt202) IgE | ImmunoCAP |
| Cottonwood IgE | ImmunoCAP |
| Black Willow Tree IgE | ImmunoCAP |
| Elm Tree American IgE | ImmunoCAP |
| Pecan Tree IgE | ImmunoCAP |
| Walnut Tree IgE | ImmunoCAP |
| Red Mulberry Tree IgE | ImmunoCAP |
| Oak Tree White IgE | ImmunoCAP |
| Common Silver Birch IgE | ImmunoCAP |
| Hackberry Tree IgE | ImmunoCAP |
| Mesquite Tree IgE | ImmunoCAP |
| Sycamore Tree IgE | ImmunoCAP |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|-----------------------|---------------|--|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (1.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |

| GENERAL INFORMATION | |
|---------------------|-----------------|
| Testing Schedule | Monday - Friday |
| Expected TAT | 2-4 Days |
| CPT Code(s) | 86003 |



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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 |

Treponema pallidum Ab, Particle Agglutination

Order Name: **TPPA**
Test Number: **5501065**
Revision Date: **06/15/2015**
LOINC Code: **24312-1**

| 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 (0.1mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated |
| Instructions | Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: CSF or other body fluids. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles) | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 2-5 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: **05/04/2015**
 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 | Genital-Vaginal | Copan eSwab - White (Regular size) | Refrigerated |
| Alternate 1 | See Instructions | Genital-Vaginal | Copan eSwab - Green (Mini-tip) | Refrigerated |
| Alternate 2 | See Instructions | Genital-Vaginal | Wet prep saline | Refrigerated |
| Instructions | Copan eSwab - White, 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 | | | |

Tricyclics Screen

Order Name: **TRICYCL SC**
 Test Number: **4301775**
 Revision Date: **09/22/2015**
 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) | 80301 | | | |

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 | |

Triglycerides

Order Name: **TRIG**
 Test Number: **2005350**
 Revision Date: **08/11/2015**
 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. (12hr no food, coffee, tea, juice, or milk prior to blood draw; plain, unflavored water is acceptable.) | | | |
| 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 | | | |

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 | | | |

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 | | | |

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 (min) | 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. Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Specimens collected in potassium oxalate or sodium fluoride. Grossly hemolyzed specimens. 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 | | | |

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: **04/20/2015**
 LOINC Code: **3066-8**

| TEST NAME | METHODOLOGY. |
|-----------------------|------------------|
| Trypsin (Trypsinogen) | 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) | Frozen |
| Instructions | Allow serum 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 Unacceptable Conditions: Heparinized specimens. Hemolyzed or lipemic specimens. Stability: After separation from cells: Ambient: 2 hours; Refrigerated: 24 hours; Frozen: 3 months. | | | |

GENERAL INFORMATION

| | |
|-------------------------|---|
| Testing Schedule | Tues, Fri |
| Expected TAT | 2-6 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 |



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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 |

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 Aliquot tube for Submission 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 | | | |

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: **TURKEY 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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Turkey Meat IgG

Order Name: **TURKEY IGG**
Test Number: **5500641**
Revision Date: **09/21/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Turkey Meat IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 55120 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



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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 | <p>These tests are for antibodies to <i>Rickettsia typhi</i>. Any antibody reactivity to <i>Rickettsia typhi</i> antigen should, however, also be considered group-reactive for the Typhus Fever group (<i>Rickettsia prowazekii</i>). 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.</p> <p>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.</p> | | | |
| CPT Code(s) | 86757X2 | | | |
| Lab Section | Reference Lab | | | |

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 |



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 |



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: **06/15/2015**
 LOINC Code: **687-4**

| TEST NAME | | METHODOLOGY. | | LOINC CODE |
|------------------------------|---|-------------------------|-------------------------|-----------------------|
| Ureaplasma spp and M hominis | | Culture | | 687-4 |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | See Below | See Instructions | See Instructions | Frozen |
| Instructions | <p>Please Indicate Source on the Specimen!</p> <p>Place swab or 0.5mL(0.3 mL) of fluid in Mycoplasma/Ureaplasma transport media (UTM) immediately; Also acceptable: Any transport media validated for Mycoplasma/Ureaplasma transport such as M4 (DO NOT USE M4 RT).</p> <p>Storage/Transport Temperature: Frozen. Transport specimen on dry ice.</p> <p>Unacceptable Conditions: Specimens not in Mycoplasma/Ureaplasma transport media. M4 RT or bacterial transport media. Non-patient specimens. Dry swabs.</p> <p>Stability: Ambient: 8 hours; Refrigerated: 48 hours; Frozen at -70°C: 1 month.</p> | | | |
| 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 | | | |

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 (mL) | Specimen Type | Specimen Container | Transport Environment |
|--------------|---|---------------|----------------------------|-----------------------|
| Preferred | 10 mL (4 mL) | Urine, Random | Sterile Screwtop Container | Refrigerated |
| Instructions | <p>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).</p> | | | |

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 |



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 | <p>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).</p> | | | |

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 | <p>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).</p> | | | |

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. |



Urinalysis with Reflex Microscopic Exam and Reflex Culture

Order Name: **UA W/CI**
 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 | <p>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).</p> | | | |

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. |

Urine Culture

Order Name: **C URINE RT**
Test Number: **6002002**
Revision Date: **04/24/2015**
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 |
| Alternate 1 | 3 mL (1) | Urine, Random | BD Urine Vacutainer | Refrigerated |
| Alternate 2 | 3 mL (1) | Urine, Random | Sarstedt Monovettes | Refrigerated |
| Instructions | Alternative collection containers: BD Urine Vacutainer, Item #364951 Sarstedt Monovettes, Item #10.252 or 10.253 | | | |
| 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: **04/24/2015**
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 | Copan eSwab - Green (Mini-tip) | Room Temperature |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 4 Days | | | |
| Clinical Use | Identifies urogenital bacterial pathogens | | | |
| CPT Code(s) | 87070 | | | |



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 |



Vaginosis Profile from Swab (with Trichomonas Antigen)

Order Name: **V PROF SWB**
 Test Number: **2915445**
 Revision Date: **04/24/2015**
 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 | Copan eSwab - White (Regular size) | See Instructions |
| Alternate 1 | See Instructions | Swab | BBL Red top culturette in Amies media (double swab) | See Instructions |
| Alternate 2 | See Instructions | Swab | BBL White top culturette swab (double swab) | See Instructions |
| Instructions | <p>Regular size applicator Copan eSwab - White or 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.</p> | | | |

| 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 |

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 migraine 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 | | | |

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 | | | |



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 | | | |

Vancomycin-Resistant Enterococcus Screen (VRE)

Order Name: **C VRE SCR**
 Test Number: **6002125**
 Revision Date: **04/24/2015**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|--|---|---|------------------------------------|------------------------|
| Vancomycin-Resistant Enterococcus Screen (VRE) | | Culture | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | | Rectal swab | Copan eSwab - White (Regular size) | Ambient / Refrigerated |
| Alternate 1 | | Rectal swab | Copan eSwab - Green (Mini-tip) | Ambient / Refrigerated |
| Alternate 2 | | 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 | | | |

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 | | | |

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 |
|--------------------------|--------------------------------|----------------------------------|-----------------------------------|-------------------------|
| Varicella Zoster CSF IgG | | Indirect Fluorescent Antibody | | 42537-1 |
| Varicella 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 | | | |

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 |

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 |
| Preferred | 1 mL | Serum |
| | | Specimen Container |
| | | Clot Activator SST (Red/Gray or Tiger Top) |
| | | Transport Environment |
| | | 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 | |



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Vasoactive Intestinal Polypeptide (VIP)

Order Name: **VAS PEPTI**
 Test Number: **3703800**
 Revision Date: **07/27/2015**
 LOINC Code: **3125-2**

| TEST NAME | | METHODOLOGY. | | |
|---|--|-------------------------------|--|-----------------------|
| Vasoactive Intestinal Polypeptide (VIP) | | Quantitative Radioimmunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1mL (0.5) | Plasma | Protease Inhibitor tube (PPACK) | Frozen |
| Instructions | <p>Collect in: Protease Inhibitor tube (PPACK) with a winged collection set must be used.</p> <p>NOT RECOMMENDED: Filling collection tubes directly through a needle/tube-holder assembly increases the risk of chemical reflux back into the vein of the patient.</p> <p>Mix Collection tube thoroughly - Spin, separate plasma into a plastic pour off tube & freeze within 1 hour of collection.</p> <p>Separate specimens must be submitted when multiple tests are ordered.</p> <p>Unacceptable: Specimens from other collection tubes or gross hemolysis</p> <p>Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 3 months.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Wed, Sat | | | |
| 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. | | | |
| Notes | To request tubes, you will need to enter "SCAT-875B-3/5-ARUP" or "ARUP PPACK" under the miscellaneous section of the online ordering tool or write on the fax supply request form and fax the supply order form to Materials Management at 918-744-3006 or 888-833-0528. | | | |
| CPT Code(s) | 84586 | | | |
| Lab Section | Reference Lab | | | |



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 |

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: **08/04/2016**
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 | 1mL (0.5mL) | CSF (Cerebrospinal Fluid) | Sterile Screwtop Container | Refrigerated |
| Alternate 2 | 5mL (3mL) | Fluid | Sterile Screwtop Container | Refrigerated |
| Instructions | Collect specimen from suspected area. Place swabs in UTM (universal transport medium), M4, or Viral Culture Media as soon as possible after collection. Do not let swab/specimen dry out. Keep specimens for viral culture cold (not frozen), some viruses cannot be frozen. Suspected virus should be noted on order. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 14 Days | | | |
| Clinical Use | Detects viral infections | | | |
| CPT Code(s) | 87252 | | | |



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 | | | |

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 | | | |

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: **11/05/2015**
 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, Frozen 1 week. 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 | | | |
| CPT Code(s) | 82607; 82746 | | | |



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), Plasma

Order Name: **THIAMINE P**
 Test Number: **3603385**
 Revision Date: **05/20/2016**
 LOINC Code: **20468-5**

| TEST NAME | | METHODOLOGY. | | |
|-------------------------------|---|--|---------------------|-----------------------|
| Vitamin B1 (Thiamine), Plasma | | High Performance Liquid Chromatography | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 3 mL (0.2 mL) | Plasma | EDTA (Lavender Top) | Frozen |
| Instructions | <p>Protect from light within one hour of collection, and during storage and transport.</p> <p>Separate plasma from cells within one hour of collection.</p> <p>Separate specimens must be submitted when multiple tests are ordered.</p> <p>Unacceptable Conditions: Hemolyzed specimens or specimens other than heparin or EDTA plasma.</p> <p>Stability After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen at -20°C: 6 months</p> <p>Whole blood is the preferred specimen for thiamine assessment (See Whole Blood test tc#3603380)</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | 3-5 Days | | | |
| Expected TAT | Sun-Sat | | | |
| Clinical Use | Total thiamine, measured as thiamine (vitamin B1) and thiamine monophosphate, is reported. However, thiamine diphosphate (TDP), the biologically active form of the vitamin, is best measured in whole blood and is not found in measurable concentration in plasma. Plasma thiamine concentration reflects recent intake rather than body stores. | | | |
| CPT Code(s) | 84425 | | | |
| Lab Section | Reference Lab | | | |



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Vitamin B1, (Thiamine) Whole Blood

Order Name: **THIAMINE**
Test Number: **3603380**
Revision Date: **07/14/2015**
LOINC Code: **32554-8**

| 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 | | | |
| Notes | LOINC number changed from 2998-3 to 32554-8 as found in error at the performing laboratory 7/14/2015. | | | |
| 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 | <p>CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are requested. Wrap tube in aluminum foil to protect from light!</p> <p>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.</p> | | | |

| GENERAL INFORMATION | |
|---------------------|---------------|
| Testing Schedule | Mon, Wed, Fri |
| Expected TAT | 2-7 Days |
| CPT Code(s) | 84252 |
| Lab Section | Reference Lab |

Vitamin B6

Order Name: **VIT B6**
 Test Number: **3603660**
 Revision Date: **12/01/2015**
 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 | <p>Collect the specimen after an overnight fast. Collect in a Light Protected tube. Separate plasma or serum from cells within 1 hour of collection. Transfer 1mL(0.5mL) of plasma or serum into a light protected plastic aliquot tube. Make sure that patient information is both above and below light protection. Separate frozen specimens must be submitted when multiple tests are ordered. Protect from light during collection, storage, and shipment.</p> <p>Unacceptable Specimens: Any specimens other than heparinized plasma or serum. Serum separator tubes or EDTA preserved tubes. Hemolyzed specimens. Specimens not protected from light. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 3 days; Frozen: 2 months</p> | | | |
| 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: **05/16/2016**
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, and grossly hemolyzed specimens. 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 | | | |



Vitamin D 25-Hydroxy Fractionated (D2,D3)

Order Name: **VIT D FRX**
 Test Number: **3607325**
 Revision Date: **09/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | METHODOLOGY. | LOINC CODE |
|----------------------------|--|------------|
| Vitamin D 25-Hydroxy (D2) | Liquid Chromatography/Tandem Mass Spectrometry | 49054-0 |
| Vitamin D 25-Hydroxy (D3) | Liquid Chromatography/Tandem Mass Spectrometry | 1989-3 |
| Vitamin D 25-Hydroxy Total | Liquid Chromatography/Tandem Mass Spectrometry | 62292-8 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|---------------|--|------------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 0.5 mL (0.15 mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated or Frozen |
| Alternate 1 | 0.5 mL (0.15 mL) | Plasma | EDTA (Lavender Top) | Refrigerated or Frozen |
| Alternate 2 | 0.5 mL (0.15 mL) | Plasma | Lithium Heparin PST (Green/Gray Top) | Refrigerated or Frozen |
| Instructions | Unacceptable Conditions: Room temperature specimens older than 24 hours. 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 | <p>Fractionated Vitamin D2,D3 levels are suggested when total Vitamin D (Vit D 25-OH) levels are <20 ng/mL indicating Vitamin D deficiency.</p> <p>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 hypercalcemia. This assay employs liquid chromatography tandem mass spectrometry to independently measure and report the two common forms of 25-hydroxy vitamin D: 25OH D3 - the endogenous form of the vitamin and 25OH D2 - the analog form used to treat 25OH Vitamin D3 deficiency.</p> |
| CPT Code(s) | 82306 |
| 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: **06/05/2015**
 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 | 1mL (0.5) | Serum | Clot Activator (Red Top, No-Gel) | Refrigerated or Frozen |
| Alternate 1 | 1mL (0.5) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Refrigerated or Frozen |
| Alternate 2 | 1mL (0.5) | Plasma | EDTA (Lavender Top) | Refrigerated or Frozen |
| Instructions | <p>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.</p> <p>Lavender (EDTA) Plasma Specimens are now also acceptable.</p> <p>Stability After separation from cells: Ambient: 72 hours; Refrigerated 1 week; Frozen 6 months.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Sun-Sat | | | |
| Expected TAT | 3-5 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| Notes | <p>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.</p> | | | |
| CPT Code(s) | 82652 | | | |
| Lab Section | Reference Lab | | | |



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 | <p>EDTA Plasma is not an acceptable specimen type.</p> <p>Refrigerated specimens are acceptable within the refrigerated stability range of 1 week.</p> <p>Specimen Stability: Room temperature= 24 hours, Refrigerated= 7 days, Frozen= 6 months.</p> <p>*(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.)</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | <p>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.</p> | | | |
| 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: **03/15/2016**
 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 | 1 mL (0.6) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Frozen |
| Alternate 1 | 1 mL (0.6) | 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 |

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 (mL) | 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 | <p>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.</p> |
| 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: **06/01/2015**
 LOINC Code: **31024-3**

| TEST NAME | | METHODOLOGY. | | |
|---|--|-------------------------------|--|-----------------------|
| Voltage-Gated Calcium Channel (VGCC) Antibody Assay | | Quantitative Radioimmunoassay | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.2) | Serum | No Additive Clot (Red Top, No-Gel, Plastic) | Refrigerated |
| Instructions | Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Plasma. Hemolyzed or grossly lipemic specimens. Stability: After separation from cells: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: Indefinitely | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tues | | | |
| Expected TAT | 2-9 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%). | | | |
| CPT Code(s) | 83519 | | | |
| Lab Section | Reference Lab | | | |

Von Willebrand Antigen, Multimeric Analysis

Order Name: **VON W MULT**
 Test Number: **1502250**
 Revision Date: **09/14/2015**
 LOINC Code: **32217-2**

| TEST NAME | | METHODOLOGY. | | |
|---|--|-----------------|---------------------------------------|-----------------------|
| Von Willebrand Antigen, Multimeric Analysis | | Electrophoresis | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.5) | Plasma | Sodium Citrate 3.2% (Blue Top) | Frozen |
| Instructions | <p>If specimen is not tested within 4 hours, follow double spin procedure to create 1mL(0.5mL) platelet-poor plasma frozen aliquot(s).</p> <p>CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.</p> <p>Unacceptable Conditions: Serum. Specimens collected in wrong anticoagulant. Clotted, hemolyzed, or non-frozen specimens.</p> <p>Stability: Ambient: 4 hours; Refrigerated: Unacceptable; Frozen at -70°C: 6 months; Frozen at -20°C: 3 months</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Fri | | | |
| Expected TAT | 5-12 Days | | | |
| CPT Code(s) | 85247 | | | |
| Lab Section | Reference Lab | | | |

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 | <p>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!</p> <p>Do not thaw. Hemolyzed specimens are not acceptable. Overnight fasting is preferred.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Tues - Fri | | | |
| Expected TAT | 3-4 Days | | | |
| CPT Code(s) | 85246 | | | |
| Lab Section | Reference Lab | | | |



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Von Willebrand Factor Cleaving Protease (ADAMTS-13) Activity

Order Name: **VON W PRT**
 Test Number: **1509250**
 Revision Date: **12/10/2015**
 LOINC Code: **53622-7**

| TEST NAME | | METHODOLOGY. | | |
|--|---|---------------|---------------------------------------|-----------------------|
| Von Willebrand Factor Cleaving Protease (ADAMTS-13) Activity | | 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 | <p>Transfer 1mL(0.5mL) platelet-poor plasma to a Standard Transport Tube and Freeze ASAP.</p> <p>CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.</p> <p>Unacceptable Conditions: Serum, EDTA plasma or hemolyzed specimens.</p> <p>Stability: Ambient: 3 hours; Refrigerated: Unacceptable; Frozen: 2 weeks.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Sat | | | |
| Expected TAT | 2-5 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 | | | |
| Lab Section | Reference Lab | | | |

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 | 32217-2 |
| 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 |

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 | | | |

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 (<i>Eleocharis tuberosa</i>) 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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Watermelon IgG

Order Name: **WATERMLN G**
Test Number: **5500649**
Revision Date: **09/21/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|--|---------------|---|-------------------------|
| Watermelon IgG | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: frozen 1 month, refrigerated 4 weeks, room temperature 1 week. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 53320 Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86001 | | | |
| Lab Section | Reference Lab | | | |



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 malignancies, evaluation of myelopoietic disorders, drug effects, and response to various cytotoxic agents. The differential count is performed to acquire further information concerning the above states and enables one to arrive at values for the absolute value of discrete WBC population. Absolute values for individual cell populations are obtained from a 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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Weed Allergy Panel

Order Name: **AO WEED PN**
Test Number: **2929745**
Revision Date: **09/20/2016**
LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------------------|-----------------------|---------------|--|-----------------------|
| Pigweed Allergens IgE | | ImmunoCAP | | |
| Yellowdock IgE | | ImmunoCAP | | |
| Western Ragweed IgE | | ImmunoCAP | | |
| Cocklebur IgE | | ImmunoCAP | | |
| Lambsquarter IgE | | ImmunoCAP | | |
| Nettle IgE | | ImmunoCAP | | |
| English Plantain IgE | | ImmunoCAP | | |
| Mugwort (Sagebrush) Allergens IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.8mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday - Friday | | | |
| Expected TAT | 2-4 Days | | | |
| CPT Code(s) | 86003 | | | |



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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 Thistle 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 | | | |

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 | <p>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.</p> <p>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.</p> | | | |
| 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 | | | |



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 | | | |

Wet Prep for Yeast and Trichomonas

Order Name: **C WET PR**
 Test Number: **6000650**
 Revision Date: **07/09/2015**
 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 | Swab | Swab | Copan eSwab - White (Regular size) | Room Temperature |
| Alternate 2 | Swab | Swab | Aerobic Swab (White Cap) | Room Temperature |
| Instructions | Collect discharge and place in sterile tube with saline or Copan eSwab - White. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Daily | | | |
| Expected TAT | 1 Day | | | |
| Clinical Use | Determines yeast vaginitis and/or trichomoniasis | | | |
| CPT Code(s) | 87210 | | | |

Wheat Bran IgE

Order Name: **WHEAT BRAN**
 Test Number: **5508010**
 Revision Date: **09/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|---|-------------------------|
| Wheat Bran IgE | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 2-3 Days | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 48110S Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |

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 | | | |

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 | | | |

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 Hickory Tree IgE

Order Name: **HICKORY TR**
 Test Number: **5519700**
 Revision Date: **09/23/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|------------------------|---|---------------|--|-----------------------|
| White Hickory Tree IgE | | ImmunoCAP | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 1-2 Days | | | |
| Clinical Use | White Hickory Tree: <i>Carya tomentosa</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 64010E Click Here to view information on the Viracor website. | | | |
| 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 | | | |

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 | | | |

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 | | | |

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 | | | |

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 | | | |

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 | | | |

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 | | | |

Yeast Culture

Order Name: **C YEAST**
 Test Number: **6002525**
 Revision Date: **04/24/2015**
 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 - White (Regular size) | See Instructions |
| Alternate 1 | See Instructions | Swab | Copan eSwab - Green (Mini-tip) | See Instructions |
| Alternate 2 | See Instructions | Random Urine or Stool | Sterile Urine container | See Instructions |
| Instructions | <p>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 parapak are Not Acceptable.</p> <p>Regular size applicator Copan eSwab - White Specimen Stability: 24hrs Room Temperature or 36hrs Refrigerated (Do Not Freeze).</p> | | | |
| 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 | | | |



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 | | | |



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 | | | |

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 | | | |

Yogurt IgE

Order Name: **YOGURT**
 Test Number: **5517025**
 Revision Date: **09/22/2016**
 LOINC Code: **Not Specified**

| TEST NAME | | METHODOLOGY. | | |
|-----------------------|---|---------------|--|-----------------------|
| Yogurt IgE | | | | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 2.0mL (0.5mL) | Serum | Clot Activator SST (Red/Gray or Tiger Top) | Room Temperature |
| Instructions | Specimen Stability: refrigerated 4 weeks, room temperature 4 weeks, frozen >4 weeks. | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Monday – Friday | | | |
| Expected TAT | 2-3 Days | | | |
| Clinical Use | Yogurt: <i>Lactobacillus bulgaricus</i> | | | |
| Notes | Reference Lab: Viracor/IBT Viracor Test Code: 31510S Click Here to view information on the Viracor website. | | | |
| CPT Code(s) | 86003 | | | |
| Lab Section | Reference Lab | | | |



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

Zinc Protoporphyrin (ZPP), Blood

Order Name: **ZPP REF**
 Test Number: **3603835**
 Revision Date: **05/18/2015**
 LOINC Code: **29763-0**

| TEST NAME | METHODOLOGY. |
|----------------------------------|-----------------------|
| Zinc Protoporphyrin (ZPP), Blood | Hematofluorometry (H) |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|------------------|--|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1 mL (0.2) | EDTA Whole Blood | EDTA (Royal Blue Top/Trace Element Free) | Refrigerated |
| Alternate 1 | 1 mL (0.2) | EDTA Whole Blood | EDTA (Lavender Top) | Refrigerated |
| Instructions | Specimens No-Longer Need to be Protected from Light. Unacceptable Conditions: Specimens not collected in EDTA. Clotted, frozen, or hemolyzed specimens. Stability: Ambient: 30 hours; Refrigerated: 5 weeks; Frozen: Unacceptable | | | |

| GENERAL INFORMATION | |
|---------------------|---------------------|
| Testing Schedule | Mon-Fri |
| Expected TAT | 2-5 Days |
| Clinical Use | Exposure Monitoring |
| CPT Code(s) | 84202 |
| Lab Section | Reference Lab |



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 |



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

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 | <p>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.</p> <p>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.</p> <p>Please Indicate Specimen type on Transport Tube.</p> <p>Unacceptable Specimens: Separator tubes or gels. Hemolyzed specimens.</p> <p>Stability: If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.</p> | | | |
| GENERAL INFORMATION | | | | |
| Testing Schedule | Mon-Sat | | | |
| Expected TAT | 2-3 Days | | | |
| CPT Code(s) | 84630 | | | |
| Lab Section | Reference Lab | | | |



Zonisamide (Zonegran, Excegran)

Order Name: **ZONEGRAN**
 Test Number: **3653425**
 Revision Date: **11/16/2015**
 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: 1 week; Refrigerated: 1 week; 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 | | | |